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MATERIAL REVIEWED AT CIA HEADQUARTERS BY  
HOUSE SELECT COMMITTEE ON ASSASSINATIONS STAFF MEMBERS

FILE TITLE/NUMBER/VOLUME: HIDALGO, P. M.  
OP FILE

INCLUSIVE DATES: \_\_\_\_\_

CUSTODIAL UNIT/LOCATION: \_\_\_\_\_

ROOM: \_\_\_\_\_

DELETIONS, IF ANY: PERSONAL MATERIAL & SENSITIVE OPS

DATE RECEIVED	DATE RETURNED	REVIEWED BY (PRINT NAME)	SIGNATURE OF REVIEWING OFFICIAL
9/1/76	9/9/76	DAN HARDWAY	Dan Hardway

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RECEIVED  
SEP 10 1976  
U.S. HOUSE OF REPRESENTATIVES  
COMMUNICATIONS SECTION

Personal - Post agency  
activity

SECRET

REQUEST FOR PERSONNEL ACTION					DATE PREPARED	
1 SERIAL NUMBER <b>027630</b>					2 NAME (Last-First-Middle) <b>HIDALGO, BARRIBS N. JR.</b>	
3 NATURE OF PERSONNEL ACTION <b>RETIREMENT (DISABILITY) UNDER CIA RETIREMENT DISABILITY SYSTEM</b>			4 EFFECTIVE DATE REQUESTED MO DAY YEAR <b>02 28 70</b>		5 CATEGORY OF EMPLOYMENT <b>REGULAR</b>	
6 FUNDS X V TO C O TO C			7 FINANCIAL ANALYSIS NO. CHARGEABLE <b>0235 0620</b>		8 LEGAL AUTHORITY (Completed by Office of Personnel) <b>PL 90-543 Sec. 2.3</b>	
9 ORGANIZATIONAL DESIGNATIONS <b>DDP/WH BRANCH 2 PANAMA SECTION</b>			10 LOCATION OF OFFICIAL STATION <b>WASHINGTON, D.C.</b>			
11 POSITION TITLE <b>OPS OFFICER</b>			12 POSITION NUMBER <b>1318</b>		13 CAREER SERVICE DESIGNATION <b>D.</b>	
14 CLASSIFICATION SCHEDULE (GS, FS, etc.) <b>GS</b>		15 OCCUPATIONAL SERIES <b>0136.01</b>		16 GRADE AND STEP <b>12 5</b>		17 SALARY OR RATE <b>\$15,173</b>
18 REMARKS <b>SUBJECT HAS SIGNED WAIVER FOR SICK AND ANNUAL LEAVE ACCUMULATING AFTER 28 FEBRUARY 1970.</b> <i>Excused</i> <b>NOT Recommended in Agency Reserve Program due to Health of Applicant for 13. Dulevsky 4/1/70</b> <b>1 - FINANCE</b>						
18A SIGNATURE OF REQUESTING OFFICIAL <i>[Signature]</i> <b>HENRY L. BERTHOLD, CWH/PERS</b>			DATE SIGNED <b>26 Feb 70</b>	18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>[Signature]</i>		DATE SIGNED <b>27 Feb 70</b>
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL						
19 ACTION CODE <b>45 10</b>	20 EMPLOY CODE	21 DATE CODING NUMERIC ALPHABETIC		22 STATION CODE	23 INTEGREE CODE	24 GRADES MO DA YR <b>05 27 19</b>
25 DATE OF BIRTH MO DA YR		26 DATE OF GRADE MO DA YR		27 DATE OF LEI MO DA YR		28 SECURITY REG NO
29 NTE EXPIRES MO DA YR	30 SPECIFIC RETIREMENT DATA 1 - CSC 2 - DRGM 3 - FICA 4 - NONE	31 SEPARATION DATA CODE	32 CORRECTION CANCELLATION DATA <b>EOD DATA</b>		33 SECURITY REG NO	
34 NET PREFERENCE CODE 0 - NONE 1 - 5 PT 2 - 10 PT	35 SERV COMP DATE MO DA YR	36 LONG COMP DATE MO DA YR	37 LEAVE CAT CODE	38 LEAVE CAT CODE	39 FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS	40 STATE TAX DATA FORM EXECUTED CODE NO TAX STATE CODE
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YEARS) 3 - BREAK IN SERVICE (MORE THAN 3 YEARS)	42 LEAVE CAT CODE	43 LEAVE CAT CODE	44 FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS	45 STATE TAX DATA FORM EXECUTED CODE NO TAX STATE CODE	46 C.F. APPROVAL <i>[Signature]</i> <b>3/1/70</b>	
47 POSITION CONTROL CERTIFICATION	48 C.F. APPROVAL <i>[Signature]</i>	DATE APPROVED <b>3/1/70</b>				

SECRET

GROUP 1 EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION



SECRET

EMPLOYEE NOTICE OF RESIGNATION

RESIGN EFFECTIVE (Date) FOR THE FOLLOWING REASON  
MAR 2 10 20 AM '70

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, State, Zip Code)  
403 Shiner Rock Rd.  
Rockville, Maryland 20851

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:

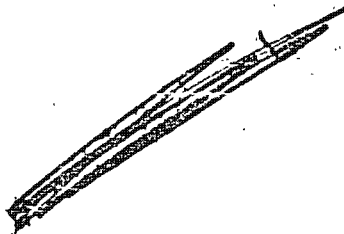
- FIRST LINE
- Major Component (Director, Deputy Director, etc.)
  - Office, Major Staff, etc.
  - Foreign Field or U.S. Field (if pertinent)
  - Division or Staff (subordinate to first line)
  - Branch
  - Section
  - Unit

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

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

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

SECRET



MEDICAL

25 JUL 1969

MEMORANDUM FOR: Mr. Balmes N. Hidalgo, Jr.

SUBJECT : Exceptional Service Emblem

1. Your request for consideration to receive the Exceptional Service Emblem has been reviewed by this office to determine your eligibility for the award. With considerable regret, I must concur in the assessment that the injuries you suffered in the line of duty do not fall under the special criteria governing award of the Exceptional Service Emblem. Hazardous duties, in the meaning of the governing regulation, relate to duties performed in areas in which internal strife, civil disturbances or hostile action by armed forces or persons unfriendly to the United States were present at the time the injury was incurred, or, relate to duties performed in an assignment defined as hazardous due to unusual geographic or other natural conditions.

2. You may be sure that this decision has been based upon thoughtful deliberation. Please accept my personal thanks for a job well done under difficult conditions.

Robert C. Wattles  
Director of Personnel

Distribution:

- 0 - Addressee
- 1 - C/WH/Pers
- 1 - OPF/Hidalgo
- 1 - D/Pers
- 2 - BSD/HMAB

SECRET

24 June 1969

MEMORANDUM FOR: Baltes N. Hidalgo


VIA : WH/RMO

SUBJECT : Records Officer Appointment

1. In accordance with a request received from your component, you are hereby appointed a Records Officer in the Clandestine Services. Your functions are described, in summary, in CSI 70-1, Para. 4.d. You have also participated in a training course in which these functions were reviewed in some detail.

2. The essence of your appointment is that you now occupy a position of trust in which you are expected to draw on your knowledge and experience to exercise responsible and sound judgment in building and maintaining a professionally useful records system in the Clandestine Services. You are, at the same time, expected to train and guide others within your component in these respects.

3. A copy of this memorandum will be placed in your official personnel folder.

  
EDWARD A. MARELIUS  
DDP Records Management Officer

cc: Personnel File of Addressee

SECRET

GROUP I  
Excluded from automatic  
downgrading and  
declassification

SENSITIVE OPERATIONAL

1968

SECRET

G 38

REQUEST FOR PERSONNEL ACTION										DATE PREPARED	
1. SERIAL NUMBER: 027630										2. NAME (Last - First - Middle): HIDALGO, EMILIO N., JR.	
3. NATURE OF PERSONNEL ACTION DESIGNATION AS A PARTICIPANT IN THE CIA RETIREMENT AND DISABILITY SYSTEM					4. EFFECTIVE DATE REQUESTED MONTH: 08   DAY: 14   YEAR: 66			5. CATEGORY OF EMPLOYMENT REGULAR			
6. FUNDS		X V TO V		V TO V		7. COST CENTER NO. CHARGEABLE 7235-0620		8. LEGAL AUTHORITY (Cite by Office of Personnel) PL 88-643 Sect. 203			
9. ORGANIZATIONAL DESIGNATIONS DDP/WH					10. LOCATION OF OFFICIAL STATION WASHINGTON, D.C.						
11. POSITION TITLE					12. POSITION NUMBER			13. CAREER SERVICE DESIGNATION D			
14. CLASSIFICATION-SCHEDULE (G.S. F.B. PA)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP 12		17. SALARY OR RATE s				
18. REMARKS YOU ARE HEREBY NOTIFIED OF YOUR RIGHT TO APPEAL THIS ACTION TO THE DIRECTOR OF CENTRAL INTELLIGENCE IN ACCORDANCE WITH THE PROVISIONS OF HR 20-50. SUCH APPEAL MUST BE RECEIVED IN THE OFFICE OF THE DIRECTOR WITHIN 30 CALENDAR DAYS FROM THE EFFECTIVE DATE OF THIS ACTION.											
18A. SIGNATURE OF REQUESTING OFFICIAL				DATE SIGNED		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER				DATE SIGNED	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODE/NO NUMERIC   ALPHABETIC		22. STATION CODE	23. INTEGRITY CODE	24. MOTIVES CODE	25. DATE OF BIRTH MO.   DA.   YR.		26. DATE OF GRADE MO.   DA.   YR.		27. DATE OF LEI MO.   DA.   YR.
28. RTE EXPIRES MO.   DA.   YR.	29. SPECIAL REFERENCE	30. RETIREMENT DATA 1-ESC 2-FILB 3-NONE		31. SEPARATION DATA CODE	32. CORRECTION, CANCELLATION DATA TYPE   MO.   DA.   YR.		33. SECURITY REG NO		34. SEX		
35. VET PREFERENCE 0-NONE 1-5 PT 2-10 PT	36. SERV COMP DATE MO.   DA.   YR.		37. LONG COMP DATE MO.   DA.   YR.		38. CAREER CATEGORY CAB RESV PROV-TEMP		39. FEGLI HEALTH INSURANCE CODE   COV   0-NATURAL 1-YES		40. SOCIAL SECURITY NO		
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)				42. LEAVE CAT CODE	43. FEDERAL TAX DATA FORM EXECUTED CODE 1-YES 2-NO		44. STATE TAX DATA NO. TAX EXEMPTIONS FORM EXECUTED CODE 1-YES 2-NO		45. SOCIAL SECURITY NO		
46. POSITION CONTROL CERTIFICATION						48. OP APPROVAL See memo signed by D/Pers date: 26 JUL 1966			DATE APPROVED		

SECRET

<b>REQUEST FOR PERSONNEL ACTION</b>						DATE PREPARED: <b>10 DECEMBER 1965</b>			
1. SERIAL NUMBER <b>027630</b>		2. NAME (Last-First-Middle) <b>HIDALGO, BAZTES N.</b>							
3. NATURE OF PERSONNEL ACTION <b>REASSIGNMENT</b>				4. EFFECTIVE DATE (REQUEST) MONTH DAY YEAR <b>DEC 19 65</b>		5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>			
6. FUNDS <b>X</b>		V TO V O TO V		7. CENTER NO. CHARGE <b>6235 - 0620</b>		8. LEGAL AUTHORITY (if employed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS <b>DOP/WH BRANCH 2 PANAMA SECTION</b>				10. LOCATION OF OFFICIAL STATION <b>WASHINGTON, D. C.</b>					
11. POSITION TITLE <b>OPS OFFICER</b>			12. POSITION NUMBER <b>(GS-12) 1318</b>		13. CAREER SERVICE DESIGNATION <b>D</b>				
14. CLASSIFICATION SCHEDULE (G.S. 1.B. 1.) <b>GS</b>		15. OCCUPATIONAL SERIES <b>0136.01</b>		16. GRADE AND STEP <b>12 -2</b>		17. SALARY OF RATE <b>\$ -10,987</b>			
18. REMARKS <b>FROM: WH/C/MIAMI OPS BR/FT SECTION/5235 - 1162/1145/WASHINGTON, D. C.</b>									
1 - FINANCE						Recorded by CSPD <i>Sjt</i>			
18A. SIGNATURE OF REQUESTING OFFICER <b>ROBERT D. CASHMAN C/WH/PERSONNEL</b>				DATE SIGNED <i>12/15/65</i>		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>[Signature]</i>			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING NUMERIC ALPHABETIC		22. S' & C CODE	23. INTEGRAL CODE	24. HOURS CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LSI
<i>57</i>	<i>11</i>	<i>57370 WH</i>		<i>2513</i>					
28. WTE EXP. RES.	29. SPECIAL REFERENCE	30. RETIREMENT DATA		31. SEPARATION DATA	32. CORRECTION (CANCELLATION DATA)		33. SECURITY REG. NO.		34. SET
							EOD DATA →		
35. VET PREFERENCE	36. SERV COMP DATE	37. LONG COMP DATE	38. CAREER DESIGNATION	39. FEDERAL HEALTH INSURANCE	40. SOCIAL SECURITY NO.				
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE ENT CODE	43. FEDERAL TAX DATA		44. STATE TAX DATA		
CODE 1 - NO PREVIOUS SERVICE 2 - 1 YEAR OR MORE SERVICE (LESS THAN 3 YEARS) 3 - 2 YEARS OR MORE SERVICE (MORE THAN 3 YEARS)					CODE 1 - YES 2 - NO		CODE 1 - YES 2 - NO		
45. POSITION CONTROL CERTIFICATION				46. OFFICE APPROVAL <i>[Signature]</i>			47. DATE APPROVED <b>12/15/65</b>		

SECRET

GROUP 1 EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

**CONFIDENTIAL**  
(When Filled In)

<b>NOTICE OF LONGEVITY COMPUTATION DATE</b>		<input checked="" type="checkbox"/> <b>VOUCHERED</b>
		<input type="checkbox"/> <b>UNVOUCHERED</b>
<b>NAME (Last, First, Middle)</b>		<b>SERIAL NUMBER</b>
HIDALGO B N Jr		027630
<b>OFFICE (and division)</b>		
DDP/WH		
<input type="checkbox"/> <b>ORIGINAL</b>	<b>LONGEVITY COMPUTATION DATE</b>	
<input checked="" type="checkbox"/> <b>CORRECTION</b>	02-15-52	
<b>THIS DATE</b>	<b>SIGNATURE (Office of Personnel)</b>	
12-13-65	[Signature]	

FORM 171a  
11-59

**CONFIDENTIAL**

(4)



SECRET

REQUEST FOR PERSONNEL ACTION						DATE PREPARED			
1. SERIAL NUMBER 100730						23 October 1964			
3. NATURE OF PERSONNEL ACTION LEASE				4. EFFECTIVE DATE REQUESTED 11 1 64					
6. FUNDS V TO V C TO V				7. COST CENTER NO. CHARGE 275-1162					
9. ORGANIZATIONAL DESIGNATIONS Special Affairs Staff Counter-Intelligence Staff Operations Section				10. LOCATION OF OFFICIAL STATION Embassy, P.O.					
11. POSITION TITLE OPN OFFICER			12. POSITION NUMBER 007		13. CAREER SERVICE DESIGNATION D				
14. CLASSIFICATION SCHEDULE (G.S. I.R. or I)		15. OCCUPATIONAL SERIES		17. SALARY OR RATE					
15		015-01		12 (1) \$10,200					
18. REMARKS From: WPE/SAB/23/28 Rev. 436 Security Program Director 1 of Security 10/28/64 11/2/64 Recorded by CSPD reflect the 11/2/64									
18A. SIGNATURE OF PROMISING OFFICIAL <i>[Signature]</i>			DATE SIGNED 10/29/64		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>[Signature]</i>				
					DATE SIGNED 10-30-64				
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE 3710	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC 19150 5.A.5		22. STATION CODE 75013	23. INTERSEE CODE	24. HOURS CODE 1	25. DATE OF BIRTH MO DA YR 05 27 19	26. DATE OF GRADE MO DA YR	27. DATE OF LEI MO DA YR
28. NIE EXPIRES MO DA YR	29. SPECIAL REFERENCE	30. RETIREMENT DATA 1-CSA 2-FILA 3-NONE		31. SEPARATION DATA CODE	32. CORRECTION CANCELLATION DATA TYPE MO DA YR		33. SECURITY REQ NO	34. SEX	
35. VET PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT	36. SERV COMP. DATE MO DA YR		37. LONG COMP. DATE MO DA YR		38. CAREER CATEGORY CAR/RES/PROV TEMP	39. FEET HEALTH INSURANCE CODE A-WAIVER B-YES	40. SOCIAL SECURITY NO		
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)			42. LEAVE CAT CODE	43. FEDERAL TAX DATA FORM EXEMPTED CODE 1-YES 2-NO		44. STATE TAX DATA FORM EXECUTED CODE 1-YES 2-NO		45. DATE APPROVED 10-30-64	
45. POSITION CONTROL CERTIFICATION <i>[Signature]</i>				46. OP APPROVAL <i>[Signature]</i>		DATE APPROVED 10-30-64			

SECRET

REQUEST FOR PERSONNEL ACTION										DATE PREPARED		
1 SERIAL NUMBER 02733		2 NAME (Last-First-Middle) L. DALLO, B. N. Jr.				3 EFFECTIVE DATE REQUESTED MONTH: 04, DAY: 12, YEAR: 64		4 CATEGORY OF EMPLOYMENT REGULAR				
5 NATURE OF PERSONNEL ACTION EXCLUDED APPOINTMENT (see 100)		6 FUNDS X V TO V C 10 V		7 COST CENTER NO. CHARGE ABB 4250-1000-100		8 LEGAL AUTHORITY (Completed by Office of Personnel)						
9 ORGANIZATIONAL DESIGNATIONS DDP Special Affairs Staff OS/OS Development Complement					10 LOCATION OF OFFICIAL STATION Washington, D.C.							
11 POSITION TITLE OPS OFFICER					12 POSITION NUMBER XXXX 7777		13 CAREER SERVICE DESIGNATION D					
14 CLASSIFICATION SCHEDULE (GS, FS, etc.) GS			15 OCCUPATIONAL SERIES 0136.07		16 GRADE AND STEP 12 (1)		17 SALARY OR RATE \$9900		Recorded by CSPD RPH			
18 REMARKS * 0 yrs. <del>For medical reasons, not to exceed one year.</del> For duration of period that the individual is on sick leave; not to exceed one year Kushney pccs 13/59 1 of Payroll; 1 of Security												
18A SIGNATURE OF REQUESTING OFFICER Cecilia L. Dawson DC, ILL. C. LAWSON, III, 15, 1964				DATE SIGNED 9 April 64		18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER George H. Bennett				DATE SIGNED 13 Apr 64		
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL												
19 AGENCY CODE 13	20 EMPLOY CODE W	21 OFFICE CODING NUMERIC: 4447 ALPHABETIC: SAS		22 STATION CODE 78013	23 INTEGRITY CODE	24 MODERN CODE 1	25 DATE OF BIRTH MO: 01, DA: 27, YR: 19		26 DATE OF GRADE MO: 12, DA: 22, YR: 63		27 DATE OF LEI MO: 12, DA: 24, YR: 63	
28 RFE GRAPHICS		29 SPECIAL REFERENCE		30 RETIREMENT DATA 1-YES 2-YES 3-NO		31 SEPARATION DATA CODE		32 CORRECTION CANCELLATION DATA		33 SECURITY REQ. NO 00000		34 SEC
35 VET PREFERENCE COOR: 0-NO, 1-5 YR, 2-10 YR		36 SERV COMP DATE MO: 01, DA: 01, YR: 64		37 LONG COMP DATE MO: 01, DA: 01, YR: 64		38 CAREER CATEGORY CAR REL: P, PRD: 1		39 FEEL. HEALTH INSURANCE COOR: 1-YES		40 SOCIAL SECURITY NO		
41 PREVIOUS GOVERNMENT SERVICE DATA 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)				42 LEAVE CAT CODE		43 FEDERAL TAX DATA FORM EXECUTED: 0		44 STATE TAX DATA		45 POSITION CONTROL CERTIFICATION		
46 OP APPROVAL George H. Bennett				47 DATE APPROVED 13 Apr 64								

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1 EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

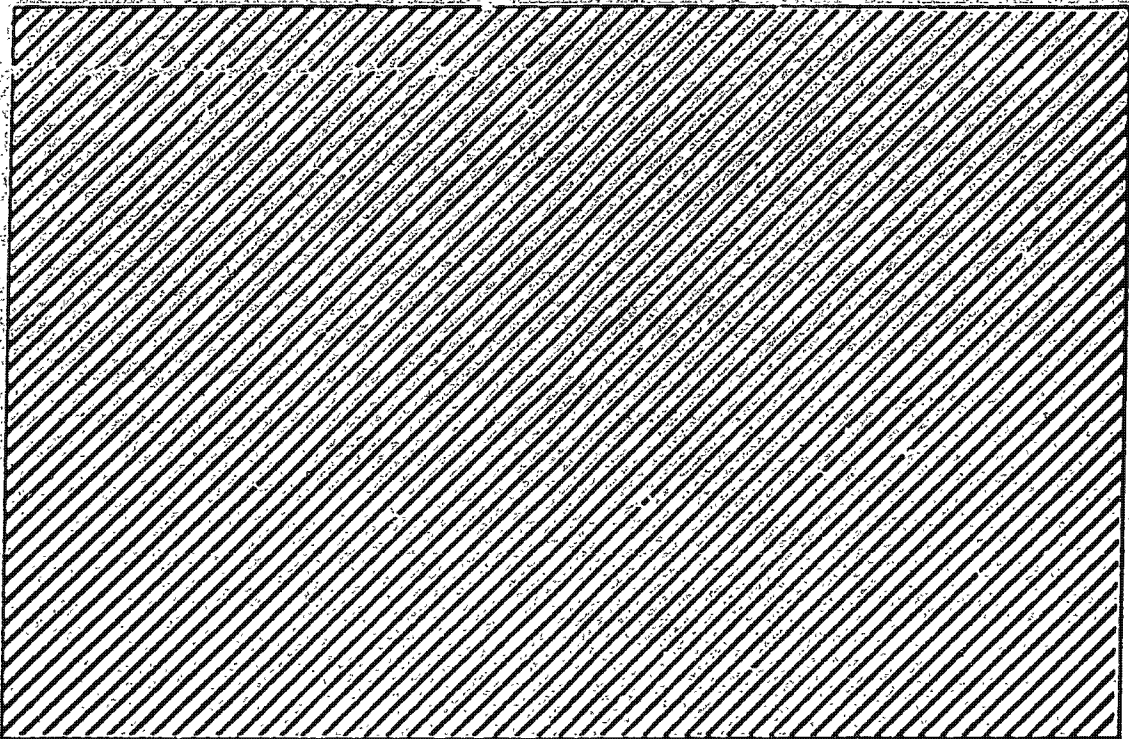
SECRET

FORM 1152-1 (Rev. 1-64)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 9 April 1964			
1. SERIAL NUMBER 027630		2. NAME (Last, First, Middle) [Redacted]				3. NATURE OF PERSONNEL ACTION Rec'd from HQ			
4. EFFECTIVE DATE REQUESTED MONTH: 04, DAY: 15, YEAR: 64		5. CATEGORY OF EMPLOYMENT REGULAR		6. FUNDS V TO V, G TO V, I, G TO G		7. COST CENTER NO. CHARGE ART 4132-2001-1700			
9. ORGANIZATIONAL DESIGNATIONS 40 4 NSP/Operational Affairs Staff U. S. Field Forward Operations Station - JMWAVE CI Section				10. LOCATION OF OFFICIAL STATION JMWAVE					
11. POSITION TITLE OPS OFFICER		12. POSITION NUMBER 0033		13. CAREER SERVICE DESIGNATION 2					
14. CLASSIFICATION SCHEDULE / GA, I.B., etc. JS		15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 12 (1)		17. SALARY OR RATE \$ 6080			
18. REMARKS  <div style="text-align: right; border: 1px solid black; padding: 5px; display: inline-block;">Received by LSD [Signature]</div>  1 by Security 1 by Payroll									
19. SIGNATURE OF REQUESTING OFFICIAL [Signature]		DATE SIGNED 9 April 64		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER [Signature]		DATE SIGNED 12 April 64			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE 45	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC: [Blank], ALPHABETIC: [Blank]		22. STATION CODE	23. INTEGRITY CODE	24. HQ/RTS CODE 2	25. DATE OF BIRTH MO: 05, DA: 17, YR: 19	26. DATE OF LEAVE MO: [Blank], DA: [Blank], YR: [Blank]	27. DATE OF LET MO: [Blank], DA: [Blank], YR: [Blank]
28. NTE EXPIRES MO: [Blank], DA: [Blank], YR: [Blank]	29. SPECIAL REFERENCE	30. RETIREMENT DATA 1-CSE, 2-FLCA, 3-NONE		31. SEPARATION DATA CODE [Blank]	32. CORRECTION CANCELLATION DATA TYPE: [Blank], MO: [Blank], DA: [Blank], YR: [Blank]		33. SECURITY REG NO EOD DATA →		34. SER
35. VET PREFERENCE CODE: 0-NONE, 1-5 PT, 2-10 PT	36. SERV COMP DATE MO: [Blank], DA: [Blank], YR: [Blank]	37. LONG COMP DATE MO: [Blank], DA: [Blank], YR: [Blank]		38. CAREER CATEGORY CAR RES, PROF TEMP	39. FEEDBACK INSURANCE CODE: [Blank], CODE: [Blank], 0-NO RES, 1-RES, HEALTH INS CODE		40. SOCIAL SECURITY NO		
41. PREVIOUS GOVERNMENT SERVICE DATA CODE: 0-NO PREVIOUS SERVICE, 1-NO BREAK IN SERVICE, 2-BREAK IN SERVICE (5 TO 24 YEARS), 3-BREAK IN SERVICE (MORE THAN 24 YEARS)		42. LEAVE CAT CODE: [Blank]	43. FEDERAL TAX DATA FORM EXECUTED: [Blank], CODE: [Blank], NO TAX EXEMPTIONS		44. STATE TAX DATA FORM EXECUTED: [Blank], CODE: [Blank], INC TAX STATE CODE		45. POSITION CONTROL CERTIFICATION [Signature]		DATE APPROVED [Signature]

SECRET

(When Filled In)



NAME OF EMPLOYEE (Last-First-Initial) <b>HIDALGO, BALMES N.</b>	NAME AND RELATIONSHIP OF DEPENDENT <b>self</b>	CLAIM NUMBER <b>60-264</b>
--	---	-------------------------------

There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent\*) for an illness, injury, or death incurred on 30 May 1960. Broken left foot.

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

DATE OF NOTICE	SIGNATURE OF REPRESENTATIVE <i>B. De Felice</i>
----------------	--

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

**SECRET**  
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED
1. SERIAL NUMBER <i>0-760</i>						18 April 1963
2. NAME (Last, First, Middle) <i>[REDACTED]</i>						
3. NATURE OF PERSONNEL ACTION <b>EXCITED APPOINTMENT</b>				4. EFFECTIVE DATE REQUESTED 04   28   63	5. CATEGORY OF EMPLOYMENT REGULAR	
6. FUNDS		7. COST CENTER NO. CHARGE 3132-2001-1000	8. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS DDP/Special Affairs Staff U. S. Field Forward Operations Station - JMWAVE CI Section			10. LOCATION OF OFFICIAL STATION JMWAVE			
11. POSITION TITLE OPS OFFICER			12. POSITION NUMBER 0732	13. CAREER SERVICE DESIGNATION D		
14. CLASSIFICATION SCHEDULE (GS, LP, etc.) GS		15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 11 (4)	17. SALARY OR RATE \$ 8840		
18. REMARKS  <i>P-359</i>  <div style="border: 1px solid black; padding: 5px; display: inline-block;">Recorded by CSPD <i>[Signature]</i></div>						
19. SIGNATURE OF REQUESTING OFFICER <i>Louis W. Armstrong</i> LOUIS W. ARMSTRONG, W/SAS/Prof.		DATE SIGNED 18 Apr 63	19. SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED 11-4-63	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL						
20. ACTION CODE 13 10	21. OFFICE USE NO. 61779 SAS	22. START ON CODE 9999	23. MILEAGE CODE	24. OTHERS CODE 2	25. DATE OF BIRTH 05-27-19	26. DATE OF DEATH -2-17-58
27. DATE EXPIRES	28. SPECIAL REFERENCE	29. REMOVAL DATA 1	30. SICKLEAVE DATA	31. CORRECTIVE ACTION DATA	32. SOCIAL SECURITY NO. 27630 111	
33. AET. PREFERENCE	34. SERV. COMP. DATE 07/10/58	35. COND. COMP. DATE 02/27/58	36. LABEL CATEGORY PRO/TEMP	37. SEC. 1 - MIL. INS. RANK 1	38. SOCIAL SECURITY NO. X	
39. PREVIOUS GOVERNMENT SERVICE DATA		40. FEDERAL TAX DATA	41. STATE TAX DATA			
42. FORMER SERVICE DATA		43. FORMER SERVICE DATA	44. FORMER SERVICE DATA			
45. POSITION CONTROL CERTIFICATION <i>[Signature]</i>			APPROVED <i>[Signature]</i>			

**SECRET**  
(When Filled In)

<b>REQUEST FOR PERSONNEL ACTION</b>				DATE PREPARED 18 April 1963			
1. SERIAL NUMBER 027630 ✓		2. NAME (Last-First-Middle) HIT ALON, <del>James</del> N., Jr.					
3. NATURE OF PERSONNEL ACTION RESIGNATION				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 06 27 63		5. CATEGORY OF EMPLOYMENT REGULAR	
6. FUNDS ▶		X V TO V CF TO V		7. COST CENTER NO. CHARGEABLE 3232-1000-1000		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS DDP Special Affairs Staff FI/CI Branch				10. LOCATION OF OFFICIAL STATION Washington, D.C.			
11. POSITION TITLE OPS OFFICER				12. POSITION NUMBER 0682		13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 11 (4)		17. SALARY OR RATE \$ 8840 ✓	
18. REMARKS  <div style="text-align: right; border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">Recorded by GSPD <i>[Signature]</i></div>							
19. SIGNATURE OF REQUESTING OFFICER Louis W. Armstrong, <i>[Signature]</i> LOUIS W. ARMSTRONG, <i>[Signature]</i>							
DATE SIGNED 18 Apr 63		19A. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>[Signature]</i>					
DATE SIGNED 18 Apr 63		DATE SIGNED 18 Apr 63					
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
20. ACTION CODE 45 10	21. OFFICE CODE ALPHABETIC	22. STEP IN CODE	23. UNIT CODE	24. MONTH	25. DAY OF MONTH	26. YEAR OF YEAR	27. DATE OF
28. NTE EXP RES	29. SPECIAL REFERENCE	30. RET SEPAR DATE	31. SEPARATION DATE CODE	32. SEPARATION AND DATE	FOOD DATA →		33. SER REF. NO.
34. VET. PREFERENCE	35. SER. COMP. DATE	36. VET. COMP. DATE	37. CAREER CATEGORY	38. REG. / HEALTH ASSURANCE	39. OTHER DATA		
40. PREVIOUS GOVERNMENT SERVICE DATA		41. PREVIOUS FED DATA		42. STATE SER DATA			
43. POSITION CONTROL CERTIFICATION <i>[Signature]</i>		44. D.P. APPROVAL <i>[Signature]</i>				45. DATE APPROVED 14 Apr 63	

RZR: 25 APR 63

NOTIFICATION OF PERSONNEL ACTION

OCF

1. SERIAL NUMBER 2. NAME (LAST FIRST MIDDLE)

027630 HIDALGO B N JR

3. NATURE OF PERSONNEL ACTION

RESIGNATION

4. EFFECTIVE DATE

04 27 63

5. CATEGORY OF EMPLOYMENT

REGULAR

6. FUNDS 7. COST CENTER NO. CHARGEABLE 8. CSC OR OTHER LEGAL AUTHORITY

X V TO V V TO CF CF TO V CF TO CF 3232 1000 1000

9. ORGANIZATIONAL DESIGNATIONS

10. LOCATION OF OFFICIAL STATION

11. POSITION TITLE

OPS OFFICER

12. POSITION NUMBER

0682

13. SERVICE DESIGNATION

D

14. CLASSIFICATION SCHEDULE (GS, LO, etc)

GS

15. OCCUPATIONAL SERIES

0136.01

16. GRADE AND STEP

11 4

17. SALARY OR RATE

8840

18. REMARKS

SIGNATURE OR OTHER AUTHENTICATION

SECRET

Form 1152-10

REQUEST FOR PERSONNEL ACTION						DATE PREPARED		
1. SERIAL NUMBER 027630						NAME (Last, First, Middle) ██████████		
2. NATURE OF PERSONNEL ACTION PROMOTION				3. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 12 11 63		4. CATEGORY OF EMPLOYMENT REGULAR		
5. FUNDS V TO V CF TO V		6. TO CF I CF TO CF		7. COST CENTER NO. CHARGEABLE 1132-2001-1000		8. LEGAL AUTHORITY (Completed by Office of Personnel)		
9. ORGANIZATIONAL DESIGNATIONS DEP Special Affairs Staff U. S. Field Forward Operations Station - JMWAVE CI Section				10. LOCATION OF OFFICIAL STATION JMWAVE				
11. POSITION TITLE OPS OFFICER				12. POSITION NUMBER 0731		13. CAREER SERVICE DESIGNATION D		
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES (87) 0136.01		16. GRADE AND STEP 12 (1)		17. SALARY OR RATE 9.9475		
18. REMARKS								
<div style="border: 1px solid black; padding: 5px; display: inline-block;">             RECEIVED BY              CSVD              LHM           </div>								
19A. SIGNATURE REQUESTING OFFICIAL CIRVILLE G. HAWSON, S/SAS/Fers.			DATE SIGNED 12/11/63		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED 12/11/63	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL								
20. ACT. IN. CODE		21. EMPLOY. CODE		22. GRADE		23. STEP		
24. NTE EXP. RES.		25. SPECIAL REFERENCE		26. RESUME DATA		27. DATE OF LAST PROMOTION		
28. PRT. PREFERENCE		29. SERV. COMP. DATA		30. CAREER CATEG.		31. DATE OF LAST PROMOTION		
32. PREVIOUS GOVERNMENT SERVICE DATA				33. MILITARY SER. DATA		34. STATE SER. DATA		
35. POSITION CONTROL CERTIFICATION				36. O.P. APPROVAL		37. DATE APPROVED		



**SECRET**  
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED
1. SERIAL NUMBER 027630		2. NAME (Last-First-Middle) DOMINGO, <i>Alto</i> , Jr.				DATE PREPARED 6/19/62
3. NATURE OF PERSONNEL ACTION REASSIGNMENT			4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 11 20 62		5. CATEGORY OF EMPLOYMENT REGULAR	
6. FUNDS Y TO Y CP TO Y		7. COST CENTER, NO. CHARGE ABLE 3300-1-00-3-00		8. LEGAL AUTHORITY (Completed by Office of Personnel)		
9. ORGANIZATIONAL DESIGNATIONS DDP Task Force W PC-CI Branch			10. LOCATION OF OFFICIAL STATION Washington, D.C.			
11. POSITION TITLE SBS OFFICER			12. POSITION NUMBER 002		13. CAREER SERVICE DESIGNATION J	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0000		16. GRADE AND STEP 11 04		17. SALARY OR RATE \$720
18. REMARKS From: DDP/PC/Platoon, St., 2nd Lt., P.O., 676/62 CO, OF BRANCH: <i>Sc B...</i> Philip G. ... 6/11/62 Recorded By CSPD <i>[Signature]</i>						
18A. SIGNATURE OF REQUESTING OFFICIAL <i>[Signature]</i>		DATE SIGNED 6/7/62		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>[Signature]</i>		DATE SIGNED
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL						
19. ACTION CODE 37	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC 61300 TFW		22. STATION CODE	23. UNIT/AREA CODE	24. NUMBER CODE 1
25. DATE OF BIRTH MO DA YR 5 12 19		26. DATE OF GRADE MO DA YR		27. DATE OF LEI MO DA YR		
28. RET. EXPIRES MO DA YR		29. SPECIAL REFERENCE		30. RETIREMENT DATA 1 - CSC 3 - FICA 5 - NONE		31. SEPARATION DATA CODE
32. CORRECTION/CANCELLATION DATA TYPE MO DA YR		33. SECURITY REQ. NO.		34. SEC		
35. VET. PREFERENCE CODE 1 - NONE 2 - 5 PT 3 - 10 PT		36. SERV. COMP. DATE MO DA YR		37. LONG. COMP. DATE MO DA YR		38. CAREER CATEGORY CODE CAREER PROV/TEMP
39. FEGLI / HEALTH INSURANCE CODE 0 - WAIVER 1 - YES		40. SOCIAL SECURITY NO.		41. STATE TAX DATA CODE 1 - YES 2 - NO		
42. PREVIOUS GOVERNMENT SERVICE DATA CODE 1 - NO PREVIOUS SERVICE 2 - NO BREAK IN SERVICE 3 - BREAK IN SERVICE (LESS THAN 3 YRS) 4 - BREAK IN SERVICE (MORE THAN 3 YRS)		43. LEAVE CAT. CODE		44. FEDERAL TAX DATA FORM EMPLOYED CODE 1 - YES 2 - NO		45. STATE TAX DATA FORM EMPLOYED CODE 1 - YES 2 - NO
46. POSITION CONTROL CERTIFICATION <i>[Signature]</i>				47. O.P. APPROVAL <i>[Signature]</i>		DATE APPROVED

**SECRET**  
(When Filled In)

REQUEST FOR PERSONNEL ACTION					DATE PREPARED	
1. SERIAL NUMBER <b>027630</b>			2. NAME (Last-First-Middle) <b>HIDALGO, RAFAEL M. JR.</b>			<b>4 January 1962</b>
3. NATURE OF PERSONNEL ACTION <b>REASSIGNMENT</b>				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR <b>1 17 62</b>		5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>
6. FUNDS		7. COST CENTER NO. CHANGEABLE		8. LEGAL AUTHORITY (Completed by Office of Personnel)		
<input checked="" type="checkbox"/> V TO V		<input type="checkbox"/> V TO CF		<b>2235 1000 1000</b>		
<input type="checkbox"/> CF TO V		<input type="checkbox"/> CF TO CF				
9. ORGANIZATIONAL DESIGNATIONS <b>DDP WH SECTION A PLANS &amp; OPERATIONS STAFF</b>				10. LOCATION OF OFFICIAL STATION <b>WASHINGTON, D. C.</b>		
11. POSITION TITLE <b>OPS OFFICER</b>			12. POSITION NUMBER <b>EA-641</b>		13. CAREER SERVICE DESIGNATION <b>D</b>	
14. CLASSIFICATION SCHEDULE (GS, LP, etc.) <b>GS</b>		15. OCCUPATIONAL SERIES <b>0136.01</b>		16. GRADE AND STEP <b>11 3</b>		17. SALARY OR RATE <b>\$6,080</b>
18. REMARKS <b>FROM: DDP/WH/1-/FI-SI/#683</b>						
18A. SIGNATURE OF REQUESTING OFFICIAL  Personnel			DATE SIGNED		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>R. Heady</i>	
					DATE SIGNED	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL						
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODE NUMERIC ALPHABETIC		22. STATION CODE	23. UNIT CODE	24. DATE OF NEW
<b>200</b>	<b>C</b>	<b>100</b>				<b>1 05 1962</b>
28. RATE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA
MO. DA. YR.		1 = 100 2 = 100 3 = 100 4 = 100		1 = YES 2 = NO		<b>EOD DATA</b>
35. VET. PREFERENCE		36. SERV. COMP. DATE		37. LONG. COM. DATE		38. MIL. REG. DATA
CODE 0 = none 1 = 5 yr 2 = 10 yr		MO. DA. YR.		MO. DA. YR.		1 = YES 2 = NO
39. PREVIOUS GOVERNMENT SERVICE DATA			40. STATE TAX DATA		41. SOCIAL SECURITY NO.	
CODE 0 = NO PREVIOUS SERVICE 1 = NO BREAK IN SERVICE 2 = BREAK IN SERVICE (LESS THAN 12 MO) 3 = BREAK IN SERVICE (MORE THAN 12 MO)			CODE		CODE	
45. POSITION CONTROL CERTIFICATION			46. O.P. APPROVAL <i>R. Heady</i>			DATE APPROVED

SECRET  
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
1. SERIAL NUMBER <b>027630</b>						2. NAME (Last-First-Middle) <b>HIDALGO, B. N., Jr.</b>	
3. NATURE OF PERSONNEL ACTION <b>REASSIGNMENT (And Transfer to Vouchered Funds)</b>				4. EFFECTIVE DATE REQUESTED MONTH: <b>08</b> , DAY: <b>20</b> , YEAR: <b>61</b>		5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>	
6. FUNDS <b>X</b>		7. COST CENTER NO. CHARGEABLE <b>2635-5000-8021</b>		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS <b>DDP/WH <del>1142</del> Branch 4 FI-CI Sec.</b>				10. LOCATION OF OFFICIAL STATION <b>Washington, D.C.</b>			
11. POSITION TITLE <b>OPS OFFICER (D)</b>			12. POSITION NUMBER <b>0681</b>		13. CAREER SERVICE DESIGNATION <b>D</b>		
14. CLASSIFICATION SCHEDULE (GS, LP, etc.) <b>GS (12)</b>		15. OCCUPATIONAL SERIES <b>0136.01</b>		16. GRADE AND STEP <b>11 (3)</b>		17. SALARY OR RATE <b>\$ 8,080</b>	
18. REMARKS <b>Froms DDP/WH, Br. 4, #0626</b>							
19a. [Signature]				19b. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>[Signature]</i>			
SIGN BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
21. AGENCY CODE		22. EMPLOYER CODE		23. STATION CODE		24. DATE OF BIRTH	
<b>16 10</b>		<b>60452</b>		<b>WH 72013</b>		<b>1 05 27 19</b>	
25. SECURITY REQ. NO.		26. SECURITY REQ. NO.		27. SECURITY REQ. NO.		28. SECURITY REQ. NO.	
29. SECURITY REQ. NO.		30. SECURITY REQ. NO.		31. SECURITY REQ. NO.		32. SECURITY REQ. NO.	
33. SECURITY REQ. NO.		34. SECURITY REQ. NO.		35. SECURITY REQ. NO.		36. SECURITY REQ. NO.	
37. SECURITY REQ. NO.		38. SECURITY REQ. NO.		39. SECURITY REQ. NO.		40. SECURITY REQ. NO.	
41. SECURITY REQ. NO.		42. SECURITY REQ. NO.		43. SECURITY REQ. NO.		44. SECURITY REQ. NO.	
45. POSITION CONTROL CERTIFICATION <i>[Signature]</i> 08/11/61				46. O.P. APPROVAL <i>[Signature]</i>			

FORM 1152 OBSOLETE PREVIOUS EDITIONS AND FORM 1152a

SECRET

SECRET

REQUEST FOR PERSONNEL ACTION

1. Serial No.		2. Name (Last-First-Middle) <b>HIDALGO, BALTES N., JR.</b>			3. Date Of Birth Mo. Da. Yr. <b>05 27 19</b>			4. Vol. Pref.		5. Sex <b>M</b>		6. CS-FOU		
7. SCD Mo. Da. Yr.		8. CSC Rem. Yes-1 Code No-2		9. CSC Or Other Legal Authority			10. Appt. Affidav. Mo. Da. Yr.		11. FEGLI Yes-1 Code No-2		12. LCD		13. <sup>Gr</sup> <sub>Code</sub>	

2

PREVIOUS ASSIGNMENT

14. Organizational Designations <b>DIS/OTR OPERATIONS SCHOOL COVERT TRAINING</b>			Code		15. Location Of Official Station <b>WASH., D. C.</b>			Station Code			
16. Dept. - Field Dept. - USStd - Fragn.		17. Position Title <b>INSTRUCTOR OPERATIONS</b>			18. Position No. <b>1014</b>		19. Serv. <b>GS</b>		20. Occup. Series <b>1711.50</b>		
21. Grade & Step <b>11 2</b>		22. Salary Or Rate <b>\$ 7270</b>		23. SD <b>D</b>		24. Date Of Grade Mo. Da. Yr. <b>03 17 58</b>		25. PSI Due Mo. Da. Yr. <b>03 17 61</b>		26. Appropriation Number <b>0175-2533</b>	

ACTION

27. Nature Of Action <b>REASSIGNMENT</b>		Code		28. Eff. Date Mo. Da. Yr. <b>06 26 60</b>		29. Type Of Employee <b>REGULAR</b>		Code		30. Separation Data	
---	--	------	--	--	--	--	--	------	--	---------------------	--

3A

PRESENT ASSIGNMENT

31. Organizational Designations <b>DIP WH BRANCH 4</b>			Code		32. Location Of Official Station <b>WASH., D. C.</b>			Station Code			
33. Dept. - Field Dept. - USStd - Fragn.		34. Position Title <b>OPS OFFICER</b>			35. Position No. <b>BA-626</b>		36. Serv. <b>GS</b>		37. Occup. Series <b>0136.01</b>		
38. Grade & Step <b>11 2</b>		39. Salary Or Rate <b>\$ 7270</b>		40. SD <b>D</b>		41. Date Of Grade Mo. Da. Yr.		42. PSI Due Mo. Da. Yr.		43. Appropriation Number <b>0135 1000 1000</b>	

SOURCE OF REQUEST

A. Requested By (Signature And Title) <b>WH/PERSONNEL OFFICER</b>		C. Request Approved By (Signature And Title) <b>17 June 60</b>	
B. For Additional Information Call (Name & Telephone Ex.) <b>88242</b>		PERSONNEL OFFICER	

CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board	<i>[Signature]</i>	<b>6-21-60</b>	D. Placement		
B. Pos. Control	<i>[Signature]</i>	<b>6-23-60</b>	E.		
C. Classification			F. Approved By	<i>[Signature]</i>	<b>6-23-60</b>

Remarks

2 copies to Security. 1 Loss Notice. *[Signature]* 6/24/60 6/21/60

SECRET

**SECRET**  
(When Filled In)

DATE PREPARED			REQUEST FOR PERSONNEL ACTION						V. to V		XX		V. to UV		
Mo	Da	Yr							UV. to V		UV. to UV				
5	20	59													
1. Serial No.			2. Name (Last-First-Middle)			3. Date of Birth			4. Var. Pref.		5. Sex		6. CS - EOD		
			HIDALGO, Balmea N., Jr.			5 27 19			None-0 5 Pt-1 10 Pt-2		M				
7. SCD			8. CSC Reprt.		9. CSC Or Other Legal Authority			10. Appt. Affidav.		11. FEGLI		12. LCD		13. MIL SERV. CREDIT LCB	
Mo	Da	Yr	Yes-1	Code				Mo	Da	Yr	Yes-1	Code			
			No-2								No-2				

**PREVIOUS ASSIGNMENT**

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DDP/WH Branch III Central America Section						Washington, D. C.					
16. Dept.-Field		17. Position Title				18. Position No.		19. Serv.		20. Occup. Series	
Dept. - Usfid. Frgn. -	Code	Area Ops Officer				0486		GS		0136.01	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
11	1	\$ 7,030		D		03 17 58		09 20 59		8-3500-20	

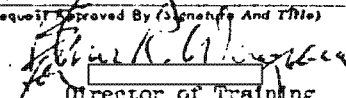
**ACTION**

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Date	
Reassignment + Transfer to Confidential Funds		07		06 14 59		Regular		01			

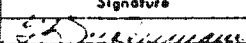
**PRESENT ASSIGNMENT**

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DDS/OTR Operations School Covert Training				1172		Washington, D. C.				75003	
33. Dept.-Field		34. Position Title				35. Position No.		36. Serv.		37. Occup. Series	
Dept. - Usfid. Frgn. -	Code	Instructor Operations				1014		GS		1711.50	
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
11	1	\$ 7,030		D						9-7500-30-018	

**SOURCE OF REQUEST**

A. Requested By (Name And Title)		C. Request Approved By (Signature And Title)	
C/OS		 Director of Training	
B. For Additional Information Call (Name & Telephone Ext.)			
x-3078			

**CLEARANCES**

Clearance		Signature		Date		Clearance		Signature		Date	
A. Career Board				11/15/58		D. Placement					
B. Pos. Control		CP				E.					
C. Classification						F. Approved By		C. Powell		11 JUN 1959	

**Remarks**

One copy forwarded to UNVOUCHERED Payroll. Two copies forwarded to Security.

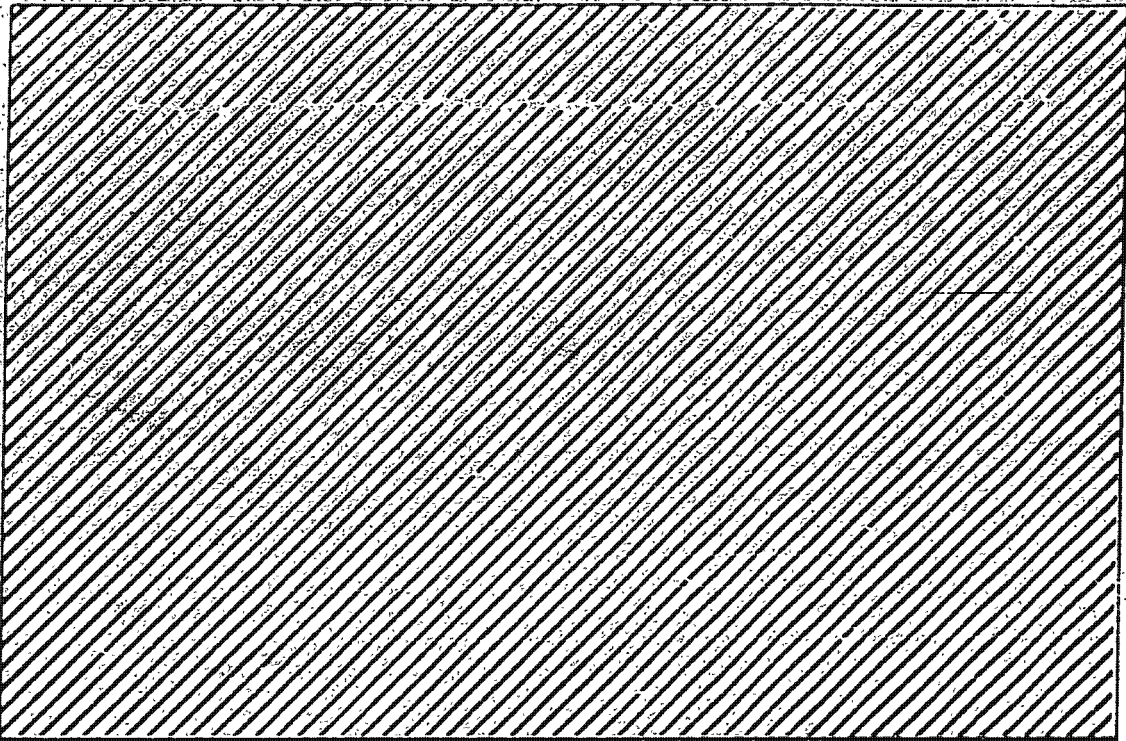
Recorded by  
CSPD

FORM 12-57 1152g (USE PREVIOUS EDITION)

**SECRET**

Security Approval Date: 11/17/59

SECRET  
(When Filled In)



NAME OF EMPLOYEE (LAST-FIRST-MIDDLE)	DATE OF BIRTH	CASE OR CLAIM NUMBER
HERALCO, Ealmes	Unk	58-112

There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on 1 Oct 57.

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

DATE OF NOTICE	SIGNATURE OF BEO REPRESENTATIVE
21 Sept 58	<i>[Handwritten Signature]</i>

**NOTICE OF OFFICIAL DISABILITY CLAIM FILE**

SECRET

Classify According To Grant

E-2266 REQUEST FOR PERSONNEL ACTION 27 Feb 58

1. Serial No. 12707	2. Name (Last-First-Middle) MR. BALMES N. HIDALGO, Jr.	3. Date Of Birth Mo Da Yr 5 27 19	4. Ver. Pref. None-0 Code 10 Pt-2	5. Sex M	6. GS - EOD Mo Da Yr 2 17 58
7. SCD Mo Da Yr 7 16 46	8. CSC Retmt Yes-1 No-2 1	9. CSC Or Other Legal Authority 50 USC A 4631	10. Apmt Affidav. Mo Da Yr 3 13 58	11. FEGLI Yes-1 No-2 1	12. LCD Mo Da Yr 2 17 58
13. LCP Yes-1 No-2 2					

PREVIOUS ASSIGNMENT

14. Organizational Designations	Code	15. Location Of Official Station	Station Code
16. Dept. Field Dept. Code Usfld. Code Frag. Code	17. Position Title	18. Position No.	19. Serv. 20. Occup. Series
21. Grade & Step	22. Salary Or Rate	23. SD	24. Date Of Grade Mo Da Yr
	\$		25. PSI Due Mo Da Yr
26. Appropriation Number			

ACTION

27. Nature Of Action Excepted Appointment	Code 13	28. Eff. Date Mo Da Yr 3 17 58	29. Type Of Employee Regular	Code C1	30. Separation Data
--	------------	--------------------------------------	---------------------------------	------------	---------------------

PRESENT ASSIGNMENT

31. Organizational Designations DDP/WH Branch III Central America Section	Code 4613	32. Location Of Official Station Washington, D.C.	Station Code
33. Dept. Field Dept. Code Usfld. Code Frag. Code	34. Position Title Area Ops Officer	35. Position No. # BA-486-11	36. Serv. 37. Occup. Series GS 0136.01
38. Grade & Step 11-A	39. Salary Or Rate \$ 6390	40. SD D	41. Date Of Grade Mo Da Yr 3 17 58
			42. PSI Due Mo Da Yr 9 12 59
43. Appropriation Number 8-3500-20			

SOURCE OF REQUEST

A. Requested By (Name And Title) [Signature] / Personnel Officer	C. Request Approved By (Signature And Title) [Signature]
B. For Additional Information Call (Name & Telephone Ext) [Signature] X 8242	

CLEARANCES

A. Career Board [Signature] 3/17/58	D. Placement [Signature] 3/14/58
B. Post. Control [Signature] 3/17/58	E. [Signature]
C. Classification	F. Approved By [Signature] 10 MAR 1958

Remarks  
Subject is presently engaged as a Contract Employee with the WH Division.  
\* For slotting purposes Only.  
Approved for [Signature] [Signature] SSA [Signature]

SECRET

STANDARD FORM 52  
 FORM 52 IS THE PROPERTY OF THE  
 U.S. GOVERNMENT  
 PRINTING OFFICE: 1953 O-57270-4  
 GSA GEN. REG. NO. 27  
 NATIONAL CENTER OF PERSONNEL ADMINISTRATION

SECRET

UNVOUCHERED

**REQUEST FOR PERSONNEL ACTION**

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

1. NAME (Mr., Miss, Mrs., One given name, initial(s), and surname) <b>Mr. Balmes N. HIDALGO, Jr.</b>	2. DATE OF BIRTH <b>27 May 1919</b>	3. REQUEST NO.	4. DATE OF REQUEST <b>8 July 55</b>
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) <b>Excepted Appointment</b>		6. EFFECTIVE DATE A. PROPOSED:	7. C.S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED:	

FROM—	9. POSITION TITLE AND NUMBER	TO— <b>I. O. (FI) BAF-277</b>
	10. SERVICE, GRADE, AND SALARY	<b>GS-0130.51-11, \$6390.00 p.a. x</b>
	11. ORGANIZATIONAL DESIGNATIONS	<b>DDP/WH</b>
	11. HEADQUARTERS	
<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPARTMENTAL	<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL

14. REMARKS (Use reverse if necessary)

**Subject is presently a contract employee with Project HYPOTHESIS.**

15. REQUESTED BY (Name and title) <i>[Signature]</i> C/WH	16. REQUEST APPROVED BY Signature: _____ Title: _____
17. FOR ADDITIONAL INFORMATION (Name and telephone extension) <b>3692</b>	

13. VETERANARY PREFERENCE	14. POSITION CLASSIFICATION ACTION
NONE <input type="checkbox"/> WWH <input type="checkbox"/> OTHER <input type="checkbox"/> 5 PT <input type="checkbox"/> 15 POINT <input type="checkbox"/> DISAB. OTHER	NEW <input type="checkbox"/> VICE <input type="checkbox"/> I.A. <input type="checkbox"/> REAL <input type="checkbox"/>

15. SEX <b>M</b>	16. RACE <b>W</b>	17. APPROPRIATION FROM: _____ TO: <b>6-3525-56-051</b>	18. SUBJECT TO C.S. RETIREMENT ACT (YES-NO) <b>Yes</b>	19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)	20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: _____
---------------------	----------------------	--	---	--	---

21. STANDARD FORM 50 REMARKS

*[Handwritten notes and signatures]*

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.			
B. CEIL. OR POS. CONTROL	<i>[Signature]</i>	<b>5 Aug 55</b>	
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.	<b>720</b>	<b>7-20</b>	
E.			


F. APPROVED BY *[Signature]* **7/28/55**



**SECRET**  
(When Filled In)

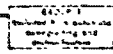
1. PERS. SERIAL NO. 027630		BIOGRAPHIC PROFILE (PART I) 16 Jul 1976			
2. NAME (Last-First-Middle) HUTTENGO, B. N., Jr.		3. SEX M	4. DATE OF BIRTH 27 May 1919	5. LONGEVITY COMP. DATE 18 Feb 1976	
6. MARITAL STATUS Married	7. DEPENDENTS (Excl. Spouse) 2	8. YEARS OF BIRTH 1914-1892		9. US NATURALIZATION DATE(S) NA Puerto Rico NA	
10. CAREER STATUS Staff	11. MEMBERSHIP Mar 1961	12. OTHER STATUS	13. LAST MED. APT. DATE Jul 1967	14. QUAL. FOR Dept Only	15. QUAL. FOR TOX O/S
16. CURRENT RESERVE STATUS None	17. NON-CIA SERVICE	18. GRADE	19. ACTIVE DUTY WITH CIA CAT. 1	20. RELEASE TO MIL. SER. CAT. 1	21. TO BE DEFERRED CAT. 2
10. ASSESSMENT DATE None		11. PROFESSIONAL TEST DATE Feb 1958		12. LANGUAGE APTITUDE TEST DATE None	
13. EMPLOYMENT HISTORY 1940-43 Military Service, US Army, Col - Infantry 1944-45 Jersey City Quartermaster Depot, Jersey City, NJ - Inspector 1945-47 Francis H. Loggitt Co (Food Wholesaler), NYC - Correspondence Clerk 1948-49 Dept of Justice, FBI, NYC - Contract Agent on a Penetration Project 1948-50 Colonial Trust Co (Bank), NYC - Collections Clerk 1950-51 American Trust Co (Bank), NYC - Collections Clerk 1951-52 Dept of Defense, New York QM Procurement Agency, NYC - Inspector					
14. NON-CIA EDUCATION High School Graduate 1945-46 New York University - Foreign Trade, Business Law					
15. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Date Tested) Portuguese - R-Interm; W, P, S, U None (Oct 1959); T None - May 1958 Spanish - R High; W Interm; P, S, U Native (Nov 1959); Translator, Interpreter - May 1958					
16. AGENCY SPONSORED TRAINING 1958 Comm Party Org & Ops 1958 CI Famil 1958 Info Rptng, Rpts & Rqmts 1958 Operations 1958 Intel Orient 1959 Picks & Locks 1959 Audio Surveill Mgmt 1966 Undetermined Entry (Act)					
17. CIA EMPLOYMENT HISTORY SINCE 13 SEPT 1947 (Personal Actions, Military Orders, and Principal Details)					
EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	ED	ORGANIZATION & CHRG. TITLE (If any)	LOCATION
Mar 1958	Feb 1952 - Mar 1958, Contract Employee for DDP/WII/Project NYOTHSSES Area Ops Off 0136.01	11	D	DDP/WII-III/Control America	Hq
Jun 1959	Jan - Feb 1959, TDY Instructor (Ops) 1711.50	11	D	OTR/Ops School/Covered Trng	Hq
Jun 1960	Ops OLS 0136.01	11	D	DDP/WII-4	"
Aug 1961	" " 0136.01	11	D	DDP/WII-4/CI Sec	"
Jan 1962	" " 0136.01	11	D	DDP/WII/Plans & Ops Sec/Sec A	"
Apr 1963	" " 0136.01	11	D	DDP/SAS/US Fld/Forward, Ops Sta	JMWAVE
Dec 1963	" " 0136.01	12	D	" " " " " " " "	"
Apr 1964	" " 0136.01	12	D	DDP/SAS/CS/CS Dev Corp	Hq
Nov 1964	" " 0136.01	12	D	DDP/SAS/CI Staff/Ops	"
May 1965	" " 0136.01	12	D	DDP/WII/CS/CI Staff/Ops Br	"
Dec 1965	" " 0136.01	12	D	DDP/WII-2/	"
18. DATE REVIEWED 22 Jun 1976	19. PROFILE REVIEWED BY [Signature]	20. THIS PROFILE REVIEWED & VERIFIED BY EMPLOYEE [Signature] 16 Jul 1976			

SECRET  
(When Filled In)

PERS. SERIAL NO. 027630		BIOGRAPHIC PROFILE (PART 2)	
NAME (Last-First-Middle) HENDON, R. N., JR.		DATE OF BIRTH 27 May 1919	
23. SUMMARY OF EVALUATIVE REPORTS FOR THE PAST TWO YEARS			
 <p>A black and white portrait of a man with glasses, wearing a suit and tie. Below the portrait is a nameplate that reads "Hendon, R. N., Jr.".</p>			
24. SUMMARY OF CAREER PREFERENCE OUTLINE AND/OR FIELD REASSIGNMENT QUESTIONNAIRE			
25. IDENTITY OF OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL			
26. ADDITIONAL INFORMATION Appreciation 1968 from TSD/AP/CAS for the postal intercept exemplars which are invaluable to that office.			
27. DATE REVIEWED 23 Jun 1969		28. PROFILE REVIEWED BY hms/oda	

**SECRET**  
(When Filled In)

FITNESS REPORT							EMPLOYEE SERIAL NUMBER	
							027630	
<b>SECTION A</b>							<b>GENERAL</b>	
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD		
Jidalgo Balmes N.			05/27/19	M	GS-12	D		
6. OFFICIAL POSITION TITLE				7. OFFICE OR OF ASSIGNMENT	8. CURRENT STATION			
Ops Officer				DDP/WH/2	HQS			
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT				
<input type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY		<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT SUPERVISOR			
<input checked="" type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)				<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT EMPLOYEE			
<input type="checkbox"/> SPECIAL (Specify):				<input type="checkbox"/> SPECIAL (Specify):				
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to)				
31 January 1969				1 January 1968 - 31 December 1968				
<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							RATING LETTER	
Payroll Desk Case Officer for [redacted] FI operations. Prepares cables and dispatches to [redacted] and other Stations and internal Headquarters correspondence.							P	
SPECIFIC DUTY NO. 2							RATING LETTER	
Conducts required coordination with other offices within the agency.							P	
SPECIFIC DUTY NO. 3							RATING LETTER	
Supervises and/or maintains files and regulates indexing relating to his cases.							P	
SPECIFIC DUTY NO. 4							RATING LETTER	
SPECIFIC DUTY NO. 5							RATING LETTER	
SPECIFIC DUTY NO. 6							RATING LETTER	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							RATING LETTER	
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.							P	



SECRET  
(When Filled In)

SECTION C

NARRATIVE COMMENTS

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

Mr. Hidalgo is a man of unusual background even in our unusual organization. This background undoubtedly affords him qualifications for our work, but nevertheless, on the professional level he suffers from disadvantages as well--overcoming some but not others. He is not well-educated in a formal sense, and in our world of words is not adequately equipped to prepare finished written correspondence. He has difficulty in organizing his work systematically, thus at times, giving an impression that the preparation has not been thorough--which might not really have been true.

On the other hand, Mr. Hidalgo has the advantage of native fluency in Spanish and an obvious understanding of the Latin thinking process and culture. He is broadly experienced in operations, not only as a case officer but as an actual agent himself, having served four years as a Bureau penetration of the CPUSA. He is operationally imaginative and unquestionably possesses the ingenuity and courage to translate ideas into action. In this respect, however, his efforts must be channeled and selectivity exercised. On the [ ] Desk this officer provides the valuable service of operational history and continuity; he served six years [ ] and has been on the desk for three.

Continued

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

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

DATE

9 Jan 1969

SIGNATURE OF EMPLOYEE

*[Handwritten Signature]*

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS GIVEN UNDER MY SUPERVISION

4

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

*[Handwritten Initials]*

DATE

9 January 1969

OFFICIAL TITLE OF SUPERVISOR

C/WII/2/P

SIGNATURE

*[Handwritten Initials]*

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Mr. Hidalgo is an experienced and well qualified operations officer, and it is indeed unfortunate that there are medical problems which do not allow him to be assigned overseas. Since Mr. Hidalgo cannot be assigned overseas, I too endorse his desire to be assigned to OTR or to another assignment of his choice.

DATE

9 JAN 1969

OFFICIAL TITLE OF REVIEWING OFFICIAL

C/WII/2

TYPED OR PRINTED NAME AND SIGNATURE

*[Handwritten Signature]*  
Edwin M. Terrell

SECRET

SECRET

SECTION C Continued

Hidalgo, Balmes N.

Mr. Hidalgo is a gregarious uncomplicated person, generally pleasant, and generous in his instincts--but not entirely without his quixotic side--and one whose natural Latin emotionality has been intensified by a life of experiences outside the norm, e.g. years as a CP penetration, air crashes, war wounds, etc.

This officer is aware that his intellectual background and medical debilities are obstructions to his advance. Understandably, he has developed outside interests, apparently as compensation. Expectedly, his attitudes at times so reflect.

In sum, Mr. Hidalgo serves a satisfactory function on the [redacted] Desk and no doubt could continue to perform so indefinitely, but in view of his limitations in a desk-bound situation and the medical restrictions, both of which will continue to inhibit his advance in his present component, this supervisor endorses Mr. Hidalgo's desire to be considered for transfer to another component, namely OTR (specifically covert training), where his attributes would likely come more directly into play. He has the operational experience, competency in a foreign language, an outgoing personality, and experience in lecturing and teaching.\* Finally, regardless of the shortcomings reflected in this evaluation, the grading officer finds much to admire in Mr. Hidalgo personally.

\*Should a suitable opening in that field be unavailable, it is felt there would be merit also in considering Mr. Hidalgo's other stated interests, i.e., the technical interrogation section of the Office of Security or OO Contacts Division.

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				027630	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle) <b>HIDALGO, Balnes N., Jr.</b>			2. DATE OF BIRTH <b>27 May 1919</b>	3. SEX <b>M</b>	4. GRADE <b>GS-12</b>
5. OFFICIAL POSITION TITLE <b>Ops Officer</b>			7. OFF/DIV/BR OF ASSIGNMENT <b>DDP/WH/2</b>	6. CURRENT STATION <b>Headquarters</b>	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CAREER			RESERVE	TEMPORARY	INITIAL
CAREER-PROVISIONAL (See Instructions - Section C)			ANNUAL	REASSIGNMENT SUPERVISOR	REASSIGNMENT EMPLOYEE
SPECIAL (Specify):			SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to) <b>13700 hrs by OP ac 12-66</b>		
<b>SECTION B PERFORMANCE EVALUATION:</b>					
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment, or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 <b>Responsible for all FI/CI Projects for the Desk</b>					RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 2 <b>Initiates, prepares and coordinates all operational communications to the field on FI/CI matters</b>					RATING LETTER <b>P</b>
SPECIFIC DUTY NO. 3 <b>Prepares project renewals, studies and papers on FI/CI matters</b>					RATING LETTER <b>P</b>
SPECIFIC DUTY NO. 4 <b>Translates Spanish language material for the Branch</b>					RATING LETTER <b>O</b>
SPECIFIC DUTY NO. 5 <b>Coordinates FI/CI matters for the Desk with other Hqs components</b>					RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 6 <b>Occasionally handles visiting indigenous assets</b>					RATING LETTER <b>S</b>
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
<p><b>31 MAR 1967</b></p> <p>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.</p>					RATING LETTER <b>S</b>

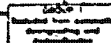
SECRET

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B, to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p>			
<p>Comment by Mr. Tsikerdanos, previous supervisor: 15181 '67</p> <p>Mr. Hidalgo is a very capable case officer who is more suited to a field position. He is adept at handling indigenous personnel and has a keen operational mind. He is good at grasping operational leads but is not a capable writer. He has trouble expressing himself on paper. His Spanish language capability is a decided asset to the Branch. A longstanding illness has limited his effectiveness at the Desk. He is cost conscious and has no supervisory responsibilities.</p>			
<p>Comments by Present Supervisor:</p> <p>I concur in the above estimate of Mr. Hidalgo's operational capabilities. During the months (Oct 1966 - March 1967) I have worked with Mr. Hidalgo I have not found his health to be a factor in his performance of his duties.</p> <p style="text-align: right;">Ken Knaus</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
10 March 67	<i>Hidalgo</i>		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
11			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
9 MAR 1967	Formerly C/NH/2/P Present C/NH/2/P	<i>Eugene J. Tsikerdanos</i> Ken Knaus	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>Mr. Hidalgo's health caused him to be absent from his duties several times during the first part of 1966 but these absences were for a limited period. From my observation, his health has not presented a serious problem to the performance of his duties.</p> <p>Several times during the absence of Mr. Tsikerdanos in the year 1966 Mr. Hidalgo was the acting desk officer. His performance was most satisfactory, and his supervision of the other desk employees, albeit for a limited period, was fully satisfactory.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
9 MAR 67	C/NH/2	<i>Edwin M. Terrell</i> Edwin M. Terrell	

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT						EMPLOYEE SERIAL NUMBER	
						027630	
<b>SECTION A GENERAL</b>							
1. NAME (Last) (First) (Middle) MILANO, Palmes A., Jr.			2. DATE OF BIRTH 27 May 1919	3. SEX M	4. GRADE GS-12	5. SD D	
6. OFFICIAL POSITION TITLE Desk Officer			7. OFF/DIV/BR OF ASSIGNMENT DD//T/C		8. CURRENT STATION Headquarters		
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER		<input type="checkbox"/> RESERVE		<input type="checkbox"/> TEMPORARY		<input type="checkbox"/> INITIAL	
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)		<input type="checkbox"/> SPECIAL (Specify):		<input checked="" type="checkbox"/> ANNUAL		<input checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR	
<input type="checkbox"/> SPECIAL (Specify):		<input type="checkbox"/> SPECIAL (Specify):		<input type="checkbox"/> ANNUAL		<input type="checkbox"/> REASSIGNMENT EMPLOYEE	
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to) 16 Mar - 30 October 1955			
<b>SECTION B PERFORMANCE EVALUATION</b>							
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1 Headquarters desk officer responsible for the support of Miami Station CI/CE activities and operations.						RATING LETTER P	
SPECIFIC DUTY NO. 2 Advisor to various components of the WH and WE Divisions on Cuban operations with specific reference to the Cuban Security Intelligence Service, organization, modus operandi and						RATING LETTER S	
SPECIFIC DUTY NO. 3 Briefing representatives of personnel foreign liaison services and selected agents visiting in Washington on the Cuban Security and Intelligence Services and his own unique experience in the Communist Party.						RATING LETTER S	
SPECIFIC DUTY NO. 4 Translator/interpreter: Served as consultant to WH Division on Cuban Spanish.						RATING LETTER S	
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 S	
4 JAN 1956							





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 by providing basis for determining future personnel action. Managerial performance of managerial or supervisory duties must be described, if applicable.

Mr. Hidalgo is an able intelligence officer, <sup>Office of</sup> devoted to his profession and selfless in his desire to be of service to the Government. Although he has suffered ill health in recent years, he was insistent that he be among the first to be sent to the Dominican Republic when the crisis occurred.

An intense person, Mr. Hidalgo is industrious, works well under pressure and sets high standards for his performance. Because he is intent on getting things done, he is occasionally hasty in judgment and in written presentation of the results of his research and conclusions. He is perceptive, quickly accepts suggestions and offers counter-proposals with cogent argument. Mr. Hidalgo was not in a supervisory capacity. He was cost conscious; always endeavoring to be conservative where possible.

He is an effective and cooperative member of an office, ready to assume responsibility and to help his colleagues. Thanks to his unique experience on the Cuban target, he has wide knowledge of the Cuban problem and is, in fact, an expert on the Cuban Security and Intelligence Services.

SECTION D CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

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

DATE 9 December 1965 SIGNATURE OF EMPLOYEE

2. BY SUPERVISOR

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

DATE 9 December 1965 OFFICIAL TITLE OF SUPERVISOR C/WH/C/MO/FI-CI TYPED OR PRINTED NAME AND SIGNATURE Susan L. Darling

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I concur with the supervisor's assessment of Mr. Hidalgo with ~~an~~ exception to the statement that Subject works well under pressure. He is indeed an intense person and, under great pressure, his involvement affects his performance; and even more important, it has a very bad effect on his health. With this consideration noted, the undersigned thinks very highly of Mr. Hidalgo and would be pleased to be associated with him again.


DATE 9 December 1965 OFFICIAL TITLE OF REVIEWING OFFICIAL C/WH/C/MO TYPED OR PRINTED NAME AND SIGNATURE Walter T. Cini

SECRET

SECRET  
(When Filled In)

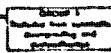
1. PERSONAL SERIAL NO. 27630		BIOGRAPHIC PROFILE (PART I) SCDF: 16 Jul 1946			
2. NAME (Last-First-Middle) W. H. H. ...		3. SEX M	4. DATE OF BIRTH May 1919	5. LONGEVITY COMP. DATE 17 Mar 1958	
6. MARITAL STATUS Married	7. DEPENDENT(S) (Specify: <input type="checkbox"/> None <input type="checkbox"/> Other)	8. NO. CHILDREN 3	9. YEARS OF BIRTH 1927-1945-1950		10. US NATURALIZATION DATE(S) NA Puerto Rico NA
11. CURRENT RESERVE STATUS None	12. MEMBERSHIP None	13. OTHER STATUS Pending	14. LAST MO. SERV. FOR Sep 1962	15. DEPT. ONLY Dept Only	16. TDY O/S TDY O/S
17. ASSESSMENT DATE None	18. PROFESSIONAL TEST DATE Feb 1958	19. LANGUAGE APTITUDE TEST DATE None			
20. EMPLOYMENT HISTORY (1946-1958)					
1940-43 Military Service, US Army, Cpl - Infantry 1944-45 Jersey City Quartermaster Dept, Jersey City, NJ - Inspector 1945-47 Francis H. Lippitt Co (Food Wholesaler), NYC - Correspondence Clerk 1946-49 Dept of Justice, FBI, NYC - Contract Agent on a Penetration Project 1948-50 Colonial Trust Co (Bank), NYC - Collections Clerk 1950-51 American Trust Co (Bank), NYC - Collections Clerk 1951 Dept of Defense, New York QM Procurement Agency, NYC - Inspector					
21. NON-CIA EDUCATION					
1945-46 New York University - Foreign Trade, Business Law					
22. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Date Tested)					
Portuguese - R Intern; W, P, S, U Zero (Oct 1959); T None - May 1958 Spanish - R High; W Intern; P, S, U Native (Nov 1959); Translate, Interpret - May 1958					
23. AGENCY SPONSORED TRAINING					
1958 Intel Orient 1958 Comm Party Org & Ops 1958 CI Famil 1958 Info Rptng, Rpts & Rqmts 1958 Operations 1959 Picks & Locks 1959 Audio Surveil Mgmt					
24. CIA EMPLOYMENT HISTORY SINCE 15 SEPT 1947 (Personnel Actions, Military Orders, and Principal Details)					
EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	SD	ORGANIZATION & DEPT. TITLE (If any)	LOCATION
Mar 1958	Feb 1952 - Mar 1958, Contract Employee for DDP/WA/Project HYPOTHESIS Area Ops Off. 0136.01	11	D	DDP/WA-III/Central America	Hq
Jun 1959	Jan - Feb 1959, TDY Mexico and Guatemala				
Jun 1959	Instructor (Ops) 1711.50	11	D	OTR/Ops School/Covert Trng	Hq
Jun 1960	Ops Off 0136.01	11	D	DDP/WA-4	"
Aug 1961	" " 0136.01	11	D	DDP/WA-4/FI-CI Sec	"
Jan 1962	" " 0136.01	11	D	DDP/WA/Plans & Ops Stf/Sec A	"
Apr 1963	" " 0136.01	11	D	DDP/SAS/US Fid/forward Ops Sta	JMWAVE
25. DATE REVIEWED 24 Oct 1963		26. PROFILE REVIEWED BY OP/POD/O.../hes/rwh		27. ITEMS 1-10 REVIEWED & VERIFIED BY EMPLOYEE 9 Feb 1960	

SECRET  
(When Filled In)

PERM. SERIAL NO. 27630	BIOGRAPHIC PROFILE (PART 2)	
NAME (Last-First-Middle) HIDALGO, Balnes Nieves, Jr.	DATE OF BIRTH May 1919	
 A black and white portrait of a man with glasses, wearing a suit and tie. Below the portrait is a nameplate that reads "HIDALGO B N JR".		
24. SUMMARY OF CAREER PREFERENCE OUTLINE AND/OR FIELD REASSIGNMENT QUESTIONNAIRE		
25. IDENTITY OF OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL		
26. ADDITIONAL INFORMATION		
27. DATE REVIEWED	28. PROFILE REVIEWED BY OP/POD/SAB	

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
<p align="center"><b>SECTION A</b> <span style="float:right"><b>GENERAL</b></span></p>				<p align="right">027630</p>			
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD	
HIDALGO, BALMES			27 May 1919	M	GS-11	D	
6. OFFICIAL POSITION TITLE			7. OFF/DIV/DR OF ASSIGNMENT		8. CURRENT STATION		
Ops Officer			DDP, WH P&O SEC. A.				
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY		<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT SUPERVISOR		
<input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C)				<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT EMPLOYEE		
SPECIAL (Specify):				SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From to)			
30 October 1962				17 Jan 62 - 30 Sep 62			
SECTION B PERFORMANCE EVALUATION							
<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>							
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	
Responsible for initiation and development of WH Division durable assets program.						P	
SPECIFIC DUTY NO. 2						RATING LETTER	
Collate and maintain files on espionage laws of LA countries.						P	
SPECIFIC DUTY NO. 3						RATING LETTER	
Served as interpreter and translator for Division LA contacts.						P	
SPECIFIC DUTY NO. 4						RATING LETTER	
Coordinated with Branch 1 of WHD on FI and CI matters.						P	
SPECIFIC DUTY NO. 5						RATING LETTER	
Gives lectures as guest instructor to students attending School of International Communism.						S	
SPECIFIC DUTY NO. 6						RATING LETTER	
OVERALL PERFORMANCE IN CURRENT POSITION							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.							RATING LETTER
							P



SECRET

(When Filled In)

**SECTION C NARRATIVE COMMENTS**

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

Mr. Hidalgo joined WH/PO/A in November 1961 and took up those responsibilities listed above. However, Mr. Hidalgo's performance of duties was interrupted on two occasions by serious illness, 9-27 March and 15 April-31 May 1962. He was twice hospitalized. From 25 June-9 August 1962, Mr. Hidalgo was on TDY for WH/3 as escort officer for Latin American trainees. Although beset by health and other personal problems, Mr. Hidalgo seized upon each new assignment with his customary energy. He proved particularly adept in working as interpreter and escort officer for Latin American trainees, and demonstrated high interest and proven competence in counterintelligence work. His excellent memory and quick perception were distinct assets in these undertakings.

It is recommended, however, that Mr. Hidalgo's next assignment not carry responsibility for submission of finished papers or staff studies, but be one entailing duties commensurate with his ability to work effectively with indigenous personnel and to pursue CI leads through records investigation.

**SECTION D CERTIFICATION AND COMMENTS**

1. BY EMPLOYEE

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

DATE: 18 Sept 62 SIGNATURE OF EMPLOYEE: *Salvador Hidalgo*

2. BY SUPERVISOR

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

DATE: 18 September 1962 OFFICIAL TITLE OF SUPERVISOR: C/WH/PO/A TYPED OR PRINTED NAME AND SIGNATURE: [Redacted]

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I have had insufficient personal contact with Subject to make any meaningful comments.

DATE: 13 September 1962 OFFICIAL TITLE OF REVIEWING OFFICIAL: C/WH/OPS TYPE: [Redacted] RE: [Redacted]

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER		
				027630		
<b>SECTION A GENERAL</b>						
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH		3. SEX 4. GRADE		
HIDALGO Balboa N., Jr.		27 May 1919		Male GS-11		
5. SERVICE DESIGNATION		6. OFFICIAL POSITION TITLE		7. OFF. DIV./BR. OF ASSIGNMENT		
D		Operations Officer		DDP/WH, Rm. 4, D.C.		
8. CAREER STAFF STATUS			9. TYPE OF REPORT			
<input type="checkbox"/> MOV. ELIGIBLE <input type="checkbox"/> PENDING <input type="checkbox"/> MEMBER <input type="checkbox"/> DECLINED <input type="checkbox"/> DEFERRED <input type="checkbox"/> DENIED			<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT/SUPERVISOR <input type="checkbox"/> REASSIGNMENT/EMPLOYEE			
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD		12. SPECIAL (Specify)		
31 October 1961		Oct60 30Sep61				
<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		RATING NO.		SPECIFIC DUTY NO. 4		
Hqs. C.O. for 3 major CI/PI Projects-at one time comprising 301 Agents. Originates operational traffic, Support traffic and maintains records and files.		5		Responsible for spotting, interviewing and recruiting of Cuban students in the U. S. for return to Cuba for operational purposes.		
SPECIFIC DUTY NO. 2		RATING NO.		SPECIFIC DUTY NO. 5		
Hqs. C.O. for 8 unilateral independent Agents, including originating operational and Support traffic, and maintaining proper records and files.		4				
SPECIFIC DUTY NO. 3		RATING NO.		SPECIFIC DUTY NO. 6		
Interviewing, briefing and debriefing Spanish only speaking Agents and contacts for all operational Sections of the Branch.		6				
<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>5</b>	
<b>SECTION D DESCRIPTION OF THE EMPLOYEE</b>						
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee:						
1 - Least possible degree		2 - Limited degree		3 - Normal degree		
4 - Above average degree		5 - Outstanding degree				
CHARACTERISTICS			NOT APPLICABLE	NOT OBSERVED	RATING	
					1	2
GETS THINGS DONE					3	4
RESOURCEFUL						5
ACCEPTS RESPONSIBILITIES						X
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES						X
DOES HIS JOB WITHOUT STRONG SUPPORT						X
FACILITATES SMOOTH OPERATION OF HIS OFFICE						X
WRITES EFFECTIVELY					X	
SECURITY CONSCIOUS					X	
THINKS CLEARLY						X
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS						X
OTHER (Specify):						
SEE SECTION "E" ON REVERSE SIDE						

SECRET

(When Filled In)

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

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

Mr. Hidalgo has done a fine job during the reporting period, while assigned to the CI Section of the Branch when it was in its most active period of buildup and operations. The manner in which he accepted any assignment is unusual and he was often working under pressure. During the period, he was on several temporary duty trips in connection with operational activities, which he completed very well.

He has a talent for getting along with and understanding Latin Americans, and with his fluent Spanish language capability, he has performed in a commendable manner. While Mr. Hidalgo has never shunned responsibility, his assignment did entail the delegation of extensive responsibility. It is the feeling of the Rating Officer that he should be given the opportunity for greater responsibility, and training, which will qualify him for a supervisory role. After that, he should be qualified in all respects for promotion to GS-12.

**SECTION F CERTIFICATION AND COMMENTS**

1. BY EMPLOYEE

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

DATE SIGNATURE OF EMPLOYEE

2. BY SUPERVISOR

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

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  
20 March 62 D/Chief, WH/4/CI

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

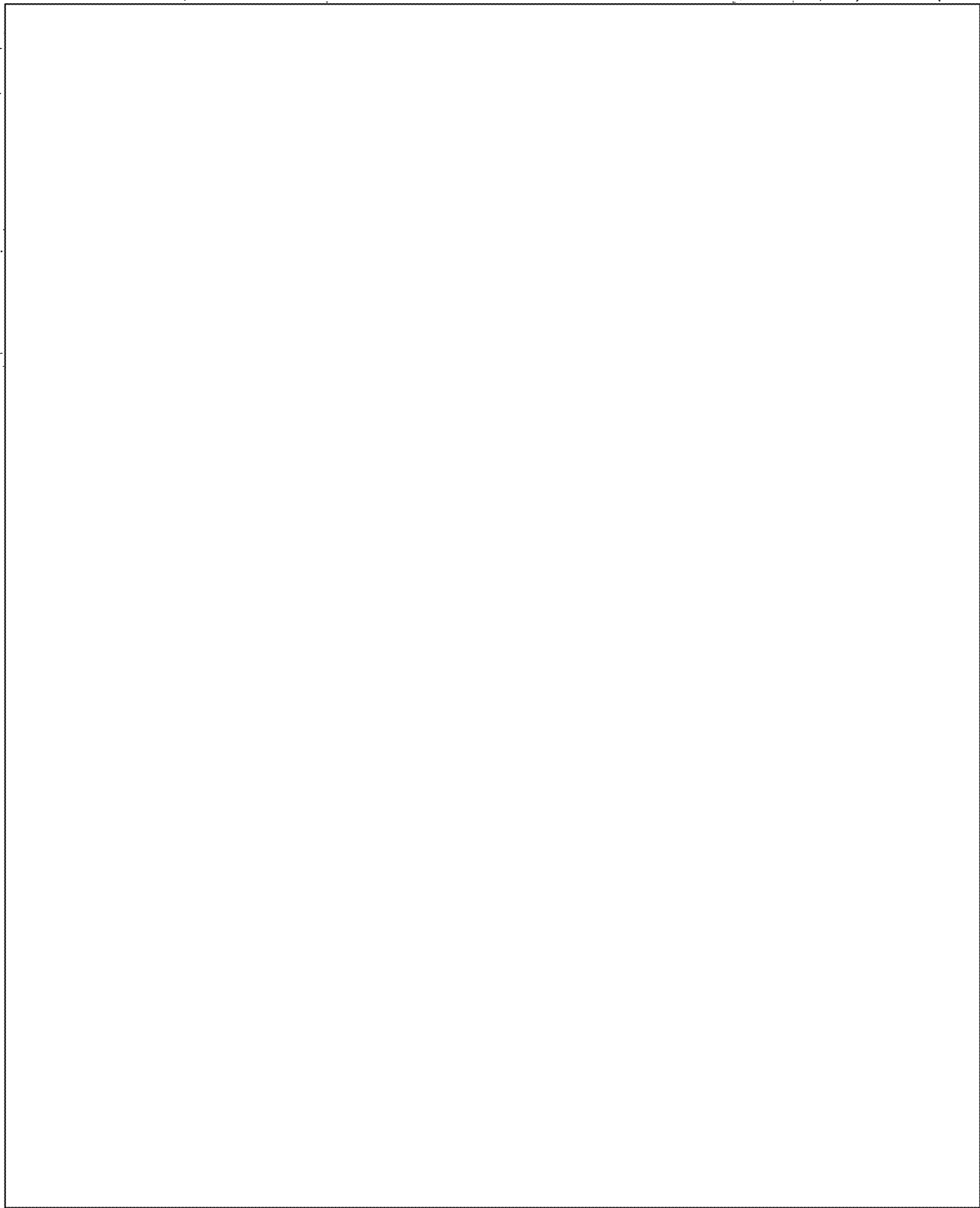
DATE OFFICIAL TITLE OF REVIEWING OFFICIAL TYPED OR PRINTED NAME AND SIGNATURE  
21 March 1962 C/WH/4/CI

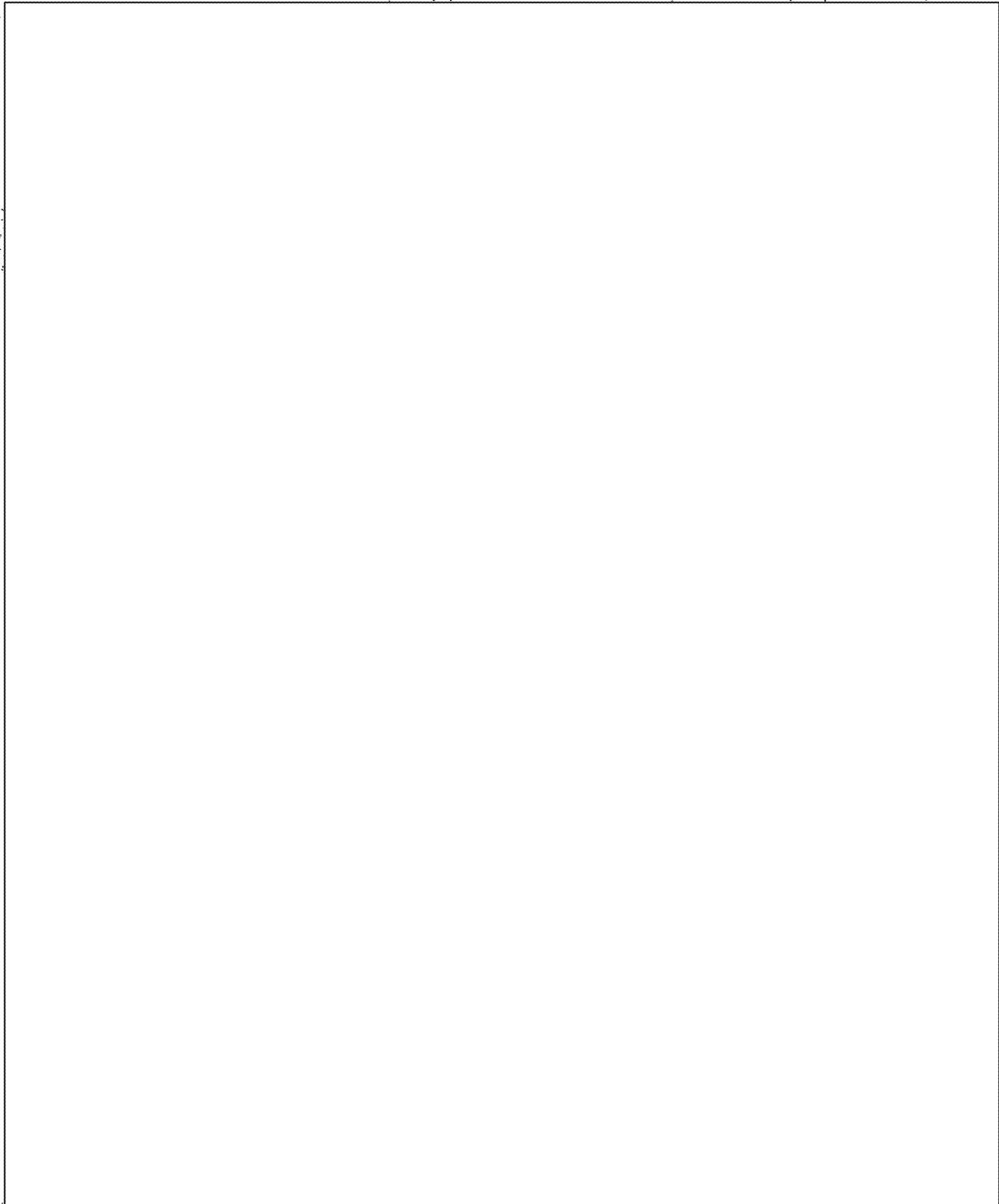
SECRET

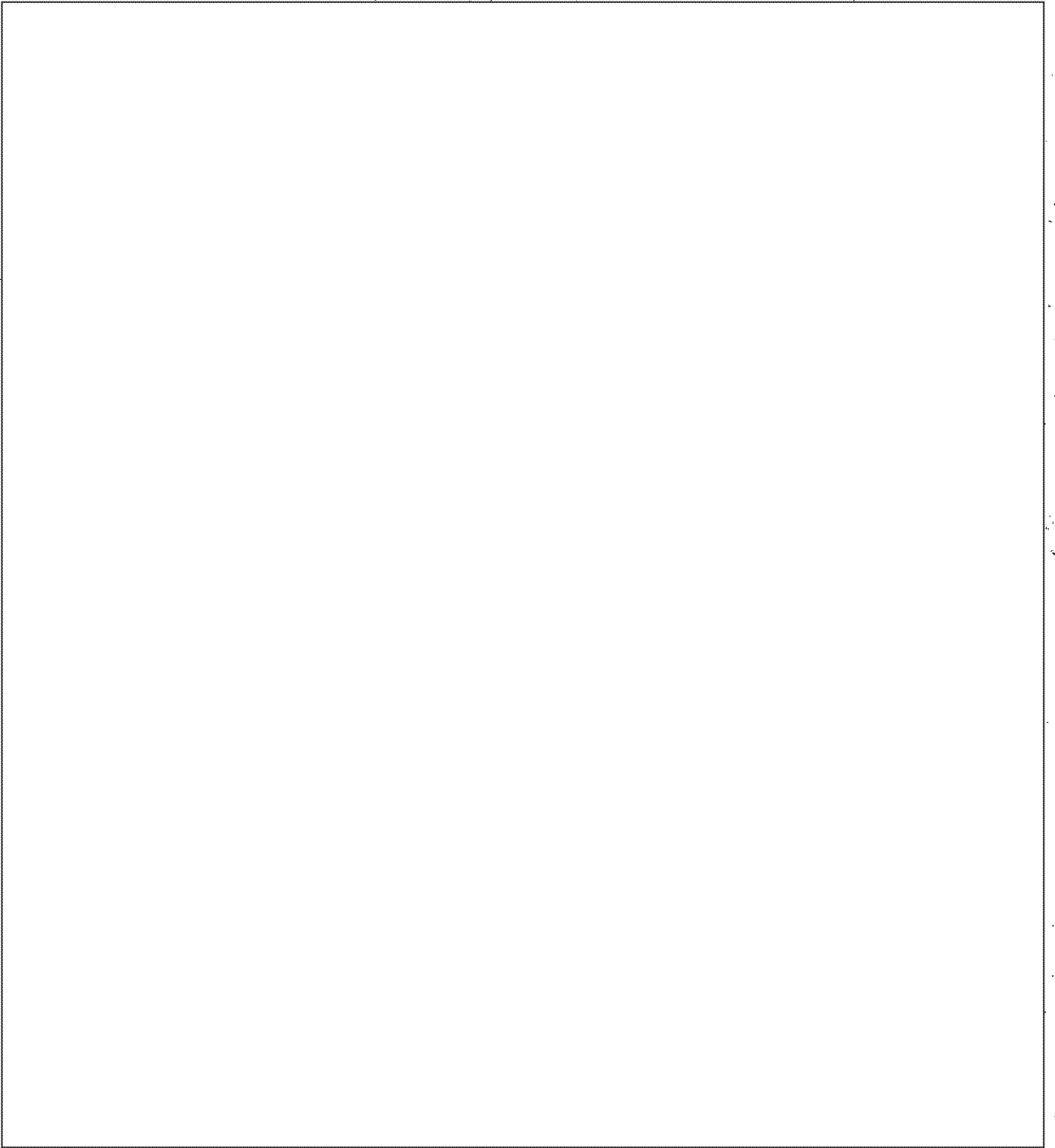


1-PSD:05  
SECRET











THIS INFORMATION IS UNCLASSIFIED

SECRET

103

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-421 AND EXECUTIVE ORDER 11524 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI EXECUTIVE DATE 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT:

NAME: HIDALGO, B. N., JR. SERIAL: 00730 ORG: 51 POS: 350 GRADE: V STEP: 12 NEW SALARY: \$16,034

1. LAST NAME: HIDALGO, B. N. JR.		FIRST NAME: B. N. JR.		INITIAL(S):		2. APPOINTMENT DATA Entered on duty: F, T, P, T		3. TOTAL SERVICE FOR LEAVE (as of / of separation)			
4. DATE AND NATURE OF SEPARATION: RETIREMENT-DISABILITY-UNDER CIA RET AND DIS SYSTEM EFF 2/28/70						Subject to Sec 203(d) 1931 Leave Act Yes <input type="checkbox"/> No <input type="checkbox"/>		Years: Months: Days:			
SUMMARY OF ANNUAL AND SICK LEAVE (HOURS)						SUMMARY OF HOME LEAVE (DAYS)			REMARKS		
5. Balance from prior leave year ended 1/10 1970		ANNUAL	SICK	14. Date arrival abroad for HL purposes		SCD 7/16/46					
6. Current leave year accrual through 2/21 1970		46	8	15. Current balance as of: 19							
7. Total		24	12	16. 12 month accrual rate							
8. Reduction in credits, if any (current year)		70	20	17. Dates leave used, prior 24 months							
9. Total leave taken		4	20	18. Monthly accrual date							
10. Balance		66	0	19. Calendar days credit for next accrual date		20. Date basic service period completed			MILITARY LEAVE		
11. Total hours paid in lump sum 66 hrs				21. Dates during current calendar yr to		22. Dates during preceding calendar yr to			ABSENCE WITHOUT PAY		
12. Salary rate(s) \$15,173.00				23. During leave year in which separated		LWOP or: AWO or Furlough (Suspension) (Hours)			24. During step increase waiting period which began on 12/15/68		
13. Lump sum leave dates from 0830 3/02/70 to 3/11/70 1030 (Hours)				25. During 12-month HL accrual period (dates)							
26. Certified correct by: [Signature] for Chief Payroll		Date: 5/13/70 Telephone: 143-2585									

70-71-70

70-1271  
70-1556

31 MAR 1970

Mr. Balmes N. Hidalgo, Jr.  
403 Silver Rock Road  
Rockville, Maryland 20851

Dear Mr. Hidalgo:

As you bring to a close more than twenty years of service to your country, I want to join your friends and co-workers in wishing you well and hoping that you find the years ahead filled with enjoyment and satisfaction.

It takes the conscientious efforts of many people to do the important work of this Agency. You leave with the knowledge that you have personally contributed to our success in carrying out our mission. Your faithful and loyal support has measured up to the high ideals and traditions of the Federal service.

May I express to you my appreciation and extend my best wishes for the years ahead.

Sincerely,

*Richard Helms*

Richard Helms  
Director

Distribution:

- 0 - Addressee
- 1 - DDCI
- 1 - ER
- 1 - C/EAB/OS
- 1 - D/Pers
- 1 - OPF
- 1 - ROB Soft File \* Concur:
- 1 - ROB Reader

Originator: \_\_\_\_\_  
 Director of Personnel

\_\_\_\_\_  
 C/EAB/OS

OP/RAD/ROB/[ ]jat/3257 (5 March 1970)

8 SEP 70

Mr. Raloes N. Hidalgo, Jr.  
403 Silver Rock Road  
Rockville, Maryland 20851

Dear Mr. Hidalgo:

It is the practice of the Organization to follow up with former employees six months after their retirement. We hope by such inquiry to obtain information on what our retirees are doing and where they are located, invite suggestions for improving the retirement program and to learn if the Organization might be of some assistance on any post-retirement matters.

We should like very much to hear from you on the above points and on any other topics you think would be useful to us.

For your convenience in replying, we have enclosed a sheet somewhat akin to a form on which we have listed those standard items of information we'd like to have on every retiree. The remainder of the sheet, including the reverse side, is for your comments and suggestions. We shall be most appreciative of your fullest response to this inquiry.

Thank you very much for your cooperation.

Sincerely yours,

Carroll A. Duchay  
Personnel Officer

Enclosures:

Questionnaire  
Return Envelope

Distribution:

Original - Addressee  
1 - OPF  
1 - RAD Subject's File

OP/RAD/EFAB/[ ]:dag (31 Aug 70)

SECRET  
(When Filled In)

BSJ: 4 MAR 70

NOTIFICATION OF PERSONNEL ACTION

OFF

1 SERIAL NUMBER 027630		2 NAME (LAST, FIRST, MIDDLE) MIDALCO, S R JR	
3 NATURE OF PERSONNEL ACTION RETIREMENT-DISABILITY-UNDER CIA RETIREMENT-DISABILITY SYSTEM			4 EFFECTIVE DATE MO DA YR 03 15 70
5 CATEGORY OF EMPLOYMENT		7 Financial Analysis No Chargeable	
6 FUNDS V TO V CF TO V		8 CSC OR OTHER LEGAL AUTHORITY P.L. 93-643 SECT. 231	
9 ORGANIZATIONAL DESIGNATIONS DDP/WA BRANCH 2 SECTION		10 LOCATION OF OFFICIAL STATION WASH, D.C.	
11 POSITION TITLE CPS OFFICER		12 POSITION NUMBER 131	13 SERVICE DESIGNATION D
14 CLASSIFICATION SCHEDULE (GS, LB, etc.) GS	15 OCCUPATIONAL SERIES 0135.01	16 GRADE AND STEP 12 5	17 SALARY OR RATE 13173

18 REMARKS

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19 ACTION CODE 45	20 EMPLOY CODE 10	21 OFFICE CODING NUMERIC ALPHABETIC	22 STATION CODE	23 INTEGREE CODE	24 MILITARY CODE	25 DATE OF BIRTH MO DA YR 03 27 1	26 DATE OF GRADE MO DA YR	27 DATE OF LEI MO DA YR
28 NTE EXPIRES MO DA YR	29 SPECIAL REFERENCE	30 RETIREMENT DATA 1 CSC 2 CIA 3 FICA 4 NONE	31 SEPARATION DATA CODE -70000	32 Correction / Cancellation Data TYPE MO DA YR		33 SECURITY REG NO		34 SER
35 VET PREFERENCE CODE 0 NONE 1 5 PT 2 10 PT	36 SERV COMP DATE MO DA YR	37 LONG COMP DATE MO DA YR	38 CAREER CATEGORY CAR BESH PROV TEMP		39 FEGLI HEALTH INSURANCE CODE CODE 0 WAIVER 1 YES	40 SOCIAL SECURITY NO		
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0 NO PREVIOUS SERVICE 1 NO BREAK IN SERVICE 2 BREAK IN SERVICE (LESS THAN 3 YRS) 3 BREAK IN SERVICE (MORE THAN 3 YRS)		42 LEAVE CAT CODE	43 FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS 1 YES 2 NO		44 STATE TAX DATA FORM EXECUTED CODE INC TAX STATE CODE 1 YES 2 NO			

SIGNATURE OR OTHER AUTHENTICATION

POSTED  
03-05-70/jsc

U.S. GOVERNMENT PRINTING OFFICE: 1967 O 318-018



BSJ: 4 MAR 70

NOTIFICATION OF PERSONNEL ACTION

OFF

1. SERIAL NUMBER <b>027630</b>		2. NAME (LAST FIRST-MIDDLE) <b>HIDALGO D N JR</b>	
3. NATURE OF PERSONNEL ACTION <b>RETIREMENT-DISABILITY-UNDER CIA RETIREMENT AND DISABILITY SYSTEM</b>		4. EFFECTIVE DATE MO DA YR <b>02 20 70</b>	5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>
6. FUNDS V TO V CF TO V <b>X</b>	V TO CF CF TO CF	7. Financial Analysis No. Chargeable <b>0235 0620 0000</b>	8. CSC CS TYPE LEGAL AUTHORITY <b>P.L. 88-643 SECT. 231</b>
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION	
11. POSITION TITLE <b>OPS OFFICER</b>		12. POSITION NUMBER <b>1310</b>	13. SERVICE DESIGNATION <b>D</b>
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) <b>GS</b>	15. OCCUPATIONAL SERIES <b>0136.01</b>	16. GRADE AND STEP <b>12 5</b>	17. SALARY OR RATE <b>15173</b>
18. REMARKS			
SIGNATURE OR OTHER AUTHENTICATION			

U.S. GOVERNMENT PRINTING OFFICE: 1965 O 211-100

\*PAY ADJUSTMENT IN ACCORDANCE WITH SECTION 212 OF P.L. 90-206 AND EXECUTIVE ORDER 11474 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI EFFECTIVE DATE OF OCTOBER 1968

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 JULY 1969

NAME	SERIAL	GRS.	FUNDS	GR-STEP	NEW SALARY
HIDALGO B N JR	027630	51 350	V	GS 12 5	\$15,173

68-35-

1. SERIAL NO.	2. NAME	3. ORGANIZATION	4. FUNDS	5. LWOP HOURS					
027630	HIDALGO B N JR	51 350	V						
6. OLD SALARY RATE		7. NEW SALARY RATE		8. TYPE ACTION					
Grade	Step	Salary	Last Eff Date	Grade	Step	Salary	EFFECTIVE DATE	SI	ADJ
GS 12	4	\$13,392	12/18/68	GS 12	5	\$13,798	12/19/68		
CERTIFICATION AND AUTHENTICATION									
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.									
SIGNATURE							DATE		
<i>Eustace</i>							10 October 68		
<input checked="" type="checkbox"/> NO EXCESS LWOP <input checked="" type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input checked="" type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD									
CLERK'S INITIALS									
FORM 560 E Use previous editions <b>PAY CHANGE NOTIFICATION</b> (4-31)									

COMPENSATION

DUUU

*JP*

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTIONS 212 AND 215 OF PL 90-206 AND EXECUTIVE ORDER 11613 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 14 JULY 1968

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
HIDALGO B N JR	027630	51	350	V GS 12 4	\$12,607	\$13,392

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 90-206 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 8 OCTOBER 1967

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
HIDALGO B N JR	027630	51	350	V GS 12 4	\$12,607	\$12,607

c/w #12

G 30

1. Service No.		2. Name		3. Cost Center Number		4. LHO/OP Hours				
027630		HICALSO B N JR		41-390 V						
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Eff. Date	Grade	Step	Salary	Eff. Date	PL	LS	AD
GS 12	3	11,685	17/19/65	GS 12	4	12,004	12/14/66			77.00
8. Remarks and Authorization										
NO EXCESS LWOP IN PAY STATUS AT END OF WAITING PERIOD LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS                      AUDITED BY <i>[Signature]</i>										
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.										
SIGNATURE: <i>[Signature]</i> DATE: <i>Dec 12 1966</i>										
<b>PAY CHANGE NOTIFICATION</b>										

77.00  
2644707

P

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION													
1. SERIAL NUMBER		2. NAME (LAST-FIRST MIDDLE)											
027630		FEEALGO B N CR											
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT							
DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM				14 66		REGULAR							
6. FUNDS		7. COST CENTER NO. (CHARGEABLE)		8. CSC OR OTHER LEGAL AUTHORITY									
X		3370029 XA 00		F 2643 DECT. 203									
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION									
DOP/WH				WASH., D. C.									
11. POSITION TITLE			12. POSITION NUMBER			13. SERVICE DESIGNATION							
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY GRADE						
18. REMARKS YOU ARE HEREBY NOTIFIED OF YOUR RIGHT TO APPEAL THIS ACTION TO THE DIRECTOR OF CENTRAL INTELLIGENCE IN ACCORDANCE WITH THE PROVISIONS OF 5 U.S.C. 2030. SUCH APPEAL MUST BE RECEIVED IN THE OFFICE OF THE DIRECTOR WITHIN 30 CALENDAR DAYS FROM THE EFFECTIVE DATE OF THIS ACTION.													
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL													
19. AGENCY CODE		20. OFFICE CODE		21. STATION CODE		22. LITERARY CODE		23. DATE OF BIRTH		24. DATE OF ENTRY		25. DATE OF LEI	
26. NET EXPENSES		27. SPECIAL REFERENCE		28. RETIREMENT DATA		29. SEPARATION DATA CODE		30. CORRECTION/AMENDATION DATA		31. SECURITY INFO		32. SFC	
33. NET PREFERENCE		34. SERVICEMANSHIP DATE		35. LEAVE CODE		36. CAREER CONTRACT		37. PHYSICAL HEALTH STATUS		38. SOCIAL SECURITY NO.			
39. PREVIOUS GOVERNMENT SERVICE DATA				40. LEAVE PAY		41. FEDERAL TAX DATA		42. STATE TAX DATA					
SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN													

ROD DATA

FORM 1120

Use Previous Edition

SECRET

When Filled In

PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-504  
 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,  
 AS AMENDED, AND A DCI DIRECTIVE DATED 6 OCTOBER 1962.

EFFECTIVE DATE OF PAY ADJUSTMENT: 3 JULY 1966

NAME	SERIAL	ORGN.	FUNDS	GRANTED	OLD SALARY	NEW SALARY
WILKINS R N JR	027430	51	350	V	GS 12 3 10,907	11,355

6-33

Serial		Name		Organizational Position		LWOP Status				
027430		WILKINS R N JR		51 350 V						
OLD SALARY RATE				NEW SALARY RATE				TYPE ACTION		
Grade	Step	Rate	Effective Date	Grade	Step	Rate	Effective Date	PL	LV	AD
GS 12	2	10,907	12/20/64	GS 12	3	11,355	12/1/65			
<p>NO EXCESS LWOP          IN PAY STATUS AT END OF WAITING PERIOD          LWOP STATUS AT END OF WAITING PERIOD          CLERKS INITIALS      AUDITED BY</p> <p>I CERTIFY THAT THE ROPA OF THE ABOVE NAMED EMPLOYEE IS          OF AN ACCEPTABLE LEVEL OF COMPETENCE</p> <p>SIGNATURE: <i>E. J. Hill</i></p> <p><b>PAY CHANGE NOTIFICATION</b></p>										

JH: 17 DEC 65

SECRET  
(When Filled In)

OCF NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER: 027630  
2. NAME (LAST FIRST MIDDLE): HIDALGO B N JR

3. NATURE OF PERSONNEL ACTION: REASSIGNMENT  
4. EFFECTIVE DATE: 12 19 65  
5. CATEGORY OF EMPLOYMENT: REGULAR

6. FUNDS: X  
7. COST CENTER NO (CHARGEABLE): 6235 0620 0000  
8. CSC OR OTHER LEGAL AUTHORITY: 50 USC 403 J

9. ORGANIZATIONAL DESIGNATIONS: DOP/WH BRANCH 2 SECTION  
10. LOCATION OF OFFICIAL STATION: WASH., D.C.

11. POSITION TITLE: OPS OFFICER  
12. POSITION NUMBER: 1318  
13. SERVICE DESIGNATION: D

14. CLASSIFICATION SCHEDULE (SEE 48 USC): GS  
15. OCCUPATIONAL SERIES: 0136.01  
16. GRADE AND STEP: 12 3  
17. SALARY OR RATE: 11355

18. REMARKS

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE: 37  
20. EMPLOY CODE: 10  
21. OFFICE CODING: 51350 WH  
22. STATION CODE: 75013  
23. INTEGREE CODE: 1  
24. REGISTRY CODE: 05  
25. DATE OF BIRTH: 27 19  
26. DATE OF GRADE: 05 27 19  
27. DATE OF LEI: 05 27 19  
28. MTE EXPIRES: NO SA YR  
29. SPECIAL REFERENCE: 1 10 1000  
30. RETIREMENT DATA: 1 10 1000  
31. SEPARATION DATA CODE: 1 10 1000  
32. CORRECTION/CANCELLATION DATA: 1 10 1000  
33. SECURITY REG NO: EOD DATA  
34. VET PREFERENCE: CODE 0 NONE  
35. SERV COMP DATE: NO SA YR  
36. LEAVE COMP DATE: NO SA YR  
37. CAREER CATEGORY: CODE 0 NONE  
38. SOCIAL SECURITY NO: NO SA YR  
39. PREVIOUS GOVERNMENT SERVICE DATA: CODE 0 NO PREVIOUS SERVICE  
40. LEAVE CAT: CODE 0 NONE  
41. FEDERAL TAX DATA: CODE 0 NONE  
42. STATE TAX DATA: CODE 0 NONE

516 (ATWR) OR OTHER AUTHORIZATION

FORM 1150

Use Previous Edition

SECRET

FORWARD TO BUREAU  
WITHIN 30 DAYS  
OF FILING

(When Filled In)

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-301  
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,  
AS AMENDED, AND A-DCI POLICY DIRECTIVE DATED 10 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 OCTOBER 1965

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
WIDALGO R N JR	027630	51	500	V GS 12 2	\$10,605	\$10,987



SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION							
1. SERIAL NUMBER 027610		2. NAME (LAST FIRST MIDDLE) MIDALGO B N JR					
3. NATURE OF PERSONNEL ACTION REASSIGNMENT				4. EFFECTIVE DATE 09 31 65		5. CATEGORY OF EMPLOYMENT	
6. FUNDS X		V TO V	V TO G	7. COST CENTER NO CHARGEABLE 5235 1162 0000		8. CSC OR OTHER LEGAL AUTHORITY	
9. ORGANIZATIONAL DESIGNATIONS DDP/WH DIVISION WH C MIAMI OPS BR FI SEC				10. LOCATION OF OFFICIAL STATION WASH, D. C.			
11. POSITION TITLE RPS OFFICER				12. POSITION NUMBER 1145		13. CAREER SERVICE DESIGNATION U	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 12		17. SALARY OR RATE	
18. REMARKS							
<div style="border: 1px solid black; padding: 5px; display: inline-block;">           POSTED            6-9-65 <i>HH</i> </div>							
SIGNATURE OR OTHER AUTHENTICATION							

3CF

1. Serial No.		2. Name		3. Cost Center Number		4. LWOP Hours				
027630		HIDALGO B N JR		49 997 43F						
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADJ.
GS 12	1	\$10,250	12/22/63	GS 12	2	\$10,605	12/20/64			
8. Remarks and Authorization										
/ / NO EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD / / LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS: <i>WJ</i> AUDITED BY:										
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.										
SIGNATURE <i>[Signature]</i>						DATE <i>[Date]</i>				
<b>PAY CHANGE NOTIFICATION</b>										

DEC 22 11 06 AM '64

DEC 22 11 06 AM '64

MHC: 2 NOV 64

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION															
1. SERIAL NUMBER		2. NAME (LAST FIRST-MIDDLE)													
027630		HIDALGO B N JR													
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT							
REASSIGNMENT						NO. DA. YR. 11 02 64		REGULAR							
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY							
X						5235 1162 0000		50 USC 403 J							
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION									
DDP/SAS COUNTERINTELLIGENCE STAFF OPERATIONS SECTION						WASH., D. C.									
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION							
OPS OFFICER						0887		D							
14. CLASSIFICATION SCHEDULE (GS, LD, etc)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP		17. SALARY OR RATE							
GS			0136.01			12 1		10250							
18. REMARKS															
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL															
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. HOURS CODE	25. DATE OF BIRTH			26. DATE OF GRADE		27. DATE OF LEI			
37	10	NUMERIC	ALPHABETIC	75013		1	NO	DA	YR	NO	DA	YR	NO	DA	YR
		49150	SAS				05	27	19						
28. NTE EXPIRES			29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA			33. SECURITY REQ NO	34. SER		
NO DA YR			1 - CSC 2 - FICA 3 - NONE		CODE		TYPE		NO DA YR			EOD DATA			
35. VET. PREFERENCE		36. SERV COMP DATE			37. LONG COMP DATE			38. CAREER CATEGORY		39. FEGLI / HEALTH INSURABLE			40. SOCIAL SECURITY NO		
CODE		0 - NONE	NO	DA	YR	NO	DA	YR	CODE	CODE	0 - WAIVER	HEALTH INS CODE	CODE		
1 - 5 PT											1 - YES				
2 - 10 PT											2 - NO				
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA					
CODE				FORM EXECUTED		CODE		NO TAX EXEMPTIONS		FORM EXECUTED		CODE		NO TAX STATE CODE	
0 - NO PREVIOUS SERVICE				1 - YES						1 - YES					
1 - NO BREAK IN SERVICE				2 - NO						2 - NO					
2 - BREAK IN SERVICE (LESS THAN 3 YRS.)															
3 - BREAK IN SERVICE (MORE THAN 3 YRS.)															
SIGNATURE OR OTHER AUTHENTICATION															
FROM: DEV COMP 2															
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p style="text-align: center; margin: 0;">POSTED</p> <p style="text-align: center; margin: 0;">11/02/64</p> </div>															

FORM 11 62 1150

Use Previous Edition

SECRET

SECRET  
FORM 11 62 1150  
REPLACES FORM 11 62 1150  
PREVIOUS EDITION

(When Filled In)



RZR: 22 APR 64

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION													
1. SERIAL NUMBER		2. NAME (LAST-FIRST MIDDLE)											
027530		HIDALGO, S N US											
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT							
CAREER PROVISIONAL EXCEPTED APPT				MO DA YR 04 22 64		REGULAR							
6. FUNDS		V TO V		V TO CP		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY					
X						4232 1000 1000		50 USC 403					
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION							
DDP/SAS CS/CS DEVELOPMENT COMPLEMENT						WASH., D.C.							
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION					
OPS OFFICER						2227							
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP		17. SALARY OR RATE					
GS			0130.01			12.1		2280					
18. REMARKS OTHER													
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL													
19. ACTION CODE													
20. EMPLOY CODE													
21. OFFICE CODING		22. STATION CODE		23. INTEGER CODE		24. MONTHS CODE		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI	
NUMERIC ALPHABETIC		CODE		CODE		CODE		MO DA YR		MO DA YR		MO DA YR	
13 18		42227 SAS		25013				05 27 13		12 22 63		12 22 63	
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REG NO		34. SEX	
MO DA YR		1. CSC 2. FICA 3. NONE		CODE		TYPE		MO DA YR		00000		M	
35. VET PREFERENCE		36. SERV COMP DATE		37. LONG COMP DATE		38. CAREER CATEGORY		39. FEGLI/HEALTH INSURANCE		40. SOCIAL SECURITY NO			
CODE		MO DA YR		MO DA YR		CODE		CODE		CODE			
0		07 11 60		03 17 59		P		1					
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT		43. FEDERAL TAX DATA				44. STATE TAX DATA			
CODE				CODE		CODE				CODE			
1				0		0				0			
SIGNATURE OR OTHER AUTHENTICATION													

**POSTED**  
429.64 401

FORM 11 62 1150

Old Previous Edition

22 APR 64 1964

SECRET

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

(When Filled In)

REF: 28 APR 64

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 027830	2. NAME (LAST-FIRST-MIDDLE) Arnold, B A Jr
----------------------------	---

3. NATURE OF PERSONNEL ACTION RESIGNATION	4. EFFECTIVE DATE MO DA YR 04 25 64	5. CATEGORY OF EMPLOYMENT REGULAR
--	---	--------------------------------------

6. FUNDS	V TO V	V TO CF	7. COST CENTER NO. CHARGEABLE 4132 2001 1000	8. CSC OR OTHER LEGAL AUTHORITY
	CF TO V	CF TO CF		

9. ORGANIZATIONAL DESIGNATIONS DOP/SAS US FIELD FORWARD OPERATIONS STATION-JMWAVE CI SECTION	10. LOCATION OF OFFICIAL STATION JMWAVE
--	--

11. POSITION TITLE OPS OFFICER	12. POSITION NUMBER 0731	13. SERVICE DESIGNATION D
-----------------------------------	-----------------------------	------------------------------

14. CLASSIFICATION SCHEDULE (GS, LS, etc.) GS	15. OCCUPATIONAL SERIES 0130:01	16. GRADE AND STEP 12 1	17. SALARY OR RATE 9180
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18. REMARKS

FILED ON  
29 APR 64

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACT-ON CODE 45	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC	22. STATION CODE	23. INTEGREE CODE	24. MGRS CODE	25. DATE OF BIRTH MO DA YR 05 27 19	26. DATE OF GRADE MO DA YR	27. DATE OF LEI MO DA YR
-----------------------	-----------------------	---	------------------	-------------------	---------------	---	-------------------------------	-----------------------------

28. NTE EXPIRES MO DA YR	29. SPECIAL REFERENCE	30. RETIREMENT DATA 1. CSC 2. FIC 3. NONE	31. SEPARATION DATA CODE 180001	32. CORRECTION/CANCELLATION DATA TYPE MO DA YR	33. SECURITY REQ NO	34. SEX
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EOD DATA →

35. NET. PREFERENCE CODE 0 NONE 1 5 PT 2 10 PT	36. SERV COMP DATE MO DA YR	37. LONG COMP DATE MO DA YR	38. CAREER, CATEGORY CAR REG CODE CODE PRO. TEMP	39. FEGLI / HEALTH INSURANCE 0 WAIVER 1 YES	40. SOCIAL SECURITY NO
--	--------------------------------	--------------------------------	--	---	------------------------

41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 NO PREVIOUS SERVICE 1 NO BREAK IN SERVICE 2 BREAK IN SERVICE (LESS THAN 3 YRS) 3 BREAK IN SERVICE (MORE THAN 3 YRS)	42. LEAVE CAT CODE	43. FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS 1 YES 2 NO	44. STATE TAX DATA FORM EXECUTED CODE NO TAX EXEMPT STATE CODE 1 YES 2 NO
--	-----------------------	---	--

SIGNATURE OR OTHER AUTHENTICATION

110...D  
429-64 41

28 APR 1964

975

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

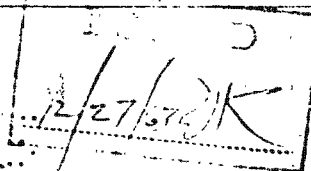
NAME	SERIAL	ORGN FUNDS	GR-ST	OLD SALARY	NEW SALARY
[REDACTED]	027630	49 730 CF	GS 12 1	\$ 9,475	\$ 9,980

*Hedalyo, B. H. Jr.*

POSTED ON  
 ✓ OF-40  
 8 JAN 1964

SECRET  
(When Filled In)

300: 20 DEC 63

NOTIFICATION OF PERSONNEL ACTION																	
1. SERIAL NUMBER 02753		2. NAME (LAST, FIRST MIDDLE) Hidalgo, Sergio															
3. NATURE OF PERSONNEL ACTION PROMOTION						4. EFFECTIVE DATE 12 22 63		5. CATEGORY OF EMPLOYMENT REGULAR									
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE 4132 2001 1000		8. ESC OR OTHER LEGAL AUTHORITY 50 USC 403 J									
9. ORGANIZATIONAL DESIGNATIONS DDP SPECIAL AFFAIRS STAFF U. S. FIELD FORWARD OPERATIONS STATION-JMWAVE CI SECTION						10. LOCATION OF OFFICIAL STATION JMWAVE											
11. POSITION TITLE OPS. OFFICER						12. POSITION NUMBER 0731		13. SERVICE DESIGNATION D									
14. CLASSIFICATION SCHEDULE (GS, LB, PH) GS			15. OCCUPATIONAL SERIES 0136.01			16. GRADE AND STEP 12 1		17. SALARY OR RATE 9475									
18. REMARKS																	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																	
19. ACTION CODE 22		20. EMPLOY CODE 10		21. OFFICE CODING NUMERICAL ALPHABETIC 40730 SAS		22. STATION CODE 00000		23. INTEGREE CODE		24. Hdqtn Code ?		25. DATE OF BIRTH MO DA YR 05 27 19		26. DATE OF GRADE MO DA YR 12 22 63		27. DATE OF LEI MO DA YR 12 22 63	
28. NTE EXPIRES NO DA YR		29. SPECIAL REFERENCE		30. RETIREMENT DATA 1. CSC 2. FICA 3. NONE		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA TYPE NO DA YR EOD DATA				33. SECURITY REQ NO.		34. SEX			
35. VET PREFERENCE CODE 1 NONE 2 5 YR 3 10 YR		36. SERV COMP DATE NO DA YR		37. LONG COMP DATE NO DA YR		38. CAREER CATEGORY CBA DENY PROV TENR		39. FEGLI/HEALTH INSURANCE CODE 0 WAIVER 1 YES		HEALTH INS CODE		40. SOCIAL SECURITY NO.					
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 1 NO PREVIOUS SERVICE 2 BREAK IN SERVICE 3 BREAK IN SERVICE (LESS THAN 5 YRS) 4 BREAK IN SERVICE (MORE THAN 5 YRS)				42. LEAVE CAT CODE		43. FEDERAL TAX DATA FORM ELECTED CODE NO TAX EXEMPTIONS 1 YES 2 NO				44. STATE TAX DATA PLAN ELECTED CODE NO TAX EXEMPT STATE CODE 1 YES 2 NO							
SIGNATURE OR OTHER AUTHENTICATION																	
																	

71C



SECRET  
(When Filled In)

LLG: 25 APRIL 63

OAB												NOTIFICATION OF PERSONNEL ACTION															
1. SERIAL NUMBER 037630						2. NAME (LAST FIRST MIDDLE) Hange, W. J.																					
3. NATURE OF PERSONNEL ACTION EXCEPTED APPOINTMENT CAREER PROVISIONAL						4. EFFECTIVE DATE MO DA YR 04 29 63						5. CATEGORY OF EMPLOYMENT REGULAR															
6. FUNDS				7. V TO V EP TO V				8. V TO EP EP TO EP				9. X				7. COST CENTER NO. CHARGEABLE 3152 2001 1000						8. CSC OR JIA-R LEGAL AUTHORITY 50 USC 403 J					
9. ORGANIZATIONAL DESIGNATIONS DDP SPECIAL AFFAIRS STAFF U. S. FIELD FORWARD OPERATIONS STATION-JMWAVE CI SECTION												10. LOCATION OF OFFICIAL STATION JMWAVE															
11. POSITION TITLE OPS OFFICER												12. POSITION NUMBER 0732						13. SERVICE DESIGNATION 0									
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS						15. OCCUPATIONAL SERIES 0136.01						16. GRADE AND STEP 11 4						17. SALARY OR RATE 8840									
18. REMARKS																											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																											
19. ACTION CODE 13		20. EMPLOY CODE 10		21. OFFICE CODING NUMERIC ALPHABETIC 61730 SAS				22. STATION CODE 99999		23. INTEGREE CODE		24. HOURS CODE 2		25. DATE OF BIRTH MO DA YR 05 27 19			26. DATE OF GRADE MO DA YR 03 17 58			27. DATE OF LEI MO DA YR 09 16 62							
28. NTE EXPIRES MO DA YR		29. SPECIAL REFERENCE		30. RETIREMENT DATA 1. LBC 2. FICA 3. NONE CODE 1				31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA TYPE MO DA YR EOD DATA				33. SECURITY REQ NO 27630		34. SER MI											
35. VET. PREFERENCE CODE 0		36. SERV COMP DATE MO DA YR 07 16 46		37. LONG. COMP DATE MO DA YR 03 17 58		38. CAREER CATEGORY CODE P		39. CODE 1		40. O-WAIVER 1 YES 2 NO		41. HEALTH INSURANCE		42. SOCIAL SECURITY NO													
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 1				42. BREAK IN SERVICE 1. NO PREVIOUS SERVICE 2. BREAK IN SERVICE (LESS THAN 1 YR) 3. BREAK IN SERVICE (MORE THAN 1 YR)				43. LEAVE CAT CODE 8		44. FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS 1 YES 2 NO				45. STATE TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS 1 YES 2 NO													
SIGNATURE OR OTHER AUTHENTICATION																											
<div style="float: right; border: 1px solid black; padding: 5px;"> <b>POSTED</b>  <i>WJH</i>          11/07/63 WJH       </div>																											

FORM 1150  
11-62

Use Previous Edition

SECRET 25 APR 1963

14-811  
14-811  
14-811  
(When Filled In)

SECRET  
(When Filled In)

RZR: 25 APR 63

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER		2. NAME (LAST-FIRST MIDDLE)							
027630		HIDALCO B N JR							
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT		
RESIGNATION					04 27 63		REGULAR		
6. FUNDS		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY					
X		3232 1000 1000							
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION				
DDP/SPECIAL AFFAIRS STAFF FI/CI BRANCH					WASH., D.C.				
11. POSITION TITLE					12. POSITION NUMBER		13. SERVICE DESIGNATION		
OPS OFFICER					0592		D		
14. CLASSIFICATION SCHEDULE (GS, LB, etc)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE		
GS			0136.01		11 4		8940		
18. REMARKS									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE									
45									
20. EMPLOY CODE									
10									
21. OFFICE CODING		22. STATUS CODE		23. INTEGRATE CODE		24. ADDRESS CODE		25. DATE OF BIRTH	
NUMERIC ALPHABETIC		CODE		CODE		CODE		MO DA YR	
								05 27 19	
26. DATE OF GRADE		27. DATE OF LEI		28. RETIREMENT DATA		29. SEPARATION DATA CODE		30. CORRECTION/CANCELLATION DATA	
MO DA YR		MO DA YR		1 - LSC 2 - FICA 3 - NONE		TYPE MO DA YR		EOD DATA	
31. VET PREFERENCE		32. SERV COMP DATE		33. LONG COMP DATE		34. CAREER CATEGORY		35. EGGH / HEALTH INSURANCE	
CODE		MO DA YR		MO DA YR		CODE		CODE	
0 - NONE 1 - 5 PT 2 - 10 PT						FAR - BENE TEMP		0 - WAIVER 1 - YES	
41. PREVIOUS GOVERNMENT SERVICE DATA			42. LEAVE CAT CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA		
CODE			CODE		FORM EXEMPTED CODE		FORM EXEMPTED CODE		
0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE LESS THAN 2 YRS 3 - BREAK IN SERVICE MORE THAN 2 YRS			1 - YES 2 - NO		NO TAX EXEMPTIONS		1 - YES 2 - NO		
SIGNATURE OR OTHER AUTHENTICATION									
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p style="text-align: center; margin: 0;">POSTED</p> <p style="text-align: center; margin: 0;">Hidalco B N Jr</p> </div>									

ARM: 20 NOV 62

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
027630		HICALGO B N JR									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT						11 20 62		REGULAR			
6. FUNDS		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY							
X		3232 1000 1000		50 USC 403 J							
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP TASK FORCE "W" FI-CI BRANCH						WASH., D. C.					
11. POSITION TITLE				12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION					
CPS OFFICER				0682		D					
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE				
GS			0136.01		11 4		8840				
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. MAINTS CODE	25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI
37	10	61300	TFW	75013	1	05 27 19					
28. NTE EXPIRES		29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ NO		34. SEN.		
							FOD DATA				
35. VET. PREFERENCE		36. SERV COMP DATE		37. LOANS COMP DATE		38. CAREER CATEGORY		39. FEGLI HEALTH INSURANCE		40. SOCIAL SECURITY NO	
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT		43. FEDERAL TAX DATA			44. STATE TAX DATA		
SIGNATURE OR OTHER AUTHENTICATION											
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p style="text-align: center; margin: 0;">POSTED</p> <p style="text-align: center; margin: 0;"><i>[Signature]</i></p> </div>											

FORM 462 1150

Use Previous Edition

SECRET

1150  
EXCEPT THIS SYMBOL  
SHOULD BE  
REMOVED

(When Filled In)

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87 - 793 AND  
 DCI MEMORANDUM DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS,  
 EFFECTIVE 16 OCTOBER 1962

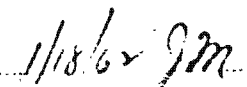
NAME	SERIAL	ORGN	FUNDS	OLD GRST SALARY	NEW GRST SALARY
HIDALGO B N JR	027630	64075	V	\$ 8,340	\$ 8,840

235-1000

1 Serial No		2 Name		3 Cost Center Number		4 LWOP Hours				
027630		HIDALGO B N JR		64 075 V /						
5 OLD SALARY RATE				6 NEW SALARY RATE				7 TYPE ACTION		
Grade	Step	Salary	Last EM Date	Grade	Step	Salary	Effective Date	PL	LSI	ADJ
S	11	3	\$ 8,080	03/19/61	S	11	4	\$ 8,340	09/16/62	
8 Remarks and Authorization										
<input checked="" type="checkbox"/> NO EXCESS LWOP    /    / EXCESS LWOP <input checked="" type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input checked="" type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS <i>mg</i> AUDITED BY <i>[Signature]</i> PAY CHANGE NOTIFICATION										

AES: 17 JAN 62

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION													
OCF													
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)											
027630		HIDALGO B N JR											
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE			5. CATEGORY OF EMPLOYMENT				
REASSIGNMENT						01 17 62			REGULAR				
6. FUNDS		X		V TO V		W TO CF		7. COST CENTER NO CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY			
CF TO V		CF TO CF		2235 1000 1000		50 USC 403 J							
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION							
DDP WH PLANS & OPERATIONS STAFF SECTION A						WASH., D.C.							
11. POSITION TITLE				12. POSITION NUMBER				13. CAREER SERVICE DESIGNATION					
OPS OFFICER				0641				D					
14. CLASSIFICATION SCHEDULE (GS, LB, MC)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP			17. SALARY OR RATE				
GS			0136.01			11 3			8080				
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. INTEGRAL CODE	24. HOURS CODE	25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI	
37	10	64075	WH	75013		1	1	05	27	19			
28. BTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REG NO		34. SER	
										EOD DATA			
35. VET PREFERENCE		36. SERV COMP DATE		37. LONG COMP DATE		38. MIL SERV CREDIT/CD		39. FEGLI/HEALTH INSURANCE		40. SOCIAL SECURITY NO			
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT		43. FEDERAL TAX DATA			44. STATE TAX DATA				
SIGNATURE OR OTHER AUTHENTICATION													
<div style="text-align: right;">   1/18/62 J.M. </div>													

SECRET  
(When Filled In)

ARE: 18 AUG 1961

NOTIFICATION OF PERSONNEL ACTION															
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)													
027630		HIDALGO B N JR													
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT								
REASSIGNMENT AND TRANSFER TO VOUCHERED FUNDS					08 20 61		REGULAR								
6. FUNDS		7. COST CENTER NO CHARGEABLE		8. CODE OR OTHER LEGAL AUTHORITY											
X		2635 5000 8021		50 USC 403 J											
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION										
DDP WH BRANCH 4 FI CI SECTION					WASH., D. C.										
11. POSITION TITLE				12. POSITION NUMBER		13. CAPTER SERVICE DESIGNATION									
OPS OFFICER				0681		D									
14. CLASSIFICATION (GENERAL, SPECIAL, etc.)			15. GRADE AND STEP		16. SALARY OR RATE										
GS			0136.01		11 3 8060										
18. REMARKS															
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL															
19. ACTION CODE		21. OFFICE CODING		22. STATION CODE		23. INTEREGEE CODE		24. HOURS		25. DATE OF BIRTH		26. DATE OF EXPIRE		27. DATE OF REP	
16 10		64450 WH		75013		1		05 27 19							
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA				33. SECURITY REQ NO		34. SEN	
								EOD DATA							
35. NET PREFERENCE		36. SERV COMP DATE		37. LONG COMP DATE		38. MIL SERV CREDIT/LED		39. FEGLI / HEALTH INSURANCE				40. SOCIAL SECURITY NO			
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT		43. FEDERAL TAX DATA				44. STATE TAX DATA					
SIGNATURE OR OTHER AUTHENTICATION															

**SECRET**  
(When Filled In)

1. Serial No.		2. Name		3. Cost Center Number		4. LWOP Hours				
577690		HIDALGO R N JR		DDP/WH 3A UV						
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADJ.
GS	11.2	7,820	09/20/59	11	3	8,040	04/19/61			
8. Remarks and Authentication										
<p><i>[Handwritten Signature]</i> NO EXCESS LWOP          IN PAY STATUS AT END OF WAITING PERIOD          / / IN LWOP STATUS AT END OF WAITING PERIOD</p> <p align="center"><b>ENGINEER</b> <i>WK</i></p>										
<b>PAY CHANGE NOTIFICATION</b>										

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

ADPD 09/21/64

1 NPA NUMBER 2 NAME (LAST/FIRST/INITIALS)

027630 MICALGO R N JR

3 NATURE OF PERSONNEL ACTION

4 EFFECTIVE DATE

5 CATEGORY OF EMPLOYMENT

CONV. TO CAREER EMPLOYEE STATUS

03 17 64

6 FUNDS

7 COST CENTER NO (CHARGEABLE)  
8 CM OR OTHER LEGAL AUTHORITY

4232 1990 1000

9 ORGANIZATIONAL DESIGNATION

DDP/SAS

10 LOCATION OF OFFICIAL STATION

11 POSITION TITLE

12 POSITION NUMBER

13 LABEL OR DESIGNATION  
U

14 CLASSIFICATION SCHEDULE (GS, GS-15, etc.)

15 OCCUPATIONAL SERIES

16 GRADE AND STEP

17 SALARY OR RATE

18 REMARKS

SIGNATURE OR OTHER AUTHENTICATION

*[Handwritten Signature]*



14-00000

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

SO	NAME	SERIAL	ORGN	GR-ST	OLD SALARY	NEW SALARY
D	HIDALGO B N JR	527630	46 17	GS-11 2	\$ 7,270	\$ 7,820

/S/ EMMETT D. ECHOLS  
DIRECTOR OF PERSONNEL

SECRET

AES: 24 JUNE 1960 **NOTIFICATION OF PERSONNEL ACTION**

1. Serial No. 527630	2. Name (Last-First-Middle) HIOALGO B N JR	3. Date Of Birth Mo: 05, Da: 27, Yr: 19	4. War: Pres. M 1	5. Sex M	6. CS-FOO Mo: 03, Da: 17, Yr: 58
7. ASD	8. CSC Permit No-1: Code 1, No-2: 1	9. CSC Or Other Legal Authority 50 USCA 403 d	10. Appt. Affidvt Mo: , Da: , Yr:	11. FEGLI Mo: 03, Da: 17, Yr: 58	12. LFD
13. Grade & Step Mo: 07, Da: 16, Yr: 46			14. Yes-1 No-2: 2		

PREVIOUS ASSIGNMENT

14. Organizational Designations DDS OTR OPERATIONS SCHOOL COVERT TRAINING	Code 1172	15. Location Of Official Station WASH., D. C.	Station Code 75013
16. Dist. Field Dept-1 Unit-3 Funct-5 Code 3	17. Position Title INSTRUCTOR OPERS	18. Position No. 1014	19. Serv. 02
20. Occup. Series 1711.50	21. Grade & Step 11 2	22. Salary Or Rate \$ 7270	23. SD D
24. Date Of Grade Mo: 03, Da: 17, Yr: 58		25. PSI Due Mo: 09, Da: 20, Yr: 59	26. Appropriation Number 9 7500 30 018

ACTION

27. Nature Of Action REASSIGNMENT	Code 57	28. Eff. Date Mo: 09, Da: 24, Yr: 60	29. Type Of Employee REGULAR	Code 01	30. Separation Data
--------------------------------------	------------	---	---------------------------------	------------	---------------------

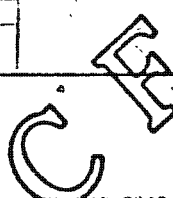
PRESENT ASSIGNMENT

31. Organizational Designations DDP WH BRANCH 4	Code 4617	32. Location Of Official Station WASH., D. C.	Station Code 75013
33. Dist. Field Dept-1 Unit-3 Funct-5 Code 1	34. Position Title OPS OFFICER	35. Position No. 0626	36. Serv. 05
37. Occup. Series 0136.01	38. Grade & Step 11 2	39. Salary Or Rate \$ 7270	40. SD D
41. Date Of Grade Mo: 03, Da: 17, Yr: 58		42. PSI Due Mo: 03, Da: 19, Yr: 60	43. Appropriation Number 0135 1000 1000

44. Remarks

06-27-60 JJK

SECRET  
WHEN FILLED IN

1. EMP. SERIAL NO. 527630		2. NAME HIDALGO B H JK			3. ASSIGNED ORGAN. DJS/TRNG 21		4. FUND UV		5. ALLOCATION		
6. OLD SALARY RATE					7. NEW SALARY RATE						
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
GS 11	1	\$ 7,000	03	17	58	GS 11	2	\$ 7,270	09	20	59
TO BE COMPLETED BY THE OFFICE OF THE COMPTROLLER											
8. CHECK ONE <input checked="" type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP						9. NUMBER OF HOURS LWOP					
IF EXCESS LWOP CHECK FOLLOWING:						10. INITIALS OF CLERK					
<input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD						11. DATED BY					
<input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD											
TO BE COMPLETED BY THE OFFICE OF PERSONNEL											
12. PROJECTED SALARY RATE AND EFFECTIVE DATE						13. REMARKS					
GRADE	STEP	SALARY	09	20	59	756					
14. AUTHENTICATION											
 PERIODIC STEP INCREASE - AUTHENTICATION											

FORM NO. 560a

SECRET

PERSONNEL FOLDER

101

SECRET

JEC:12 JUNE 59 NOTIFICATION OF PERSONNEL ACTION

1. Serial No. 527630		2. Name (Last-First-Middle) HIDALGO B N JR			3. Date Of Birth Mo. Da Yr. 05 27 19			4. Vet. Pref. Non-0 5 Pt-1 10 Pt-2		5. Sex M 1		6. CSC Mo. Da Yr. 03 17 58	
7. SCD Mo. Da Yr. 07 16 46		8. CSC Exam Yes-1 No-2		9. CSC Or Other Legal Authority 50 USCA 403.8		10. Appr. Alt. Day Mo. Da Yr.		11. FEGLI Yes-1 No-2		12. LCB Mo. Da Yr. 03 17 58		13. Yes-1 No-2	

PREVIOUS ASSIGNMENT

14. Organizational Designations DDP WH BRANCH 1P1 CENTRAL AMERICA SECTION				Code 4613		15. Location Of Official Station WASH., D.C.				Station Code 75013		
16. Dept. Field Dept - 1 USStd - 3 Fgn - 5		17. Position Title Code 2 AREA OPS OF		18. Position No. 0486		19. Serv. GS		20. Occup. Series 0136.01				
21. Grade & Step 11 1		22. Salary Or Rate \$ 7030		23. SD 0		24. Date Of Grade Mo. Da Yr. 03 17 58		25. PSI Due Mo. Da Yr. 09 20 59		26. Appropriation Number 8 3500 20		

ACTION

27. Feature Of Action REASSIGNMENT CONFIDENTIAL FUNDS		28. Eff. Date Mo. Da Yr. 06 14 59		29. Type Of Employee REGULAR		Code 01		30. Separation Data	
---	--	---	--	---------------------------------	--	------------	--	---------------------	--

PRESENT ASSIGNMENT

31. Organizational Designations DOS OTR OPERATIONS SCHOOL COVERT TRAINING				Code 1172		32. Location Of Official Station WASH., D. C.				Station Code 75013	
33. Dept. Field Dept - 1 USStd - 3 Fgn - 5		34. Position Title Code 3 INSTRUCTOR OPERS		35. Position No. 1914		36. Serv. GS		37. Occup. Series 1711.50			
38. Grade & Step 11 1		39. Salary Or Rate \$ 7030		40. SD 0		41. Date Of Grade Mo. Da Yr. 03 17 58		42. PSI Due Mo. Da Yr. 07 20 59		43. Appropriation Number 9 7500 20 018	

44. Remarks

POSTED

CP

SECRET

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

NAME	SERIAL	GRADE-STEP	OLD SALARY	NEW SALARY
HIDALGO R N JR	127630	GS-11-1	\$ 5,390	\$ 7,030

GORDON M. STEWART  
/S/ DIRECTOR OF PERSONNEL

SECRET

**SECRET**  
(When Filled In)

**NOTIFICATION OF PERSONNEL ACTION**

VL 16 MAY 58

1. Serial No. 127630		2. Name (Last-First-Middle) BALMES N. HIDALGO, JR. HIDALGO B N JR			3. Date Of Birth Mo. Da. Yr. 05 27 19			4. Vet. Pref. None-0 5 Pt-1 10 Pt-2 11		5. Sex M 1		6. GS - EOS Mo. Da. Yr. 03 17 58				
7. SCD		8. CSC Retmt.			9. CSC Or Other Legal Authority 50 USCA 403 d			10. Appt Affidav.			11. FEGLI		12. LCD		13. Over-Lap	
Mo.	Da.	Yr.	Yes-1	Code	Mo.	Da.	Yr.	Yes-1	Code	Mo.	Da.	Yr.	Yes-1	Code	No-2	Code
07	16	46		1					1	03	17	58				2

**PREVIOUS ASSIGNMENT**

14. Organizational Designations		Code	15. Location Of Official Station		Station Code
16. Dept. - Field Dept - 2 USIid - 4 Frgn - 6		Code	18. Position No.		19. Serv. 20. Occup. Ser. or
21. Grade & Step	22. Salary Or Rate	23. SD	24. Date Of Grade 25. PSI Due		26. Appropriation Number
	\$		Mo. Da. Yr.	Mo. Da. Yr.	

**ACTION**

27. Nature Of Action EXCEPTED APPOINTMENT CORRECTION*		Code	28. Eff Date Mo. Da. Yr.	29. Type Of Employee REGULAR	Code	30. Separation Data
		13	03 17 58			01

**PRESENT ASSIGNMENT**

31. Organizational Designations DDP WH BRANCH 111 CENTRAL AMERICA SECTION		Code	32. Location Of Official Station WASH., D.C.		Station Code
33. Dept. - Field Dept - 2 USIid - 4 Frgn - 6		Code	35. Position No. 0486		36. Serv. 37. Occup. Series GS 0136.01
38. Grade & Step 11 1	39. Salary Or Rate \$ 6300	40. SD	41. Date Of Grade 42. PSI Due		43. Appropriation Number
			Mo. Da. Yr.	Mo. Da. Yr.	
			11 17 58	03 12 59	9 55 25

44. Remarks

\*THIS ACTION CORRECTS SF 1150 EFF 17 MAR 58, ITEM #2, THE NAME, WHICH READ  
BALMES N. HIDALGO TO READ BALMES N. HIDALGO, JR.

CORRECTED  
175

**SECRET**  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION																	
LVL 17 MAR 58																	
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vet. Pref		5. Sex		6. CS - EOD				
127630		BALMES N. HIDALGO HIDALGO BALMES N				Mo.	Da.	Yr.	None-0	Code	M	1	Mo.	Da.	Yr.		
05		27		19	5 Pt-1		10 Pt-2	1				03		17	58		
7. SCD		8. CSC Point		9. CSC Or Other Legal Authority			10. Apmt. Affidav.			11. FEGLI		12. LCD		13. <small>100% Serv. Credit</small> Code			
Mo.	Da.	Yr.	Yes-1	Code				Mo.	Da.	Yr.	Yes-1	Code	Mo.	Da.	Yr.		
07	16	36	No-2	1	50 USCA 403			03	13	53	No-2	1	03	17	53	No-2	2

**PREVIOUS ASSIGNMENT**

14. Organizational Designations				Code	15. Location Of Official Station				Station Code		
16. Dept - Field		17. Position Title				18. Position No.		19. Serv.	20. Occup. Series		
Dept - 2	Code										
USStd - 4											
Frqn - 5											
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
		\$				Mo.	Da.	Yr.	Mo.	Da.	Yr.

**ACTION**

27. Nature Of Action		Code	28. Eff. Date		29. Type Of Employee		Code	30. Separation Data	
EXCEPTED APPOINTMENT		13	Mo.	Da.	Yr.	REGULAR		01	
			03	17	58				

**PRESENT ASSIGNMENT**

31. Organizational Designations				Code	32. Location Of Official Station				Station Code		
DDP WH BRANCH 111 CENTRAL AMERICA SECTION				4613	WASH., D.C.				75013		
33. Dept - Field		34. Position Title				35. Position No.		36. Serv.	37. Occup. Series		
Dept - 2	Code	AREA OPS OF				0486		US	0136.01		
USStd - 4											
Frqn - 6	2										
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
11 1		\$ 6300		D		Mo.	Da.	Yr.	Mo.	Da.	Yr.
						02	117	58	09	120	53
								8		3500 20	

44. Remarks

**POSTED**  
7 MAR 58  
P. *[Signature]*

FITNESS RPTS

1966 - 1969



SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				027630			
<b>SECTION A GENERAL</b>							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD	
HEDGECOCK, RALPH S., JR.			27 Nov 1919	M	GS-12	D	
6. OFFICIAL POSITION TITLE				7. OFF/DIV/BR OF ASSIGNMENT	8. CURRENT STATION		
Ops Officer				DDP/770	Headquarters		
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY				<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR			
<input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C)				<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE			
SPECIAL (Specify):				SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From to)			
				15 March - 31 October 1965			
<b>SECTION B PERFORMANCE EVALUATION</b>							
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1 Headquarters desk officer responsible for the support of Miami Station CI/CE activities and operations.							RATING LETTER P
SPECIFIC DUTY NO. 2 Advisor to various components of the WH and WE Divisions on Cuban operations with specific reference to the Cuban Security Intelligence Service, organization, modus operandi and							RATING LETTER S
SPECIFIC DUTY NO. 3 Briefing representatives of personnel. foreign liaison services and selected agents visiting in Washington on the Cuban Security and Intelligence Services and his own unique experience in the Communist Party.							RATING LETTER S
SPECIFIC DUTY NO. 4 Translator/interpreter: Served as consultant to WH Division on Cuban Spanish.							RATING LETTER S
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 S
4 JAN 1966							

SECRET

SECTION C

NARRATIVE COMMENTS

OFFICE

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

Mr. Hidalgo is an able intelligence officer, devoted to his profession and selfless in his desire to be of service to the Government. Although he has suffered ill health in recent years, he was insistent that he be among the first to be sent to the Dominican Republic when the crisis occurred.

An intense person, Mr. Hidalgo is industrious, works well under pressure and sets high standards for his performance. Because he is intent on getting things done, he is occasionally hasty in judgment and in written presentation of the results of his research and conclusions. He is perceptive, quickly accepts suggestions and offers counter-proposals with cogent argument. Mr. Hidalgo was not in a supervisory capacity. He was cost conscious; always endeavoring to be conservative where possible. He is an effective and cooperative member of an office, ready to assume responsibility and to help his colleagues. Thanks to his unique experience on the Cuban target, he has wide knowledge of the Cuban problem and is, in fact, an expert on the Cuban Security and Intelligence Services.

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	
9 December 1965	<i>[Signature]</i>	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
8 months		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
9 December 1965	C/WH/C/MO/FI-CI	<i>[Signature]</i> Susan L. Darling
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
I concur with the supervisor's assessment of Mr. Hidalgo with <del>one</del> exception to the statement that Subject works well under pressure. He is indeed an intense person and, under great pressure, his involvement affects his performance; and even more important, it has a very bad effect on his health. With this consideration noted, the undersigned thinks very highly of Mr. Hidalgo and would be pleased to be associated with him again.		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
9 December 1965	C/WH/C/MO	Walter T. Cini <i>[Signature]</i>

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				027630			
<b>SECTION A</b>				<b>GENERAL</b>			
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD	
HIDALGO, Balmes N.			27 May 1919	M	12	D	
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION		
Ops Officer			DDP/SAS		Washington		
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input type="checkbox"/> CAREER		<input type="checkbox"/> RESERVE		<input type="checkbox"/> TEMPORARY		<input type="checkbox"/> INITIAL	
<input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C)		<input checked="" type="checkbox"/> ANNUAL		<input type="checkbox"/> REASSIGNMENT SUPERVISOR		<input type="checkbox"/> REASSIGNMENT EMPLOYEE	
<input type="checkbox"/> SPECIAL (Specify):				<input type="checkbox"/> SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to)			
31 January 1965				9 April 1964--15 March 1965			
<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 Participated (with other WH/SA/CI officers) in the handling and debriefing of a defected intelligence officer housed in the Headquarters area.						RATING LETTER <b>S</b>	
SPECIFIC DUTY NO. 2 Served as Headquarters desk case officer for several counterintelligence operations--prepared cables, dispatches, and memoranda pertaining to these operations.						RATING LETTER <b>P</b>	
SPECIFIC DUTY NO. 3 Assisted in translations and preparation of operational documents in Spanish (s/w messages, cover letters, owl messages, etc.).						RATING LETTER <b>S</b>	
SPECIFIC DUTY NO. 4 Served as case officer for a counterintelligence operation (the agent was located [redacted]) which included the debriefing, assessing, training, and dispatching of the agent to a denied area (Cuba).						RATING LETTER <b>P</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>S</b>	
29 MAR 1965							

SECRET

**SECTION C NARRATIVE COMMENTS**

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

Mr. Hidalgo's fluent knowledge of Cuban Spanish, his previous experience in DD/P Cuban operations, and his broad knowledge of Cuba (people, geography, customs, etc.) made him a particularly useful and versatile operations officer during his assignment in the WH/SA counterintelligence operations section. As indicated in Section B (specific duties) he performed a wide variety of duties.

Mr. Hidalgo approached and performed his assignments with enthusiasm, keenness, dedication, and promptness. He displayed a particular talent for conducting debriefings, and it was in this type activity that he performed best. He also writes well which added to his debriefing capability as well as to his performance as a Headquarters desk operations officer in writing cables, dispatches, niempranda, etc. Mr. Hidalgo is cost conscious and effective in the use of space, equipment and funds. He does not hold a supervisory position.

Mr. Hidalgo performed most of his duties with a minimum of supervision. In a few instances, however, he had a tendency (in his eagerness and desire to get the job done well) to become impatient with the slow and deliberate pace of progress which is sometimes necessary in operational activities. In these few instances, Mr. Hidalgo's work required supervision by a senior operations officer.

**SECTION D CERTIFICATION AND COMMENTS**

**1. BY EMPLOYEE**

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

DATE: 23 March 65 SIGNATURE OF EMPLOYEE: *Mr. Hidalgo*

**2. BY SUPERVISOR**

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION: 11 Months IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE: 23 March 1965 OFFICIAL TITLE OF SUPERVISOR: WH/SA/CI/COPS TYPED OR PRINTED NAME AND SIGNATURE: Richard Tansing

**3. BY REVIEWING OFFICIAL**

**COMMENTS OF REVIEWING OFFICIAL**

Mr. Hidalgo is a sound operations officer with native fluency in Spanish. His impatience is with administrative delays rather than with operational problems which he understands fully and handles well. He has had problems with his health but these largely have been overcome and in the past 9 months have not impeded his operational usefulness. As of the date of this fitness report, he appears fully capable of handling any CI or FI operation assigned to him.

DATE: 23 Mar 65 OFFICIAL TITLE OF REVIEWING OFFICIAL: C WH/SA CI (WH/C/SP) TYPED OR PRINTED NAME AND SIGNATURE: Harold F. Swenson

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				027630			
<b>SECTION A</b>				<b>GENERAL</b>			
1. NAME <i>Richard L. H. Jr.</i> (Last) (First) (Middle)			2. DATE OF BIRTH 27 May 1919	3. SEX Male	4. GRADE GS-11	5. SD D	
9. OFFICIAL POSITION TITLE OPS OFFICER			7. OFF/DIV/BR/OF ASSIGNMENT IDP/S.A.S.		8. CURRENT STATION JMWAVE		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT				
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE				
CAREER-PROVISIONAL (See Instructions - Section C)			SPECIAL (Specify): <b>XX Promotion</b>				
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to) 6 May 1963 to 5 September 1963				
<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						RATING LETTER	
To effect security screenings of PBRUMEN refugees arriving in the JMWAVE area from PBRUMEN in joint collaboration with ODENVY representatives.						S	
SPECIFIC DUTY NO. 2						RATING LETTER	
To interrogate PBRUMEN security suspects, surfaced by the above screenings and other means, in conjunction with representatives of the KUJUMP interrogation center <i>DESK</i>						S	
SPECIFIC DUTY NO. 3						RATING LETTER	
To supervise the interrogation efforts of three KUJUMP interrogators connected with the JMWAVE/KUJUMP KUDESC debriefing program.						P	
SPECIFIC DUTY NO. 4						RATING LETTER	
To prepare and present to his immediate supervisor completed interrogation reports.						P	
SPECIFIC DUTY NO. 5						RATING LETTER	
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>POSTED ON</b>  <i>27 Sep 1963</i> </div>							
SPECIFIC DUTY NO. 6						RATING LETTER	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>						RATING LETTER	
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						S	
27 SEP 1963							

SECRET

(When Filled In)

**SECTION C NARRATIVE COMMENTS**

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

The person being rated is a conscientious devoted <sup>SEP 26 2 00 PM '63</sup> ~~employee~~ <sup>NAUR</sup> who has demonstrated an extraordinary ability to get along with his co-workers and other ODYOKE representatives with whom he is collaborating. He receives his assignments cheerfully and with enthusiasm and approaches all of his tasks with great zeal. He devotes an inordinate amount of his own personal time to his duties in an effort to achieve perfection and sets very high standards for his own performance. The person being rated speaks native Spanish and is able to accomplish all of his interrogations in Spanish. This ability is a great asset to him in his work and redounds in benefits to the KUDESK effort of the Station.

The person being rated is an accomplished interrogator and thus receives very little guidance in his work. His ability to trap security suspects in contradictions is unique and is paying dividends in the WAVE KUDESK field of endeavor. He has shown mature judgment in the handling of complex security cases, balance in appraising the interrogation results and in recommending disposal action, and proficiency in the preparation of his interrogation reports. He is currently supervising the interrogation activities of three KUJUMP interrogators ~~and~~ and has shown an ability in establishing personal rapport with these interrogators and proficiency in directing their activities. It is recommended from the standpoint of his career development that after the completion of his current assignment, the person being rated be moved into an assignment involving the handling of agents in the KUDESK field of effort.

**SECTION D CERTIFICATION AND COMMENTS**

**1. BY EMPLOYEE**

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

DATE SIGNATURE OF EMPLOYEE

**2. BY SUPERVISOR**

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION  
4 months At time preparation this report employee was on TDY Hqs and leave. Will be shown him upon return.

DATE OFFICIAL TITLE OF SUPERVISOR TYPED OR PRINTED NAME AND SIGNATURE  
4 September 1963 Chief, CI Branch, JMWAVE /s/ Neil T. PICKWORTH (signed in pseudo on Fld. Trans.)

**3. BY REVIEWING OFFICIAL**

COMMENTS OF REVIEWING OFFICIAL

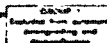
Subject is a hard working, dedicated, productive intelligence officer who has completely mastered those basic tools of the trade which are needed in CI activities. Subject has and uses native Spanish language fluency. Subject's performance during the period covered by this fitness report warrants an overall evaluation of "Strong." As a result, it is believed that Subject is a well-qualified journeyman who has earned a promotion to the grade of GS-12. Subject is strongly recommended for promotion to the grade of GS-12. Subject has additional growth potential as an intelligence officer. Subject's activities come to the attention of the Reviewing Officer on a bi-weekly basis.

DATE OFFICIAL TITLE OF REVIEWING OFFICIAL TYPED OR PRINTED NAME AND SIGNATURE  
18 September 1963 Chief of Station, JMWAVE /s/ Andrew K. REUTEMAN (signed in pseudo on Fld. Trans.)

SECRET

**SECRET**  
(When Filled In)

SEP 1962 <b>FITNESS REPORT</b>			EMPLOYEE SERIAL NUMBER 027630			
<b>SECTION A</b>			<b>GENERAL</b>			
1. NAME (Last) (First) (Middle) HIDALGO, BALMES			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
6. OFFICIAL POSITION TITLE Ops Officer			27 May 1919	M	GS-11	D
9. CHECK (X) TYPE OF APPOINTMENT CAREER RESERVE TEMPORARY			7. OFF/DIV/BR OF ASSIGNMENT DDP WH P&O SEC A.			8. CURRENT STATION
CAREER-PROVISIONAL (See Instructions - Section C)			10. CHECK (X) TYPE OF REPORT INITIAL ANNUAL			REASSIGNMENT SUPERVISOR REASSIGNMENT EMPLOYEE
SPECIAL (Specify):			SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P. 30 October 1962			12. REPORTING PERIOD (From - to) 17 Jan 62 - 30 Sep 62			
<b>SECTION B</b>			<b>PERFORMANCE EVALUATION</b>			
W - <u>Weak</u> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.						
A - <u>Adequate</u> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.						
P - <u>Proficient</u> Performance is more than satisfactory. Desired results are being produced in a proficient manner.						
S - <u>Strong</u> Performance is characterized by exceptional proficiency.						
O - <u>Outstanding</u> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.						
<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  Responsible for initiation and development of WH Division durable assets program.						RATING LETTER  P
SPECIFIC DUTY NO. 2  Collate and maintain files on espionage laws of LA countries.						RATING LETTER  P
SPECIFIC DUTY NO. 3  Served as interpreter and translator for Division LA contacts.						RATING LETTER  P
SPECIFIC DUTY NO. 4  Coordinated with Branch 1 of WHD on FI and CI matters.						RATING LETTER  P
SPECIFIC DUTY NO. 5  Gives lectures as guest instructor to students attending School of International Communism.						RATING LETTER  S
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  P



SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

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

Mr. Hidalgo joined WH/PO/A in November 1961 and took up those responsibilities listed above. However, Mr. Hidalgo's performance of duties was interrupted on two occasions by serious illness, 9-27 March and 15 April-31 May 1962. He was twice hospitalized. From 25 June-9 August 1962, Mr. Hidalgo was on TDY for WH/3 as escort officer for Latin American trainees. Although beset by health and other personal problems, Mr. Hidalgo seized upon each new assignment with his customary energy. He proved particularly adept in working as interpreter and escort officer for Latin American trainees, and demonstrated high interest and proven competence in counterintelligence work. His excellent memory and quick perception were distinct assets in these undertakings.

It is recommended, however, that Mr. Hidalgo's next assignment not carry responsibility for submission of finished papers or staff studies, but be one entailing duties commensurate with his ability to work effectively with indigenous personnel and to pursue CI leads through records investigation.

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE 18 Sept 62	SIGNATURE OF EMPLOYEE <i>Alberto Hidalgo</i>	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE 18 September 1962	OFFICIAL TITLE OF SUPERVISOR C/WH/PO/A	TYPED OR PRINTED NAME AND SIGNATURE <i>[Signature]</i>
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
I have had insufficient personal contact with Subject to make any meaningful comments.		
DATE 13 September 1962	OFFICIAL TITLE OF REVIEWING OFFICIAL C/WH/OPS	TYPED OR PRINTED NAME AND SIGNATURE <i>[Signature]</i>

SECRET



S E C R E T  
(When Filled In)

CERTIFICATION OF SEPARATING EMPLOYEE

Name (Last-First-Middle)

Hidalgo, Balmeo

MEMORANDUM FOR THE RECORD - ATTACH TO OFFICIAL PERSONNEL FOLDER

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

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

Signature of Employee

*[Handwritten Signature]*

Date Signed

*Feb 27, 1970*

Address (Street, City, State, Zip Code)

*403 SILVER ROCK RD ROCKVILLE MD 20851*

Correspondence

Overt

Covert

*OR 40 VERMONT HIGHLAND  
X6646*

S E C R E T

SECRET

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

**IMPORTANT  
AGENCY INSTRUCTIONS  
ON BACK OF ORIGINAL**

**TO COMPLETE THIS FORM—**

**1**

**FOLLOW THESE GENERAL INSTRUCTIONS:**

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

**2**

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

NAME (last) (first) (middle) DATE OF BIRTH (month, day, year) SOCIAL SECURITY NUMBER  
 HEDALGO Jr Balnes Hieves May 27 1919   
 Employee Serial Number 27630  
 EMPLOYING DEPARTMENT OR AGENCY LOCATION (City, State, ZIP Code)

**3**

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

Mark here if you **WANT BOTH** optional and regular insurance  (A)

**ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE**  
 I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

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

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

Mark here if you **WANT NEITHER** regular nor optional insurance  (C)

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

**4**

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

SIGNATURE (do not print)

DATE

13 February 1968

**FOR EMPLOYING OFFICE USE ONLY**

(official receiving date stamp)

RECEIVED  
OFFICE OF PERSONNEL  
FEB 20 3 30 PM '68

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

SECRET

STANDARD FORM No. 176-1  
JANUARY 1958  
(For use only until April 14, 1968)  
176-101

### 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, BALMES HIDALGO JR., do solemnly swear (or affirm) that—

#### A. OATH OF OFFICE

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

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

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

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

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

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

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

#### E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

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

17 Mar 58

(Date of entrance on duty)

Balmes Hidalgo Jr.  
(Signature of appointee)

Subscribed and sworn before me this 13<sup>th</sup> day of March, A. D. 1958

at Washington,  
(City)

D.C.  
(State)

[SEAL]

Billy A. Bussard 5 MAR 18 1958  
(Signature of officer)

Appointment Clerk  
(Title)

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

## DECLARATION OF APPOINTEE

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

1. PRESENT ADDRESS (street and number, city and State)  
 No 4615 N. ... - WASH DC, D. C.

2. (A) DATE OF BIRTH: 27 May 1917 (B) PLACE OF BIRTH (city and State or city and foreign country): Havana, Cuba

3. (A) IN CASE OF EMERGENCY, PLEASE NOTIFY: Louise Hoodge (B) RELATIONSHIP: wife (C) STREET AND NUMBER, CITY AND STATE: (D) TELEPHONE NO.:

4. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS?  YES  NO  
 If so, for each such relative fill in the blank below. If additional space is necessary, complete under Item 12.

NAME	POST OFFICE ADDRESS (Give street number, if any)	RELATIONSHIP		MAR. STAT. (Check one)	SIN. STAT. (Check one)
		(1) POSITIVE (2) TEMPORARY OR NOT	(3) DEPARTMENT OR AGENCY IN WHICH EMPLOYED		

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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		10. (A) HAVE YOU EVER FILED A WAIVER OF LIFE INSURANCE COVERAGE UNDER THE FEDERAL EMPLOYEES GROUP LIFE INSURANCE ACT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? <i>If your answer is "Yes," give details in Item 12.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		(B) IF YOU HAVE FILED SUCH A WAIVER, HAS IT BEEN CANCELED OR REVOKED?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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? <i>If your answer is "Yes," give details in Item 12.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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 TO WHICH INCLUDE TRAFFIC VIOLATIONS FOR MORE THAN 15 OR 15 OR LESS WAS IMPROVED. ALL OTHER CHARGES MUST BE INCLUDED EVEN IF THEY WERE DISMISSED. <i>If your answer is "Yes," give in Item 12 for each case: (1) approximate date, (2) charge, (3) place, (4) action taken.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		B. HAVE YOU RESPONDED AFTER OFFICIAL NOTIFICATION THAT: (1) YOUR CONDUCT WAS NOT SATISFACTORY? (2) YOUR WORK WAS NOT SATISFACTORY?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT, HAVE YOU BEEN BANNED BY THE U. S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATIONS OR ACCEPTING CIVIL SERVICE APPOINTMENTS? <i>If your answer is "Yes," give dates of and reasons for such banishment in Item 12.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		C. HAVE YOU BEEN DISCHARGED FROM THE ARMED SERVICES UNDER OTHER THAN HONORABLE CONDITIONS? <i>If your answer to A, B, or C is "Yes," give details in Item 12 as fully as you can remember, including the name and address of employer, approximate date, and reasons in each case.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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

ITEM NO.	ANSWER	ITEM NO.	ANSWER

**INSTRUCTIONS TO APPOINTING OFFICER.**—You must determine that this appointment would be in accordance 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.

**SECRET**  
(When Filled In)

16

**QUALIFICATIONS UPDATE**

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

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

SECTION I						
BIOGRAPHIC AND POSITION DATA						
EMP. SER. NO.	NAME (Last-First-Middle)			DATE OF BIRTH		
027630	Hidalgo, Balmes N. Jr.			05/27/19		
SECTION II						
EDUCATION						
HIGH SCHOOL						
LAST HIGH SCHOOL ATTENDED		ADDRESS (City State Country)		YEARS ATTENDED (From To)		GRADUATE
La Salle Academy		NYC NY		1938-1940		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COLLEGE OR UNIVERSITY STUDY						
NAME AND LOCATION OF COLLEGE OR UNIVERSITY		SUBJECT		YEARS ATTENDED		DEGREE RECEIVED
		MAJOR MINOR		FROM TO		YEAR RECEIVED
1. NY University		Comm Law MP-NYP		1943-45		NO
UNIV of MD		Fire engineering		1968		No Credit Course
2. Mont Jr College		Real Estate Procedures		1968		No Credit Course
IF A GRADUATE DEGREE HAS BEEN NOTED ABOVE WHICH REQUIRED SUBMISSION OF A WRITTEN THESIS, INDICATE THE TITLE OF THE THESIS AND BRIEFLY DESCRIBE ITS CONTENT.						
TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS						
NAME AND ADDRESS OF SCHOOL		STUDY OR SPECIALIZATION		FROM	TO	NO. OF MONTHS
Suburban Hospital		Emergency Room procedures		EMERGENCY	1968	3(?)
OTHER NON-AGENCY EDUCATION OR TRAINING NOT INDICATED ABOVE						
NAME AND ADDRESS OF SCHOOL		STUDY OR SPECIALIZATION		FROM	TO	NO. OF MONTHS
1. Non-Com leadership school				194?		?
SECTION III						
MARITAL STATUS						
1. PRESENT STATUS (Single Married Widowed Separated Divorced Annulled Remarried) SPECIFY: <b>MARRIED</b>						
2. NAME OF SPOUSE (Last) (First) (Middle) ( maiden)						
HIDALGO Veronica Waylonia Wylonis						
3. DATE OF BIRTH		4. PLACE OF BIRTH (City State Country)				
23 May 14		DuBois, Pa, USA				
5. OCCUPATION		6. PRESENT EMPLOYER				
Train Asst		CIA				
7. CITIZENSHIP		8. FORMER CITIZENSHIP(S) COUNTRY(IES)			9. DATE U.S. CITIZENSHIP ACQUIRED	
US		N/A			Birth	
SECTION IV						
DEPENDENT CHILDREN AND DEPENDENTS OTHER THAN SPOUSE						
	NAME	RELATIONSHIP	DATE AND PLACE OF BIRTH	CITIZENSHIP	PERMANENT ADDRESS	
1	<input type="checkbox"/> ADD <input checked="" type="checkbox"/> DELETE	Daughter	1945 NY NY	US	Arlington, Va	
2	<input type="checkbox"/> ADD <input checked="" type="checkbox"/> DELETE	Daughter	1950 NYC NY	US	Alexandria Va	
	<input type="checkbox"/> ADD <input checked="" type="checkbox"/> DELETE	Mother	1892 SECRET SPAIN	US	Rockville MD	

FORM 444n 2-68

ADD

(16-511)

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(When Filled In)

SECTION V GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL							
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF TRAVEL OR RESIDENCE	DATE & PLACE OF STUDY	KNOWLEDGE ACQUIRED BY (CHECK ONE)			
				SELF	TRAVEL	STUDY	TRAINING
Havana Cuba	Language, customs, people	1919-25		X			X
Rep of Panama	"	1952-58	Dec 20	X	X		X
El Salvador, Mexico	"	various		X	X		X
Guatemala, Puerto Rico	"	various		X	X		X
SECTION VI Hawaii	TYPING AND STENOGRAPHIC SKILLS						
1 TYPING (PPM)		2 SHORTHAND (RPM)		3. INDICATE SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM			
				<input type="checkbox"/> CRECC	<input type="checkbox"/> SPEEDWRITING	<input type="checkbox"/> STENOTYPE	<input type="checkbox"/> OTHER SPECIFY:
SECTION VII SPECIAL QUALIFICATIONS							
PROVIDE INFORMATION ON HOBBIES, SPORTS, LICENSES, PUBLISHED MATERIALS OR DEVICES WHICH YOU MAY HAVE INVENTED							
Extremely capable in First Aid (advanced) and teaching of same. Firefighting procedures. Elementary knowledge of Real Estate Procedures.							
SECTION VIII MILITARY SERVICE							
CURRENT DRAFT STATUS							
1 HAS YOUR SELECTIVE SERVICE CLASSIFICATION CHANGED?				2 NEW CLASSIFICATION			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				N/A			
3. LOCAL SELECTIVE SERVICE BOARD NUMBER AND ADDRESS				4 IF DEFERRED, GIVE REASON			
N/A				N/A			
MILITARY RESERVE, NATIONAL GUARD STATUS							
CHECK RESERVE OR GUARD ORGANIZATION TO WHICH YOU BELONG							
<input type="checkbox"/> ARMY	<input type="checkbox"/> MARINE CORPS	<input type="checkbox"/> COAST GUARD	<input type="checkbox"/> NATIONAL GUARD				
<input type="checkbox"/> NAVY	<input type="checkbox"/> AIR FORCE	<input type="checkbox"/> AIR NATIONAL GUARD					
NONE							
1 CURRENT RANK, GRADE OR RATE		2 DATE OF APPOINTMENT IN CURRENT RANK		3 EXPIRATION DATE OF CURRENT OBLIGATION			
N/A		N/A		N/A			
4 CHECK CURRENT RESERVE CATEGORY <input type="checkbox"/> READY RESERVE <input type="checkbox"/> STANDBY (active) <input type="checkbox"/> STANDBY (inactive) <input type="checkbox"/> RETIRED <input checked="" type="checkbox"/> DISCHARGED							
5. MILITARY MOBILIZATION ASSIGNMENT				6 RESERVE UNIT TO WHICH ASSIGNED OR ATTACHED			
N/A				N/A			
MILITARY SCHOOLS COMPLETED (Extended Active, Reserve Duty, or as Civilian)							
NAME AND ADDRESS OF SCHOOL			STUDY OR SPECIALIZATION		DATE COMPLETED		
Non-Com leadership school			same		????		
							PRESIDENT
							AGENCY-SPONSORED
SECTION IX PROFESSIONAL SOCIETIES AND OTHER ORGANIZATIONS							
NAME AND CHAPTER		ADDRESS (Number, Street, City, State, Country)				DATE OF MEMBERSHIP	
						FROM TO	
American Red Cross		Silver Spring Md				1962 present	
Rockville Fire Dept and OTHERS		(presently Rockville, Md)				1958 present	
International Rescue & 1st Aid Assoc		worldwide				1956(?) present	
Montgomery Board of Realtors (ASSOCIATE member)		(Permanent membership)				1958 present	
3.							
SECTION X REMARKS							
I am a bit hazy on the dates.							
DATE		SIGNATURE OF EMPLOYEE					
19 Dec 68							

SECRET

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FORM 10 (Rev. 1-65)

SECTION V GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL							
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF TRAVEL OR RESIDENCE	DATE & PLACE OF STUDY	KNOWLEDGE ACQUIRED BY - CHECK IN:			
				RESIDENCE	TRAVEL	STUDY	WORK ASSIGNMENT
Cuba	Area and people/Lan.	1919-1924	Family	X		X	X
Panama	Area and people/Lan	1952-58	MIKE	X	X	X	X
Dom Rep	Area and People/Lan	1965			X		X
Salvador&Guat	" "	1961-2-3			X		X
SECTION VI & Mexi TYPING AND STENOGRAPHIC SKILLS							
1. TYPING (WPM)		2. SHORTHAND (WPM)		3. INDICATE SHORTHAND SYSTEM USED - CHECK IN APPROPRIATE ITEM			
				<input type="checkbox"/> GREGG <input type="checkbox"/> SPEEDWRITING <input type="checkbox"/> STENO TYPE <input type="checkbox"/> OTHER SPECIFY:			
SECTION VII SPECIAL QUALIFICATIONS							
PROVIDE INFORMATION ON HOBBIES, SPORTS, LICENSES, PUBLISHED MATERIALS OR DEVICES WHICH YOU MAY HAVE INVENTED Quite proficient in photography - Safety and Fire engineering - First Aid including the Instruction of First Aid & Hospital Copman duties. SOME Real Estate knowledge.							
SECTION VIII MILITARY SERVICE							
CURRENT DRAFT STATUS							
1. HAS YOUR SELECTIVE SERVICE CLASSIFICATION CHANGED?				2. NEW CLASSIFICATION			
<input type="checkbox"/> YES <input type="checkbox"/> NO				See age.			
3. LOCAL SELECTIVE SERVICE BOARD NUMBER AND ADDRESS				4. IF DEFERRED, GIVE REASON			
MILITARY RESERVE, NATIONAL GUARD STATUS							
CHECK RESERVE OR GUARD ORGANIZATION TO WHICH YOU BELONG		<input type="checkbox"/> ARMY		<input type="checkbox"/> MARINE CORPS		<input type="checkbox"/> COAST GUARD	
<input type="checkbox"/> NONE		<input type="checkbox"/> NAVY		<input type="checkbox"/> AIR FORCE		<input type="checkbox"/> AIR NATIONAL GUARD	
1. CURRENT RANK, GRADE OR RATE		2. DATE OF APPOINTMENT IN CURRENT RANK		3. EXPIRATION DATE OF CURRENT OBLIGATION			
N/A		N/A		N/A			
4. CHECK CURRENT RESERVE CATEGORY: <input type="checkbox"/> READY RESERVE <input type="checkbox"/> STANDBY (ACTIVE) <input type="checkbox"/> STANDBY (INACTIVE) <input type="checkbox"/> RETIRED <input checked="" type="checkbox"/> DISCHARGED							
5. MILITARY MOBILIZATION ASSIGNMENT				6. RESERVE UNIT TO WHICH ASSIGNED OR ATTACHED			
N/A				N/A			
MILITARY SCHOOLS COMPLETED (Extended Active, Reserve Duty, or as Civilian)							
NAME AND ADDRESS OF SCHOOL			STUDY OR SPECIALIZATION		DATE COMPLETED		<input type="checkbox"/> N/A <input checked="" type="checkbox"/> SPONSORED
Non-Com leadership school			Infantry		1943		N/A
SECTION IX PROFESSIONAL SOCIETIES AND OTHER ORGANIZATIONS							
NAME AND CHAPTER		ADDRESS (Number, Street, City, State, Country)				DATE OF MEMBERSHIP	
						FROM TO	
1. Rockville Fire Dept & others		Rockville Md & others				1958 present	
2. Red Cross as Emergecy transport and First Aid Instructor as well as Mi Copman						1964 "	
3. Associate member Mont Realtors						1968 "	
4. Int Assoc Rescue & First Aid						1964 "	
SECTION X REMARKS							
Re Section IV: Both daughters now married. Re Section III: This is second marraige. Re Real Estate training: This still in active stage. Plans are to supplement my work and eventually change to it on full time basis.							
DATE		SIGNATURE OF EMPLOYEE					
25 Nov 68							

SECRET

SECRET  
(When Filled In)

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**QUALIFICATIONS UPDATE**

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

Now that your qualifications are a matter of computer record, they must be periodically updated. This is done automatically for much information; however, some must be obtained directly from you. This form is for that purpose. Section I must be completed in all cases. You need provide other information only if there have been changes since you submitted your Form 441, "Qualifications Supplement to the Personal History Statement," or a previous update form. If you are in doubt whether information has been previously submitted, enter it in the appropriate section. The signed and dated form should be returned through administrative channels to the File Room, Office of Personnel, Room 5E-13 Headquarters, whether information is added or not. Additionally, a qualifications update may take place at any time there is information to be added or changed simply by completing and returning an update form on your initiative.

ALSO FIRST AID INSTRUCTIONS COVERED BY FORM 7-4416

**SECTION I BIOGRAPHIC AND POSITION DATA**

EMP. SER. NO. **027630** NAME (Last-First-Middle) **Hidalgo, Balmes N.** DATE OF BIRTH **05/27/19**

**SECTION II EDUCATION**

**HIGH SCHOOL**

LAST HIGH SCHOOL ATTENDED **La Salle Academy** ADDRESS (City, State, Country) **NY City NY** YEARS ATTENDED (From-To) **1938-40** GRADUATE  YES  NO

**COLLEGE OR UNIVERSITY STUDY**

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		YEARS ATTENDED FROM-TO	DEGREE RECEIVED	YEAR RECEIVED	NO. SEM/ QTR HRS. (Specify)
	MAJOR	MINOR				
1. <b>New York University</b>	<b>Comm Law Import-Export</b>	<b>procedures</b>	<b>1943/45</b>	<b>NO</b>		
2.						

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

**TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS**

NAME AND ADDRESS OF SCHOOL **University of Md. College of Engineering** STUDY OR SPECIALIZATION **Fire Service extension** FROM **Jan 66** TO **Aug 66** NO. OF MONTHS **8**

**OTHER NON-AGENCY EDUCATION OR TRAINING NOT INDICATED ABOVE**

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	NO. OF MONTHS
1. <b>Montgomery Junior College Rockville, Md Campus</b>	<b>Real Estate procedures</b>	<b>Oct 1968</b>		<b>1</b>
2. <b>Suburban Hospital Bethesda, Md</b>	<b>Emergency Medical Aid/ Maryland State Corpman</b>	<b>Jan-May 1968</b>		<b>5</b>

**SECTION III MARITAL STATUS**

1. PRESENT STATUS (Single Married Widowed Separated Divorced Annulled Remarried) SPECIFY: **Married**

2. NAME OF SPOUSE (Last) **HIDALGO** (First) **Veronica** (Middle) **W.** ( maiden) **(WAYLONIS)**

3. DATE OF BIRTH **May 29 1914** 4. PLACE OF BIRTH (City, State, Country) **DuBois, Pa., USA**

5. OCCUPATION **Admin Asst** 6. PRESENT EMPLOYER **C.I.A.**

7. CITIZENSHIP **US** 8. FORMER CITIZENSHIP(S) COUNTRY(IES) **N/A** 9. DATE U.S. CITIZENSHIP ACQUIRED **Birth**

**SECTION IV DEPENDENT CHILDREN AND DEPENDENTS OTHER THAN SPOUSE**

NAME	RELATIONSHIP	DATE AND PLACE OF BIRTH	CITIZENSHIP	PERMANENT ADDRESS
1. <input type="checkbox"/> ADD <input checked="" type="checkbox"/> DELETE	<b>Daughter</b>	<b>NYC NY - Feb 23/50</b>	<b>US</b>	<b>Alexandria Va</b>
2. <input type="checkbox"/> ADD <input checked="" type="checkbox"/> DELETE	<b>Daughter</b>	<b>NYC NY - Jan 6/45</b>	<b>US</b>	<b>Arlington Va</b>



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When Filled In

OFFICIAL USE ONLY (until Form 104)

LLC

QUALIFICATIONS SUPPLEMENT TO PERSONAL HISTORY STATEMENT

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

SECTION I

BIOGRAPHIC AND POSITION DATA

1 EMP SEC NO 027530	2 NAME (Last, First, Middle) MICALGO B N JR	3 SEX M	4 DATE OF BIRTH 09/27/19	5 SCHEDULE GRADE/STEP GS-12-04
6 SSN J	7 POSITION TITLE CPS OFFICER	8 OFFICE OF ASSIGNMENT AM	9 LOCATION (City, State) WASH., D.C.	

SECTION II

AGENCY OVERSEAS SERVICE

AREA	TYPE TOUR	FROM	TO
WESTERN HEMISPHERE	PCS-VV	92/05/12	97/12/30
WESTERN HEMISPHERE	TDY-CC	99/01/29	99/02/08
WESTERN HEMISPHERE	TDY-CC	63/02/01	61/03/01
WESTERN HEMISPHERE	TDY-CC	61/04/19	61/06/19
EUROPEAN AREA	TDY-CC	63/12/01	63/12/18
WESTERN HEMISPHERE	PCS-CC	68/04/01	68/05/01
		65/04/01	64/04/01
WESTERN HEMISPHERE	TDY-CC	65/1/11	65/2/11
		7/1/11	7/1/11

**OVERSEAS DATA**  
**CODED** 25 APR 1968  
**DATE:**      **INITIALS:** [Signature]

SECTION III

EDUCATION

DEGREE	MAJOR FIELD	COLLEGE	YEAR
NONE	NO COLLEGE DEGREE ON RECORD <i>TWO YEARS - COMMERCIAL LAW INITIAL ENGLISH PROGRESS</i>	NYU	1943-44

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When Filled In

SECTION III EDUCATION (Cont'd)

LAST HIGH SCHOOL ATTENDED		ADDRESS (City, State, County)	YEARS ATTENDED From To	GRADUATE
Ls. Salle Academy		NYC NY	1938-40	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		YEARS ATTENDED FROM TO	DEGREE RECEIVED	YEAR RECEIVED	NO SEM / QTR HRS. Specify
	MAJOR	MINOR				
1 NYU - NYC NY	Common. LAW	Export laws	Sept 43 to ? 45	No		???
2						
3						
4						

5 IF A GRADUATE THESIS HAS BEEN NOTED ABOVE, PLEASE SUBMIT A WRITTEN THESIS AND DATE THE TITLE OF THE THESIS AND BRIEFLY DESCRIBE ITS CONTENT

SECRET

SECRET

TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS				
NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	NO OF MONTHS
1				
2				
3				

OTHER NON-AGENCY EDUCATION OR TRAINING NOT INDICATED ABOVE				
NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	NO OF MONTHS
1				
2				
3				
4				
5				

AGENCY-SPONSORED EDUCATION				
Specify which, if any, of the education shown in Section III was Agency sponsored				
NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	NO OF MONTHS
1 Full Ops course			During 1958	9
2 Management Course			1966 one week	
3				
4				
5				

SECRET

SECRET

SECTION VII		MILITARY SERVICE	
CURRENT DRAFT STATUS			
1. ARE YOU REGISTERED FOR THE DRAFT		2. SELECTIVE SERVICE CLASSIFICATION	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		???	
3. LOCAL SELECTIVE SERVICE BOARD NUMBER AND ADDRESS		4. IF DEFERRED, GIVE REASON	
N/A		N/A	
MILITARY SERVICE RECORD (Active Duty Only)			
1. MILITARY ORGANIZATION (Army, Navy, etc.)	2. BRANCH OR CORPS	3. DATES OF SERVICE (extended active duty)	
Army	Infantry	FROM Oct 1940 TO Sept 1943	
4. STATUS (Regular, Reserve, etc.)	5. RANK, GRADE OR RATE (at separation, if not reserve)	6. SERIAL SERVICE OR FILE NUMBER	
Federalized National Guard	Cpl.	20249766	
7. CHECK TYPE OF SEPARATION			
<input checked="" type="checkbox"/> HONORABLE DISCHARGE	<input type="checkbox"/> RETIREMENT FOR SERVICE	<input type="checkbox"/> UNIQUE HARDSHIPS	
<input type="checkbox"/> RELEASE TO INACTIVE DUTY	<input type="checkbox"/> RETIREMENT FOR COMBAT DISABILITY	<input type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> RETIREMENT FOR AGE	<input checked="" type="checkbox"/> RETIREMENT FOR PHYSICAL DISABILITY		
8. BRIEF DESCRIPTION OF MILITARY DUTIES (Record the duties and skills which best describe your work or function in the military service)			
Infantryman; Cryptographic section; driver.			
MILITARY RESERVE, NATIONAL GUARD STATUS			
CHECK RESERVE OR GUARD ORGANIZATION TO WHICH YOU BELONG			
<input type="checkbox"/> ARMY	<input type="checkbox"/> MARINE CORPS	<input type="checkbox"/> COAST GUARD	<input type="checkbox"/> NATIONAL GUARD
<input type="checkbox"/> NAVY	<input type="checkbox"/> AIR FORCE	<input type="checkbox"/>	<input type="checkbox"/> AIR NATIONAL GUARD
1. CURRENT RANK, GRADE OR RATE	2. DATE OF APPOINTMENT IN CURRENT RANK	3. EXPIRATION DATE OF CURRENT RESERVE OBLIGATION	
4. CHECK CURRENT RESERVE CATEGORY			
<input type="checkbox"/> READY RESERVE	<input type="checkbox"/> STANDBY (active)	<input type="checkbox"/> STANDBY (inactive)	<input type="checkbox"/> RETIRED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. BRIEF DESCRIPTION OF MILITARY RESERVE DUTIES (Record the duties and skills which best describe your work or function in the military service)			
6. IF YOU ARE CURRENTLY ASSIGNED TO A RESERVE OR NATIONAL GUARD TRAINING UNIT (Identify the unit and its address)			
MILITARY SCHOOLS COMPLETED (Active Duty, Reserve Status or as Civilian)			
NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	DATE COMPLETED	
1.			<input type="checkbox"/> RECEIVED <input type="checkbox"/> CORRESPONDENCE <input type="checkbox"/> AGENCY SPONSORED
2.			<input type="checkbox"/> RECEIVED <input type="checkbox"/> CORRESPONDENCE <input type="checkbox"/> AGENCY SPONSORED
3.			<input type="checkbox"/> RECEIVED <input type="checkbox"/> CORRESPONDENCE <input type="checkbox"/> AGENCY SPONSORED
4.			<input type="checkbox"/> RECEIVED <input type="checkbox"/> CORRESPONDENCE <input type="checkbox"/> AGENCY SPONSORED
5.			<input type="checkbox"/> RECEIVED <input type="checkbox"/> CORRESPONDENCE <input type="checkbox"/> AGENCY SPONSORED

SECRET

**SECRET**

(When filled in)

SECTION IV GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL							
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF TRAVEL OR RESIDENCE	DATE & PLACE OF STUDY	KNOWLEDGE ACQUIRED BY			CHECK IN:
				RESIDENCE	TRAVEL	STUDY	WORK ASSIGNMENT
Cuba	Language-Area knowledge	1919-1924	---	X			
Panama	" " "	1952-58		X			X
Puerto Rico	" " "	various			X		X
Guatemala	" " "	various			X		X
El Salvador	" " "	various			X		X
Mexico	" " "	various			X		X
Dom Rep	" Limited area knowledge	1965					X
Germany	" " "	1963					X
Scotland	" " "	1963					X

SECTION V TYPING AND STENOGRAPHIC SKILLS			
1. TYPING (WPM) <b>40</b>	2. SHORTHAND (WPM)	3. INDICATE SHORTHAND SYSTEM USED - CHECK ALL APPROPRIATE ITEM <input type="checkbox"/> GREGG <input type="checkbox"/> SPEEDWRITING <input type="checkbox"/> STENOTYPE <input type="checkbox"/> OTHER SPECIFY	
4. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (comparator, mimeograph card punch, etc.)  <b>Various</b>			

SECTION VI SPECIAL QUALIFICATIONS	
1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED INDICATE YOUR PROFICIENCY IN EACH First Aid Instructor. Very active currently. Fire Fighting and safety practices. University of Maryland. Active currently. <i>Shy diving - 10 jumps during 1962. Home since.</i>	
2. LIST ALL BUSINESS EQUIPMENT OR MACHINES WHICH YOU MAY HAVE LISTED IN ITEM 4. SPECIFY. LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT AND MACHINES SUCH AS OPERATION OF RADIO TRANSMITTERS (include CW, speed, coding & retarding), OFFSET PRESS, TURBINE LATHE, ECP AND OTHER SCIENTIFIC & PROFESSIONAL DEVICES	
3. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION SUCH AS PILOT, ELECTRICIAN, RADIO OPERATOR, TEACHER, LAWYER, CPA, MEDICAL TECHNICIAN, PSYCHOLOGIST, PHYSICIAN, ETC? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
4. IF YOU HAVE ANSWERED "YES" TO ITEM 3 ABOVE, INDICATE KIND OF LICENSE OR CERTIFICATION AND THE ISSUING STATE, MUNICIPALITY, ETC. (Provide license registration number if known) <b>First Aid Instructor - National Red Cross - 1963</b>	5. FIRST LICENSE/CERTIFICATE (year of issue) <b>1963</b> 6. LATEST LICENSE/CERTIFICATE (year of issue)
7. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR. Do NOT submit names unless requested. INDICATE THE TITLE, PUBLICATION DATE, AND TYPE OF WRITING (non-fiction or scientific articles, general interest subjects, novels, short stories, etc.)	
8. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NO! THEY ARE PATENTED	
9. PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE	

SECRET

(When filled in)

SECTION IX		MARITAL STATUS			
1. PRESENT STATUS (Single, Married, Widowed, Separated, Divorced, Annulled, Common Law)		SPECIFY: <b>MARRIED</b>			
2. NAME OF SPOUSE		Name: <b>Veronica WAYLON ES</b>			
3. DATE OF BIRTH	4. PLACE OF BIRTH (City, State, Country)				
May 23 1914	DuBots, Pa., USA.				
5. OCCUPATION	6. PRESENT EMPLOYER				
Administrative Asst	CIA				
7. CITIZENSHIP	8. FORMER CITIZENSHIP COUNTRY(IES)		9. DATE U.S. CITIZENSHIP ACQUIRED		
US	None		N/A		
SECTION X					
DEPENDENT CHILDREN AND DEPENDENTS OTHER THAN SPOUSE					
NAME	RELATIONSHIP	DATE AND PLACE OF BIRTH	CITIZENSHIP	PERMANENT ADDRESS	
Frances R. Hidalgo	daughter	Feb 23 1950 NYC NY	US	Alexandria, Va	
Eulmes N. Hidalgo Sr.	father	Dec 15 1890 Puerto Rico	IC	NYC NY	
Rose Hidalgo	mother	Jan 12 1892 Spain	US	NYC NY	
SECTION XI				PROFESSIONAL SOCIETIES AND OTHER ORGANIZATIONS	
NAME AND CHAPTER	ADDRESS (Number, Street, City, State, Country)	DATE OF MEMBERSHIP			
		FROM	TO		
American Red Cross Civil Defense team	Montgomery Ctr., Md.	1964	present		
Franconia Volunteer Fire Department	Franconia, Va	1958	1963		
Rockville Volunteer Fire Department	Rockville, Md.	1964	present		
International Rescue and First Aid Association		1967	present		
DATE	SIGNATURE OF EMPLOYEE				
9 Feb 1968	<i>[Handwritten Signature]</i>				

SECRET

(When Filled In)

1. PERSONNEL SERIAL NO. (1-6)		LANGUAGE PROFICIENCY AND AWARDS DATA				2. L.D. NO.	
3. NAME (7-24)		4. COMPONENT		5. GRADE	6. DATE OF BIRTH		
7. LANGUAGE		8. CODE (25-27)		9. DATE OF TEST		10. ANNIVERSARY DATE (28-33)	
11. TEST PURPOSE	12. TEST SCORES	13. ELIGIBILITY (39)					
AWARD	READING (34)	WRITING (35)	PRONUNCIATION (36)	SPEAKING (37)	UNDERSTANDING (38)	AWARDABLE	NOT AWARDABLE
SKILL	A	M	M	A	M	A	M
14. I CERTIFY THIS EMPLOYEE FOR AWARD				15. TYPE OF AWARD			
SIGNATURE		DATE		A-M	E-I-N	C	R-W-B
16. AMOUNT OF AWARD		\$		17. I CERTIFY THAT FUNDS ARE AVAILABLE			
18. FEDERAL TAX DEDUCTION		\$		OBLIGATION REF. NO.		SIGNATURE	
19. STATE/DC TAX DEDUCTION		\$		20. CHARGE ALLOTMENT NO.		DATE	
21. NET AMOUNT OF AWARD		\$		22. EMPLOYEE PAYROLL NO.			
23. FORWARD CHECK TO				24. ALLOTMENT OF ASSIGNMENT			
				25. CHECK NO.		DATE	

FORM 4-58 1273 USE PREVIOUS EDITIONS

SECRET

(10-49) MRD COPY

SECRET

(When Filled In)

1. PERSONNEL SERIAL NO. (1-6)		LANGUAGE PROFICIENCY AND AWARDS DATA				2. L.D. NO.	
3. NAME (7-24)		4. COMPONENT		5. GRADE	6. DATE OF BIRTH		
7. LANGUAGE		8. CODE (25-27)		9. DATE OF TEST		10. ANNIVERSARY DATE (28-33)	
11. TEST PURPOSE	12. TEST SCORES	13. ELIGIBILITY (39)					
AWARD	READING (34)	WRITING (35)	PRONUNCIATION (36)	SPEAKING (37)	UNDERSTANDING (38)	AWARDABLE	NOT AWARDABLE
SKILL	A	M	M	A	M	A	M
14. I CERTIFY THIS EMPLOYEE FOR AWARD				15. TYPE OF AWARD			
SIGNATURE		DATE		A-M	E-I-N	C	R-W-B
16. AMOUNT OF AWARD		\$		17. I CERTIFY THAT FUNDS ARE AVAILABLE			
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21. NET AMOUNT OF AWARD		\$		22. EMPLOYEE PAYROLL NO.			
23. FORWARD CHECK TO				24. ALLOTMENT OF ASSIGNMENT			
				25. CHECK NO.		DATE	

FORM 4-58 1273 USE PREVIOUS EDITIONS

SECRET

(10-49) MRD COPY

SECRET  
(When Filled In)

(11-8)		LANGUAGE DATA RECORD		
PART I-GENERAL				
1. NAME (Last-First-Middle) (17-24)		2. DATE OF BIRTH (25-30)		
Hidalgo, Balmea Nieves JR		MONTH May	DAY 27	YEAR 1912
3. LANGUAGE (31-33)		4. TODAY'S DATE (34-39)		5. <input type="checkbox"/> I HAVE NO PROFICIENCY IN ANY FOREIGN LANGUAGE
Spanish 720		MONTH May	DAY 9	
PART II-LANGUAGE ELEMENTS				
SECTION A. Reading (40)				
1. I CAN READ TEXTS OF ANY DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY ONLY RARELY.				
2. I CAN READ TEXTS OF MOST GRADES OF DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY OCCASIONALLY.				
3. I CAN READ TEXTS OF AVERAGE DIFFICULTY (newspapers, reference materials, etc.), USING THE DICTIONARY FREQUENTLY.				
4. I CAN READ SIMPLE TEXTS, SUCH AS STREET SIGNS, NEWSPAPER HEADLINES, ETC., USING THE DICTIONARY FREQUENTLY.				
5. I HAVE NO READING ABILITY IN THE LANGUAGE.				
SECTION B. Writing (41)				
1. I CAN WRITE PERSONAL LETTERS AND SIMILAR MATERIAL WITH COMPLETE SUCCESS WITHOUT USING THE DICTIONARY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH VERY FEW GRAMMATICAL ERRORS, IN NATIVE STYLE, USING THE DICTIONARY ONLY RARELY.				
2. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL WITH COMPLETE SUCCESS, USING THE DICTIONARY ONLY RARELY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH FEW GRAMMATICAL ERRORS, BUT IN A STYLE WHICH MAY NOT BE NATIVE, USING THE DICTIONARY OCCASIONALLY.				
3. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH OCCASIONAL MINOR GRAMMATICAL ERRORS AND IN OBVIOUSLY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY OCCASIONALLY.				
4. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH MANY GRAMMATICAL ERRORS AND IN A VERY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY FREQUENTLY.				
5. I CANNOT WRITE IN THE LANGUAGE.				
SECTION C. Pronunciation (42)				
1. MY PRONUNCIATION IS NATIVE.				
2. WHILE NATIVES CAN DETECT AN ACCENT IN MY PRONUNCIATION THEY HAVE NO DIFFICULTY UNDERSTANDING ME.				
3. MY PRONUNCIATION IS OBVIOUSLY FOREIGN, BUT ONLY RARELY CAUSES DIFFICULTY FOR NATIVES TO UNDERSTAND.				
4. MY PRONUNCIATION IS OCCASIONALLY DIFFICULT FOR NATIVES TO UNDERSTAND.				
5. I HAVE NO SKILL IN PRONUNCIATION.				
CONTINUE ON REVERSE SIDE				

CONTINUATION OF PART II—LANGUAGE ELEMENTS

SECTION D.

Speaking (43)

1. I SPEAK FLUENTLY AND ACCURATELY IN ALL PRACTICAL AND SOCIAL SITUATIONS; I CONVERSE FREELY AND IDIOMATICALLY IN ALL FIELDS WITH WHICH I AM FAMILIAR.
2. I SPEAK FLUENTLY AND ACCURATELY IN NEARLY ALL PRACTICAL AND SOCIAL SITUATIONS; I CAN CONVERSE IN MOST FIELDS WITH WHICH I AM FAMILIAR AND I EMPLOY SOME POPULAR SAYINGS, LITERARY QUOTATIONS, AND COMMON PROVERBS.
3. I GET ALONG QUITE WELL IN SITUATIONS OF DAILY LIFE AND TRAVEL AND CAN CONDUCT ROUTINE BUSINESS IN PARTICULAR FIELDS.
4. I MANAGE TO GET ALONG IN THE MOST COMMON SITUATIONS OF DAILY LIFE AND TRAVEL.
5. I HAVE NO ABILITY TO USE THE LANGUAGE IN ANY OF THE ABOVE RESPECTS.

SECTION E.

Understanding (14)

1. I UNDERSTAND NON-TECHNICAL CONVERSATION ON ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND NEARLY EVERYTHING I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
2. I UNDERSTAND NON-TECHNICAL CONVERSATION ON NEARLY ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MOST OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES, INCLUDING MOST JOKES AND PUNS.
3. I UNDERSTAND NEARLY ALL CONVERSATION ON TOPICS OF DAILY LIFE AND TRAVEL, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MUCH OF WHAT I HEAR ON THE RADIO, AND AT THE MOVIES, PLAYS, AND LECTURES.
4. I UNDERSTAND THE SIMPLEST CONVERSATION, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND SOME OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
5. I AM NOT ABLE TO UNDERSTAND THE SPOKEN LANGUAGE.

BEFORE CONTINUING - CHECK PART II TO ENSURE THAT YOU HAVE CIRCLED ONE NUMBER PER SECTION.

PART III—EXPERIENCE AS TRANSLATOR OR INTERPRETER (45)

1. I HAVE HAD EXPERIENCE AS A TRANSLATOR.
2. I HAVE HAD EXPERIENCE AS AN INTERPRETER.
3. BOTH OF THE ABOVE STATEMENTS APPLY.
4. NONE OF THE ABOVE STATEMENTS APPLY.

PART IV—CERTIFICATION

I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS CERTIFICATION CONSTITUTES MY APPLICATION FOR A MAINTENANCE AWARD PROVIDED I AM ELIGIBLE UNDER THE TERMS OF REGULATION NO. 25-115, PAR. 1C(4). I UNDERSTAND THAT I MUST PASS AN OBJECTIVE LANGUAGE PROFICIENCY TEST BEFORE I BECOME ELIGIBLE FOR AN AWARD, AND THAT IRRESPECTIVE OF THE DATE OF TESTING, ANNUAL MAINTENANCE AWARDS WILL BE CUMULATIVE AS OF THE ANNIVERSARY DATE OF COMPLETING THIS FORM.

DATE SIGNED

9 May 1958

SIGNATURE

*Halmy L. Helms*

(46)

*C*

(47)

*A*



SECRET

(When Filled In)

(11-81)		LANGUAGE DATA RECORD		
127630				
PART I-GENERAL				
1. NAME (Last-First-Middle) (17-24)			2. DATE OF BIRTH (75-30)	
Hidalgo, Balnes Nieves JR			MONTH May	DAY 27
3. LANGUAGE (31-33)			4. TODAY'S DATE (34-38)	
Portuguese 630			MONTH May	DAY 9
			YEAR 1958	5. <input type="checkbox"/> I HAVE NO PROFICIENCY IN ANY FOREIGN LANGUAGE
PART II-LANGUAGE ELEMENTS				
SECTION A. Reading (40)				
1. I CAN READ TEXTS OF ANY DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY ONLY RARELY.				
2. I CAN READ TEXTS OF MOST GRADES OF DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY OCCASIONALLY.				
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4. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH MANY GRAMMATICAL ERRORS AND IN A VERY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY FREQUENTLY.				
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4. MY PRONUNCIATION IS OCCASIONALLY DIFFICULT FOR NATIVES TO UNDERSTAND.				
5. I HAVE NO SKILL IN PRONUNCIATION.				
CONTINUE ON REVERSE SIDE				

CONTINUATION OF PART II—LANGUAGE ELEMENTS

SECTION D.

Speaking (43)

1. I SPEAK FLUENTLY AND ACCURATELY IN ALL PRACTICAL AND SOCIAL SITUATIONS; I CONVERSE FREELY AND IDIOMATICALLY IN ALL FIELDS WITH WHICH I AM FAMILIAR.
2. I SPEAK FLUENTLY AND ACCURATELY IN NEARLY ALL PRACTICAL AND SOCIAL SITUATIONS; I CAN CONVERSE IN MOST FIELDS WITH WHICH I AM FAMILIAR AND I EMPLOY SOME POPULAR SAYINGS, LITERARY QUOTATIONS, AND COMMON PROVERBS.
3. I GET ALONG QUITE WELL IN SITUATIONS OF DAILY LIFE AND TRAVEL AND CAN CONDUCT ROUTINE BUSINESS IN PARTICULAR FIELDS.
4. I MANAGE TO GET ALONG IN THE MOST COMMON SITUATIONS OF DAILY LIFE AND TRAVEL.
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SECTION E.

Understanding (44)

1. I UNDERSTAND NON-TECHNICAL CONVERSATION ON ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND NEARLY EVERYTHING I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
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4. I UNDERSTAND THE SIMPLEST CONVERSATION, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND SOME OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
5. I AM NOT ABLE TO UNDERSTAND THE SPOKEN LANGUAGE.

BEFORE CONTINUING - CHECK PART II TO ENSURE THAT YOU HAVE CIRCLED ONE NUMBER PER SECTION.

PART III—EXPERIENCE AS TRANSLATOR OR INTERPRETER (45)

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2. I HAVE HAD EXPERIENCE AS AN INTERPRETER.
3. BOTH OF THE ABOVE STATEMENTS APPLY.
4. NONE OF THE ABOVE STATEMENTS APPLY.

PART IV—CERTIFICATION

I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS CERTIFICATION CONSTITUTES MY APPLICATION FOR A MAINTENANCE AWARD PROVIDED I AM ELIGIBLE UNDER THE TERMS OF REGULATION NO. 25-115, PAR. 1(C)(4). I UNDERSTAND THAT I MUST PASS AN OBJECTIVE LANGUAGE PROFICIENCY TEST BEFORE BECOMING ELIGIBLE FOR AN AWARD, AND THAT IRRESPECTIVE OF THE DATE OF TESTING, ANNUAL MAINTENANCE AWARDS WILL BE CUMULATIVE AS OF THE ANNIVERSARY DATE OF COMPLETING THIS FORM.

DATE SIGNED

9 May 1958

SIGNATURE

*Salman J. Talib*

1401

1471

CONFIDENTIAL

SECURITY APPROVAL

DATE : 17 April 1964

YOUR  
REFERENCE: 18658 DDP/SAS

CASE NO. : 65077

TO : Director of Personnel

ATTN :

SUBJECT : HIDALGO, Balnes Nieves, Jr.

1. This is to inform you that Subject has been approved for the appointment specified in your request under the provisions of Headquarters Regulations 10-3 and 20-5 including access to classified information through TOP SECRET as required in the performance of duties.
2. Unless arrangements are made within 60 days for entrance on duty within 120 days, this approval becomes invalid.
3. As part of the entrance on duty processing:

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

A personal interview is not necessary.

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

4. This is a conversion case.

FOR THE DIRECTOR OF SECURITY:

*W. A. Osborne*

W. A. Osborne

Chief, Personnel Security Division

CONFIDENTIAL  
(When Filled In)

STAFF AGENT CLEARANCE

DATE : 22 April 1963

YOUR REFERENCE: Memorandum of 19 April 1963

CASE NO. : #65077

TO : Chief, Contract Personnel Division

ATTN. : Staff Agents Branch

SUBJECT : ~~XXXXXXXXXXXXXXXXXXXX~~ Hedwige R N Jr.

1. This is to advise that a security clearance is granted for the employment of the Subject as a Staff Agent, OS-11, by DDP/SAS in the capacity of Oper-

ations Officer under Project JMWAVE.

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

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

4. As a part of entrance on duty processing:

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

A personal interview is not necessary.

*W. A. Osborne*

W. A. Osborne

CHIEF, PERSONNEL SECURITY DIVISION OS

*WAO*

CONFIDENTIAL  
(WHEN FILLED IN)

SECURITY APPROVAL

DATE : 10 March 1958

YOUR  
REFERENCE:

CASE NO. : 65077

TO : Director of Personnel

FROM : Director of Security

SUBJECT : HIDALGO, Balnes Nieves

1. This is to inform you of security approval of the subject person as follows:

Subject has been approved for the appointment specified in your request under the provisions of Regulations 10-210 and 20-730 including access to classified information through Top Secret as required in the performance of his duties.

Subject has been approved for appointment under the authority of Paragraph 4(d) of Regulation 10-210, and under Regulation 20-730 including access to classified information through Top Secret as required in the performance of his duties.

2. Unless arrangements are made within 60 days for entrance on duty within 120 days, this approval becomes invalid.
3. As part of the entrance on duty processing:

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

A personal interview is not necessary.

This clearance is issued in advance of receipt of a SF-377. Subject will be assigned to the WH Division.

FOR THE DIRECTOR OF SECURITY:

*W. M. Knott*

W. M. Knott  
Chief, Personnel Security Division

SECRET

BIOGRAPHIC INFORMATION

Name: Raimon E. HIDALGO, Jr.  
Grade: GS-11  
Service Designation: CI

Date and Place of Birth: 27 May 1919  
Havana, Cuba

Marital Status: Married

Education and Career Outside the Agency: 1945-46 New York University - No degree (2 yrs)  
Nov 45-Dec 49 FBI, Eastern part of United States -  
Undercover Agent

Languages: Spanish - Fluent  
Portuguese & French - Fair

Military Duty: 27 Mar 39-27 Sep 1943 New York National Guard  
(Federalized Oct 40) U.S. Army

CIA Experience: 18 Feb 52 Ex Appt., Contract Employee, GS-9, DDP/WH/  
HYPOTHESIS, [redacted]  
1 Feb 56 Promotion, Contract Employee, GS-11, DDP/WH,  
HYPOTHESIS, [redacted]

CIA Training: Covert training

**CONFIDENTIAL**

*(When Filled In)*

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

NAME OF EMPLOYEE (Last) <i>HIDALGO JA</i> (First) <i>BALMES</i> (Middle) <i>NIEVES</i>			
1. RESIDENCE DATA			
PLACE OF RESIDENCE WHEN APPOINTED <i>D.C.</i>		LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)	
PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE <i>D.C.</i>			
2. MARITAL STATUS			
<input type="checkbox"/> CHFC (X) ONE <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> ANNULLED			
IF MARRIED, INDICATE PLACE OF MARRIAGE <i>BELZONI MISS. USA</i>			DATE OF MARRIAGE <i>9 APR 1943</i>
IF DIVORCED, PLACE OF DIVORCE DECREE			DATE OF DECREE
IF WIDOWED, INDICATE PLACE SPOUSE DIED			DATE SPOUSE DIED
IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE REASON(S) FOR TERMINATION, AND DATE(S)			
3. MEMBERS OF FAMILY			
NAME OF SPOUSE <i>LOUISE HIDALGO</i>		ADDRESS (No., Street, City, Zone, State)	
TELEPHONE NUMBER			
NAMES OF CHILDREN <i>LUZ MARIA</i> <i>FRANCES REBECCA</i>		ADDRESS	
SEX <i>F</i>		AGE <i>13</i>	
		AGE <i>8</i>	
NAME OF FATHER (Or male guardian) <i>BALMES N HIDALGO</i>		ADDRESS	
TELEPHONE NUMBER			
NAME OF MOTHER (Or female guardian) <i>ROSE HIDALGO</i>		ADDRESS	
TELEPHONE NUMBER			
WHAT MEMBER(S) OF YOUR FAMILY HAS BEEN TOLD OF YOUR AFFILIATION WITH THE AGENCY FOR EMERGENCY PURPOSES? <i>WIFE</i>			
4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY			
NAME (Mr, Mrs, Miss) (Last-First-Middle) <i>HIDALGO, LOUISE</i>		RELATIONSHIP <i>WIFE</i>	
HOME ADDRESS (No., Street, City, Zone, State)		HOME TELEPHONE NUMBER	
BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE		BUSINESS TELEPHONE & EXTENSION	
IS THE INDIVIDUAL NAMED ABOVE SITTING OF YOUR AGENCY AFFILIATION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
THE PERSONS NAMED IN ITEM 3 ABOVE MAY ALSO BE NOTIFIED IN CASE OF EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 7 ON THE REVERSE SIDE OF THIS FORM.			
E. VOLUNTARY ENTRIES			
INDICATE ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS <i>GREENWICH SAVINGS BANK</i>			
CONTINUED ON REVERSE SIDE			
<b>CURRENT RESIDENCE AND DEPENDENCY REPORT</b>			

CONFIDENTIAL  
(When Filled In)

5. (CONTINUED)  
IN WHOSE NAME(S) ARE THE ACCOUNTS LISTED?  
SAMUEL N. HINDLACH FOR LOUISE HINDLACH

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

HAVE YOU EXECUTED A POWER OF ATTORNEY?  YES  NO. IF "YES", WHO POSSESSES THE POWER OF ATTORNEY?

6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS  
  
Do NOT NOTIFY OTHER PERSONS IN ITEM 3 OF  
EMERGENCY. UNLESS WIFE IS NOT AVAILABLE.

SIGNED BY	DATE	SIGNATURE
		<i>Samuel N. Hindlach</i>



STATEMENT OF PRIOR FEDERAL AND MILITARY SERVICE

**IMPORTANT:** The information on this form will be used in determining creditable service for *leave purposes* and retention credits for *reduction in force*. The employee should complete Part I and the Personnel Office should complete Parts II through IV.

PART I.—EMPLOYEE'S STATEMENT							PART II.—THIS COLUMN IS FOR PERSONNEL OFFICE USE			
1. NAME (Last, first, middle initial) <i>HIDALGO JR, BALMES NIEVES</i>					2. DATE OF BIRTH <i>27 MAY 1919</i>		9. RETENTION GROUP			
3. LIST THE FOLLOWING INFORMATION CONCERNING ALL FEDERAL AND DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD PRIOR TO YOUR PRESENT APPOINTMENTS (Do not include military service).							10. CSC STATUS (For permanent employees only) <input type="checkbox"/> YES <input type="checkbox"/> NO			
NAME AND LOCATION OF AGENCY	FROM—			TO—			TYPE OF APPOINTMENT IF KNOWN	11. SERVICE		
	YEAR	MONTH	DAY	YEAR	MONTH	DAY		YEAR	MONTH	DAY
<i>US ARMY DEPT OF DEFENSE QUARTERMASTER CORP</i>	<i>51</i>	<i>1</i>	<i>12</i>	<i>Present</i>				<i>7</i>	<i>2</i>	<i>6</i>
4. LIST PERIODS OF SERVICE IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES. IF YOU HAD NO MILITARY SERVICE, WRITE "NONE."										
BRANCH	FROM—			TO—			DISCHARGE (Hon. or dishon.?)	12. TOTAL SERVICE		
	YEAR	MONTH	DAY	YEAR	MONTH	DAY		YEAR	MONTH	DAY
<i>US ARMY INF</i>	<i>1933</i>	<i>MAR</i>	<i>27</i>	<i>43</i>	<i>SEPT</i>	<i>21</i>	<i>HONORABLE</i>	<i>4</i>	<i>5</i>	<i>25</i>
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.							13. NONCREDITABLE SERVICE (Leave purposes only):			
TYPE IF KNOWN (LWOP, Fuel, Susp, AWOL, Mer Mer)	FROM—			TO—			TOTAL			
	YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEARS	MONTHS	DAYS	
6. DURING THE FEDERAL SERVICE LISTED IN ITEM 3, DID YOU ACQUIRE A PERMANENT COMPETITIVE CIVIL SERVICE STATUS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If answer is "Yes," in what agency were you employed at the time status was acquired?)							14. NONCREDITABLE SERVICE (RIF 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							15. REEMPLOYMENT RIGHTS <input type="checkbox"/> YES <input type="checkbox"/> NO			
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.							16. RETENTION RIGHTS <input type="checkbox"/> YES <input type="checkbox"/> NO			
							17. EXPIRATION DATE OF RETENTION RIGHTS			

(DATE)

*Jelena K. Hidalgo*  
 (SIGNATURE)

Subscribed and sworn to before me on this 13th day of Mar 1958 at Washington, D.C.  
 (MONTH) (CITY) (STATE)

SEAL

*Betty A. Bussard*

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

**PART III.—DETERMINING CREDITABLE SERVICE  
AND SERVICE COMPUTATION DATE FOR  
LEAVE PURPOSES**

	YEARS	MONTHS	DAYS
TOTAL SERVICE (Item 12) .....			
NONCREDITABLE SERVICE (Item 13) .....			
CREDITABLE SERVICE (Leave purposes) .....			
ENTRANCE ON DUTY DATE (Present agency) .....	58	3	17
LESS CREDITABLE SERVICE (Leave purposes) .....	11	8	1
SERVICE COMPUTATION DATE (Leave purposes) .....	46	7	16

**PART IV.—DETERMINING CREDITABLE SERVICE  
AND SERVICE COMPUTATION DATE FOR  
REDUCTION IN FORCE PURPOSES**

(To be completed only in those cases when the amount of creditable service for reduction  
in force purposes differs from the amount creditable for leave purposes)

	YEARS	MONTHS	DAYS
TOTAL SERVICE (Item 12) .....			
NONCREDITABLE SERVICE (Item 14) .....			
CREDITABLE SERVICE (RIF purposes) .....			
ENTRANCE ON DUTY DATE (Present agency) .....			
LESS CREDITABLE SERVICE (RIF purposes) .....			
SERVICE COMPUTATION DATE (RIF purpose) .....			

(Enter as the "service computation date" on the employee's "Service Record Card," SF-7)

REMARKS:



[The text in this section is extremely faint and illegible due to heavy noise and low contrast. It appears to be a list or series of entries, possibly containing names and dates, but the specific content cannot be discerned.]

FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D. C. 20535

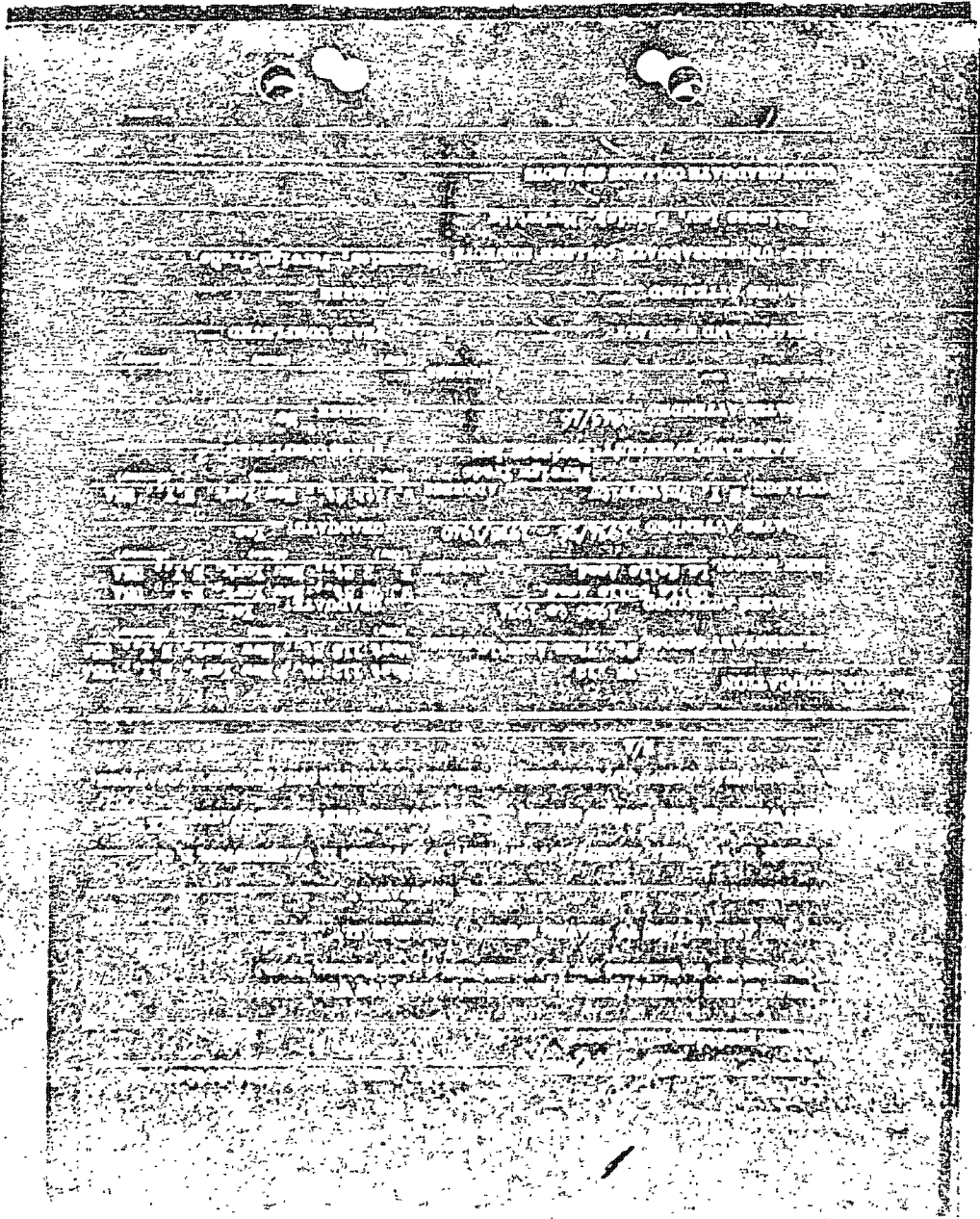
MEMORANDUM FOR THE DIRECTOR, FBI  
SUBJECT: [Illegible]

[The remainder of the page contains several lines of extremely faint and illegible text, likely typed notes or a report, which cannot be accurately transcribed.]

[The following text is extremely faint and largely illegible due to heavy noise and low contrast in the scan. It appears to be a multi-paragraph document with several lines of text per paragraph. Some faint words and symbols are visible, but they cannot be accurately transcribed.]









UNITED STATES GOVERNMENT

APPLICATION FOR FEDERAL EMPLOYMENT

(To be filled out by the applicant)

Name: John A. Doe      Address: 123 Main St, City, State

Home Phone: 555-1234      Birth Date: 01/01/1920

Education: High School Graduate      Experience: 10 years

References: None      Physical Condition: Good

Signature: John A. Doe      Date: 10/27/50

Employer's Name: None      Position: None

Employer's Address: None      Telephone: None

Employer's Signature: None      Date: None

**CHRONOLOGICAL HISTORY OF EMPLOYMENT FOR PAST 10 YEARS** ACCOUNT FOR ALL PERIODS. INCLUDE CASUAL EMPLOYMENT. INCLUDE ALSO PERIODS OF UNEMPLOYMENT. GIVE ADDRESSES AND STATE WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT. LIST EACH POSITION FIRST, LAST, AND ADDRESS OF EMPLOYER. (See attached also)

1. None

2. None

3. None

4. None

5. None

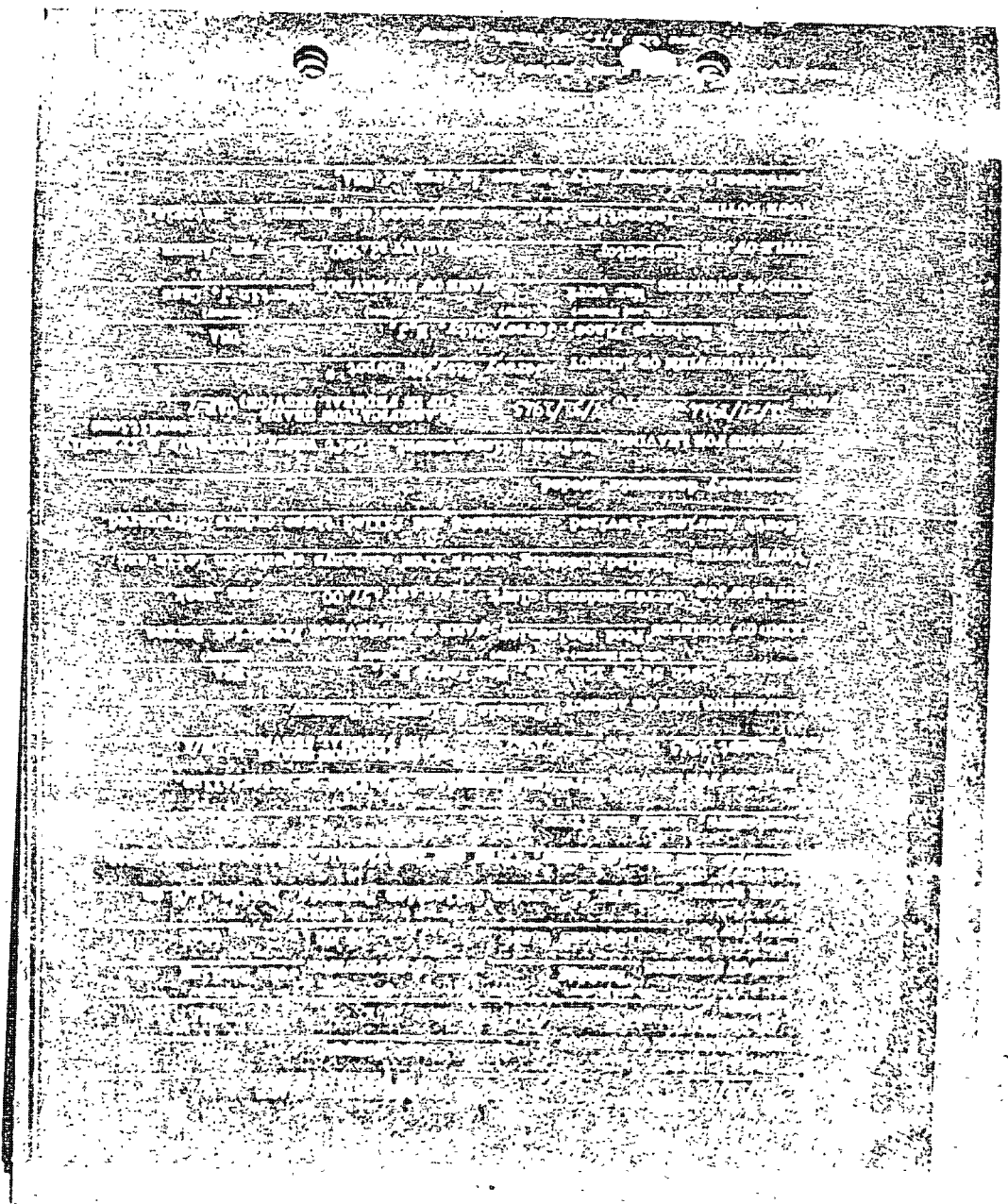
6. None

7. None

8. None

9. None

10. None



HAVE YOU BEEN ADVISED BY THE  
 POLICE THAT YOU ARE BEING  
 INVESTIGATED FOR THE  
 FOLLOWING REASONS:

1. [Illegible text]  
 2. [Illegible text]  
 3. [Illegible text]  
 4. [Illegible text]  
 5. [Illegible text]  
 6. [Illegible text]  
 7. [Illegible text]  
 8. [Illegible text]  
 9. [Illegible text]  
 10. [Illegible text]

IF YOU HAVE BEEN ADVISED BY THE  
 POLICE THAT YOU ARE BEING  
 INVESTIGATED FOR THE  
 FOLLOWING REASONS:

1. [Illegible text]  
 2. [Illegible text]  
 3. [Illegible text]  
 4. [Illegible text]  
 5. [Illegible text]  
 6. [Illegible text]  
 7. [Illegible text]  
 8. [Illegible text]  
 9. [Illegible text]  
 10. [Illegible text]

IF YOU HAVE BEEN ADVISED BY THE  
 POLICE THAT YOU ARE BEING  
 INVESTIGATED FOR THE  
 FOLLOWING REASONS:

1. [Illegible text]  
 2. [Illegible text]  
 3. [Illegible text]  
 4. [Illegible text]  
 5. [Illegible text]  
 6. [Illegible text]  
 7. [Illegible text]  
 8. [Illegible text]  
 9. [Illegible text]  
 10. [Illegible text]

IF YOU HAVE BEEN ADVISED BY THE  
 POLICE THAT YOU ARE BEING  
 INVESTIGATED FOR THE  
 FOLLOWING REASONS:

1. [Illegible text]  
 2. [Illegible text]  
 3. [Illegible text]  
 4. [Illegible text]  
 5. [Illegible text]  
 6. [Illegible text]  
 7. [Illegible text]  
 8. [Illegible text]  
 9. [Illegible text]  
 10. [Illegible text]

[The following text is extremely faint and largely illegible due to heavy noise and low contrast. It appears to be a multi-paragraph document with several distinct sections.]

[Section 1: Several lines of text, possibly a header or introductory paragraph.]

[Section 2: A paragraph of text, possibly describing a process or procedure.]

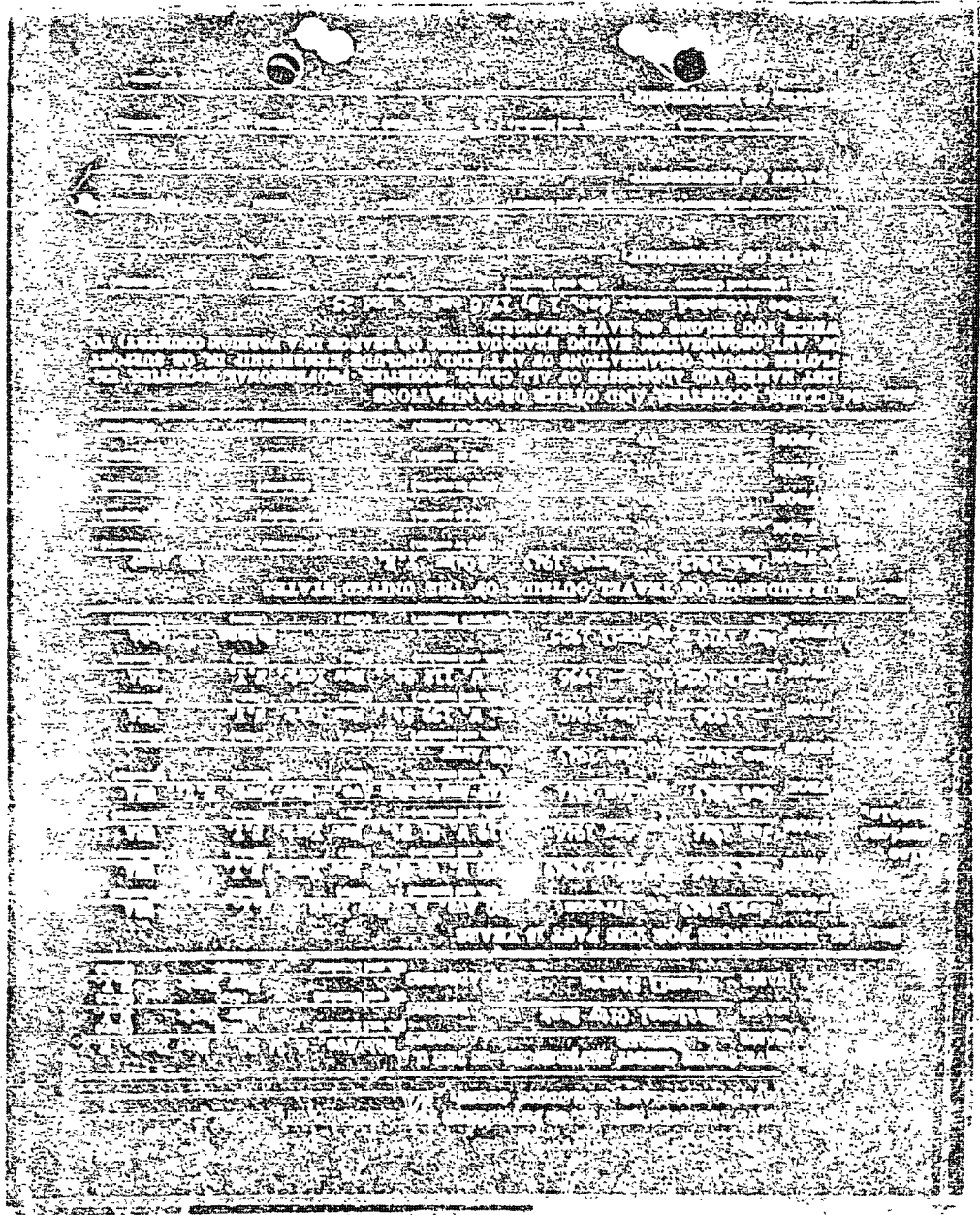
[Section 3: A paragraph of text, possibly a continuation of the previous section.]

[Section 4: A paragraph of text, possibly a concluding statement or summary.]

[Section 5: A paragraph of text, possibly a final note or signature block.]







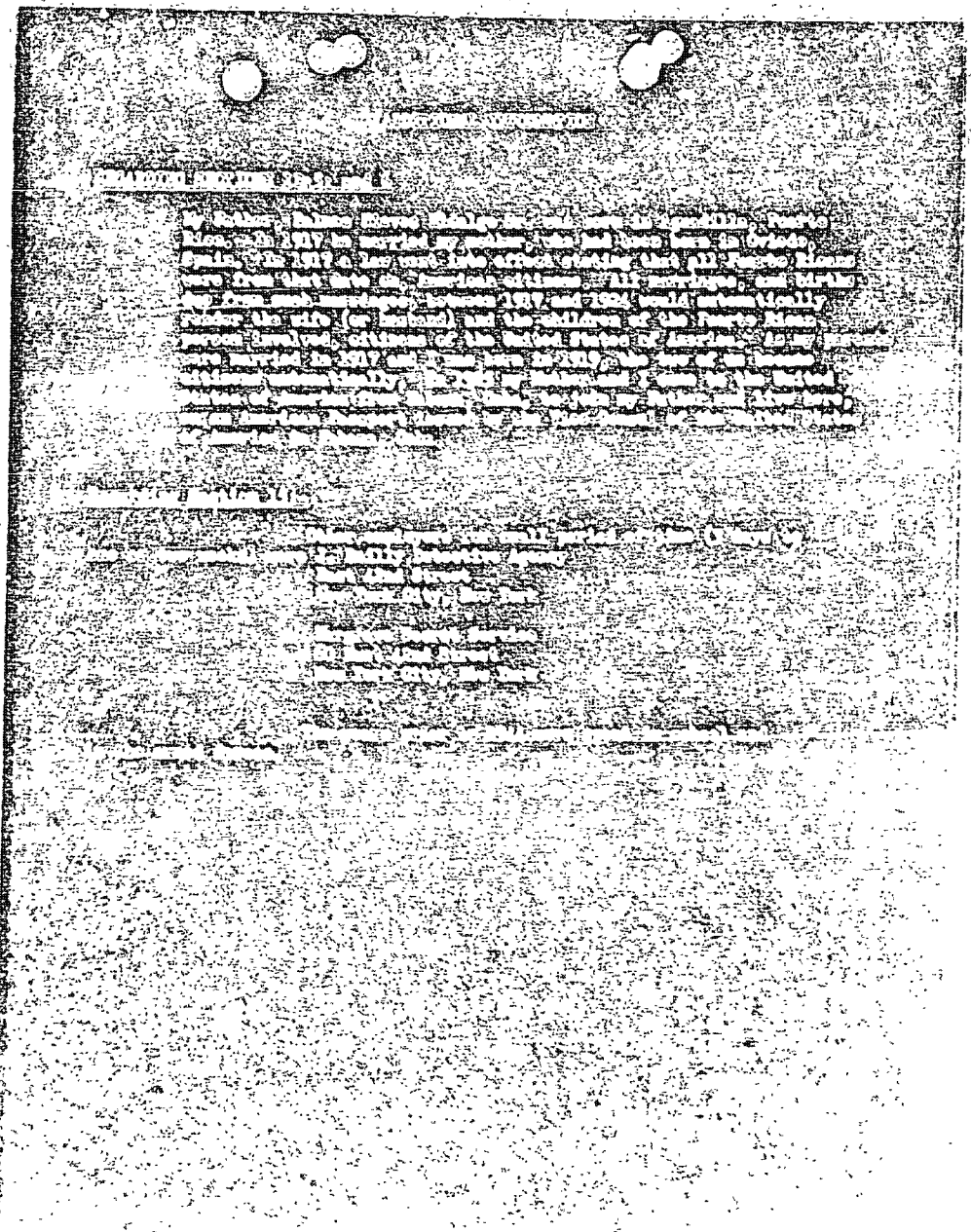
CONTAINS OFFICIAL INFORMATION

<b>NAME</b>	
<b>ADDRESS</b>	
<b>CITY</b>	
<b>STATE</b>	
<b>ZIP</b>	
<b>DATE OF BIRTH</b>	
<b>RELIGION</b>	
<b>EDUCATION</b>	
<b>CURRENT EMPLOYMENT</b>	
<b>DATE OF ENTRY INTO COUNTRY</b>	
<b>REASON FOR ENTRY</b>	
<b>STATUS OF CURRENT VISIT</b>	
<b>REASONS FOR REQUESTING ASYLUM</b>	
<b>DATE OF ASYLUM REQUEST</b>	
<b>STATUS OF ASYLUM REQUEST</b>	
<b>REASONS FOR REQUESTING REFUGEE STATUS</b>	
<b>DATE OF REFUGEE REQUEST</b>	
<b>STATUS OF REFUGEE REQUEST</b>	
<b>REASONS FOR REQUESTING POLITICAL ASYLUM</b>	
<b>DATE OF POLITICAL ASYLUM REQUEST</b>	
<b>STATUS OF POLITICAL ASYLUM REQUEST</b>	
<b>REASONS FOR REQUESTING HUMANITARIAN ASYLUM</b>	
<b>DATE OF HUMANITARIAN ASYLUM REQUEST</b>	
<b>STATUS OF HUMANITARIAN ASYLUM REQUEST</b>	
<b>REASONS FOR REQUESTING TEMPORARY PROTECTION</b>	
<b>DATE OF TEMPORARY PROTECTION REQUEST</b>	
<b>STATUS OF TEMPORARY PROTECTION REQUEST</b>	
<b>REASONS FOR REQUESTING OTHER PROTECTION</b>	
<b>DATE OF OTHER PROTECTION REQUEST</b>	
<b>STATUS OF OTHER PROTECTION REQUEST</b>	





PERSONNEL		STATUS		REMARKS	
101	John Doe	Active	10/15/50		
102	Jane Smith	Active	11/20/50		
103	Robert Brown	Resigned	03/10/51		
104	William White	Active	05/01/51		
105	Elizabeth Black	Active	06/15/51		
106	James Green	Active	07/20/51		
107	Mary Hill	Active	08/25/51		
108	Charles King	Active	09/30/51		
109	Patricia Lee	Active	10/05/51		
110	Richard Miller	Active	10/10/51		
111	Susan Moore	Active	10/15/51		
112	Thomas Taylor	Active	10/20/51		
113	Barbara Young	Active	10/25/51		
114	Edward Adams	Active	10/30/51		
115	Helen Baker	Active	11/05/51		
116	George Clark	Active	11/10/51		
117	Lillian Evans	Active	11/15/51		
118	Frank Foster	Active	11/20/51		
119	Grace Gibson	Active	11/25/51		
120	Harold Hall	Active	12/01/51		
121	Ida Harris	Active	12/05/51		
122	Joseph Hill	Active	12/10/51		
123	Katherine King	Active	12/15/51		
124	Lawrence King	Active	12/20/51		
125	Margaret King	Active	12/25/51		
126	Nathan King	Active	01/01/52		
127	Olivia King	Active	01/05/52		
128	Philip King	Active	01/10/52		
129	Rebecca King	Active	01/15/52		
130	Samuel King	Active	01/20/52		
131	Tina King	Active	01/25/52		
132	Ulysses King	Active	02/01/52		
133	Virginia King	Active	02/05/52		
134	Walter King	Active	02/10/52		
135	Xavier King	Active	02/15/52		
136	Yvonne King	Active	02/20/52		
137	Zachary King	Active	02/25/52		
138	Adrian King	Active	03/01/52		
139	Bernard King	Active	03/05/52		
140	Carl King	Active	03/10/52		
141	Dora King	Active	03/15/52		
142	Eugene King	Active	03/20/52		
143	Fred King	Active	03/25/52		
144	Gladys King	Active	04/01/52		
145	Harold King	Active	04/05/52		
146	Irene King	Active	04/10/52		
147	Jack King	Active	04/15/52		
148	Katherine King	Active	04/20/52		
149	Lester King	Active	04/25/52		
150	Mable King	Active	05/01/52		
151	Nathan King	Active	05/05/52		
152	Oliver King	Active	05/10/52		
153	Patsy King	Active	05/15/52		
154	Quinn King	Active	05/20/52		
155	Rachel King	Active	05/25/52		
156	Samuel King	Active	06/01/52		
157	Tina King	Active	06/05/52		
158	Ulysses King	Active	06/10/52		
159	Virginia King	Active	06/15/52		
160	Walter King	Active	06/20/52		
161	Xavier King	Active	06/25/52		
162	Yvonne King	Active	07/01/52		
163	Zachary King	Active	07/05/52		
164	Adrian King	Active	07/10/52		
165	Bernard King	Active	07/15/52		
166	Carl King	Active	07/20/52		
167	Dora King	Active	07/25/52		
168	Eugene King	Active	08/01/52		
169	Fred King	Active	08/05/52		
170	Gladys King	Active	08/10/52		
171	Harold King	Active	08/15/52		
172	Irene King	Active	08/20/52		
173	Jack King	Active	08/25/52		
174	Katherine King	Active	09/01/52		
175	Lester King	Active	09/05/52		
176	Mable King	Active	09/10/52		
177	Nathan King	Active	09/15/52		
178	Oliver King	Active	09/20/52		
179	Patsy King	Active	09/25/52		
180	Quinn King	Active	10/01/52		
181	Rachel King	Active	10/05/52		
182	Samuel King	Active	10/10/52		
183	Tina King	Active	10/15/52		
184	Ulysses King	Active	10/20/52		
185	Virginia King	Active	10/25/52		
186	Walter King	Active	11/01/52		
187	Xavier King	Active	11/05/52		
188	Yvonne King	Active	11/10/52		
189	Zachary King	Active	11/15/52		
190	Adrian King	Active	11/20/52		
191	Bernard King	Active	11/25/52		
192	Carl King	Active	12/01/52		
193	Dora King	Active	12/05/52		
194	Eugene King	Active	12/10/52		
195	Fred King	Active	12/15/52		
196	Gladys King	Active	12/20/52		
197	Harold King	Active	12/25/52		
198	Irene King	Active	01/01/53		
199	Jack King	Active	01/05/53		
200	Katherine King	Active	01/10/53		



CONFIDENTIAL

MEMORANDUM FOR THE DIRECTOR, FBI

SUBJECT: [Illegible]

[The following text is extremely faint and illegible due to heavy noise and low contrast in the scan. It appears to be a multi-paragraph memorandum.]

## PERSONAL HISTORY STATEMENT

**Instructions:** 1. Answer all questions completely. If question is not applicable write "NA." Write "unknown" only if you do not know the answer and cannot obtain the answer from personal records. Use the blank pages at the end of this form for extra details on any question or questions for which you do not have sufficient room.

2. Type, print, or write carefully; illegible or incomplete forms will not receive consideration.

HAVE YOU READ AND DO YOU UNDERSTAND THE INSTRUCTIONS? \_\_\_\_\_  
(Yes or No)

**Sec. 1. PERSONAL BACKGROUND**

		Telephone: _____
<b>A. FULL NAME</b> Mr. <u>IKL</u> <u>Ealnes</u> <u>Nieves</u> <u>Hidalgo, Jr.</u>		Office <u>NA</u>
<small>(U.S. Initial)</small> <u>IKL</u> <small>(First)</small> <small>(Middle)</small> <small>(Last)</small>		Ext. <u>NA</u>
		Home <u>NA</u>

**PRESENT ADDRESS** House number 60, 94th St., East, \_\_\_\_\_  
(St. and Number) (City) (State) (Country)

**PERMANENT ADDRESS** NA  
(St. and Number) (City) (State) (Country)

**B. NICKNAME** "Barney" "Sal" **WHAT OTHER NAMES HAVE YOU USED?** See remarks

\_\_\_\_\_ **UNDER WHAT CIRCUMSTANCES HAVE YOU EVER USED THESE NAMES?** See remarks

**HOW LONG?** See remarks **SIF A LEGAL CHANGE, GIVE PARTICULARS.**  
No  
(Where?) (By what authority)

**C. DATE OF BIRTH** 27 May 1919 **PLACE OF BIRTH** Havana, Cuba  
(City) (State) (Country)

**D. PRESENT CITIZENSHIP** U. S. **BY BIRTH?** NA **BY MARRIAGE?** NA  
(Country)

**BY NATURALIZATION CERTIFICATE NO.** NA **ISSUED** NA **BY** NA  
(Date) (Court)

**AT** See remarks  
(City) (State) (Country)

**HAVE YOU HAD A PREVIOUS NATIONALITY?** No  
(Yes or No) (Country)

**HELD BETWEEN WHAT DATES?** NA **TO** NA **ANY OTHER NATIONALITY?** NA  
(Country)

**GIVE PARTICULARS** NA

**HAVE YOU TAKEN STEPS TO CHANGE PRESENT CITIZENSHIP?** No **GIVE PARTICULARS:**  
NA

E. IF BORN OUTSIDE U. S. WHEN DID YOU FIRST ARRIVE IN THIS COUNTRY? March 1924

PORT OF ENTRY: NYC, NY ON PASSPORT OF WHAT COUNTRY? U. S.

LAST U. S. VISA None  
(Number) (Type) (Place of Issue) (Date of Issue)

SEC. 2. PHYSICAL DESCRIPTION

AGE 38 SEX Male HEIGHT 5' 9" WEIGHT 145  
EYES Brown HAIR Dark Brown COMPLEXION Dark SCARS under chin  
BUILD slight OTHER DISTINGUISHING FEATURES Mole, Upper left lip.

SEC. 3. MARITAL STATUS

A. SINGLE \_\_\_\_\_ MARRIED X DIVORCED \_\_\_\_\_ WIDOWED \_\_\_\_\_

STATE DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS \_\_\_\_\_

B. WIFE OR HUSBAND (IF YOU HAVE BEEN MARRIED MORE THAN ONCE—INCLUDING ANNULMENTS—USE A SEPARATE SHEET FOR FORMER WIFE OR HUSBAND GIVING DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.)

NAME OF SPOUSE Annie Louise Eeier Hidalgo  
(First) (Middle) (Maiden) (Last)

PLACE AND DATE OF MARRIAGE Belzoni, Mississippi - 9 April 1943

~~HIS~~ (OR HER) ADDRESS BEFORE MARRIAGE Rt. 2, Box 76, Belzoni, Mississippi, USA  
(St. and Number) (City) (State) (Country)

LIVING OR DECEASED Living DATE OF DECEASE NA CAUSE NA

PRESENT, OR LAST, ADDRESS Same as applicant  
(St. and Number) (City) (State) (Country)

DATE OF BIRTH 15 May 1927 PLACE OF BIRTH Morgan City, Mississippi, USA  
(City) (State) (Country)

IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY NA

CITIZENSHIP US WHEN ACQUIRED? Birth WHERE? USA  
(City) (State) (Country)

OCCUPATION File Clerk LAST EMPLOYER Classified

EMPLOYER'S OR BUSINESS ADDRESS Classified  
(St. and Number) (City) (State) (Country)

MILITARY SERVICE FROM NA TO NA BRANCH OF SERVICE NA  
(Date) (Date)

COUNTRY NA DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN

NA

SEC. 4. CHILDREN OR DEPENDENTS (Include partial dependents):

1 NAME Luz Maria Hidalgo RELATIONSHIP Daughter AGE 12  
 CITIZENSHIP U. S. ADDRESS Same as applicant  
(St. and Number) (City) (State) (Country)

2 NAME Frances Rebecca Hidalgo RELATIONSHIP Daughter AGE 7  
 CITIZENSHIP U. S. ADDRESS Same as applicant  
(St. and Number) (City) (State) (Country)

3 NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
 CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State) (Country)

(also dependent)

SEC. 5. FATHER (Give the same information for stepfather and/or guardian on a separate sheet)

FULL NAME Baldes Francis Hidalgo  
(First) (Middle) (Last)

LIVING OR DECEASED Living DATE OF DECEASE \_\_\_\_\_ CAUSE NA

PRESENT OR LAST ADDRESS Same as applicant  
(St. and Number) (City) (State) (Country)

DATE OF BIRTH December 1920 PLACE OF BIRTH Aguadilla, Puerto Rico  
(City) (State) (Country)

IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY 1923 (March) NYC, NY

CITIZENSHIP U. S. WHEN ACQUIRED? Birth WHERE? Puerto Rico  
(City) (State) (Country)

OCCUPATION Retired LAST EMPLOYER Do not remember

EMPLOYER'S OR OWN BUSINESS ADDRESS None  
(St. and Number) (City) (State) (Country)

MILITARY SERVICE FROM NA TO NA BRANCH OF SERVICE NA  
(Date) (Date)

COUNTRY NA DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN  
NA

SEC. 6. MOTHER (Give the same information for stepmother on a separate sheet)

FULL NAME Frances Rosario Hidalgo  
(First) (Middle) (Last)

LIVING OR DECEASED Living DATE OF DECEASE NA CAUSE NA

PRESENT OR LAST ADDRESS Same as applicant  
(St. and Number) (City) (State) (Country)

DATE OF BIRTH 12 Jan. 1892 PLACE OF BIRTH Oviedo, Spain

CITIZENSHIP U. S. WHEN ACQUIRED? Marriage 1917 WHERE? Havana, Cuba  
(City) (State) (Country)

IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY March 1924, NYC, NY, USA

(4)

OCCUPATION Retired LAST EMPLOYER Leonid De Lescinski  
 EMPLOYER'S OR OWN BUSINESS ADDRESS 48 St. NYC, NY  
(St. and Number) (City) (State) (Country)  
 MILITARY SERVICE FROM NA TO NA BRANCH OF SERVICE NA  
 COUNTRY NA DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN  
NA

**Sec. 7. BROTHERS AND SISTERS (including half-, step-, and adopted brothers and sisters):**

1. FULL NAME \_\_\_\_\_ AGE \_\_\_\_\_  
(First) (Middle) (Last)  
 PRESENT ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State) (Country) (Citizenship)

HA 2. FULL NAME \_\_\_\_\_ AGE \_\_\_\_\_  
(First) (Middle) (Last)  
 PRESENT ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State) (Country) (Citizenship)

3. FULL NAME \_\_\_\_\_ AGE \_\_\_\_\_  
(First) (Middle) (Last)  
 PRESENT ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State) (Country) (Citizenship)

4. FULL NAME \_\_\_\_\_ AGE \_\_\_\_\_  
(First) (Middle) (Last)  
 PRESENT ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State) (Country) (Citizenship)

5. FULL NAME \_\_\_\_\_ AGE \_\_\_\_\_  
(First) (Middle) (Last)  
 PRESENT ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State) (Country) (Citizenship)

**Sec. 8. FATHER-IN-LAW**

FULL NAME Henry B. Ecier  
(First) (Middle) (Last)  
 LIVING OR DECEASED Living DATE OF DECEASE NA CAUSE NA  
 PRESENT, OR LAST, ADDRESS 210 California Avenue, Iolani, Mississippi, USA  
(St. and Number) (City) (State) (Country)  
 DATE OF BIRTH 1895 PLACE OF BIRTH USA  
 IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY NA  
 CITIZENSHIP US WHEN ACQUIRED? Birth WHERE? USA  
(City) (State) (Country)  
 OCCUPATION Labourer LAST EMPLOYER Unknown

SEC. 9. MOTHER-IN-LAW

FULL NAME Erma Rebecca Feior  
(First) (Middle) (Last)

LIVING OR DECEASED Living DATE OF DECEASE NA CAUSE NA

PRESENT, OR LAST, ADDRESS 210 California Avenue, Leland, Mississippi, USA  
(St. and Number) (City) (State) (Country)

DATE OF BIRTH 1893 PLACE OF BIRTH USA

IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY NA

CITIZENSHIP U. S. WHEN ACQUIRED? Firth WHERE? U.S.A.  
(City) (State) (Country)

OCCUPATION Housewife LAST EMPLOYER NA

SEC. 10. RELATIVES BY BLOOD, MARRIAGE OR ADOPTION, WHO EITHER LIVE ABROAD OR WHO ARE NOT CITIZENS OF THE UNITED STATES:

See remarks

1. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
 CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State) (Country)

2. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
 CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State) (Country)

3. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
 CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State) (Country)

SEC. 11. RELATIVES BY BLOOD OR MARRIAGE IN THE MILITARY OR CIVIL SERVICE OF THE U. S. OR OF A FOREIGN GOVERNMENT:

NONE

1. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
 CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State) (Country)  
 TYPE AND LOCATION OF SERVICE (IF KNOWN) \_\_\_\_\_

2. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
 CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State) (Country)  
 TYPE AND LOCATION OF SERVICE (IF KNOWN) \_\_\_\_\_

3. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
 CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State) (Country)  
 TYPE AND LOCATION OF SERVICE (IF KNOWN) \_\_\_\_\_



SEC. 12. POSITION DATA

A. KIND OF POSITION APPLIED FOR ..... See covering dispatch reference .....

B. WHAT IS THE LOWEST ANNUAL ENTRANCE SALARY YOU WILL ACCEPT? \$ 5390.00 P/A  
(You Will Not Be Considered For Any Position With A Lower Entrance Salary.)

C. IF YOU ARE WILLING TO TRAVEL SPECIFY: OCCASIONALLY ..... Yes .....  
FREQUENTLY ..... CONSTANTLY ..... X .....

D. CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED: IN WASHINGTON, D. C. X .....  
ANYWHERE IN THE UNITED STATES X ..... OUTSIDE THE UNITED STATES X .....

E. IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, SPECIFY LOCATIONS:  
.....

SEC. 13. EDUCATION

ELEMENTARY SCHOOL St. Thomas Apostolic ADDRESS NYC NY USA  
(City) (State) (Country)  
DATES ATTENDED 1926-1934 GRADUATE? Yes

HIGH SCHOOL La. Salle Academy ADDRESS 2nd St. and 2nd Avenue NYC, NY USA  
(City) (State) (Country)  
DATES ATTENDED 1936-1940 GRADUATE? Yes

COLLEGE University ADDRESS Washington Square, NYC, NY, USA  
Foreign Trade and (City) (State) (Country)  
MAJOR AND SPECIALTY Business Law YEARS COMPLETED Two (Night School)

DATES ATTENDED 1944-1945 DEGREE No

COLLEGE ADDRESS (City) (State) (Country)  
MAJOR AND SPECIALTY YEARS COMPLETED  
DATES ATTENDED DEGREE

CHIEF UNDERGRADUATE COLLEGE SUBJECTS .....

CHIEF GRADUATE COLLEGE SUBJECTS .....

Sec. 14. ACTIVE U. S. OR FOREIGN MILITARY SERVICE

U. S. Army Cpl. 1940-1943  
 (Country) (Service) (Rank) (Dates of Service)  
 Camp Hale, Colorado 202 19766 Honorable  
 (Last Station) (Serial Number) (Type of Discharge)  
 REMARKS: None  
 Do not remember  
 SELECTIVE SERVICE BOARD NUMBER ADDRESS  
 IF DEFERRED GIVE REASON NA  
 INDICATE MEMBERSHIP IN MILITARY RESERVE ORGANIZATIONS NA

Sec. 15. CHRONOLOGICAL HISTORY OF EMPLOYMENT FOR PAST 15 YEARS. ACCOUNT FOR ALL PERIODS. INCLUDE CASUAL EMPLOYMENT. INCLUDE ALSO PERIODS OF UNEMPLOYMENT. GIVE ADDRESSES AND STATE WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT. LIST LAST POSITION FIRST. (List all civilian employment by a foreign government, regardless of dates.)

FROM Feb. 1952 TO Present CLASSIFICATION GRADE (IF IN FEDERAL SERVICE) GS-11

EMPLOYING FIRM OR AGENCY See covering dispatch reference  
 ADDRESS See covering dispatch reference  
 (St. and Number) (City) (State) (Country)  
 KIND OF BUSINESS U. S. Govt. NAME OF SUPERVISOR See covering dispatch  
 TITLE OF JOB See covering dispatch SALARY \$ 6390.00 PER annum  
 YOUR DUTIES See covering dispatch reference

REASONS FOR LEAVING

FROM January 1951 TO February 1952 CLASSIFICATION GRADE (IF IN FEDERAL SERVICE) GS-7

EMPLOYING FIRM OR AGENCY NY Procurement Agency  
 ADDRESS 111 East 16th Street NYC, NY, USA  
 (St. and Number) (City) (State) (Country)  
 KIND OF BUSINESS U. S. Govt. NAME OF SUPERVISOR Do not remember  
 TITLE OF JOB Inspector SALARY \$ 3525.00 PER annum  
 YOUR DUTIES Inspecting material being purchased by U. S. Govt. specifically the U. S. Army.

REASONS FOR LEAVING To obtain present position.

(8)

FROM July 1950 TO January 1951 CLASSIFICATION GRADE (IF IN FEDERAL SERVICE) NA

EMPLOYING FIRM OR AGENCY American Trust Company

ADDRESS Wall Street, New York City, NY, USA  
(St. and Number) (City) (State) (Country)

KIND OF BUSINESS Banking NAME OF SUPERVISOR Do not remember

TITLE OF JOB Collections clerk SALARY \$50.00 PER week

YOUR DUTIES Export banking clerical work

REASONS FOR LEAVING Left for higher paying work

FROM January 1948 TO May 1950 CLASSIFICATION GRADE (IF IN FEDERAL SERVICE) NA

EMPLOYING FIRM OR AGENCY Colonial Trust Company

ADDRESS 6th Avenue and 45th Street, NYC, NY, USA  
(St. and Number) (City) (State) (Country)

KIND OF BUSINESS Banking NAME OF SUPERVISOR Do not remember

TITLE OF JOB Collections clerk SALARY \$50.00 PER week

YOUR DUTIES Export banking clerical work.

REASONS FOR LEAVING Promised promotion failed to materialize.

FROM August 1945 TO September 1947 CLASSIFICATION GRADE (IF IN FEDERAL SERVICE) NA

EMPLOYING FIRM OR AGENCY Francis H. Leggett Inc.

ADDRESS 28th Street and 12th Avenue, NYC, NY, USA  
(St. and Number) (City) (State) (Country)

KIND OF BUSINESS Wholesale Grocery house. NAME OF SUPERVISOR Do not remember

TITLE OF JOB Correspondence clerk SALARY \$ 57.00 PER week

YOUR DUTIES Export correspondence clerical duties.

REASONS FOR LEAVING Dissatisfied with type of work.

14-00000

Sec. 16. HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION? HAVE YOU LEFT A POSITION UNDER CIRCUMSTANCES WHICH YOU DESIRE TO EXPLAIN? GIVE DETAILS:

No

Sec. 17. GENERAL QUALIFICATIONS

A. FOREIGN LANGUAGES (STATE DEGREE OR PROFICIENCY AS "SLIGHT," "FAIR," OR "FLUENT")

LANGUAGE Spanish..... SPEAK Fluent..... READ... Fluent... WRITE... Fluent..

LANGUAGE Portuguese... SPEAK Slight..... READ... Fair..... WRITE... Slight..

LANGUAGE..... SPEAK..... READ..... WRITE.....

B. LIST ALL SPORTS AND HOBBIES WHICH INTEREST YOU: INDICATE DEGREE OF PROFICIENCY IN EACH:

Judo - Have attained "yellow belt" rank.....  
Photography - Very good degree of proficiency.....  
Bowling - Fair degree of proficiency.....  
Philately - Fair degree of proficiency.....  
Fishing (no comment).....

C. HAVE YOU ANY QUALIFICATIONS, AS A RESULT OF TRAINING OR EXPERIENCE, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION?

Yes. See covering dispatch reference.....

D. LIST ANY SPECIAL SKILLS YOU POSSESS AND MACHINES AND EQUIPMENT YOU CAN USE, SUCH AS OPERATION OF SHORT-WAVE RADIO, MULTILITH, COMPTOMETER, KEY PUNCH, TURRET LATHE, SCIENTIFIC OR PROFESSIONAL DEVICES:

All photographic devices.....

APPROXIMATE NUMBER OF WORDS PER MINUTE IN TYPING 30..... SHORTHAND 0.....

E. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION, SUCH AS PILOT, ELECTRICIAN, RADIO OPERATOR, TEACHER, LAWYER, CPA, ETC.

IF YES, INDICATE KIND OF LICENSE AND STATE No

FIRST LIC. OR CERTIFICATE (YR) \_\_\_\_\_ LATEST LIC. OR CERTIFICATE (YR) \_\_\_\_\_

F. GIVE ANY SPECIAL QUALIFICATIONS NOT COVERED ELSEWHERE IN YOUR APPLICATION SUCH AS:

- (1) YOUR MORE IMPORTANT PUBLICATIONS (DO NOT SUBMIT COPIES UNLESS REQUESTED)
- (2) YOUR PATENTS OR INVENTIONS
- (3) PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE
- (4) HONORS AND FELLOWSHIPS RECEIVED

NA

G. HAVE YOU A PHYSICAL HANDICAP, DISEASE, OR OTHER DISABILITY WHICH SHOULD BE CONSIDERED IN ASSIGNING YOU TO WORK? IF ANSWER IS "YES," EXPLAIN:

Yes. I must wear glasses continually.

H. DO YOU RECEIVE 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? IF ANSWER IS "YES," GIVE COMPLETE DETAILS:

No

SEC. 18. GIVE FIVE CHARACTER REFERENCES—IN THE U. S.—WHO KNOW YOU INTIMATELY—(Give residence and business addresses where possible.)

		Street and Number	City	State
1	Edward Lee Anderson	BUS. ADD. See Dispatch reference.		
		RES. ADD.		
2	Willard Galbraith	BUS. ADD. " " "		
		RES. ADD.		
3	Homer Neal	BUS. ADD. " " "		
		RES. ADD.		
4	Andres Rivera	BUS. ADD. " " "		
		RES. ADD.		
5	Joseph Sancho	BUS. ADD. " " "		
		RES. ADD.		

SEC. 19. NAMES OF FIVE PERSONS WHO KNOW YOU SOCIALLY IN THE UNITED STATES—NOT REFERENCES, RELATIVES, SUPERVISORS, OR EMPLOYERS—(Give residence and business addresses where possible.)

		Street and Number	City	State
1		BUS. ADD.		
		RES. ADD.		
2		BUS. ADD.		
		RES. ADD.		
3		BUS. ADD.		
		RES. ADD.		
4		BUS. ADD.		
		RES. ADD.		
5		BUS. ADD.		
		RES. ADD.		

See remarks

SEC. 20. GIVE THREE NEIGHBORS AT YOUR LAST NORMAL RESIDENCE IN THE U. S.—(Give residence and business addresses where possible.)

		Street and Number	City	State
1		BUS. ADD.		
		RES. ADD.		
2		BUS. ADD.		
		RES. ADD.		
3		BUS. ADD.		
		RES. ADD.		

See remarks

SEC. 21. FINANCIAL BACKGROUND

- A. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? Yes IF NOT, STATE SOURCES OF OTHER INCOME
- B. NAMES AND ADDRESSES OF BANKS WITH WHICH YOU HAVE ACCOUNTS Greenwich Savings Bank, 36th St. and Broadway and 6th Avenue, NYC, NY.

C. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? No  
GIVE PARTICULARS, INCLUDING COURT: \_\_\_\_\_

D. GIVE THREE CREDIT REFERENCES—IN THE U. S.

1. NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State)

2. NAME None ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State)

3. NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State)

SEC. 22. RESIDENCES FOR THE PAST 15 YEARS.

FROM April 1952 TO Present \_\_\_\_\_  
(St. and number) (City) (State) (Country)

FROM 1949 TO 1952 20 Ave. D, NYC, NY, USA  
(St. and number) (City) (State) (Country)

FROM 1944 TO 1948 200 West 82nd St., NYC, NY, USA  
(St. and number) (City) (State) (Country)

FROM \_\_\_\_\_ TO \_\_\_\_\_  
(St. and number) (City) (State) (Country)

FROM \_\_\_\_\_ TO \_\_\_\_\_  
(St. and number) (City) (State) (Country)

FROM \_\_\_\_\_ TO \_\_\_\_\_  
(St. and number) (City) (State) (Country)

FROM \_\_\_\_\_ TO \_\_\_\_\_  
(St. and number) (City) (State) (Country)

FROM \_\_\_\_\_ TO \_\_\_\_\_  
(St. and Number) (City) (State) (Country)

SEC. 22 RESIDENCE OR TRAVEL OUTSIDE OF THE UNITED STATES

A. FROM 1919 TO 1924 Havana, Cuba Country of birth  
(City or section) (Country) (Purpose)

FROM 1942 TO 1943 Pacific area US Army  
(City or section) (Country) (Purpose)

FROM 1952 TO Present Republic of Panama Work  
(City or section) (Country) (Purpose)

FROM \_\_\_\_\_ TO \_\_\_\_\_  
(City or section) (Country) (Purpose)

FROM \_\_\_\_\_ TO \_\_\_\_\_  
(City or section) (Country) (Purpose)

SEC. 24. CLUBS, SOCIETIES, AND OTHER ORGANIZATIONS

LIST NAMES AND ADDRESSES OF ALL CLUBS, SOCIETIES, PROFESSIONAL SOCIETIES, EMPLOYEE GROUPS, ORGANIZATIONS OF ANY KIND (INCLUDE MEMBERSHIP IN, OR SUPPORT OF, ANY ORGANIZATION HAVING HEADQUARTERS OR BRANCH IN A FOREIGN COUNTRY) TO WHICH YOU BELONG OR HAVE BELONGED:

1. None  
(Name and Chapter) (St. and Number) (City) (State) (Country)

DATES OF MEMBERSHIP: \_\_\_\_\_

2. \_\_\_\_\_  
(Name and Chapter) (St. and Number) (City) (State) (Country)

DATES OF MEMBERSHIP: \_\_\_\_\_

3. \_\_\_\_\_  
(Name and Chapter) (St. and Number) (City) (State) (Country)

DATES OF MEMBERSHIP: \_\_\_\_\_

4. \_\_\_\_\_  
(Name and Chapter) (St. and Number) (City) (State) (Country)

DATES OF MEMBERSHIP: \_\_\_\_\_

5. \_\_\_\_\_  
(Name and Chapter) (St. and Number) (City) (State) (Country)

DATES OF MEMBERSHIP: \_\_\_\_\_

6. \_\_\_\_\_  
(Name and Chapter) (St. and Number) (City) (State) (Country)

DATES OF MEMBERSHIP: \_\_\_\_\_

7. \_\_\_\_\_  
(Name and Chapter) (St. and Number) (City) (State) (Country)

DATES OF MEMBERSHIP: \_\_\_\_\_

**SEC. 25. MISCELLANEOUS**

A. DO YOU ADVOCATE OR HAVE YOU EVER ADVOCATED; OR ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF, OR HAVE YOU SUPPORTED, ANY POLITICAL PARTY OR ORGANIZATION WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT IN THE UNITED STATES?

IF "YES," EXPLAIN: No (See remarks)

B. DO YOU USE, OR HAVE YOU USED, INTOXICANTS? Yes IF SO, TO WHAT EXTENT? Beer with meals.

C. HAVE YOU EVER BEEN ARRESTED, INDICTED OR CONVICTED FOR ANY VIOLATION OF LAW OTHER THAN A MINOR TRAFFIC VIOLATION? IF SO, STATE NAME OF COURT, CITY, STATE, COUNTRY, NATURE OF OFFENSE AND DISPOSITION OF CASE:

No

D. HAVE YOU EVER BEEN COURT-MARTIALED WHILE A MEMBER OF THE ARMED FORCES? IF ANSWER IS "YES," GIVE DETAILS BELOW:

No

E. LIST BELOW THE NAMES OF GOVERNMENT DEPARTMENTS, AGENCIES OR OFFICES TO WHICH YOU HAVE APPLIED FOR EMPLOYMENT SINCE 1940:

Department of Defense

Present Organization



F. IF, TO YOUR KNOWLEDGE, ANY OF THE ABOVE HAS CONDUCTED AN INVESTIGATION OF YOU, INDICATE BELOW THE NAME OF THAT AGENCY AND THE APPROXIMATE DATE OF THE INVESTIGATION:

Federal Bureau of Investigation - 1946

This Organisation - 1952

Sec. 26. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME Annis Louise Hidalgo RELATIONSHIP wife

ADDRESS Same as applicant (City) (State) (Country)

Sec. 27. YOU ARE INFORMED THAT THE CORRECTNESS OF ALL STATEMENTS MADE HEREIN WILL BE INVESTIGATED.

ARE THERE ANY UNFAVORABLE INCIDENTS IN YOUR LIFE NOT MENTIONED ABOVE WHICH MAY BE DISCOVERED IN SUBSEQUENT INVESTIGATION, WHETHER YOU WERE DIRECTLY INVOLVED OR NOT, WHICH MIGHT REQUIRE EXPLANATION? IF SO, DESCRIBE. IF NOT, ANSWER "NO."

No

Sec. 28. I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I AGREE THAT ANY MISSTATEMENT OR OMISSION AS TO A MATERIAL FACT WILL CONSTITUTE GROUNDS FOR IMMEDIATE DISMISSAL OR REJECTION OF MY APPLICATION.

SIGNED AT Ft. Amador, Canal Zone DATE 19 July 1957 (City and State)

(Witness) (Signature of Applicant)

USE THE FOLLOWING PAGES FOR EXTRA DETAILS. NUMBER ACCORDING TO THE NUMBER OF THE QUESTION TO WHICH THEY RELATE. SIGN YOUR NAME AT THE END OF THE ADDED MATERIAL. IF ADDITIONAL SPACE IS REQUIRED USE EXTRA PAGES THE SAME SIZE AS THESE AND SIGN EACH SUCH PAGE.

Section 1A - While an undercover agent for the Federal Bureau of Investigations from 1946 to 1949 I used the name of Bernard Harris to members of the Communist Party of the United States. This information is already on file in this organization.

Section 1D - I became an American citizen at birth through the citizenship of my father. This information is already on file in this organization.

Section 3B - My wife is employed by this organization.

Section 10 - I have many relatives in Spain and Cuba but do not correspond with them and so do not know names, addresses or present status.

Section 18 - All persons mentioned in this section are employees of this organization.

Sections 19

and 20 - Not having lived in the USA for over five years I have lost all contact with old friends, neighbors, etc. I do not know their addresses, status, etc., at this time.

Section 25 - My past connections with any subversive groups and the reasons for such connections is already on file in the files of this organization.

RECORD OF  
PREVIOUS GOVERNMENT  
SERVICE RETURNED TO  
FEDERAL RECORDS CENTER IN  
ST. LOUIS, MO.

DATE July 19 71