

This document is made available through the declassification efforts  
and research of John Greenewald, Jr., creator of:

# The Black Vault



The Black Vault is the largest online Freedom of Information Act (FOIA) document clearinghouse in the world. The research efforts here are responsible for the declassification of hundreds of thousands of pages released by the U.S. Government & Military.

**Discover the Truth** at: <http://www.theblackvault.com>

CONFIDENTIAL

15 September 1977

MEMORANDUM FOR: Chief, Information Services Staff

FROM : Charles A. Briggs  
DDO Information Review Officer

SUBJECT : Appreciation

B.U.

1. As you know well, on September 19th, I turn over responsibility for release or denial of DDO documents under the Freedom of Information and Privacy Acts. The experience has been both frustrating and challenging, epitomizing the issues in transition from a totally classified past to a new intelligence environment yet to be defined. The tension in law between protection of sources and methods and more open government was apparent, daily, to those involved; good case law was made as we sought to adhere to both principles and to regain, through this process, some credibility for the Agency.

2. I've tried in the past to convey my appreciation for the truly magnificent support I got from what is now the Privacy and Information Action Group, through recommendations for the Unit Citation subsequently awarded by the DCI, through QSI's and promotions, and through personal comment. All have worked long hard hours and all, those now in PIAG and those who have left, deserve credit for their professional efforts in this arena; I want to express my thanks to you for the assistance your people gave to me as the DDO Information Review Officer.

3. At the risk of being unfair to some who are more recent arrivals, I want to express particular and very personal thanks to [REDACTED]

4. My debt to Fred Randall [REDACTED] has been made a matter of record on several occasions. Let me just note here that any supervisor who has had the kind of qualitative backing that those two gentlemen gave me is fortunate indeed.

For OPF, Randall, Frederick

CONFIDENTIAL

G11673

CONFIDENTIAL

5. In addition to the PIAG crowd, [redacted] people have had the endless and repetitive job of searching the CHAOS files and helping me deal with that most sensitive aspect of past history. Please express my thanks to them and, most particularly, to [redacted] himself.

6. Finally, let me make special note of the contributions from [redacted] and the retired officers handling the OSS records requests. Their particular expertise was a welcome addition to the staff support received.

7. I'm sure all will give [redacted] in his new role, the same high quality support that they gave to me. To state the obvious, although the win record is quite good, the race is still on.

[redacted]  
Charles A. Briggs

CONFIDENTIAL

**SECRET**  
(When Filled In)

|   |   |  |   |  |   |   |   |   |
|---|---|--|---|--|---|---|---|---|
| <b>DOF</b>  |   | <b>REQUEST FOR PERSONNEL ACTION</b>                |   |  | DATE PREPARED<br>17 MAY 1976                              |   |   |   |
| 1 SERIAL NUMBER<br>012170   | 2 NAME (Last-First-Middle)<br>RASSALL, FREDERICK G. |  |   |  |   |   |   |   |
| 3 NATURE OF PERSONNEL ACTION<br>PROMOTION <i>Change of Functional Category</i>  |   |  | 4 EFFECTIVE DATE REQUESTED<br>MONTH DAY YEAR<br>05 23 76    | 5 CATEGORY OF EMPLOYMENT<br>REGULAR  |   |   |   |   |
| 6 FUNDS<br>X V10 V<br>O10 V   | V10 O<br>O10 O                                      | 7. FAN AND NSCA                                    |   | 8 LEGAL AUTHORITY (Completed by Office of Personnel)                                       |   |   |   |   |
| 9. ORGANIZATIONAL DESIGNATIONS<br>DDO/SERVICES STAFF<br>OFFICE OF THE CHIEF, SERVICES STAFF<br>OFFICE OF THE CHIEF  |   |  | 10 LOCATION OF OFFICIAL STATION<br>WASHINGTON, D.C.         |  |   |   |   |   |
| 11. POSITION TITLE<br>OPS<br>OPERATIONS OFFICER BAS   |   |  | 12 POSITION NUMBER  | 13. CAREER SERVICE DESIGNATION   |   |   |   |   |
| 14. CLASSIFICATION SCHEME (GS, FS, IN, ...)<br>GS   |   | 15 OCCUPATIONAL SERIES<br>(15)                     | 16 GRADE AND STEP<br>15 06                                  | 17 SALARY OR RATE<br>\$ <del>36529</del> 36529   |   |   |   |   |
| 18. REMARKS<br>psi due same date  |   |  |   |  |   |   |   |   |
| 19A. SIGNATURE OF REQUIRING OFFICER   |   | DATE SIGNED<br>17 May 76                           | 19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER          |  | DATE SIGNED<br>5/18/76                                    |   |   |   |
| C/SS/Personnel SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL   |   |  |   |  |   |   |   |   |
| 19. ACTION CODE   | 20 EMPLOY. CODE                                     | 21 OFFICE CODING<br>PROBATION ALEPHABETIC          | 22 STATION CODE   | 23 INTEGRITY CODE  | 24 NOTES CODE   | 25 DATE OF BIRTH<br>MO. DA. YR.<br>05 23 76 | 26 DATE OF GRADE<br>MO. DA. YR.<br>05 23 76 | 27 DATE OF LEI<br>MO. DA. YR.<br>05 23 76 |
| 28 DATE EXPIRES<br>MO. DA. YR.  | 29 SPECIAL REFERENCE                                | 30 PAYMENT DATA<br>1-PS<br>2-LES<br>3-FVA<br>4-DBP | 31 SEPARATION DATA CODE                                     | 32 OBJECTION-CANCELLATION DATA<br>TYPE MO. DA. YR.<br>EOD DATA                             |   | 33 SECURITY REQ. NO.                        | 34 SEX                                      |   |
| 35. VET PREFERENCE<br>CODE 0-None<br>1-1 YR<br>2-10 YR  | 36 SERV. CATEG. DATE<br>MO. DA. YR.                 | 37 LONG. CATEG. DATE<br>MO. DA. YR.                | 38 CAREER CATEGORY<br>LAB/STY<br>PROV/TEMP                  | 39 FEDERAL HEALTH INSURANCE<br>CODE CODE<br>0-NATIVE<br>1-REG<br>2-REG/OPT<br>3-INELIGIBLE | 40 SOCIAL SECURITY NO.                                    |   |   |   |
| 41. PREVIOUS (CIVILIAN GOVERNMENT) SERVICE<br>CODE 0-NO PREVIOUS SERVICE<br>1-NO BREAK IN SERVICE<br>2-BREAK IN SERVICE (LESS THAN 3 YEARS)<br>3-BREAK IN SERVICE (MORE THAN 3 YEARS) |   | 42 LEAVE CAT. CODE                                 | 43 FEDERAL TAX DATA<br>FORM EXECUTED CODE NO TAX EXEMPTIONS |  | 44 STATE TAX DATA<br>FORM EXECUTED CODE NO TAX EXEMPTIONS |   |   |   |
| 45. POSITION CONTROL CERTIFICATION<br>05-19-76  |   |  | 46 C.P. APPROVAL<br>21 MAY 1976                             |  | DATE APPROVED<br>05/21/76                                 |   |   |   |

1152 USE PREVIOUS EDITION

**SECRET**

E2. IMPDET CL. BY: 007522 (10)

CONFIDENTIAL

12 February 1976

MEMORANDUM FOR: Chairman, DDO Evaluation Board

THROUGH: C/OG

SUBJECT: Promotion Recommendation - Frederick C. Randall to GS-15

1. This memorandum constitutes a formal recommendation that Fred Randall, GS-14/8, now Chief of the DDO Privacy Information (DDO/PIC) unit in Services Staff, be promoted to GS-15. The position calls for that grade.

2. Mr. Randall is 49 years of age; entered on duty in CIA in September 1951 as a GS-7 assigned to OSO/FDZ. He is married; has four children, served briefly in the Air Force (1945-46); has an AB in Government, an AM in Foreign Affairs, and was a PhD candidate in International Relations. His Agency service was in FE from 1953 to 1965, including overseas tours in [redacted] in DOD/FRD from 1965 to March 1975, including 2 years in the DC field office; his current assignment dates from 16 March 75. His date of grade is June 1967.

3. The specifics of Mr. Randall's current assignment and all the superlatives about it I have just recounted in a fitness report which I prepared today, as well as in a QSI recommendation (approved) of October 1975 and an out-of-cycle promotion recommendation dated 8 August 1975. I rate his performance Outstanding and refer the reader(s) to the reports cited for details. I would note here that Mr. Randall changed his home base and functional category in November of 1975 and was rated number 1 of 4 Category C nominees from this Staff by all four members of the SS Panel. I would note further that when I submitted my August 75 out-of-cycle promotion recommendation, Mr. Randall's career designation was B/OG; given his personal circumstances the DDO suggested that Randall change his career designation to become more competitive "and have an excellent chance on the next go round." The QSI suggestion then resulted.

4. As the individual responsible for releasing or denying thousands of DDO documents in response to FOIA requests, and subsequently answering for DDO decisions in affidavits and court depositions, I know how well Fred does his work and how richly he deserves this promotion to GS-15.

[redacted]  
Charles A. Briggs  
Chief, Services Staff

CONFIDENTIAL

DECL BY 011078 E2 IMPDET

EYES ONLY

SECRET

(When Filled In)

|   |  |                   |
|---|--|-------------------|
| SPEED LETTER  | REPLY REQUESTED  | DATE              |
|   | YES <input type="checkbox"/> NO <input type="checkbox"/> | 15 September 1975 |
| TO : DDO  | FROM:  | LETTER NO.        |
| ATTN:   | Chief, Services Staff <i>eat</i>                         |                   |
| SUBJECT: One-Time Reclaim - Requested Randall Promotion   |  |                   |
| <p>As you know, OB is not reticent about expressing his views, and in the informal career development world, Fred had had it in FRD. I've known OB fairly well and respect his candor and professionalism; we just worked very well together on the GS-16/17 Panel, with an interestingly identical philosophy. Fred's performance did not satisfy OB, and his Fitness Reports reflect that fact. It does not surprise me, since Fred had been in FR from 1970-1975, that his Fitness Reports for the past years would put him in a neutral middle, or even low middle, ranking among B/O&amp; officers. But that's yesterday.</p> <p>Today, as I tried to say strongly in my 8 August memo, my view of his work is that it is <u>Outstanding</u>--and I don't so rate many officers. I would hope his present work could stand on its own merit, and project forward, expecting FOIA to be a way of life in the DDO with all the management challenge, and headache, that poses. His present and future peer competition should be with the A/C crowd, not the B/O&amp; group--if that hurdle is determining.</p> <p>At the risk of being irritating, I feel bound to state his case in what I consider the appropriate competitive environment, to avoid an out-of-cycle suggestion doing mischief to the system. Any hope?</p> |  |                   |
| REPLY   | DATE   |                   |
| EYES ONLY   |  |                   |
| SIGNATURE   |  |                   |
| RETURN TO ORIGINATOR  |  |                   |

FORM 1831

SECRET

**SECRET**  
(When Filled In)

| REQUEST FOR PERSONNEL ACTION  |                       |                     |  |                          |                                  | DATE PREPARED  |                      |                                       |   |                       |  |
|---|-----------------------|---------------------|--|--------------------------|----------------------------------|--|----------------------|---------------------------------------|---|-----------------------|--|
| 1. SERIAL NUMBER<br><b>012170</b>   |                       |                     |  |                          |                                  | 2. NAME (Last-First-Middle)<br><b>Randall, Frederick</b>         |                      |                                       |   |                       |  |
| 3. NATURE OF PERSONNEL ACTION<br><b>Reassignment - Correction</b>   |                       |                     |  |                          |                                  | 4. EFFECTIVE DATE REQUESTED<br>MONTH DAY YEAR<br><b>11 21 73</b> |                      |                                       | 5. CATEGORY OF EMPLOYMENT<br><b>Regular</b>           |                       |  |
| 6. FUNDS  |                       | XX V TO V           |  | V TO V                   |                                  | 7. FAN AND NSCA  |                      |                                       | 8. LEGAL AUTHORITY (Completed by Office of Personnel) |                       |  |
| 9. ORGANIZATIONAL DESIGNATIONS<br><b>DDO/FR Division<br/>Branch III</b>   |                       |                     |  |                          |                                  | 10. LOCATION OF OFFICIAL STATION<br><b>Wash DC</b>               |                      |                                       |   |                       |  |
| 11. POSITION TITLE<br><b>Ops Officer - CH</b>   |                       |                     |  |                          |                                  | 12. POSITION NUMBER  |                      |                                       | 13. CAREER SERVICE DESIGNATION                        |                       |  |
| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.)<br><b>GS</b>   |                       |                     |  | 15. OCCUPATIONAL SERIES  |                                  | 16. GRADE AND STEP<br><b>14 7</b>                                |                      | 17. SALARY OR RATE<br><b>\$ 29095</b> |   |                       |  |
| 18. REMARKS<br><br><b>This action corrects the original action where Item 7, Fan and NSCA was listed incorrectly.</b> |                       |                     |  |                          |                                  |  |                      |                                       |   |                       |  |
| DATE SIGNED<br><i>Pere</i>  |                       |                     |  |                          |                                  | DATE SIGNED<br><i>8 Jan 74</i>                                   |                      |                                       | FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL          |                       |  |
| 19. AGENCY CODE   | 20. EMPLOY CODE       | 21. OFFICE CODES    |  | 22. STATION CODE         | 23. BRANCH CODE                  | 24. ROOMS CODE   | 25. DATE OF BIRTH    | 26. DATE OF GAIN                      | 27. DATE OF US  |                       |  |
| 28. GSI SYMBOLS   | 29. SPECIAL REFERENCE | 30. RETIREMENT DATA |  | 31. SEPARATION DATA CODE | 32. CORRECTION CANCELLATION DATE | 33. SECURITY   |                      | 34. US                                |   |                       |  |
| 35. FED. EMPLOYER   |                       | 36. LEAD COMP DATE  |  | 37. LEAD COMP DATE       |                                  | 38. CAREER CATEGORY  |                      | 39. HEALTH INSURANCE                  |   | 40. LEGAL SECURITY NO |  |
| 41. PERSONNEL SERVICE CONTRACT DETAILS  |                       |                     |  | 42. STATE CAT            | 43. EMPLOY TO DATE               |  | 44. HEALTH INSURANCE |                                       | 45. STATE INS BFT                                     |                       |  |
| 46. PERSONNEL SERVICE CONTRACT DETAILS  |                       |                     |  |                          |                                  | 47. ADDRESS  |                      |                                       | 48. DATE APPROVED                                     |                       |  |

**SECRET**

FORM 101-1 (1-73)

S-E-C-R-E-T

119-3715

FR 73-228  
6 JUN 1973

MEMORANDUM FOR: Deputy Director for Operations  
SUBJECT : Appointment of Mr. Frederick C. Randall  
as Chief, Branch III, Foreign Resources  
Division

1. The appointment of Mr. Frederick C. Randall as Chief, Branch III, Foreign Resources Division, effective on or about 11 June 1973, is recommended.

2. Mr. Randall has been an employee of the Agency since September 1951 and is presently assigned to Branch II, Foreign Resources Division, as the Desk Officer in support of [redacted] A copy of his biographic profile and the last two fitness reports are attached.

*W. L. O'Brien*  
Walter L. O'Brien  
Chief  
Foreign Resources Division

Attachments:

1. Biographic Profile (Parts 1 and 2)
2. Fitness Reports (2)

The recommendation in paragraph 1 is APPROVED:

[redacted]

erations

16 July 1973  
(Date)

S-E-C-R-E-T

[redacted]



CONFIDENTIAL

8 August 1975

MEMORANDUM FOR: Deputy Director for Operations

SUBJECT: Out-of-Sequence Promotion Recommendation:  
Fred Randall

1. We've spoken of the need to look further at both Agency and DDO implications of the Freedom of Information Act and, now, the Privacy Act, including the increased number of appeals and litigation cases, and of the logic of collecting a coterie of deponents or affiants to take some of the load off of both you and me. The grade level of the appeals officers and the deponents must include 14's and 15's, to incorporate the necessary clout with the divisions and judgment vis-a-vis release of information to the outside world.

2. Fred is a GS-14/7. He had just come to me at the time of the last GS-15 panel exercise and had not been recommended for promotion by FRD. I consider his performance over the past 6 months to have been Outstanding. He is head and shoulders above the other directorates' FIOs; I have considerable laudatory testimony from OGC, OLC, O/DDA and within the DDO as to his professionalism, tact, persuasiveness, analytic skills and realistic, while tough-minded, protection of DDO sources and methods. This includes occasional arm-wrestling with DDO branch/division/staff chiefs, OGC and OLC lawyers, FBI contacts and others above his current grade level.

3. I have discussed this proposed out-of-cycle promotion recommendation to GS-15 with Ev, who, in turn, has mentioned it to Gordon. The return signals I got sounded positive.

4. I do, therefore, recommend that you approve Fred's promotion to GS-15, effective as soon as the action can be cut.

/s/ Charles A. Briggs

Charles A. Briggs  
Chief, Services Staff

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL


17 NOV 1973

MEMORANDUM FOR: Frederick Randall  
SUBJECT : Quality Step Increase

1. My congratulations on the award to you of a Quality Step Increase. This award is in recognition of superior sustained performance and reflects great credit on you and the job you have been doing.

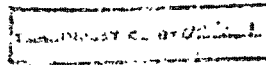
2. I am confident that your future performance will be of continuing high quality.

With personal best wishes,

  
William E. Nelson  
Deputy Director for Operations

*WEN*  
My congratulations too. I know how well deserved this is. It is also symbolic of an excellence of your group as a whole and your leadership of them.

*Charles A. B...*  
CONFIDENTIAL



COE 3-75  
11-3-75

SECRET  
(When Filled In)

|  |                      |   |  |  |                                     |
|--|----------------------|---|--|--|-------------------------------------|
| REQUEST FOR PERSONNEL ACTION   |                      |   |  | DATE PREPARED<br>9 October 1975                      |                                     |
| 1 SERIAL NUMBER<br>012170  |                      | 2 NAME (Last-First-Middle)<br>RANDALL FREDERICK   |  |  |                                     |
| 3 NATURE OF PERSONNEL ACTION<br>REASSIGNMENT - CHANGE OF HOME BASE<br>AND CAREER CATEGORY  |                      |   | 4 EFFECTIVE DATE REQUESTED<br>12 / 01 / 75     |  | 5 CATEGORY OF EMPLOYMENT<br>REGULAR |
| 6 FUNDS<br>X V TO V<br>CF TO V   |                      | 7 PAY AND NSCA                                    |  | 8 LEGAL AUTHORITY (Completed by Office of Personnel) |                                     |
| 9 ORGANIZATIONAL DESIGNATIONS<br>DDO/ <del>SS/STAFF</del> SS<br>OFFICE OF THE CHIEF SERVICES STAFF<br>OFFICE OF THE CHIEF  |                      |   | 10 LOCATION OF OFFICIAL STATION<br>WASH., D.C. |  |                                     |
| 11 POSITION TITLE<br>OPS<br>OPERATIONS OFFICER SAS (15)  |                      |   | 12 POSITION NUMBER                             | 13 CAREER SERVICE DESIGNATION                        |                                     |
| 14 CLASSIFICATION SCHEDULE (GS, LA, etc.)<br>GS  |                      | 15 OCCUPATIONAL SERIES                            | 16 GRADE AND STEP<br>14 7 8                    | 17 SALARY OR RATE<br>\$ 30,000 33120                 |                                     |
| 18 REMARKS<br>I agree to change my home base and career category from "NG" to "AC"<br>CONCUR: [Signature] 11/28/75 [Signature] Frederick Randall 9/16/75<br>EVP/PERS. DATE |                      |   |  |  |                                     |
| DATE SIGNED<br>12/01/75  |                      | 18A SIGNATURE OF CAREER SERVICE APPROVING OFFICER |  | DATE SIGNED  |                                     |
| AC/SS/PERS: SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL DDO/CA/14   |                      |   |  |  |                                     |
| 19 ACTION CODE   | 20 EMPLOY CODE       | 21 OFFICE CODES                                   | 22 STATION CODE                                | 23 INTEGRAL CODE                                     | 24 RESIDUAL CODE                    |
| 25 DATE OF BIRTH   | 26 DATE OF ACCESSION | 27 DATE OF LEI                                    | 28 WIFE EMPRES                                 | 29 SPECIAL REFERENCE                                 | 30 RETIREMENT DATA                  |
| 31 VET PRESENT   | 32 VET COMP DATA     | 33 LOAN COMP DATA                                 | 34 LEAFER CATEGORY                             | 35 HIGH HEALTH IMPROVEMENT                           | 36 SOCIAL SECURITY NO               |
| 37 PERIODS (PREVIOUS ASSIGNMENT SERVICE)   | 38 LEAVE (AT)        | 39 FEDERAL TAX DATA                               | 40 FEDERAL TAX DATA                            | 41 HEALTH INS CODE                                   | 42 SOCIAL SECURITY NO               |
| 43 POSITION CONTROL CERTIFICATION  | 44 O.P. APPROVAL     | 45 DATE APPROVED                                  | 46 DATE APPROVED                               | 47 DATE APPROVED                                     | 48 DATE APPROVED                    |

1152

SECRET

U.S. GOVERNMENT PRINTING OFFICE: 1975

14-00000

# Confidential

ATTACHMENT B

MEMORANDUM FOR: Frederick Randall

SUBJECT : Acknowledgment of Evaluation Board  
Career Category

REFERENCE : Evaluation Board Precepts for Your Grade

1. Based upon an examination of your assignments and duties, and after considering likely future assignments, you have been placed in the following career category for Evaluation Board purposes. Precise definitions of the categories are contained in the Evaluation Board precepts for your grade.

CATEGORY           C          

2. If you believe that you have not been placed in the correct category because the substantive content of your job more closely approximates another category or because you have made a permanent change of career track; please take the matter up through your command channel to secure the concurrence of your Home Base component to a change of your category. Previously assigned and acknowledged categories will remain in effect until a fully executed acknowledgment of change is received by the Career Management Group.

3. A category change should not be initiated for the period of a temporary, training or rotational assignment unless a permanent change of career track will follow.

4. Please sign and date this notification in the space provided and return it to your Home Base component through command channels.

ACKNOWLEDGED:

Frederick P. Randall  
Signature of Addressee

9 Oct 1975  
Date

Confidential

SECRET  
(When Filled In)

|  |                     |   |  |                                |   |
|--|---------------------|---|--|--------------------------------|---|
| 012170   |                     | RANDALL, FREDERICK                            |  | DATE PREPARED<br>7 May 1975    |   |
| 1. SERIAL NUMBER   |                     |   | 2. NAME (Last-First-Middle)                              |                                |   |
| 3. NATURE OF PERSONNEL ACTION<br>CHANGE OF FAN <del>NUMBER</del>   |                     |   | 4. EFFECTIVE DATE (ROUTED)<br>MONTH DAY YEAR<br>05 08 75 |                                | 5. CATEGORY OF EMPLOYMENT<br>REGULAR                  |
| 6. FUNDS   |                     | X V TO V                                      | V TO V   | 7. FAN AND NSCA                | 8. LEGAL AUTHORITY (Completed by Office of Personnel) |
| 9. ORGANIZATIONAL DESIGNATIONS<br>DDO/SERVICES STAFF<br>OFFICE OF THE CHIEF, SERVICES STAFF<br>OFFICE OF THE CHIEF |                     |   | 10. LOCATION OF OFFICIAL STATION<br>WASH., D.C.          |                                |   |
| 11. POSITION TITLE<br>OPS OFFICER SAS  |                     |   | 12. POSITION NUMBER<br>(15)                              | 13. CAREER SERVICE DESIGNATION |   |
| 14. CLASSIFICATION SCHEDULE (GS, FS, etc.)<br>GS   |                     | 15. OCCUPATIONAL SERIES                       | 16. GRADE AND STEP<br>14 7                               | 17. SALARY OR RATE<br>\$ 30699 |   |
| 18. REMARKS  |                     |   |  |                                |   |
| DATE SIGNED<br>8 May 75  |                     | SIGNATURE OF CAREER SERVICE APPROVING OFFICER |  | DATE SIGNED<br>5/8/75          |   |
| C/SS/PERS SPACE BELOW FOR EXCLUSIVE USE  |                     |   |  |                                |   |
| 19. METHOD CODE  | 20. EMPLOY CODE     | 21. OFFICE CODING                             | 22. STATION CODE   | 23. EMPLOY CODE                | 24. EMPLOY CODE                                       |
| 25. NET PAYABLE  | 26. SERV COMP DATA  | 27. LEAVE COMP DATA                           | 28. EMPLOY CODE  | 29. HEALTH INS CODE            | 30. SOCIAL SECURITY NO                                |
| 31. SPECIAL REFERENCE  | 32. RETIREMENT DATA | 33. SEPARATION DATA                           | 34. SEPARATION DATA                                      | 35. SECURITY INFO NO           | 36. SECURITY INFO NO                                  |
| 37. POSITION CONTROL IDENTIFICATION  |                     |   | 38. DATE APPROVED  |                                |   |

SECRET

pa  
3-18-75

SECRET  
(When Filled In)

|  |  |   |  |  |                                     |                                |  |
|--|--|---|--|--|-------------------------------------|--------------------------------|--|
| <b>REQUEST FOR PERSONNEL ACTION</b>  |  |   |  |  |                                     | DATE PREPARED<br>4 March 1975  |  |
| 1 SERIAL NUMBER<br>012170  |  | 2 NAME (Last-First-Middle)<br>RANDALL FREDERICK |  |  |                                     |                                |  |
| 3 NATURE OF PERSONNEL ACTION<br>REASSIGNMENT   |  |   | 4 EFFECTIVE DATE REQUESTED<br>MONTH DAY YEAR<br>03 16 75 |  | 5 CATEGORY OF EMPLOYMENT<br>REGULAR |                                |  |
| 6 FUNDS<br>X V TO V<br>CF TO V   |  | 7 FAN AND NSCA                                  |  | 8 LEGAL AUTHORITY (Completed by Office of Personnel) |                                     |                                |  |
| 9 ORGANIZATIONAL DESIGNATIONS<br>DDO/SERVICES STAFF<br>OFFICE OF THE CHIEF, SERVICES STAFF<br>OFFICE OF THE CHIEF  |  |   |  | 10 LOCATION OF OFFICIAL STATION<br>WASH., D.C.       |                                     |                                |  |
| 11 POSITION TITLE<br>OPERATIONS OFFICER SAS (15)   |  |   | 12 POSITION NUMBER                                       |  | 13 CAREER SERVICE DESIGNATION       |                                |  |
| 14 CLASSIFICATION SCHEDULE (GS, LB, etc.)<br>GS  |  | 15 OCCUPATIONAL SERIES                          |  | 16 GRADE AND STEP<br>14 7                            |                                     | 17 SALARY OR RATE<br>\$ 30,699 |  |
| 18 REMARKS<br>FROM: DDO/FR DIVISION/BRANCH III<br>CONCUR [redacted] (telecon/4 Mar 75) CONCUR [redacted] (telecon 4/3/ 5)<br>EA Division FR Division<br>cc to payroll security |  |   |  |  |                                     |                                |  |
| 19A SIGNATURE OF REQUESTING OFFICIAL   |  |   |  | DATE SIGNED<br>5 Mar 75                              |                                     | DATE SIGNED<br>9/7/75          |  |
| C/S/S/SE/PERS SPACE BELOW FOR EXCLUSIVE USE  |  |   |  |  |                                     |                                |  |
| 19 ACTION CODE   |  | 20 EMPLOY CODE                                  |  | 21 OFFICE CODE                                       |                                     | 22 STATION CODE                |  |
| 23 POSITION CODE   |  | 24 EMPLOYEE CODE                                |  | 25 DATE OF BIRTH                                     |                                     | 26 DATE OF GRADE               |  |
| 27 DATE OF 1ST   |  | 28 DATE OF 2ND                                  |  | 29 DATE OF 3RD                                       |                                     | 30 DATE OF 4TH                 |  |
| 31 DATE OF 5TH   |  | 32 DATE OF 6TH                                  |  | 33 DATE OF 7TH                                       |                                     | 34 DATE OF 8TH                 |  |
| 35 DATE OF 9TH   |  | 36 DATE OF 10TH                                 |  | 37 DATE OF 11TH                                      |                                     | 38 DATE OF 12TH                |  |
| 39 DATE OF 13TH  |  | 40 DATE OF 14TH                                 |  | 41 DATE OF 15TH                                      |                                     | 42 DATE OF 16TH                |  |
| 43 DATE OF 17TH  |  | 44 DATE OF 18TH                                 |  | 45 DATE OF 19TH                                      |                                     | 46 DATE OF 20TH                |  |
| 47 DATE OF 21TH  |  | 48 DATE OF 22TH                                 |  | 49 DATE OF 23TH                                      |                                     | 50 DATE OF 24TH                |  |
| 51 DATE OF 25TH  |  | 52 DATE OF 26TH                                 |  | 53 DATE OF 27TH                                      |                                     | 54 DATE OF 28TH                |  |
| 55 DATE OF 29TH  |  | 56 DATE OF 30TH                                 |  | 57 DATE OF 31TH                                      |                                     | 58 DATE OF 32TH                |  |
| 59 DATE OF 33TH  |  | 60 DATE OF 34TH                                 |  | 61 DATE OF 35TH                                      |                                     | 62 DATE OF 36TH                |  |
| 63 DATE OF 37TH  |  | 64 DATE OF 38TH                                 |  | 65 DATE OF 39TH                                      |                                     | 66 DATE OF 40TH                |  |
| 67 DATE OF 41TH  |  | 68 DATE OF 42TH                                 |  | 69 DATE OF 43TH                                      |                                     | 70 DATE OF 44TH                |  |
| 71 DATE OF 45TH  |  | 72 DATE OF 46TH                                 |  | 73 DATE OF 47TH                                      |                                     | 74 DATE OF 48TH                |  |
| 75 DATE OF 49TH  |  | 76 DATE OF 50TH                                 |  | 77 DATE OF 51TH                                      |                                     | 78 DATE OF 52TH                |  |
| 79 DATE OF 53TH  |  | 80 DATE OF 54TH                                 |  | 81 DATE OF 55TH                                      |                                     | 82 DATE OF 56TH                |  |
| 83 DATE OF 57TH  |  | 84 DATE OF 58TH                                 |  | 85 DATE OF 59TH                                      |                                     | 86 DATE OF 60TH                |  |
| 87 DATE OF 61TH  |  | 88 DATE OF 62TH                                 |  | 89 DATE OF 63TH                                      |                                     | 90 DATE OF 64TH                |  |
| 91 DATE OF 65TH  |  | 92 DATE OF 66TH                                 |  | 93 DATE OF 67TH                                      |                                     | 94 DATE OF 68TH                |  |
| 95 DATE OF 69TH  |  | 96 DATE OF 70TH                                 |  | 97 DATE OF 71TH                                      |                                     | 98 DATE OF 72TH                |  |
| 99 DATE OF 73TH  |  | 100 DATE OF 74TH                                |  | 101 DATE OF 75TH                                     |                                     | 102 DATE OF 76TH               |  |
| 103 DATE OF 77TH   |  | 104 DATE OF 78TH                                |  | 105 DATE OF 79TH                                     |                                     | 106 DATE OF 80TH               |  |
| 107 DATE OF 81TH   |  | 108 DATE OF 82TH                                |  | 109 DATE OF 83TH                                     |                                     | 110 DATE OF 84TH               |  |
| 111 DATE OF 85TH   |  | 112 DATE OF 86TH                                |  | 113 DATE OF 87TH                                     |                                     | 114 DATE OF 88TH               |  |
| 115 DATE OF 89TH   |  | 116 DATE OF 90TH                                |  | 117 DATE OF 91TH                                     |                                     | 118 DATE OF 92TH               |  |
| 119 DATE OF 93TH   |  | 120 DATE OF 94TH                                |  | 121 DATE OF 95TH                                     |                                     | 122 DATE OF 96TH               |  |
| 123 DATE OF 97TH   |  | 124 DATE OF 98TH                                |  | 125 DATE OF 99TH                                     |                                     | 126 DATE OF 100TH              |  |

SECRET

U.S. GOVERNMENT PRINTING OFFICE: 1967 O 301-422

**SECRET**  
(When Filled In)

|   |  |  |
|---|--|--|
| <b>REQUEST FOR PERSONNEL ACTION</b>                                     |  | DATE PREPARED<br>20 November 1973                          |
| 1 SERIAL NUMBER<br><b>012170</b>  | 2 NAME (Last-First-Middle)<br><b>Randall, Frederick</b>          |  |
| 3. NATURE OF PERSONNEL ACTION<br><b>Reassignment</b>                    | 4. EFFECTIVE DATE REQUESTED<br>MONTH DAY YEAR<br><b>11 21 73</b> | 5. CATEGORY OF EMPLOYMENT<br><b>Regular</b>                |
|   | 6. FUNDS<br>XX V TO V<br>OF TO V                                 |  |
| 7. FAN AND NSCA   |  | 8. LEGAL AUTHORITY (Completed by Office of Personnel)      |
| 9. ORGANIZATIONAL DESIGNATIONS<br><b>DDO/FR Division<br/>Branch III</b> |  | 10. LOCATION OF OFFICIAL STATION<br><b>Washington D.C.</b> |
| 11. POSITION TITLE<br><b>Ops Officer Ch (15)</b>                        |  | 13. CAREER SERVICE DESIGNATION                             |
| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.)<br><b>GS</b>                 | 15. OCCUPATIONAL SERIES  | 16. GRADE AND STEP<br><b>14 7</b>                          |
|   |  | 17. SALARY OR RATE<br><b>\$ 29,095</b>                     |
| 18. REMARKS<br><b>From: DDO/FRD/Br II/0393</b>                          |  |  |

|   |                                 |
|---|---------------------------------|
| DATE SIGNED<br><i>20 Nov 73</i><br>Pers | DATE SIGNED<br><i>20 Nov 73</i> |
|---|---------------------------------|

SPACE BELOW ICG EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

|  |                     |                     |                         |  |                        |                              |                              |                            |
|--|---------------------|---------------------|-------------------------|--|------------------------|------------------------------|------------------------------|----------------------------|
| 19 ACTION CODE   | 23 EMPLOY CODE      | 24 SPECIAL CODES    | 25 STATION CODE         | 26 INTEREST CODE                               | 28 DODDER CODE         | 29 DATE OF BIRTH<br>MO DA YR | 30 DATE OF BIRTH<br>MO DA YR | 31 DATE OF LEI<br>MO DA YR |
| 22 OFF CODE  | 27 SPECIAL EMPLOYER | 28 RETIREMENT DATA  | 29 SEPARATION DATA CODE | 32 CLASSIFICATION CALCULATION DATA<br>MO DA YR | ICG DATA               |                              | 33 SECURITY RLS. NO.         | 34 SER.                    |
| 35 NET POSITION  | 36 NET EMP. DATE    | 37 CODE (EMP. DATE) | 38 LEAVE DATA           | 39 FULLY PARTIAL EMPLOYMENT                    | 40 SOCIAL SECURITY NO. |                              |                              |                            |
| 41 PERIODS OF SERVICE (MILITARY/NAVY/ARMY/AIR FORCE/COAST GUARD) |                     | 42 LEAVE (M)        | 43 LEAVE (D)            | 44 LEAVE (H)                                   | 45 SOCIAL SECURITY NO. |                              |                              |                            |
| 46 PERIODS OF SERVICE (MILITARY/NAVY/ARMY/AIR FORCE/COAST GUARD) |                     | 47 LEAVE (M)        |                         | 48 LEAVE (D)                                   |                        | 49 LEAVE (H)                 |                              | 50 SOCIAL SECURITY NO.     |

11/28-11 21 73

**SECRET**

6/13/73

SECRET  
(When Filled In)

|  |   |   |
|--|---|---|
| <b>REQUEST FOR PERSONNEL ACTION</b>                                      |   | DATE PREPARED<br>12 June 1973                             |
| 1. SERIAL NUMBER<br>012170   | 2. NAME (Last-First-Middle)<br>Randall, Frederick |   |
| 3. NATURE OF PERSONNEL ACTION<br>Reassignment and Delegation of NSCA     |   | 4. EFFECTIVE DATE REQUESTED<br>MONTH DAY YEAR<br>06 13 73 |
| 5. FUNDS<br>XX V TO V<br>CF TO V   |   | 6. CATEGORY OF EMPLOYMENT<br>Regular                      |
| 7. ORGANIZATIONAL DESIGNATIONS<br>DDO/FR Division<br>Branch II           |   | 8. LEGAL AUTHORITY (Completed by Office of Personnel)     |
| 9. POSITION TITLE<br>Ops Officer, Ch (15)                                |   | 10. LOCATION OF OFFICIAL STATION<br>Washington D.C.       |
| 11. CLASSIFICATION SCHEDULE (GS, LS, etc.)<br>GS                         | 12. OCCUPATIONAL SERIES                           | 13. GRADE AND STEP<br>14 7                                |
| 14. SALARY OR RATE<br>\$ 27,708  |   |   |
| 15. REMARKS<br>HOMEBASE: EA<br>Replacing: Curtis Glenn, to be reassigned |   |   |

|                        |                        |
|------------------------|------------------------|
| DATE SIGNED<br>6/13/73 | DATE SIGNED<br>6-13-73 |
|------------------------|------------------------|

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

|   |                    |                     |                     |                                   |                    |                   |                     |                 |
|---|--------------------|---------------------|---------------------|-----------------------------------|--------------------|-------------------|---------------------|-----------------|
| 19. ACTION CODE                             | 20. EMPLOY CODE    | 21. OFFICE CODING   | 22. STATION CODE    | 23. INTEREST CODE                 | 24. RIGHTS CODE    | 25. DATE OF BIRTH | 26. DATE OF GRADE   | 27. DATE OF LES |
| 28. NET EXPETS                              | 29. SPECIAL BELIEF | 30. RETIREMENT DATA | 31. SEPARATION DATA | 32. CORRECTION, CANCELLATION DATA | EOD DATA           |                   | 33. SECURITY SIG NO | 34. SEX         |
| 35. NET PREFERENCE                          | 36. SERV COMP DATE | 37. LEAVE COMP DATE | 38. CAREER CATEGORY | 39. HEALTH INSURANCE              | SOCIAL SECURITY NO |                   |                     |                 |
| 41. PENSION (OPTIONAL) CONTRIBUTION SERVICE |                    |                     | 42. LEAVE CAT       | 43. FEDERAL TAX DATA              | STATE TAX DATA     |                   |                     |                 |
| 44. POSITION CONTROL (REGISTRATION)         |                    |                     | 45. DATE APPROVED   |                                   |                    |                   |                     |                 |

1152 USE PREVIOUS EDITIONS

SECRET

FORM 1000-1 (1-67)



SECRET  
(When Filled In)

| REQUEST FOR PERSONNEL ACTION   |                     |   |   | DATE PREPARED  |  |   |                           |
|--|---------------------|---|---|--|--|---|---------------------------|
| 1 SERIAL NUMBER<br>012170 ✓  |                     |   |   | 2 NAME (Last-First-Middle)<br>RANDALL, FREDERICK A. ✓    |  |   |                           |
| 3 NATURE OF PERSONNEL ACTION<br>TRANSFER OF FUNDS AND REASSIGNMENT <i>+ transfer</i>   |                     |   |   | 4 EFFECTIVE DATE REQUESTED<br>MONTH: 01 DAY: 11 YEAR: 67 |  | 5 CATEGORY OF EMPLOYMENT<br>REGULAR               |                           |
| 6 FUNDS<br>XX <i>U TO V</i>  |                     | 7 FINANCIAL ANALYSIS NO. CHARGEABLE                                       |   | 8 LEGAL AUTHORITY (Completed by Office of Personnel)     |  |   |                           |
| 9 ORGANIZATIONAL DESIGNATIONS<br>DDP/DOD<br><del>...</del><br>INTELLIGENCE OPERATIONS GROUP  |                     |   |   | 10 LOCATION OF OFFICIAL STATION<br>WASHINGTON, D. C.     |  |   |                           |
| 11 POSITION TITLE<br>OPS OFFICER (14)  |                     |   |   | 12 POSITION NUMBER                                       |  | 13 CAREER SERVICE DESIGNATION                     |                           |
| 14 CLASSIFICATION SCHEDULE (GS, FS, etc.)<br>GS  |                     | 15 OCCUPATIONAL SERIES  |   | 16 GRADE AND STEP<br>14 (5)                              |  | 17 SALARY OR RATE<br>\$ 21,003 ✓                  |                           |
| 18 REMARKS<br>FROM DO POSITION NO. [ ] * HB-FE<br><br>cc: Security<br>cc: Finance<br><br>cc: Virginia C. Lynch, C/DO/Per. & Trng.<br><br>Security Approval Granted by [ ] 12/11/67<br>JFK 12/29/67 |                     |   |   |  |  |   |                           |
| 19A SIGNATURE OF REQUESTING OFFICIAL<br>Virginia C. Lynch, C/DO/Per. & Trng.   |                     |   |   | DATE SIGNED<br>16 Dec 67                                 |  | 19B SIGNATURE OF CAREER SERVICE APPROVING OFFICER |                           |
|  |                     |   |   |  |  | DATE SIGNED<br>12/23                              |                           |
| SPACE BELOW FOR EXCLUSIVE USE OF THE SYSTEM  |                     |   |   |  |  |   |                           |
| 20 ACTION CODE   | 21 EMPLOY CODE      | 22 OFFICE CODING<br>NUMERIC ALPHABETIC                                    | 23 STATION CODE   | 24 INTEGRITY CODE  | 25 MOD/INS CODE  | 26 DATE OF BIRTH<br>MO DA YR                      | 27 DATE OF HI<br>MO DA YR |
| 28 BYE EMPLOY  | 29 SPECIAL EMPLOYEE | 30 RETIREMENT DATA<br>-CS<br>-OAS<br>-CSA<br>-OAS                         | 31 SEPARATION DATA (CS)   | 32 CORRECTION CANCELLATION DATA<br>TYPE MO DA YR         | EOD DATA →   |   | 33 SECURITY ETO NO        |
| 34 VET PREFERENCE  | 35 SERV LEOP DATE   | 36 LEOP LEOP DATE   | 37 LEOP LEOP DATE   | 38 CAREER CATEGORY<br>SER SER PREY SER                   | 39 FEGLI HEALTH INSURANCE<br>CODE CODE 1-311 HEALTH INS CODE | 38 SOCIAL SECURITY NO                             |                           |
| 41 PAYMENT LEOP GOVERNMENT SERVICE   | 42 LEAVY CAT CODE   | 43 FEDERAL TAX DATA<br>FORM BARCODE CODE HOW TAX ESTIMATIONS<br>1-91 2-91 | 44 STATE TAX DATA<br>FORM BARCODE CODE HOW TAX ESTIMATIONS<br>1-91 2-91 | 45 STATE SECURITY CODE                                   |  |   |                           |
| 41 POSITION CONTROL DESIGNATION  |                     |   |   | 43 O.P. APPROVAL   |  | DATE APPROVED                                     |                           |

FORM 1157 OF PERSONNEL ACTION

SECRET

FORM 1157 OF PERSONNEL ACTION

**SECRET**  
(When Filled In)

|   |  |  |             |  |  |  |  |
|---|--|--|-------------|--|--|--|--|
| <b>REQUEST FOR PERSONNEL ACTION</b>   |  |  |             |  |  | DATE PREPARED<br><b>9 OCTOBER 1967</b>                 |  |
| 1. SERIAL NUMBER<br><b>012170</b>   |  | 2. NAME (Last-First-Middle)<br><b>RANDALL FREDERICK</b>                          |             |  |  |  |  |
| 3. NATURE OF PERSONNEL ACTION<br><b>REASSIGNMENT</b>  |  |  |             | 4. EFFECTIVE DATE REQUESTED<br>MONTH DAY YEAR<br><b>10 08 67</b> |  | 5. CATEGORY OF EMPLOYMENT<br><b>REGULAR</b>            |  |
| 6. FUNDS<br>▶ <input type="checkbox"/> V TO V<br><input type="checkbox"/> CF TO V                                   |  | <input type="checkbox"/> V TO CF<br><input checked="" type="checkbox"/> CF TO CF |             | 7. FINANCIAL ANALYSIS NO. CHARGEABLE<br><input type="text"/>     |  | 8. LEGAL AUTHORITY (Completed by Office of Personnel)  |  |
| 9. ORGANIZATIONAL DESIGNATIONS<br><b>DND/DOD<br/>US FIELD<br/>INTELLIGENCE OPERATIONS GROUP<br/>WASHINGTON BASE</b> |  |  |             | 10. LOCATION OF OFFICIAL STATION<br><b>WASHINGTON, D.C.</b>      |  |  |  |
| 11. POSITION TITLE<br><b>OPS OFFICER GS-14</b>  |  |  |             | 12. POSITION NUMBER<br><input type="text"/>                      |  | 13. CAREER SERVICE DESIGNATION<br><input type="text"/> |  |
| 14. CLASSIFICATION SCHEDULE (G.S. LR, etc.)<br><b>GS</b>  |  | 15. OCCUPATIONAL SERIES<br><input type="text"/>                                  |             | 16. GRADE AND STEP<br><b>14 4</b>                                |  | 17. SALARY OR RATE<br><b>\$ 16675</b>                  |  |
| 18. REMARKS<br><br><b>T/O change</b>  |  |  |             |  |  |  |  |
| 19A. SIGNATURE OF REQUESTING OFFICER<br><b>Virginia G. Lynch, C/DO Pers. &amp; Training</b>                         |  |  | DATE SIGNED |  | 19B. SIGNATURE OF CAREER SERVICE ASSIGNING OFFICER |  |  |
| 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 MODS  |             | 25 DATE OF BIRTH   |  | 26 DATE OF GRADE                                       |  |
| 27 DATE OF LEI  |  | 28 SPECIAL REFERENCE   |             | 29 RETIREMENT DATA   |  | 30 SEPARATION DATA CODE                                |  |
| 31 CORRECTION CALCULATION DATA  |  | 32 SECURITY REQ NO   |             | 33 SEX   |  | 34 SOCIAL SECURITY NO                                  |  |
| 35 PAY REQUIREMENT  |  | 36 LEAVE COMP DATA   |             | 37 LONG COMP DATE  |  | 38 CAREER CATEGORY                                     |  |
| 39 FEIGT/MER/PA REQUIREMENT   |  | 40 SOCIAL SECURITY NO  |             | 41 PERSON'S CIVILIAN GOVERNMENT SERVICE                          |  | 42 LEAVE LAT   |  |
| 43 FEDERAL SER DATE   |  | 44 STATE SER DATE  |             | 45 FEDERAL SER DATE  |  | 46 STATE SER DATE                                      |  |
| 47 POSITION LOCATION CERTIFICATION  |  | 48 APPROVAL  |             | 49 APPROVAL  |  | 50 DATE APPROVED                                       |  |

**SECRET**

**SECRET**  
(When Filled In)

|   |                      |   |                          |   |   |                                     |                          |                       |
|---|----------------------|---|--------------------------|---|---|-------------------------------------|--------------------------|-----------------------|
| <b>REQUEST FOR PERSONNEL ACTION</b>   |                      |   |                          |   |   | DATE PREPARED<br>25 May 1967        |                          |                       |
| 1 SERIAL NUMBER<br>012170   |                      | 2 NAME (Last-First-Middle)<br>RANDALL FREDERICK     |                          |   |   |                                     |                          |                       |
| 3 NATURE OF PERSONNEL ACTION<br>PROMOTION   |                      |   |                          | 4 EFFECTIVE DATE REQUESTED<br>MONTH 06 DAY 04 YEAR 67 |   | 5 CATEGORY OF EMPLOYMENT<br>REGULAR |                          |                       |
| 6 FUNDS   |                      | 7 FINANCIAL ANALYSIS NO. CHARGEABLE                 |                          | 8 LEGAL AUTHORITY (Completed by Office of Personnel)  |   |                                     |                          |                       |
| 9 ORGANIZATIONAL DESIGNATIONS<br>DDP/DOD<br>US FIELD                              |                      | 10. LOCATION OF OFFICIAL STATION<br><br>WASH., D.C. |                          |   |   |                                     |                          |                       |
| 11. POSITION TITLE<br>OPS OFFICER SAT (15)  |                      |   | 12 POSITION NUMBER       |   | 13 CAREER SERVICE DESIGNATION                     |                                     |                          |                       |
| 14 CLASSIFICATION SCHEDULE (GS, LB, etc.)<br>GS                                   |                      | 15 OCCUPATIONAL SERIES                              |                          | 16 GRADE AND STEP<br>14 4                             |   | 17. SALARY OR RATE<br>\$ 16675      |                          |                       |
| 18 REMARKS<br>From: DOD/ [ ] Ops Group/position no. 0218.<br><br>[ ] pending out. |                      |   |                          |   |   |                                     |                          |                       |
| 19A SIGNATURE OF REQUESTING OFFICIAL<br>Virginia C. Lynch, C/DO Pers. & Training  |                      |   | DATE SIGNED<br>25 May 67 |   | 19B SIGNATURE OF CAREER SERVICE APPROVING OFFICER |                                     | DATE SIGNED<br>27 May 67 |                       |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL                          |                      |   |                          |   |   |                                     |                          |                       |
| 19 ACTION CODE  | 20 EMPLOY CODE       | 21 OFFICE CODE                                      | 22 STATION CODE          | 23 INTEGRITY CODE                                     | 24 HOURS CODE                                     | 25 DATE OF BIRTH                    | 26 DATE OF GRADE         | 27 DATE OF LSI        |
|   |                      |   |                          |   |   | MO. DA. YR.                         | MO. DA. YR.              | MO. DA. YR.           |
| 28 WFL EMPHASIS   | 29 SPECIAL REFERENCE | 30 RETIREMENT DATA                                  |                          | 31 SEPARATION DATA CODE                               | 32 CORRECTION, CANCELLATION DATA                  |                                     | 33 SECURITY REG NO       | 34 SEX                |
| MO. DA. YR.   |                      | 1-CYC<br>2-10YA<br>3-NON                            |                          |   | TYPE MO. DA. YR.                                  |                                     |                          |                       |
| 35 WFL PREFERENCE   | 36 SERV COMP DATE    | 37 LEAVE COMP DATE                                  |                          | 38 CAREER CATEGORY                                    |   | 39 FICEL HEALTH INSURANCE           |                          | 40 SOCIAL SECURITY NO |
| CODE  | MO. DA. YR.          | MO. DA. YR.   |                          | CODE  |   | CODE                                |                          |                       |
| 41 PREVIOUS CIVILIAN GOVERNMENT SERVICE   | 42 LEAVE LATE        |   | 43 FEDERAL TAX DATA      |   | 44 STATE TAX DATA                                 |                                     |                          |                       |
| CODE  | CODE                 |   | CODE                     |   | CODE  |                                     |                          |                       |
| 45 MONTANA CONTROL CERTIFICATION  | 46 O.P. APPROVAL     |   |                          |   |   |                                     | DATE APPROVED            |                       |
|   |                      |   |                          |   |   |                                     |                          |                       |

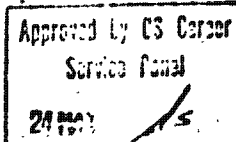
1152 USE PREVIOUS EDITION

**SECRET**

FORM 100-10 (REV. 5-66)

SECRET

16 MAR 1967



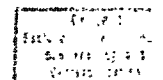
MEMORANDUM FOR: Chairman, Clandestine Services  
Career Service, Section A

SUBJECT : Frederick C. RANDALL, Recommendation for  
Promotion to GS-14.

1. It is recommended that Frederick C. Randall be promoted from GS-13 to GS-14. Subject is 40 years old and began his Agency career in 1951. He has been a GS-13 since 1958. He entered on duty at the [redacted] (then [redacted] in August 1965.

2. Subject is responsible for [redacted] operational activity directed against FE Division targets. He replaced one GS-14 officer and one GS-13 officer who shared this responsibility before Subject's arrival. Since Subject's EOD [redacted] the tempo and quality of operations against FE targets has increased greatly. During the period before [redacted] 1966, positive intelligence reporting [redacted] handled by Subject [redacted] made significant contributions to WOFAC assessments [redacted] events. Reporting in recent months continues to be useful [redacted] and; in the case of [redacted], Subject has [redacted] to the point of being willing [redacted] to cover FE targets there. Subject has an encyclopedic knowledge of Asian history and current events, and his handling of [redacted] excellent sophistication, perception and maturity. He has been systematic in his exploitation of the total capabilities [redacted] and has not been content to limit himself to procurement of positive or operational intelligence from [redacted] countries. At the request of the [redacted] office, Subject has guided [redacted] into a close [redacted] the [redacted] has expressed its appreciation for Subject's professional handling of this and other cases in which he has

SECRET



SECRET

-2-

been involved on its behalf. Subject has an excellent CE mind and a healthy scepticism at all stages of any operational situation. His analysis and handling of the [redacted] case is cited by way of demonstration of his willingness and ability to probe in painstaking fashion before committing the Agency; his careful [redacted] of [redacted] were key factors in the ultimate decision not to plunge ahead on this controversial case. His poise and tact in the development of the sensitive [redacted] operation has resulted in Agency [redacted]

[redacted] are extremely difficult. Subject is officially registered in the [redacted]

3. An examination of Subject's file shows that he has been recommended for promotion to GS-14 a total of seven times (four by FE Division and, with this request, three times by DO Division). Aside from the fact that he is definitely performing at the GS-14 level, we believe this to be an important factor to be considered in the present promotion request.

[redacted]  
RUDOLPH E. GOMEZ  
COB, WASHINGTON

APPROVAL RECOMMENDED

[redacted]  
GRIFF, DO DIVISION

SECRET

SECRET

14 March 1967

MEMORANDUM FOR: Mr. Frederick Randall

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

Recent correspondence on the above subject informed you that I had determined that you met the criteria specified in the applicable regulation for designation as a participant in the Organization Retirement and Disability System. On the basis of this determination and your recently executed election to remain in the System, your designation as a participant was made effective 12 March 1967.

/s/  
Director of Personnel

SECRET

0-24

SECRET  
(When Filled In)

|  |                |  |             |  |   |   |                                 |
|--|----------------|--|-------------|--|---|---|---------------------------------|
| <b>REQUEST FOR PERSONNEL ACTION</b>  |                |  |             |  |   | DATE PREPARED<br>17 February 1967   |                                 |
| 1 SERIAL NUMBER<br>012170  |                | 2 NAME (Last-First-Middle)<br>RANDALL, FREDERICK |             |  |   |   |                                 |
| 3 NATURE OF PERSONNEL ACTION<br>DESIGNATION AS A PARTICIPANT IN THE<br>CIA RETIREMENT AND DISABILITY SYSTEM  |                |  |             | 4 EFFECTIVE DATE REQUESTED<br>MONTH DAY YEAR<br>03 12 67           |   | 5 CATEGORY OF EMPLOYMENT<br>REGULAR   |                                 |
| 6 FUNDS  |                | V TO V<br>CF TO V                                |             | V TO CF<br>CF TO CF  |   | 7 FINANCIAL ANALYSIS<br>NO CHARGEABLE                                       |                                 |
|  |                | X  |             |  |   | 8 LEGAL AUTHORITY (Completed by Office of Personnel)<br>PL 88-649 Sect. 203 |                                 |
| 9 ORGANIZATIONAL DESIGNATIONS<br>DDP/DOD   |                |  |             | 10 LOCATION OF OFFICIAL STATION<br>WASHINGTON, D.C.                |   |   |                                 |
| 11 POSITION TITLE  |                | 12 POSITION NUMBER                               |             | 13 CAREER SERVICE DESIGNATION<br>D                                 |   |   |                                 |
| 14 CLASSIFICATION SCHEDULE (GS, Z.B. etc.)   |                | 15 OCCUPATIONAL SERIES                           |             | 16 GRADE AND STEP<br>13  |   | 17 SALARY OR RATE<br>\$   |                                 |
| 18 REMARKS<br>EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION.   |                |  |             |  |   |   |                                 |
| 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 CODES<br>NUMERIC ALPHABETIC            |             | 22 STATION CODE  | 23 INTERCISE CODE                                 | 24 HQ/OTIS CODE   | 25 DATE OF BIRTH<br>MO. DA. YR. |
| 26 DATE OF GRADE   | 27 DATE OF LEI | 28 SPECIAL REFERENCE<br>1-CX<br>2-PCA<br>3-PCN   |             | 29 RETIREMENT DATA<br>CODE   | 30 SEPARATION DATA CODE                           | 31 COVERT/CYCLE CANCELLATION DATA<br>TYPE MO. DA. YR.                       |                                 |
| 32 SECURITY REG NO   |                | 33 SEX   |             | EOD DATA   |   |   |                                 |
| 34 YET PREFERENCE<br>CODE 0-NOPT<br>1-1 PT<br>2-10 PT  |                | 35 PAY COMP DATE<br>MO DA YR                     |             | 36 LONG COMP DATE<br>MO DA YR                                      |   | 37 CAREER CATEGORY<br>CAR RES<br>PROV. TRAF                                 |                                 |
| 38 FEDERAL HEALTH INSURANCE<br>CODE CODE 1-101<br>2-102  |                | 39 SOCIAL SECURITY NO                            |             | 40 FEDERAL TAX DATA<br>STATE TAX DATA                              |   |   |                                 |
| 41 PREVIOUS CIVILIAN GOVERNMENT SERVICE<br>CODE 0-NO PREVIOUS SERVICE<br>1-NO BARRER TO SERVICE<br>2- BARRER TO SERVICE FROM 1 YEAR<br>3- BARRER TO SERVICE MORE THAN 1 YEAR |                | 42 LEAVE CAT CODE                                |             | 43 FEDERAL SECURITY<br>CODE 1-101<br>2-102                         |   | 44 STATE TAX DATA<br>CODE NO TAX EXEMPTIONS<br>1-YES<br>2-NO                |                                 |
| 45 POSITION CONTROL CERTIFICATION  |                |  |             | 46 O.P. APPROVAL<br>See memo signed by<br>D/Pers dated 20 Feb 1967 |   | DATE APPROVED   |                                 |

FORM 1152 USE PREVIOUS EDITION  
OF 2

SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

19

*Not approved*  
*5 DEC 1965*  
*HP*

**SECRET**

**MEMORANDUM FOR:** Chairman, Clandestine Services  
Career Service, Section A

**SUBJECT :** Frederick C. RANDALL, Recommendation  
for Promotion to GS-14

1. It is recommended that Frederick C. Randall be promoted from GS-13 to GS-14. Subject is in Step 6 of his grade and has been a GS-13 since 1958. He entered on duty at the [ ] Station in August 1965. A current Fitness Report is attached.

2. Subject's file indicates that he has been recommended for promotion five times: four times by his superiors in FE Division when he served in [ ] and once by the [ ] Station in February 1966. While realizing that the 13 to 14 jump is traditionally difficult we feel that Subject's performance over the past year, when coupled with a consistently high calibre of work in previous years; deserves much-belated recognition in the form of a promotion. He continues to be responsible for the [ ] Station's efforts to exploit the Far Eastern target, and his years of overseas experience against this target have been reflected in a realistic and imaginative approach to operations in [ ] His operational activity has required the handling of persons of varied nationality and stature, close contact with Headquarters representatives, liaison [ ] and liaison [ ]. His performance has been uniformly "Strong" and his handling of the [ ] case has been outstanding. [ ] an [ ] has been a contact of the Agency for years, but it was not until his arrival in Washington and his handling by Subject that he began to produce solid intelligence on his own country. Subject's work on this case has received a well-deserved commendation from Headquarters.

**SECRET**

2

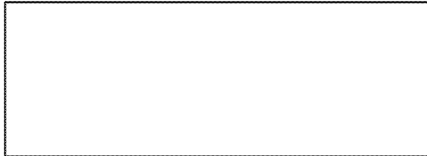
SECRET



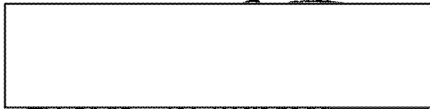
SECRET

-2-

Subject's excellent relations with colleagues in FE Division have been of considerable value in helping the [redacted] Station to adjust its operational activity in the FE field to current and changing requirements. He has clearly been performing at the GS-14 level for some time and we urge that this promotion request be favorably considered at the earliest possible meeting of your panel.



APPROVAL RECOMMENDED



Chief, FE Division



SECRET

SECRET

*Not approved  
26 May 66*

14 FEB 1966

MEMORANDUM FOR: Chairman, Clandestine Services Career Service,  
Section A.

SUBJECT : Frederick C. RANDALL - Recommendation for  
Promotion to GS-14

1. It is recommended that Frederick C. Randall be promoted from GS-13 to GS-14. Subject is 39 years old and began his Agency career in 1951 as a GS-7. He has been a GS-13 since 1958. He entered on duty [redacted] in August 1965. A current Fitness Report is attached.

2. As the attached Fitness Report indicates, Subject is a real plus for the [redacted] Station's efforts [redacted] [redacted] has already resulted in a much more realistic approach to local FE targets than was the case before his arrival. In addition to the professional competence and area knowledge which Subject brings to his present position, he has an imaginative approach to operational problems and a high enthusiasm for his work. His excellent relations with colleagues within FE Division have been of considerable value in helping the [redacted] Station adjust its operational activity in the FE field to current requirements. One final--and strong--factor arguing for his promotion to GS-14 at this time: he has been in grade eight years and has been recommended for promotion four times by previous supervisors when he was on FE Division rolls.

[redacted]  
Harry J. Rositzke  
Chief of Station, U.S.

APPROVAL RECOMMENDED:

[redacted]  
C. Tracy Barnes, Chief, DO Division

SECRET

SECRET  
(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED  
19 July 1965

|                           |   |
|---------------------------|---|
| 1 SERIAL NUMBER<br>012170 | 2 NAME (Last-First-Initial)<br>RANDALL FREDRICK @ |
|---------------------------|---|

|  |   |  |
|--|---|--|
| 3 NATURE OF PERSONNEL ACTION<br>REASSIGNMENT | 4 EFFECTIVE DATE REQUESTED<br>MONTH: 07, DAY: 1, YEAR: 65 | 5 CATEGORY OF EMPLOYMENT<br>REGULAR                  |
| 6 FUNDS                                      | 7 COST CENTER NO CHARGEABLE                               | 8 LEGAL AUTHORITY (Completed by Office of Personnel) |

|   |  |
|---|--|
| 9 ORGANIZATIONAL DESIGNATIONS<br>DDP/DOD<br>U.S. FIELD<br>UNITED STATES STATION | 10 LOCATION OF OFFICIAL STATION<br>WASH., D.C. |
|---|--|

|                                  |                            |                               |
|----------------------------------|----------------------------|-------------------------------|
| 11 POSITION TITLE<br>OPS OFFICER | 12 POSITION NUMBER<br>(13) | 13 CAREER SERVICE DESIGNATION |
|----------------------------------|----------------------------|-------------------------------|

|  |                        |                            |                                      |
|--|------------------------|----------------------------|--------------------------------------|
| 14 CLASSIFICATION SCHEDULE (GX, ER, etc.)<br>GS-13 | 15 OCCUPATIONAL SERIES | 16 GRADE AND STEP<br>13 X6 | 17 SALARY OR RATE<br>\$ 13,735 14/75 |
|--|------------------------|----------------------------|--------------------------------------|

18 REMARKS  
Subject is replacement for [redacted] who transferred to FE  
X Per Tel. w/ Virginia Lynch & Pers

cc: Finance Security Approval Granted by Pers. SD/OS 6/21/65  
Coordinate: [redacted] (telecon) [redacted] 7/26/65

F10

Recorded By  
CSFD  
7/27/65

|  |                        |                          |                            |
|--|------------------------|--------------------------|----------------------------|
| 18A SIGNATURE OF REQUESTING OFFICER<br>Virginia C. Lynch, DO/Personnel | DATE SIGNED<br>7/26/65 | 18B SIGNATURE OF OFFICER | DATE SIGNED<br>22 JUL 1965 |
|--|------------------------|--------------------------|----------------------------|

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

|                                    |                    |                     |                         |                                 |                       |                  |                    |                |
|------------------------------------|--------------------|---------------------|-------------------------|---------------------------------|-----------------------|------------------|--------------------|----------------|
| 19 ACTION CODE                     | 20 EMPLOY CODE     | 21 OFFICE LOG NO    | 22 STATION              | 23 INTERVIEW CODE               | 24 HOOBIS CODE        | 25 DATE OF BIRTH | 26 SER. OF GRADE   | 27 DATE OF ISS |
| 28 HIRING DATE                     | 29 SPECIAL RESERVE | 30 RETIREMENT DATA  | 31 SEPARATION DATA CODE | 32 CORRECTION CANCELLATION DATA | 33 SECURITY REG NO    | 34 SER           | 35 SECURITY REG NO | 36 SER         |
| 37 VET PREFERENCE                  | 38 SER. COMP DATE  | 39 LOAN (COMP DATE) | 40 CAREER CATEGORY      | 41 REG. MONTH RESERVE           | 42 SOCIAL SECURITY NO | 43               | 44                 | 45             |
| 46 PREVIOUS GOVERNMENT EMP. DATA   | 47 LEAVE CAT       | 48 FEDERAL TAX DATA | 49 STATE TAX DATA       | 50                              | 51                    | 52               | 53                 | 54             |
| 55 RELIGION CONTRACT CERTIFICATION | 56 G.P. APPROVAL   | 57 DATE APPROVAL    | 58                      | 59                              | 60                    | 61               | 62                 | 63             |

SECRET

22 March 1965

MEMORANDUM FOR: FE Career Management Committee

SUBJECT: Recommendation for Promotion  
of Mr. Frederick C. Randall  
from GS-13 to GS-14

1. Since Mr. Frederick C. Randall joined the Agency in September 1951, he has served in Headquarters and the Field, where he worked primarily on [redacted]. He is currently assigned to [redacted]. Mr. Randall has been in grade as a GS-13 since September 1952. He has been recommended three times for promotion to GS-14 since September 1953. Mr. Randall is 33 years old.

2. Mr. Randall's primary duty at the [redacted] Station is Station PBRAMPART responsibilities. These responsibilities are broad and highly important to all PBRAMPART relations throughout the Far East. Through Mr. Randall's intensive effort to strengthen and increase the Agency's role in the coordination of clandestine collection activities, he has been able to set a positive pattern of effective procedures for coordination of [redacted] clandestine collection operations. These procedures are now emulated wherever possible throughout the Far East. Mr. Randall's tenacity and patience, based on solid operational Field and Headquarters' experience, have worked to a distinct advantage for the Agency in the PBRAMPART field. Chief of Station [redacted] has stated that the vast improvement in the local coordination business has been in large part due to Mr. Randall's good work. Further, as a supervisor and a manager Mr. Randall has quite successfully handled from [redacted] [redacted] subordinates in such diverse functions as Central Registry, local [redacted] establishment, Agency participation in a multi-agency CI Repository, and [redacted] Agency [redacted].

3. During Mr. Randall's time of service at the [redacted] Station, he has demonstrated his adaptability and capability to carry out a variety of tasks and responsibilities. He has served as [redacted] Chief of Station [redacted] Mr. Randall is an eligible candidate for promotion to GS-14.

Group 1  
Excluded from automatic  
downgrading and  
declassification

SECRET

responsibilities. In the most recent recommendation, Chief of Station, [redacted] emphasized that Mr. Randall's performance was characterized by exceptional proficiency in all respects of his assigned duties, and, therefore, endorsed his previous recommendation, and strongly recommended Mr. Randall's promotion to GS-14 at an early date.

4. In the most recent fitness report on Mr. Randall, he was rated over-all "Strong" and was given "Outstanding" for the Specific Duty Number One, "PBRAMPART Officer." In the narrative comment on Mr. Randall's performance the rating officer characterized Mr. Randall as capable, versatile, and as having a fine career potential. Further, the rating officer stated that "because of his sound operational background, presence of mind, forceful reasoning, and the consideration [redacted] therefore holds for him, Mr. Randall has been able to play a prime part in our excellent PBRAMPART posture." The Chief of Station, in commenting on the rating officer's fitness report on Mr. Randall, heartily concurred with the rating officer's description of Mr. Randall's performance and described Mr. Randall's contribution to the Station as being of the highest caliber.

5. In endorsing the recommendation of Chief of Station, [redacted] I wish to add that, from my personal knowledge of Mr. Randall's performance, he is a thoroughly reliable and competent case officer. In watching the PBRAMPART activities during the past year, I strongly commend [redacted] Station and Mr. Randall for effecting certain improvements of what was already a rather efficient coordination process. Mr. Randall's job is not always a happy one because he would rather be more active in clandestine operational activities; however, if [redacted] Station had a less experienced and less competent officer handling the PBRAMPART coordination activities, this particularly important area of our responsibilities would certainly suffer. For this and the reasons set forth above, Mr. Randall's performance deserved recognition by a promotion to GS-14 at this time.

[redacted]  
[redacted]  
[redacted]  
Chief, FBI [redacted]

SECRET

SECRET

23 March 1964

MEMORANDUM FOR: FE Career Management Committee

SUBJECT: Recommendation for Promotion  
of Mr. Frederick C. Randall  
from GS-13 to GS-14

1. Since Mr. Frederick C. Randall joined the Agency in September 1951, he has served in Headquarters and the Field, where he worked primarily on [redacted]. He is currently assigned to [redacted] Station. Mr. Randall has been in grade as a GS-13 since September 1958. He has twice been recommended for promotion to GS-14, once in September 1963 and again in February 1964. Mr. Randall is 37 years old.

2. Mr. Randall's primary duty at the [redacted] Station is Station PBRAMPART responsibilities. These responsibilities are broad and highly important to all PBRAMPART relations throughout the Far East. Through Mr. Randall's intensive efforts to strengthen and increase the Agency's role in the coordination of clandestine collection activities, he has been able to set a positive pattern of effective procedures for coordination of the [redacted] clandestine collection operations. These procedures are now being emulated wherever possible throughout the Far East. Mr. Randall's tenacity and patience, based on solid operational Field and Headquarters experience, have worked to a distinct advantage for the Agency in the PBRAMPART field. Chief of Station, [redacted] has stated that the vast improvement in the [redacted] has been in large part due to Mr. Randall's good work. Further, as a supervisor and a manager Mr. Randall has quite successfully handled from [redacted] subordinates in such diverse functions as Central Registry, local [redacted] establishment, Agency participation in a multi-agency CI Repository, and an Agency-run [redacted].

Group 1  
Excluded from automatic  
downgrading and  
declassification

SECRET

SECRET

3. During Mr. Randall's total service at the [ ] Station, he has demonstrated his adaptability and capability to carry out a variety of tasks in an exemplary manner. In a previous recommendation, Chief of Station [ ] described Mr. Randall as an officer capable of assuming greater responsibilities. In the most recent recommendation, Chief of Station [ ] emphasized that Mr. Randall's performance was characterized by exceptional proficiency in all respects of his assigned duties and, therefore, endorsed his previous recommendation, and strongly recommended Mr. Randall's promotion to GS-14 at an early date.

4. In endorsing the recommendation of Chief of Station [ ] I wish to add that, from my personal knowledge of Mr. Randall's performance, he is a thoroughly reliable and competent case officer. In watching the PBRAMPART activities during the past year, I strongly commend [ ] Station and Mr. Randall for effecting certain improvements of what was already a rather efficient coordination process. Mr. Randall's job is not always a happy one because he would rather be more active in clandestine operational activities; however, if [ ] Station had a less experienced and competent officer handling the PBRAMPART coordination activities, this particularly important area of our responsibilities would certainly suffer. For this and the reasons set forth above, Mr. Randall's performance deserves recognition by a promotion to GS-14 at this time.

[ ]  
Chief, PE, [ ]

SECRET

DISPATCH

SECRET

PROCESSING

| TO                       | FROM       | ACTION     |      |
|--------------------------|------------|------------|------|
|                          |            | INITIALS   | DATE |
| Chief, Far East Division | [Redacted] | SEARCHED   |      |
|                          |            | INDEXED    |      |
|                          |            | SERIALIZED |      |
|                          |            | FILED      |      |

Chief of Station [Redacted]

Promotion Recommendation [Redacted]

- A. FJTT-18764, dated 20 August 1963
- B. FJTT-11674, dated 15 January 1964

I wish to endorse my earlier recommendation that [Redacted] be promoted from GS-12 to GS-14. Reference A discusses in detail [Redacted] responsibilities at the [Redacted] Station and little more can be added to what has already been said.

[Redacted] Fitness Report for the reporting period ending 31 December 1963 which was forwarded with reference B, emphasizes that his performance is characterized by exceptional proficiency in all aspects of his assigned duties. I therefore strongly recommend his promotion to GS-14 at an early date.

[Redacted]

1-11674

|            |            |
|------------|------------|
| SEARCHED   | SERIALIZED |
| INDEXED    | FILED      |
| 21 Feb 64  |            |
| FJTT-11674 |            |



SECRET

19 September 1963

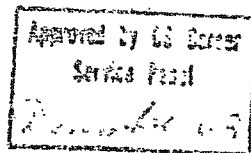
**MEMORANDUM FOR: FE Career Management Committee**

**SUBJECT: Recommendation for Promotion  
of Mr. Frederick C. Randall  
from GS-13 to GS-14**

1. Mr. Frederick C. Randall joined the Agency in September 1951 and has served in Headquarters and the Field on [redacted]. He is currently assigned to [redacted] where he is chief of a section concerned with PBRAMPART and operational support activities. Mr. Randall has been in grade since September 1958 and was recently recommended for promotion to GS-14 by [redacted] Chief of Station.

2. In handling his primary duty, Station PBRAMPART responsibilities, Mr. Randall has set a pattern and established procedures which have been copied throughout FE Division. His work with his [redacted] colleague in [redacted] is excellent and his unassuming patience based on solid experience continues to be a distinct advantage for the Agency in the PBRAMPART field. [redacted] The vast improvement in the [redacted] has been in large part due to his good work. As a supervisor and manager he has quite successfully handled from [redacted] subordinates in such diverse functions as Station Central Registry, [redacted] establishment, Agency participation in a multi-agency CI repository, and an Agency run [redacted].

3. In his two years at the [redacted] Station, Mr. Randall has shown himself to be an adaptable officer and has carried out a variety of tasks in an exemplary manner. In his recommendation, [redacted] Chief of Station said Mr. Randall has demonstrated that he is ready to assume greater responsibility and that a commensurate increase in GS grade is in order.



Group 1  
Excluded from automatic  
downgrading and  
declassification

SECRET

SECRET

4. In view of his performance in [redacted] and demonstrated maturity, motivation, and capacity to serve at the next grade level, I recommend that Mr. Randall be promoted to GS-14.

[redacted]  
Acting Chief, FE/ [redacted]

SECRET

UNIVERSITY OF MARYLAND

APD 94 SAN FRANCISCO CALIFORNIA  
TELEPHONE TOKYO 263 2711 2271.2471

OFFICE OF THE DIRECTOR

April 1, 1963

Mr. Frederick C. Randall  
Box F.  
APD 94.

Dear Mr. Randall:

We are pleased to inform you that the processing of your application has been completed, and that the Head of the Department of Government and Politics has approved your application to teach CEP 101, 102, 106, and 108 on a part-time basis in the Far East Division.

Since you have taught and are familiar with our procedures, we will spare you a repetition of the details. If we can be of assistance to you, please write and we will do our best to fulfill your request.

Very good wishes.

Sincerely yours,

Joseph E. Dellen.  
Associate Director

JED:rl.

**SECRET**  
(When Filled In)

| REQUEST FOR PERSONNEL ACTION  |                 |                                |  | DATE PREPARED   |                                       |                 |                 |               |                |                 |                   |  |  |  |  |  |  |
|---|-----------------|--------------------------------|--|---|---------------------------------------|-----------------|-----------------|---------------|----------------|-----------------|-------------------|--|--|--|--|--|--|
| 1. SERIAL NUMBER<br>012170  |                 |                                |  | 2. NAME (Last-First-Middle)<br>RANDALL, Frederick D.  |                                       |                 |                 |               |                |                 |                   |  |  |  |  |  |  |
| 3. NATURE OF PERSONNEL ACTION<br>Reassignment and transfer  |                 |                                | 4. EFFECTIVE DATE REQUESTED<br>MONTH: 09 DAY: 03 YEAR: 61  |   | 5. CATEGORY OF EMPLOYMENT<br>Regular  |                 |                 |               |                |                 |                   |  |  |  |  |  |  |
| 6. FUNDS<br>V TO V <input type="checkbox"/> V TO CF <input checked="" type="checkbox"/> CF TO V <input type="checkbox"/> CF TO CF <input type="checkbox"/>  |                 | 7. COST CENTER NO. CHARGE-ABLE |  | 8. LEGAL AUTHORITY (Completed by Office of Personnel) |                                       |                 |                 |               |                |                 |                   |  |  |  |  |  |  |
| 9. ORGANIZATIONAL DESIGNATIONS<br>DDP/FE<br>FE/ [ ] Station<br>Office of the Chief  |                 |                                | 10. LOCATION OF OFFICIAL STATION<br>[ ]                    |   |                                       |                 |                 |               |                |                 |                   |  |  |  |  |  |  |
| 11. POSITION TITLE<br>Ops Officer   |                 | 12. POSITION NUMBER<br>D-14    | 12A. PCR CONTROL NO.                                       | 13. CARRIER SERVICE DESIGNATION                       |                                       |                 |                 |               |                |                 |                   |  |  |  |  |  |  |
| 14. CLASSIFICATION SCHEDULE (GS, LP, etc.)<br>GS  |                 | 15. OCCUPATIONAL SERIES<br>[ ] | 16. GRADE AND STEP<br>13 GS                                |   | 17. SALARY OR RATE<br>\$ 30,895 11/55 |                 |                 |               |                |                 |                   |  |  |  |  |  |  |
| 18. REMARKS<br>FROM: DDP/FE/Plans & Ops Staff/PT/CI Sec/Off of Chief/2048<br>1cc - Security<br>Departure Date: 5 Sep 1961<br>259s submitted to Medical Staff<br>ETD - Y34761<br>Security Approval: [ ] Pys. SO/OS 9/15/61<br>MIX 9/11/61<br>PSE done 9-3-61 to \$ 11,155<br>9/4/61 V.S. |                 |                                |  |   |                                       |                 |                 |               |                |                 |                   |  |  |  |  |  |  |
| 19A. SIGNATURE OF REQUESTER<br>ROBERT D. CYKSIAN, CPE PERSONNEL   |                 |                                | 19B. SIGNATURE OF CARRIER SERVICE APPROVING OFFICER<br>[ ] |   |                                       |                 |                 |               |                |                 |                   |  |  |  |  |  |  |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL  |                 |                                |  |   |                                       |                 |                 |               |                |                 |                   |  |  |  |  |  |  |
| <table border="1"> <tr> <td>19. ACTION CODE</td> <td>20. ACTION DATE</td> <td>21. ACTION BY</td> <td>22. ACTION NO.</td> <td>23. ACTION TYPE</td> <td>24. ACTION STATUS</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>                |                 |                                |  |   |                                       | 19. ACTION CODE | 20. ACTION DATE | 21. ACTION BY | 22. ACTION NO. | 23. ACTION TYPE | 24. ACTION STATUS |  |  |  |  |  |  |
| 19. ACTION CODE   | 20. ACTION DATE | 21. ACTION BY                  | 22. ACTION NO.   | 23. ACTION TYPE                                       | 24. ACTION STATUS                     |                 |                 |               |                |                 |                   |  |  |  |  |  |  |
|   |                 |                                |  |   |                                       |                 |                 |               |                |                 |                   |  |  |  |  |  |  |
| 25. POSITION CONTROL DESIGNATION<br>[ ]   |                 |                                |  |   |                                       |                 |                 |               |                |                 |                   |  |  |  |  |  |  |

FORM 1152

**SECRET**

148

**SECRET**

### REQUEST FOR PERSONNEL ACTION

|                         |  |  |  |  |                                 |                                   |  |  |                             |               |                        |                          |                                     |  |
|-------------------------|--|--|--|--|---------------------------------|-----------------------------------|--|--|-----------------------------|---------------|------------------------|--------------------------|-------------------------------------|--|
| 1. Serial No.<br>512170 |  | 2. Name (Last-First-Middle)<br>RANDALL FREDERICK |  |  | 3. Date of Birth<br>Mo. Da. Yr. |                                   |  | 4. Vol. Prod.<br>None-0<br>5 Pt-1<br>10 Pt-2 |                             | 5. Sex<br>M 1 |                        | 6. GS-TCB<br>Mo. Da. Yr. |                                     |  |
| 7. SCD<br>Mo. Da. Yr.   |  | 8. CSC Reamt.<br>Yes-1<br>No-2                   |  | 9. CSC Or Other Legal Authority<br>Code<br>50 USCA 403 J |                                 | 10. Apmt. Allidav.<br>Mo. Da. Yr. |  |  | 11. TLEGLI<br>Yes-1<br>No-2 |               | 12. LCO<br>Mo. Da. Yr. |                          | 13. <del>...</del><br>Yes-1<br>No-2 |  |

### PREVIOUS ASSIGNMENT

|  |  |                                       |  |                  |  |  |  |  |  |  |  |  |
|--|--|---------------------------------------|--|------------------|--|--|--|--|--|--|--|--|
| 14. Organizational Designations<br>DDP FF  |  |                                       |  | Code<br>5175     |  | 15. Location Of Official Station<br>WASH., D. C. |  |  |  | Station Code                           |  |  |
| 16. Dept. - Field<br>Dept - US/Id - Frqn - |  | 17. Position Title<br>AREA OPS OFF CH |  | 18. Position No. |  | 19. Serv.  |  | 20. Occup. Series                      |  |  |  |  |
| 21. Grade & Step<br>13 1                   |  | 22. Salary Or Rate<br>\$ 9890         |  | 23. SD<br>DI     |  | 24. Date Of Grade<br>Mo. Da. Yr.<br>02 10 55     |  | 25. PSI Due<br>Mo. Da. Yr.<br>03 10 60 |  | 26. Appropriation Number<br><i>Alk</i> |  |  |

### ACTION

|                                      |  |            |  |  |  |                                 |  |            |  |                     |  |
|--------------------------------------|--|------------|--|--|--|---------------------------------|--|------------|--|---------------------|--|
| 27. Nature Of Action<br>Reassignment |  | Code<br>01 |  | 28. Eff. Date<br>Mo. Da. Yr.<br>08 10 59 |  | 29. Type Of Employee<br>Regular |  | Code<br>01 |  | 30. Separation Data |  |
|--------------------------------------|--|------------|--|--|--|---------------------------------|--|------------|--|---------------------|--|

### PRESENT ASSIGNMENT

|  |  |                                   |  |                  |  |                                  |  |                            |  |  |  |
|--|--|-----------------------------------|--|------------------|--|----------------------------------|--|----------------------------|--|--|--|
| 31. Organizational Designations<br>DDP/FE<br>Plan and Operations Staff<br>FI/CI Section<br>Office of the Chief |  |                                   |  | Code<br>5126     |  | 32. Location Of Official Station |  |                            |  | Station Code                           |  |
| 33. Dept. - Field<br>Dept - US/Id - Frqn -   |  | 34. Position Title<br>Ops Officer |  | 35. Position No. |  | 36. Serv.                        |  | 37. Occup. Series          |  |  |  |
| 38. Grade & Step   |  | 39. Salary Or Rate<br>\$          |  | 40. SD           |  | 41. Date Of Grade<br>Mo. Da. Yr. |  | 42. PSI Due<br>Mo. Da. Yr. |  | 43. Appropriation Number<br><i>Alk</i> |  |

### SOURCE OF REQUEST

|  |  |   |  |
|--|--|---|--|
| A. Requested By (Name And Title)<br>Robert D. Cashman, CPE/Personnel |  | C. Request Approved By (Signature And Title)<br><i>William V. Brown, DCFE</i> |  |
| B. For Additional Information Call (Name & Telephone Ext.)<br>X2257  |  |   |  |

### CLEARANCES

|                                 |  |           |  |      |  |                 |  |           |  |         |  |
|---------------------------------|--|-----------|--|------|--|-----------------|--|-----------|--|---------|--|
| Clearance                       |  | Signature |  | Date |  | Clearance       |  | Signature |  | Date    |  |
| A. Career Board                 |  |           |  |      |  | D. Placement    |  |           |  |         |  |
| B. Pos. Control                 |  |           |  |      |  | E. Approval (H) |  |           |  | 7-31-59 |  |
| C. Classification               |  |           |  |      |  |                 |  |           |  |         |  |
| Remarks<br>Please transfer from |  |           |  |      |  |                 |  |           |  |         |  |

**SECRET**

SECRET

REQUEST FOR PERSONNEL ACTION

|                                   |  |  |  |  |                  |                                   |  |                            |               |                                    |                         |  |  |
|-----------------------------------|--|--|--|--|------------------|-----------------------------------|--|----------------------------|---------------|------------------------------------|-------------------------|--|--|
| 1. Serial No.<br>512170           |  | 2. Name (Last-First-Middle)<br>RANDALL FREDERICK |  |  | 3. Date Of Birth |                                   | 4. Vet. Pref.<br>None-0<br>5 Pt-1<br>10 Pt-2 |                            | 5. Sex<br>M 1 |                                    | 6. CS - EOD<br>09 10 51 |  |  |
| 7. SCD<br>Mo. Da. Yr.<br>12 27 50 |  | 8. CSC Reint.<br>Yes-1<br>No-2                   |  | 9. CSC Or Other Legal Authority<br>Code<br>50 USCA 403 J |                  | 10. Apmt. Affidav.<br>Mo. Da. Yr. |  | 11. FEGLI<br>Yes-1<br>No-2 |               | 12. LCO<br>Mo. Da. Yr.<br>09 10 51 |                         | 13. <del>mo. da. yr.</del><br>Yes-1<br>No-2<br>Code<br>2 |  |

PREVIOUS ASSIGNMENT

|   |  |   |              |              |  |  |                                |  |                              |   |  |
|---|--|---|--------------|--------------|--|--|--------------------------------|--|------------------------------|---|--|
| 14. Organizational Designations<br>DCP FE |  |   | Code<br>5175 |              | 15. Location Of Official Station<br>WASH., D. C. |  |                                | Station Code                           |                              |   |  |
| 16. Dept. - Field<br>Code<br>1            |  | 17. Position Title<br>CONSULAR OFF<br>AREA OPS OFF CH |              |              | 18. Position No.<br>3876                         |  | 19. <del>Geo. Code</del><br>GS |  | 20. Occup. Series<br>0136.01 |   |  |
| 21. Grade & Step<br>06<br>13 1            |  | 22. Salary Or Rate<br>\$ 7150<br>9890                 |              | 23. SD<br>DI |  | 24. Date Of Grade<br>Mo. Da. Yr.<br>09 07 58 |                                | 25. PSI Due<br>Mo. Da. Yr.<br>03 06 60 |                              | 26. Appropriation Number<br>9 3700 10 201 |  |

ACTION

|                      |  |            |  |                                    |  |                                 |  |            |  |                     |  |
|----------------------|--|------------|--|------------------------------------|--|---------------------------------|--|------------|--|---------------------|--|
| 27. Nature Of Action |  | Code<br>20 |  | 28. <del>UJ</del> Date<br>03 12 59 |  | 29. Type Of Employee<br>Regular |  | Code<br>11 |  | 30. Separation Data |  |
|----------------------|--|------------|--|------------------------------------|--|---------------------------------|--|------------|--|---------------------|--|

PRESENT ASSIGNMENT

|                                 |  |   |      |        |                                  |                                  |                 |                            |                   |                          |  |
|---------------------------------|--|---|------|--------|----------------------------------|----------------------------------|-----------------|----------------------------|-------------------|--------------------------|--|
| 31. Organizational Designations |  |   | Code |        | 32. Location Of Official Station |                                  |                 | Station Code               |                   |                          |  |
| 33. Dept. - Field<br>Code<br>1  |  | 34. Position Title<br>Area Ops Off (CH) |      |        | 35. Position No.                 |                                  | 36. Surv.<br>GS |                            | 37. Occup. Series |                          |  |
| 38. Grade & Step<br>13 1        |  | 39. Salary Or Rate<br>\$                |      | 40. SD |                                  | 41. Date Of Grade<br>Mo. Da. Yr. |                 | 42. PSI Due<br>Mo. Da. Yr. |                   | 43. Appropriation Number |  |

SOURCE OF REQUEST

|  |  |                           |  |                       |  |
|--|--|---------------------------|--|-----------------------|--|
| 44. For Additional Information Call (Name & Telephone Ext.)<br>72957 |  | C. Request<br>[Signature] |  | [Signature And Title] |  |
|--|--|---------------------------|--|-----------------------|--|

CLEARANCES

|  |  |                 |  |                   |  |
|--|--|-----------------|--|-------------------|--|
| A. Career Board  |  | B. Pos. Control |  | C. Classification |  |
| Signature  |  | Signature       |  | Signature         |  |
| Date   |  | Date            |  | Date              |  |
| D. Placement   |  | E.              |  | F. Approved By    |  |
| Results<br>Subject resigned [Signature] COB 20 March 1959. |  |                 |  |                   |  |

SECRET

SECRET

Frederick C. Randall

28

23 May 1955

Washington, D. C.  
Intell Off (FI)

FE/S

SD:VI

OS-11  
OS-12

Basic Orientation, Operations 30, Grp A, Interior  
Study Course, Staff Indoctrination, Covert Activities  
CE, Language Training, [redacted] (6 June - 24 55)

University of Omaha - BA  
George Washington University MA

Spanish, slight

1944 - 1946 USAP Message Center Chief  
1948 - 1950 Processed Foods Manufacturers Manufacturers' Representative

NSA CIA Oct 1951 - Jan 1953 Counterespionage Officer (OS-9 - Jan 1953)  
Jan 1953 - Dec. 1953 Intell Officer (CI) OS-11  
Dec 1953 - June 1954 " " (FI) OS-11  
June 1954 to present " " OS-11  
Promoted to OS-11 - 20 December 1953. Intell. Officer (CI)

[redacted]  
Chief, FE/S

SECRET

~~SECRET~~

### REQUEST FOR PERSONNEL ACTION

|                                |  |   |  |   |                                 |  |                                   |  |                                |  |                            |  |  |  |
|--------------------------------|--|---|--|---|---------------------------------|--|-----------------------------------|--|--------------------------------|--|----------------------------|--|--|--|
| 1. Serial No.<br><b>512170</b> |  | 2. Name (Last-First-Middle)<br><b>RANDALL FREDERICK</b> |  |   | 3. Date Of Birth<br>Mo. Da. Yr. |  | 4. Vac. Pref.<br>Mo. Da. Yr.      |  | 5. Sex<br>M 1                  |  | 6. CS - FOD<br>Mo. Da. Yr. |  |  |  |
| 7. SCD<br>Mo. Da. Yr.          |  | 8. CSC Reint.<br>Yes-1 Code<br>No-2                     |  | 9. CSC Or Other Legal Authority<br><b>50 USCA 403 d</b> |                                 |  | 10. Apmt. Altidav.<br>Mo. Da. Yr. |  | 11. FEPL<br>Yes-1 Code<br>No-2 |  | 12. LCD<br>Mo. Da. Yr.     |  | 13. <sup>gr. serv.</sup> <sub>serv. sta.</sub><br>Yes-1 Code<br>No-2 |  |
| 12 27 50                       |  | 1 No 1  |  |   |                                 |  |                                   |  | 09 10 51                       |  | 10 51                      |  | 2  |  |

### PREVIOUS ASSIGNMENT

|  |  |   |                     |                     |   |   |                        |   |                   |                          |  |
|--|--|---|---------------------|---------------------|---|---|------------------------|---|-------------------|--------------------------|--|
| 14. Organizational Designations<br><b>DDP FE</b>   |  |   | Code<br><b>5175</b> |                     | 15. Location Of Official Station<br><b>WASH., D. C.</b> |   |                        | Station Code                                  |                   |                          |  |
| 16. Dept. - Field<br>Dept. Code<br>USfld.<br>Frgn. |  | 17. Position Title<br><b>CONSULAR OFF<br/>I.O. FI</b> |                     |                     | 18. Position No.<br><b>3873</b>                         |   | 19. Serv.<br><b>GS</b> |   | 20. Occup. Series |                          |  |
| 21. Grade & Step<br><b>06<br/>13-1</b>             |  | 22. Salary Or Rate<br><b>\$ 7150<br/>9890</b>         |                     | 23. SD<br><b>01</b> |   | 24. Date Of Grade<br>Mo. Da. Yr.<br><b>09 07 58</b> |                        | 25. PSI Due<br>Mo. Da. Yr.<br><b>03 06 60</b> |                   | 26. Appropriation Number |  |

### ACTION

|   |  |      |  |                              |  |  |  |      |  |                                   |  |
|---|--|------|--|------------------------------|--|--|--|------|--|-----------------------------------|--|
| 27. Nature Of Action<br><b>Reassignment</b> |  | Code |  | 28. Eff. Date<br>Mo. Da. Yr. |  | 29. Type Of Employee<br><b>Regular</b> |  | Code |  | 30. Separation Data<br><b>011</b> |  |
|---|--|------|--|------------------------------|--|--|--|------|--|-----------------------------------|--|

### PRESENT ASSIGNMENT

|  |  |   |                     |        |                                  |   |                        |   |                                     |                          |  |
|--|--|---|---------------------|--------|----------------------------------|---|------------------------|---|-------------------------------------|--------------------------|--|
| 31. Organizational Designations                    |  |   | Code<br><b>5175</b> |        | 32. Location Of Official Station |   |                        | Station Code                                  |                                     |                          |  |
| 33. Dept. - Field<br>Dept. Code<br>USfld.<br>Frgn. |  | 34. Position Title<br><b>Consular Off<br/>Area Ops Off (Ch)</b> |                     |        | 35. Position No.<br><b>3876</b>  |   | 36. Serv.<br><b>GS</b> |   | 37. Occup. Series<br><b>0136.01</b> |                          |  |
| 38. Grade & Step                                   |  | 39. Salary Or Rate<br><b>\$</b>                                 |                     | 40. SD |                                  | 41. Date Of Grade<br>Mo. Da. Yr.<br><b>09 10 58</b> |                        | 42. PSI Due<br>Mo. Da. Yr.<br><b>03 10 60</b> |                                     | 43. Appropriation Number |  |

### SOURCE OF REQUEST

A. Request Approved By (Signature And Title)  
**CFE/Personnel**

B. For Additional Information Call (Name & Telephone No.)  
**Mozelle Little, x2957**

### CLEARANCES

|                              |  |           |  |      |  |                |  |           |  |      |  |
|------------------------------|--|-----------|--|------|--|----------------|--|-----------|--|------|--|
| Clearance                    |  | Signature |  | Date |  | Clearance      |  | Signature |  | Date |  |
| A. Career Board              |  |           |  |      |  | D. Placement   |  |           |  |      |  |
| B. Pass Control              |  |           |  |      |  | E.             |  |           |  |      |  |
| C. Classification            |  |           |  |      |  | F. Approved By |  |           |  |      |  |
| Remarks<br><b>T/O Change</b> |  |           |  |      |  |                |  |           |  |      |  |



**SECRET**  
(When Filled In)

|               |    |                             |                              |                                 |  |                    |  |                            |         |          |          |                            |  |
|---------------|----|-----------------------------|------------------------------|---------------------------------|--|--------------------|--|----------------------------|---------|----------|----------|----------------------------|--|
| DATE PREPARED |    |                             | REQUEST FOR PERSONNEL ACTION |                                 |  |                    |  |                            | V to V  |          | V to UV  |                            |  |
| Mo            | Da | Yr                          |                              |                                 |  |                    |  |                            | UY to V |          | UY to UV |                            |  |
| 07            | 10 | 58                          |                              |                                 |  |                    |  |                            |         |          |          |                            |  |
| 1. Serial No. |    | 2. Name (Last-First-Middle) |                              |                                 |  | 3. Date of Birth   |  | 4. Vac. Pref.              |         | 5. Sex   |          | 6. CS - EOD                |  |
|               |    | RANDALL, Frederick G.       |                              |                                 |  | Mo Da Yr           |  | None-0<br>10 P-2<br>Code 1 |         | M        |          | Mo Da Yr                   |  |
| 7. SCD        |    | 8. CSC Reimt.               |                              | 9. CSC Or Other Legal Authority |  | 10. Appt. Affidav. |  | 11. FEGLI                  |         | 12. LCD  |          | 13. MIL. SERV. SREGLI, LER |  |
| Mo Da Yr      |    | Yes - 1<br>No - 2           |                              | Code                            |  | Mo Da Yr           |  | Yes-1<br>No -2             |         | Mo Da Yr |          | Yes - 1<br>No - 2          |  |

**PREVIOUS ASSIGNMENT**

|                                 |  |                    |  |                                 |  |                                  |  |                        |  |                          |  |
|---------------------------------|--|--------------------|--|---------------------------------|--|----------------------------------|--|------------------------|--|--------------------------|--|
| 14. Organizational Designations |  |                    |  | Code                            |  | 15. Location Of Official Station |  |                        |  | Station Code             |  |
| DDP/FE                          |  |                    |  |                                 |  |                                  |  |                        |  |                          |  |
| 16. Dept.-Field                 |  | 17. Position Title |  |                                 |  | 18. Position No.                 |  | 19. Serv.              |  | 20. Occup. Series        |  |
| Dept. Valid From                |  | Code               |  | (Consular Officer)<br>I.O. (PI) |  |                                  |  | 908                    |  | (IS)                     |  |
| 21. Grade & Step                |  | 22. Salary Or Rate |  | 23. SD                          |  | 24. Date Of Grade                |  | 25. PSI Due            |  | 26. Appropriation Number |  |
| 12 #                            |  | \$ 5970.50         |  | DI                              |  | Mo Da Yr<br>08/14/58             |  | Mo - Da Yr<br>09/10/58 |  |                          |  |

**ACTION**

|                      |  |      |  |                      |  |                      |  |      |  |                     |  |
|----------------------|--|------|--|----------------------|--|----------------------|--|------|--|---------------------|--|
| 27. Nature Of Action |  | Code |  | 28. Eff. Date        |  | 29. Type Of Employee |  | Code |  | 30. Separation Data |  |
| Promotion            |  | 61   |  | Mo Da Yr<br>09 07 58 |  | Regular              |  | 077  |  |                     |  |

**PRESENT ASSIGNMENT**

|   |  |                    |  |                 |  |  |  |                        |  |                          |  |
|---|--|--------------------|--|-----------------|--|--|--|------------------------|--|--------------------------|--|
| 31. Organizational Designations   |  |                    |  | Code            |  | 32. Location Of Official Station             |  |                        |  | Station Code             |  |
| DDP/FE  |  |                    |  |                 |  | Washington, D.C.                             |  |                        |  |                          |  |
| 33. Dept.-Field   |  | 34. Position Title |  |                 |  | 35. Position No.                             |  | 36. Serv.              |  | 37. Occup. Series        |  |
| Dept. Valid From  |  | Code               |  | Section<br>5725 |  |  |  | 3873 12/11             |  |                          |  |
| 38. Grade & Step  |  | 39. Salary Or Rate |  | 40. SD          |  | 41. Date Of Grade                            |  | 42. PSI Due            |  | 43. Appropriation Number |  |
| 13-1  |  | \$ 9890            |  |                 |  | Mo Da Yr<br>09 07 58                         |  | Mo - Da Yr<br>09 07 58 |  | 9-3700-2210-201          |  |
| SOURCE OF REQUEST   |  |                    |  |                 |  |  |  |                        |  |                          |  |
| A. [Redacted]   |  |                    |  |                 |  | C. Request Approved By (Signature And Title) |  |                        |  |                          |  |
| B. For Additional Information Call (Name & Telephone Ext.)                        |  |                    |  |                 |  |  |  |                        |  |                          |  |
| x-2257  |  |                    |  |                 |  |  |  |                        |  |                          |  |
| CLEARANCES  |  |                    |  |                 |  |  |  |                        |  |                          |  |
| Clearance   |  | Signature          |  | Date            |  | Clearance                                    |  | Signature              |  | Date                     |  |
| A. Career Board   |  |                    |  | 8/11/58         |  | D. Placement                                 |  |                        |  |                          |  |
| B. Pay Control  |  |                    |  |                 |  | E.   |  |                        |  |                          |  |
| C. Classification   |  |                    |  |                 |  | F. Approved By                               |  |                        |  |                          |  |
| Remarks: Present incumbent of slot to be 2 copies to Security. [Redacted] 8-10-58 |  |                    |  |                 |  |  |  |                        |  |                          |  |

**SECRET**  
(When Filled In)

|               |    |    |                              |      |                                 |                  |                    |                             |           |        |          |             |                             |    |
|---------------|----|----|------------------------------|------|---------------------------------|------------------|--------------------|-----------------------------|-----------|--------|----------|-------------|-----------------------------|----|
| DATE PREPARED |    |    | REQUEST FOR PERSONNEL ACTION |      |                                 |                  |                    |                             | V to V    |        | V to UV  |             |                             |    |
| Mo            | Da | Yr |                              |      |                                 |                  |                    |                             | UV to V   |        | UV to UV |             |                             |    |
| 27            | 08 | 58 | 2. Name (Last-First-Middle)  |      |                                 | 3. Date of Birth |                    | 4. Vet. Prof.               |           | 5. Sex |          | 6. CS - EOD |                             |    |
| 1. Serial No. |    |    | RAVDALE, Frederick G.        |      |                                 | Mo Da Yr         |                    | None-0<br>5 Pr-1<br>10 Pr-2 |           | Code   |          | Mo Da Yr    |                             |    |
| 7. SCD        |    |    | 8. CSC Reimt.                |      | 9. CSC Or Other Legal Authority |                  | 10. Apmt. Allidov. |                             | 11. FEGLI |        | 12. LCD  |             | 13. MIL. SERV. CREDIT, L.Co |    |
| Mo            | Da | Yr | Yes - 1                      | Code |                                 |                  | Mo                 | Da                          | Yr        | Yes-1  | Code     | Mo          | Da                          | Yr |
|               |    |    | No - 2                       | 1    |                                 |                  |                    |                             |           | No-2   |          |             |                             |    |

**PREVIOUS ASSIGNMENT**

|                                 |  |                    |  |        |  |                                  |  |             |  |                          |  |
|---------------------------------|--|--------------------|--|--------|--|----------------------------------|--|-------------|--|--------------------------|--|
| 14. Organizational Designations |  |                    |  | Code   |  | 15. Location Of Official Station |  |             |  | Station Code             |  |
| DDP/SM 1                        |  |                    |  |        |  | Washington, D.C.                 |  |             |  |                          |  |
| 16. Dept.-Field                 |  | 17. Position Title |  |        |  | 18. Position No.                 |  | 19. Serv.   |  | 20. Occup. Series        |  |
| DDP/SM                          |  | I.O. (FI)          |  |        |  |                                  |  | GS          |  |                          |  |
| 21. Grade & Step                |  | 22. Salary Or Rate |  | 23. SD |  | 24. Date Of Grade                |  | 25. PSI Due |  | 26. Appropriation Number |  |
| (5) 3                           |  | \$ 8,360           |  | DI     |  | Mo Da Yr                         |  | Mo Da Yr    |  | 10-701                   |  |
| 12 2                            |  | 8,360              |  |        |  |                                  |  |             |  | C-3700-2001              |  |

**ACTION**

|                      |  |      |  |               |  |                      |  |      |  |                     |  |
|----------------------|--|------|--|---------------|--|----------------------|--|------|--|---------------------|--|
| 27. Nature Of Action |  | Code |  | 28. Eff. Date |  | 29. Type Of Employee |  | Code |  | 30. Separation Date |  |
| Promotion            |  |      |  | 09/07/58      |  | Regular              |  |      |  |                     |  |

**PRESENT ASSIGNMENT**

|                                 |  |                    |  |        |  |                                  |  |             |  |                          |  |
|---------------------------------|--|--------------------|--|--------|--|----------------------------------|--|-------------|--|--------------------------|--|
| 31. Organizational Designations |  |                    |  | Code   |  | 32. Location Of Official Station |  |             |  | Station Code             |  |
| DDP/SM                          |  |                    |  |        |  |                                  |  |             |  |                          |  |
| 34. Dept.-Field                 |  | 34. Position Title |  |        |  | 35. Position No.                 |  | 36. Serv.   |  | 37. Occup. Series        |  |
| DDP/SM                          |  |                    |  |        |  |                                  |  |             |  |                          |  |
| 38. Grade & Step                |  | 39. Salary Or Rate |  | 40. SD |  | 41. Date Of Grade                |  | 42. PSI Due |  | 43. Appropriation Number |  |
| 13 1                            |  | \$ 9600            |  |        |  | 09/07/58                         |  | 03/06/60    |  |                          |  |

**SOURCE OF REQUEST**

|  |  |  |  |
|--|--|--|--|
| A. Request Approved By (Signature And Title)               |  | C. Request Approved By (Signature And Title) |  |
| [Signature]  |  | [Signature]                                  |  |
| B. For Additional Information Call (Name & Telephone Etc.) |  |  |  |
| [Name & Telephone]   |  |  |  |

**CLEARANCES**

|                       |  |             |  |              |  |                |  |             |  |              |  |
|-----------------------|--|-------------|--|--------------|--|----------------|--|-------------|--|--------------|--|
| Clearance             |  | Signature   |  | Date         |  | Clearance      |  | Signature   |  | Date         |  |
| A. Career Board       |  | [Signature] |  | 4/2/58       |  | D. Placement   |  | [Signature] |  | 5 SEP 7 1958 |  |
| B. Pos. Control       |  | [Signature] |  | 5 SEP 5 1958 |  | E.             |  | [Signature] |  | [Date]       |  |
| C. Classification     |  | [Signature] |  | [Date]       |  | F. Approved By |  | [Signature] |  | [Date]       |  |
| Remarks               |  |             |  |              |  |                |  |             |  |              |  |
| [Handwritten Remarks] |  |             |  |              |  |                |  |             |  |              |  |

SECRET

| STANDARD FORM 52<br>FORMS CITED BY THE<br>U. S. CIVIL SERVICE COMMISSION<br>GENERAL INVESTIGATIVE DIVISION<br>CHAPTER 51  |                                       | UNVOUCHERED  |   |
|---|---------------------------------------|--|---|
| <b>REQUEST FOR PERSONNEL ACTION</b>   |                                       |  |   |
| <b>REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.<br/>If applicable, obtain resignation and fill in separation data on reverse.</b> |                                       |  |   |
| 1. NAME (Mr.-Miss-Mrs - One given name, initial(s), and surname)  |                                       | 2. DATE OF BIRTH   | 3. REQUEST NO.  |
| Mr. Frederick C. RANDALL  |                                       |  |   |
| 5. NATURE OF ACTION REQUESTED:<br>A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)   |                                       | 6. EFFECTIVE DATE<br>A. PROPOSED:  | 4. DATE OF REQUEST  |
|   |                                       |  | 26 Oct. 55  |
| B. POSITION (Specify whether establish, change grade or title, etc.)  |                                       | B. APPROVED:<br>27 Oct. 1955   |   |
| 7. C. S. OR OTHER<br>LEGAL AUTHORITY  |                                       |  |   |
| FROM—   | Intell Officer (FI) EFF 908           | 4. POSITION TITLE AND<br>NUMBER  | TO—   |
|   | OS-0136.51-12 \$7570                  | 5. SERVICE, GRADE, AND<br>SALARY   |   |
|   | DDP/FE                                | 10. ORGANIZATIONAL<br>DESIGNATIONS   | DDP/FE  |
|   |                                       | 11. HEADQUARTERS   |   |
| <input checked="" type="checkbox"/> FIELD   | <input type="checkbox"/> DEPARTMENTAL | 12. FIELD OR DEPARTMENTAL  | <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL |
| A. REMARKS (Use reverse if necessary)   |                                       |  |   |
|   |                                       |  |   |
| B. REQUESTED BY (Name and title)  |                                       | D. REQUEST APPROVED BY   |   |
| FI/OPS/OCL  |                                       | Signature: _____   |   |
| C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)   |                                       | Title: _____   |   |
| 86104   |                                       |  |   |
| 13. VETERAN PREFERENCE  |                                       | 14. POSITION CLASSIFICATION ACTION   |   |
| BONE  | WWII                                  | OTHER'S PT.  | 15 POINT  |
|   |                                       |  | DISAB. OTHER  |
|   |                                       | <input checked="" type="checkbox"/>  |   |
| 15. SEX   |                                       | 18. SURJECT TO C. S.<br>RETIREMENT ACT<br>(YES-NO)   |   |
| M   | W                                     |  |   |
| 16. RACE  |                                       | 19. DATE OF APPOINTMENT AFFIDAVITS<br>(ACCESSIONS ONLY)  |   |
|   |                                       | 20. LEGAL RESIDENCE<br>STATE: <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED |   |
| 17. APPROPRIATION   |                                       |  |   |
| FROM: _____   |                                       |  |   |
| TO: _____   |                                       |  |   |
| 21. STANDARD FORM-50 REMARKS  |                                       |  |   |
|   |                                       |  |   |
| 22. CLERK/AGENCIES  | INITIAL OR SIGNATURE                  | DATE   | REMARKS   |
| A.  |                                       |  |   |
| B. CELL OR POS CONTROL  |                                       |  |   |
| C. CLASSIFICATION   |                                       |  |   |
| D. PLACEMENT OR EMPL.   |                                       |  |   |
| E.  |                                       |  |   |
| P. APPROVED BY  |                                       |  |   |

SECRET

**SECRET**  
(When Filled In)

**IN- AND OUT-CASUAL STATUS RECORD**

|  |   |  |                                  |
|--|---|--|----------------------------------|
| 1  | NAME (Last-First-Middle)<br><b>RANDALL, Frederick C.</b>          | OFFICE OF CURRENT ASSIGNMENT (By last action)<br><b>72</b> | SERVICE DESIGNATION<br><b>DT</b> |
| 2  | <input type="checkbox"/> IDENTIFY AS IN-CASUAL                    | DATE OF ARRIVAL CPB  | DATE OF ARRIVAL U.S.             |
| <p align="center">CPB WILL COMPLETE ITEMS 1, 2 AND 3 FOR ANY EMPLOYEE WHO:</p> <p align="center">A. REPORTS FOR DEBRIEFING UPON RETURN FROM A FOREIGN FIELD STATION ON PCS.<br/>B. HAS AMENDED TRAVEL ORDER CHANGING DEPARTMENTAL DUTY STATUS FROM TDY TO PCS.</p>   |   |  |                                  |
| 3  | <input type="checkbox"/> REMOVE FROM IN-CASUAL STATUS             | DATE ACTION EFFECTED                                       |                                  |
| <p align="center">TRB WILL COMPLETE ITEMS 1, 3 AND 6 WHENEVER THE FOLLOWING ARE EFFECTED:</p> <p align="center">A. PERSONNEL ACTION ASSIGNING AN IN-CASUAL TO A DEPARTMENTAL POSITION.<br/>B. PERSONNEL ACTION ASSIGNING AN IN-CASUAL TO ANOTHER FOREIGN FIELD POSITION.<br/>C. PERSONNEL ACTION ASSIGNING AN IN-CASUAL TO A U.S. FIELD POSITION.<br/>D. SEPARATION ACTION INVOLVING AN IN-CASUAL.</p>   |   |  |                                  |
| 4  | <input type="checkbox"/> PLACE IN OUT-CASUAL STATUS               | DATE ACTION EFFECTED                                       |                                  |
| <p align="center">TRB WILL COMPLETE ITEMS 1, 4 AND 6 WHENEVER THE FOLLOWING ARE EFFECTED:</p> <p align="center">A. PERSONNEL ACTION ASSIGNING AN IN-CASUAL TO ANOTHER FOREIGN FIELD POSITION, PCS.<br/>B. PERSONNEL ACTION APPOINTING OR REASSIGNING AN EMPLOYEE TO A FOREIGN FIELD POSITION WHEN INCUMBENT PHYSICALLY LOCATED IN U.S.</p>   |   |  |                                  |
| 5  | <input checked="" type="checkbox"/> REMOVE FROM OUT-CASUAL STATUS | DATE ACTION EFFECTED<br><b>27 October 1965</b>             | DATE DEPARTED FROM U.S.          |
| <p align="center">TRB AND/OR CPB WILL COMPLETE ITEMS 1, 5, AND 6 WHENEVER THE FOLLOWING ARE EFFECTED:</p> <p align="center">A. WHEN CPB HAS ESTABLISHED A DEFINITE DATE OF DEPARTURE FROM THE CONTINENTAL UNITED STATES, PCS.<br/>B. PERSONNEL ACTION ASSIGNING AN OUT-CASUAL TO A U.S. FIELD STATION.<br/>C. PERSONNEL ACTION ASSIGNING AN OUT-CASUAL TO A DEPARTMENTAL POSITION.<br/>D. SEPARATION ACTION INVOLVING AN OUT-CASUAL.</p> <p><input checked="" type="checkbox"/> RECEIPT OF AMENDED TRAVEL ORDER CHANGING MOVEMENT TO PCS WHILE SUBJECT IS ON TDY IN FIELD.</p> |   |  |                                  |
| REMARKS (Additional data concerning in- and out-casual status, if applicable):   |   |  |                                  |
|  |   |  |                                  |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p align="center"><b>POSTED</b></p> <p align="center">1 Oct 1965</p> </div>  |   |  |                                  |
| 6  | THIS DATE<br><b>29 October 1965</b>                               | SIGNATURE  | CHECK DATE                       |
| <p align="center">FORM NO. 603 OCTOBER 1964 21 NOV 1964<br/>1-20-65 GPOC: 1965 O-311-000</p>   |   |  |                                  |

**SECRET**

SECRET

SEP 2 1955

MEMORANDUM FOR: Special Assistant, Intelligence  
[redacted]

SUBJECT: RANDALL, Frederick C.  
Travel Authorization for Temporary Duty

REFERENCE: Memorandum for Special Assistant, Intelligence,  
[redacted] from this office, subject,  
RANDALL, Frederick C., Request for Appointment  
[redacted] dated 2 August 1955

It is requested that Mr. Randall be authorized approximately  
four days temporary duty at [redacted] enroute to his post of  
duty [redacted] for the purpose of consultation desired by this  
Agency.

FOR THE DEPUTY DIRECTOR, PLANS:

ORSON H. STEWART

Rewritten OCL -bo  
Distribution:  
Orig. : 1 - Addressee  
1 - CFI  
1 - PS/PS  
2 - OCL  
1 - PI  
1 - CPN

WIT SIGN

205 50 5 50 67 2

SECRET



APPLICATION FOR MEMBERSHIP  
in the CAREER STAFF of the  
CENTRAL INTELLIGENCE AGENCY

To the Director of Central Intelligence

Sir:

I submit herewith my application for membership in the Career Staff of the Central Intelligence Agency as defined below:

"The Career Staff of the Central Intelligence Agency is a group of carefully selected and trained individuals who accept an obligation to devote themselves to the needs of the Agency, and who intend to make a career with the Agency."

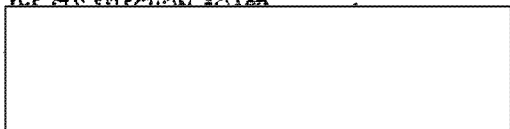
In accordance with this definition, I desire to devote myself to the faithful performance of duty in the Central Intelligence Agency, and I accept the obligations and conditions of that service which are determined to be essential to the furtherance of its mission.

I am aware of the many restrictions necessarily placed upon me by virtue of the security requirements inherent in my employment by the Central Intelligence Agency. I am also aware that as a member of the Career Staff, it will be my obligation to serve anywhere and at any time and for any kind of duty as determined by the needs of the Agency, and I have been assured that in order to carry out this policy, full consideration will be given to my particular capabilities, interests, and personal circumstances. By virtue of this application for membership and upon my acceptance in the Career Staff, I am assured that, with continuing satisfactory work performance and conduct on my part, just and equitable attention will be accorded my personal progress during my tenure in the Career Staff. I am also assured that, on my satisfactory completion of any assignments, I will be offered reassignments which are compatible insofar as possible with my abilities and career interests, and that I shall be entitled to the benefits now available or to be made available in the future to members of the Career Staff of the Central Intelligence Agency.

MEMBERSHIP IN THE CAREER STAFF OF  
THE CENTRAL INTELLIGENCE AGENCY  
APPROVED, TO TAKE EFFECT 10 SEP 1954  
FOR THE DIRECTOR OF CENTRAL INTELLIGENCE.  
EXECUTIVE DIRECTOR  
THE CIVILIAN SELECTION BOARD

*Frederick C. Randall*  
\_\_\_\_\_  
(Signature)

*4 November 1954*  
\_\_\_\_\_  
(Date)



SECRET

SECRET

|   |                          |
|---|--------------------------|
| STANDARD FORM 52<br>FORM 52-1 OF THE<br>U. S. GOVERNMENT PRINTING OFFICE<br>WASHINGTON, D. C. 20540 | VOUCHERED<br>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)<br><b>Mr. Frederick C. Randall</b>                          | 2. DATE OF BIRTH | 3. REQUEST NO.  | 4. DATE OF RECEIPT<br><b>3 Aug 55</b> |
| 5. NATURE OF ACTION REQUESTED<br>A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)<br><b>Reassignment</b> |                  | 6. EFFECTIVE DATE<br>A. PROPOSED:<br><b>As soon as possible</b><br>B. APPROVED: | 7. C. S. OR OTHER LEGAL AUTHORITY     |
| 8. POSITION (Specify whether establish, change grade or title, etc.)  |                  |   |                                       |

|  |                                 |   |
|--|---------------------------------|---|
| FROM: <b>Intelligence Officer (FI)</b>                     | 9. POSITION TITLE AND NUMBER    | TO: <b>Intelligence Officer (FI)</b>                                    |
| <b>GS</b> [ ] <b>\$7570.00</b> <b>P/A</b>                  | 10. SERVICE GRADE AND SALARY    | <b>GS</b> [ ] <b>\$7570.00</b> <b>P/A</b>                               |
| <b>DDP/FE</b>  | 11. ORGANIZATIONAL DESIGNATIONS | <b>DDP/FE</b>   |
| [ ] FIELD <input checked="" type="checkbox"/> DEPARTMENTAL | 12. FIELD OR DEPARTMENTAL       | <input checked="" type="checkbox"/> FIELD [ ] DEPARTMENTAL <b>30:01</b> |

A. REMARKS (Use reverse if necessary)  
 W-4 and Fitness Report attached. 2 copies of SF-52 forwarded to Security.  
 Transfer unused leave from [ ]  
 Subject to leave for the field on or about 15 Oct. 1955

|  |   |
|--|---|
| B. PERSONNEL OFFICER'S SIGNATURE<br><b>[Signature]</b>   | C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)<br><b>x3780</b>   |
| 13. VETERAN PREFERENCE<br>FROM: <input checked="" type="checkbox"/> WHO <input checked="" type="checkbox"/> OTHER DEPT. <input type="checkbox"/> TO POINT<br>LEAVE OTHER | 14. POSITION CLASSIFICATION ACTION<br>NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input type="checkbox"/> REAL <input type="checkbox"/> |
| 15. IN CLX RACE <input type="checkbox"/> FEIN. <input type="checkbox"/>  | 16. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)<br><b>Yes</b>  |
| 17. APPREHENSION <input type="checkbox"/>  | 18. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)   |
| 19. LEGAL RESIDENCE<br><input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED<br>STATE:  |   |

21. STANDARD FORM 50 REMARKS  
 [ ]  
 NOT IN [ ]

|                                      |                      |      |         |
|--------------------------------------|----------------------|------|---------|
| 22. CLEARANCES                       | INITIAL OR SIGNATURE | DATE | REMARKS |
| A.                                   |                      |      |         |
| B. FEEL OR AFFIDAVIT                 |                      |      |         |
| C. CLASSIFICATION                    |                      |      |         |
| D. PLACEMENT OR FUND                 |                      |      |         |
| E.                                   |                      |      |         |
| F. APPROVED BY<br><b>[Signature]</b> |                      |      |         |

SECRET

**SECRET**  
(When Filled In)

**IN- AND OUT-CASUAL STATUS RECORD**

|          |  |  |                                  |
|----------|--|--|----------------------------------|
| <b>1</b> | NAME (LAST-FIRST-INITIALS)<br><b>RANDALL, Frederick C.</b> | OFFICE OF CURRENT ASSIGNMENT (BY LAST ACTION)<br><b>FE</b> | SERVICE DESIGNATION<br><b>DI</b> |
| <b>2</b> | <input type="checkbox"/> IDENTIFY AS IN-CASUAL             | DATE OF ARRIVAL CPB  | DATE OF ARRIVAL U.S.             |

CPB WILL COMPLETE ITEMS 1, 2 AND 6 FOR ANY EMPLOYEE WHO:  
 1. REPORTS FOR DUTY UPON RETURN FROM A FOREIGN FIELD STATION ON PCS.  
 2. HAS TRAVEL ORDER AMENDED CHANGING DEPARTMENTAL DUTY STATUS FROM TDY TO PCS.

|          |   |                      |
|----------|---|----------------------|
| <b>3</b> | <input type="checkbox"/> REMOVE FROM IN-CASUAL STATUS | DATE ACTION EFFECTED |
|----------|---|----------------------|

THE WILL COMPLETE ITEMS 1, 3 AND 6 WHENEVER THE FOLLOWING ARE EFFECTED:  
 A. PERSONNEL ACTION ASSIGNING AN IN-CASUAL TO A DEPARTMENTAL POSITION.  
 B. PERSONNEL ACTION ASSIGNING AN IN-CASUAL TO ANOTHER FOREIGN FIELD POSITION.  
 C. PERSONNEL ACTION ASSIGNING AN IN-CASUAL TO A U.S. FIELD POSITION.  
 D. SEPARATION ACTION INVOLVING AN IN-CASUAL.

|          |  |  |
|----------|--|--|
| <b>4</b> | <input checked="" type="checkbox"/> PLACE IN OUT-CASUAL STATUS | DATE ACTION EFFECTED<br><b>25 Sep 55</b> |
|----------|--|--|

THE WILL COMPLETE ITEMS 1, 4 AND 6 WHENEVER THE FOLLOWING ARE EFFECTED:  
 A. PERSONNEL ACTION ASSIGNING AN IN-CASUAL TO ANOTHER FOREIGN FIELD POSITION, **PCS**.  
 (C) PERSONNEL ACTION APPOINTING OR REASSIGNING AN EMPLOYEE TO A FOREIGN FIELD POSITION, **where**  
*assignment previously located in U.S.*

|          |  |                      |                         |
|----------|--|----------------------|-------------------------|
| <b>5</b> | <input type="checkbox"/> REMOVE FROM OUT-CASUAL STATUS | DATE ACTION EFFECTED | DATE DEPARTED FROM U.S. |
|----------|--|----------------------|-------------------------|

THE AND/OR CPB WILL COMPLETE ITEMS 1, 5, AND 6 WHENEVER THE FOLLOWING ARE EFFECTED:  
 A. WHEN LPE HAS ESTABLISHED A DEFINITE DATE OF DEPARTURE FROM THE CONTINENTAL UNITED STATES, **PCS**.  
 B. PERSONNEL ACTION ASSIGNING AN OUT-CASUAL TO A U.S. FIELD STATION.  
 C. PERSONNEL ACTION ASSIGNING AN OUT-CASUAL TO A DEPARTMENTAL POSITION.  
 D. SEPARATION ACTION INVOLVING AN OUT-CASUAL.  
 F. RECEIPT OF AMENDED TRAVEL ORDER CHANGING MOVEMENT TO PCS WHILE SUBJECT IS ON TDY IN FIELD.

REMARKS (ADDITIONAL DATA CONCERNING IN- AND OUT-CASUAL STATUS, IF APPLICABLE):

*4/ 10/3/55*

|          |                           |                          |                                |
|----------|---------------------------|--------------------------|--------------------------------|
| <b>6</b> | DATE<br><b>3 Oct 1955</b> | BY<br><b>S. F. WELLS</b> | INITIALS<br><b>[Signature]</b> |
|----------|---------------------------|--------------------------|--------------------------------|



SECRET

22 June 1955

MEMORANDUM FOR: VE/Personnel

SUBJECT: Promotion of RANDALL, Frederick C.

1. Mr. Randall assumed his present duties as FI operations officer for [redacted] on 26 May 1954. Prior to that time he served as Chief, CE Unit, P&S.

2. Mr. Randall has performed his duties as FI officer for [redacted] in an extremely satisfactory manner. The monthly letter of the Senior Representative to the Director has, without exception, stated that Headquarters support of the [redacted] Station has been efficient. Mr. Randall's performance is characterized by a high degree of industry and thoroughness. He has been described as one of those individuals to whom a supervisor can assign a task, and then turn to other matters with sure confidence that the job will be completed, to the last detail, and on time.

3. Mr. Randall has demonstrated clearly his growing ability to handle larger responsibilities. His transition from a CE Unit Chief's job to that of FI operations officer for the [redacted] Unit has been smooth. Once he learns a new technique or procedural method, Mr. Randall can put it into operation without further supervision.

4. Mr. Randall is strongly recommended for promotion to GS-12.

[redacted]

C:1-F, P&S

SECRET

APPROVED  
JUN 23 1955  
SECRET

SECRET

STANDARD FORM 63  
 FORM 8-54 (REV. 1-1-54)  
 U. S. GOVERNMENT PRINTING OFFICE: 1953  
 OREGON OFFICE

**REQUEST FOR PERSONNEL ACTION**

**VOUCHERED**

**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. - Mrs. - One given name, initial(s), and surname)<br><b>Mr. Frederick C. Randall</b>                             |  | 2. DATE OF BIRTH | 3. REQUEST NO.                   | 4. DATE OF REQUEST<br><b>23 May 1955</b> |
| 5. NATURE OF ACTION REQUESTED:<br>A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)<br><b>Promotion</b> |  |                  | 6. EFFECTIVE DATE & PROPOSED:    | 7. C. S. OR OTHER LEGAL AUTHORITY        |
| 8. PORTION (Specify whether establish, change grade or title, etc.)   |  |                  | B. APPROVED:<br><i>14 August</i> |  |

|   |   |   |
|---|---|---|
| FROM—<br><b>Intelligence Off. (FI)</b><br><br><b>\$5440.00 P/A</b><br><b>6140.</b><br><b>DDP/FE</b><br><b>6605.</b><br><br><b>Washington, D. C.</b> | 9. POSITION TITLE AND NUMBER<br>10. SERVICE, GRADE, AND SALARY<br>11. ORGANIZATIONAL DESIGNATIONS<br>12. HEADQUARTERS | TO—<br><b>Intelligence Off. (FI)</b><br><br><b>\$7040.00 P/A</b><br><b>7570.</b><br><b>DDP/FE</b><br><br><b>Washington, D. C.</b> |
| <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL   | <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL                                       | <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL <b>SD:DI</b>                                      |

A. REMARKS (Use reverse if necessary)  
**Data Sheet & Recommendation attached.**

|   |  |                                    |  |
|---|--|------------------------------------|--|
| B. FEEDBACK OFFICER<br><b>FE Personnel Officer</b>                                |  | D. SIGNATURE<br><i>[Signature]</i> |  |
| C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)<br><b>x3780</b> |  | E. ACTION<br><b>56 July 55</b>     |  |

|   |                                     |  |                                     |
|---|-------------------------------------|--|-------------------------------------|
| 13. VETERAN PREFERENCE                              |                                     | 14. POST OFFICE ADDRESS  |                                     |
| NONE  | WWII                                | OTHER  | 8 PT                                |
|   | <input checked="" type="checkbox"/> |  | <input checked="" type="checkbox"/> |
| 15. SEX   |                                     | 16. AFFILIATION  |                                     |
| M   | <input checked="" type="checkbox"/> | F  | <input type="checkbox"/>            |
| 17. RACE  |                                     | 18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)                     |                                     |
| M   | <input checked="" type="checkbox"/> | Y  | <input checked="" type="checkbox"/> |
| 19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY) |                                     | 20. LEGAL RESIDENCE  |                                     |
|   |                                     | <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED |                                     |
| 21. STANDARD FORM NO. 30 (SEE INSTRUCTIONS)         |                                     | STATE:   |                                     |

APPROVED BY *[Signature]* **12 JUL 1955**

| 22. CLEARANCE                     | INITIAL OR SIGNATURE | DATE           | REMARKS |
|-----------------------------------|----------------------|----------------|---------|
| A.                                |                      |                |         |
| B. CHIEF OF POLICE                | <i>[Signature]</i>   | <i>2/24/55</i> |         |
| C. ORGANIZATION                   | <i>[Signature]</i>   | <i>2/24/55</i> |         |
| D. PLACEMENT OR EMP.              |                      |                |         |
| E.                                |                      |                |         |
| F. APPROVED BY <i>[Signature]</i> |                      |                |         |

**SECRET**

SECRET  
(When Filled In)

DD/P

PERSONNEL DATA SHEET

NAME: Frederick C. Randall

AGE: 28

DATE: 23 May 1955

[REDACTED]  
AND DUTIES: Intell Off (FI)

DD/P UNIT: FE/5

PRIMARY CAREER  
DESIGNATION: SD:FI

PRESENT GRADE: GS-11

PRESENT T/O SLOT

PROPOSED GRADE: GS-12

NUMBER AND GRADE:

CIA TRAINING:

EDUCATION:

University of Omaha - BA  
George Washington University MA

LANGUAGE PROFICIENCY:

Spanish, slight

ASSESSED:

DATE:

TYPE OF POSITION: RESULTS

EXPERIENCE PRIOR TO CIA (excluding SSU-OSS):

1944 - 1946 USAF Message Center Chief

1948 - 1950 Processed Foods Manufacturers Manufacturers' Representative

SUMMARY OF CIA-SSU-OSS ASSIGNMENTS INCLUDING PREVIOUS GRADES AND DATES:

SD CIA Oct 1951 - Jan 1953 Counterespionage Officer (GS-9 - Jan 1953)

Jan 1953 - Dec. 1953 Intell Officer (CE) GS-11

Dec 1953 - June 1954 " " (FI) GS-11

June 1954 to present " " " GS-11

Promoted to GS-11 - 20 December 1953. Intell. Officer (CE)

APPROVED BY THE CAREER SERVICE COMMITTEE

12 JUL 1955

RECOMMENDED BY

[REDACTED]

CONCURRENTERS:

Chief, FE/5

RECOMMENDATION OF CAREER SERVICE BOARD:

SECRET

|   |   |   |  |
|---|---|---|--|
| STANDARD FORM 52<br>Prescribed by the<br>U. S. Civil Service Commission<br>ANALYST 100-PERSONNEL, PERSONNEL<br>MANUAL, PART 101   |   | VOUCHERED   |  |
| <b>REQUEST FOR PERSONNEL ACTION</b>   |   |   |  |
| REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.<br>If applicable, obtain resignation and fill in separation data on reverse.                         |   |   |  |
| 1. NAME (Mr., Miss, Mrs.—One given name, initials, and surname)<br><b>Mr. Frederick C. Randall</b>  |   | 2. DATE OF BIRTH  | 3. REQUEST NO.                                       |
| 4. NATURE OF ACTION REQUESTED:<br>A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)<br><b>Reassignment</b>  |   | 5. EFFECTIVE DATE<br>A. PROPOSED  | 6. C S OR OTHER<br>LEGAL AUTHORITY                   |
| B. POSITION (Specify whether establish, change grade or title, etc.)  |   | B. APPROVED<br><b>6 JUN 1954</b>  |  |
| FROM— Ops Officer. (CE)   | 8. POSITION TITLE AND NUMBER  | TO— I. O. (FI)  |  |
| \$5940.00 p/a   | 9. SERVICE, GRADE, AND SALARY   | Same  |  |
| DOP/FE  | 10. ORGANIZATIONAL DESIGNATIONS   | Same  |  |
| CE Unit   | 11. HEADQUARTERS  | Same  |  |
| Washington, D. C.   | 12. FIELD OR DEPARTMENTAL   |   |  |
| <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL   |   | <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL   |  |
| A. REMARKS (Use reverse if necessary)<br><del>Slot presently occupied by [redacted] for whom a resignation action has been submitted</del>  |   |   |  |
| C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)<br><b>FE Personnel Officer</b><br>3363  |   | D. REQUEST APPROVED<br>Signature: [redacted]<br>Title: <i>FE Personnel Officer</i>  |  |
| 13. VETERAN PREFERENCE<br>NONE <input type="checkbox"/> WITH <input type="checkbox"/> OTHER <input type="checkbox"/> 5 PT. <input checked="" type="checkbox"/> 10-PART<br>DISAB. OTHER <input type="checkbox"/> |   | 14. POSITION CLASSIFICATION ACTION<br>NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input type="checkbox"/> RECAL. <input type="checkbox"/><br><b>CD:FI</b> |  |
| 15. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> W  | 16. RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> O | 17. APPROPRIATION FROM TO: <b>Same</b>  | 18. SUBJECT TO CIVIL SERVICE ACT (YES-NO) <b>Yes</b> |
| 19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)   |   | 20. LEGAL RESIDENCE STATE: <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED   |  |
| 21. STANDARD FORM 50 REMARKS  |   |   |  |
| 22. CLAIMANTS   | INITIAL OR SIGNATURE  | DATE  | REMARKS  |
| A.  |   |   |  |
| B. CIVIL OR PWA CONTROL   | <i>Mc [redacted]</i>  |   |  |
| C. CLASSIFICATION   |   |   |  |
| D. QUALIFYING EXAM  | <i>[redacted]</i>   |   |  |
| E.  |   |   |  |
| F.  |   |   | <i>[redacted]</i>                                    |

STANDARD FORM 52  
 FORM 52-10 (1-54)  
 U. S. CIVIL SERVICE COMMISSION  
 BUREAU OF PERSONNEL  
 GENERAL OFFICE

**REQUEST FOR PERSONNEL ACTION**

VOUCHERED

**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)<br><b>Mr. Frederick C. Randall</b>                             | 2. DATE OF BIRTH | 3. REQUEST NO.                                      | 4. DATE OF REQUEST<br><b>5 Feb 1954</b> |
| 5. NATURE OF ACTION REQUESTED:<br>A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)<br><b>Reassignment</b> |                  | 6. EFFECTIVE DATE & PROPOSED:<br><b>FEB 14 1954</b> | 7. C. S. OR OTHER LEGAL AUTHORITY       |
| 8. POSITION (Specify whether establish, change grade or title, etc.)   |                  | 9. APPROVED:  |   |

|   |  |   |
|---|--|---|
| FROM: <b>Intel. Officer (CE)</b><br>\$5940 p/a<br><b>Counterespionage Unit</b><br><b>Washington, D.C.</b> | 10. POSITION TITLE AND DUTIES<br>11. SERVICE, GRADE, AND SALARY<br>12. ORGANIZATIONAL DESIGNATIONS<br>13. HEADQUARTERS | TO: <b>Ops Officer (CE)</b><br>\$5940 p/a<br><b>DDP/FE</b><br><b>Counterespionage Unit</b><br><b>Washington, D.C.</b> |
| <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL                           | <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL  |   |

A. REMARKS (Use reverse if necessary)

|   |                                    |
|---|------------------------------------|
| B. REQUESTED BY (Name and title)<br><b>X-3363</b>                 | 6. SIGNATURE<br>[Signature]        |
| C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) | TITLE: <b>FE Personnel Officer</b> |

|  |                                    |
|--|------------------------------------|
| 13. VETERAN PREFERENCE                         | 14. POSITION CLASSIFICATION ACTION |
| NAME   WHEN   OTHER   15 POINT<br>ORAB   OTHER | NEW   VICE   I. A.   REAL          |
|  | <b>CD:PI</b>                       |

|                     |                      |  |  |  |   |
|---------------------|----------------------|--|--|--|---|
| 15. SEX<br><b>M</b> | 16. RACE<br><b>W</b> | 17. APPROPRIATION<br>FUND: <b>SOME</b> | 18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)<br><b>Yes</b> | 19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSION ONLY) | 20. LEGAL RESIDENCE<br><input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED<br>STATE: |
|---------------------|----------------------|--|--|--|---|

B1. STANDARD FORM 52 REMARKS

| 12. APPROVED BY        | INITIALS OR SIGNATURE | DATE             | REMARKS |
|------------------------|-----------------------|------------------|---------|
| A                      |                       |                  |         |
| B. CH. OR P.M. CONTROL | <b>JH</b>             | <b>11 FEB 54</b> |         |
| C. CLASSIFICATION      | <b>101</b>            | <b>7/1</b>       |         |
| D. ELEMENT OR FUND     |                       |                  |         |

7. APPROVED BY: [Signature] **2/10/54**

|   |                                       |   |   |
|---|---------------------------------------|---|---|
| STANDARD FORM 52<br>FORM 52 OF THE<br>U. S. ARMY SERVICE CONNECTION<br>BRANCH OFFICIAL PERSONNEL<br>BRANCH, OFFICE OF   |                                       | VOUCHERED   |   |
| <b>REQUEST FOR PERSONNEL ACTION</b>   |                                       |   |   |
| <b>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.</b> |                                       |   |   |
| 1. NAME (Mr.—Miss—Mrs.—One given name, initial(s), and surname)<br>RANDALL, Frederick C   |                                       | 2. DATE OF BIRTH  | 3. REQUEST NO.                                      |
|   |                                       |   | 4. DATE OF REQUEST<br>2 Jan. 1953                   |
| 5. NATURE OF ACTION REQUESTED:<br>A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)<br>Excepted Appointment   |                                       | 6. EFFECTIVE DATE<br>A. PROPOSED:<br>2 Jan. 1953<br>B. APPROVED:<br>5X Jan 53 1953                | 7. C. S. OR OTHER<br>LEGAL AUTHORITY                |
| 8. POSITION (Specify whether establish, change grade or title, etc.)  |                                       |   |   |
| FROM—   | 9. POSITION TITLE AND NUMBER          | TO—   |   |
|   | 10. SERVICE GRADE AND SALARY          | Intelligence Officer  |   |
|   | 11. ORGANIZATIONAL DESIGNATIONS       | GS-5,060.00 per annum   |   |
|   | 12. HEADQUARTERS                      | DD/P<br>FE/5<br>Counterresidence Unit<br>Washington, D. C.  |   |
| <input type="checkbox"/> FIELD  | <input type="checkbox"/> DEPARTMENTAL | <input type="checkbox"/> FIELD  | <input checked="" type="checkbox"/> DEPARTMENTAL    |
| 13. REMARKS (Use reverse if necessary)<br><del>Slot No. 322 (49-12)</del><br>Transfer leave from  |                                       |   |   |
| 14. REQUESTED BY (Name and title)<br>Car. C/E   |                                       | 15. REQUEST APPROVED BY<br>Signature  |   |
| 16. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)<br>Extension 3363  |                                       | 17. TITLE<br>FI/PS  |   |
| 18. VETERAN PREFERENCE  |                                       | 19. POSITION CLASSIFICATION ACTION  |   |
| NONE   WITH OTHER'S PT.   10 POINT   15 POINT<br>SOLD   OTHER   |                                       | REG   VICE   I. A.   REAL   |   |
| 20. SEX   | 21. RACE                              | 22. APPROPRIATION FROM: TO:   | 23. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)        |
|   |                                       |   | 24. DATE OF APPOINTMENT AFFIDAVITS (ACCESSORS ONLY) |
|   |                                       | 25. LEGAL RESIDENCE<br><input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED<br>STATE: |   |
| 26. STANDARD FORM 50 REMARKS  |                                       |   |   |
| 27. CLEARANCES  |                                       |   |   |
| A.  | INITIAL OR SIGNATURE                  | DATE  | REMARKS   |
| B. CIVIL CONTROL  |                                       |   |   |
| C. CLASSIFICATION   |                                       |   |   |
| D. PLACEMENT OR ENPL.   |                                       |   |   |
| E.  |                                       |   |   |
| 28. APPROVED BY   |                                       |   |   |

STANDARD FORM 52  
 FORMS ISSUED BY THE  
 U. S. CIVIL SERVICE COMMISSION  
 JANUARY 1953 - FEDERAL PERSONNEL  
 MANUAL CHAPTER II

**REQUEST FOR PERSONNEL ACTION**

VOUCH RED

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 - Mrs - Mx - One given name, initials, and surname) **Frederick G. RANDALL** 2. DATE OF BIRTH [ ] 3. REQUEST NO. [ ] 4. DATE OF REQUEST **15 Oct 1953**

5. NATURE OF ACTION REQUESTED:  
 A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)  
**Promotion** 6. EFFECTIVE DATE & PROPOSED: [ ] 7. C. S. OR OTHER LEGAL AUTHORITY: [ ]

8. POSITION (Specify whether establish, change grade or title, etc.)  
 FROM - **Intelligence Officer (CE)** [ ] POSITION TITLE AND NUMBER: [ ] TO - **Intelligence Officer (CE)** [ ]  
 9. SERVICE GRADE AND SALARY: **GS-9 \$5,060.00 p/a** 10. ORGANIZATIONAL DESIGNATION: **DDP/FE**  
**Counterespionage Unit** 11. HEADQUARTERS: **Washington, D. C.** 12. FIELD OR DEPARTMENTAL:  FIELD  DEPARTMENTAL

13. VETERAN PREFERENCE: NONE [ ] WWII [ ] OTHER [ ] 14. POSITION CLASSIFICATION ACTION: NEW [ ] VICE [ ] L.A. [ ] REAL [ ]  
 15. SEX: **M** 16. RACE: **W** 17. APPROPRIATION: FROM: **4-3700-20** TO: **3AEDD** 18. SUBJECT TO C. S. RETIREMENT ACT (YES - NO): **Yes** 19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSORS ONLY): [ ] 20. LEGAL RESIDENCE:  CLAIMED  PROVED STATE: [ ]

A. REMARKS (Use reverse if necessary):  
**Form 59-44 attached.**

B. REQUESTED BY (Name and title): [ ] C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension): **X-3369** D. REQUESTER: [ ] Signature: [ ] Title: **FI/CMO**

21. STANDARD FORM 50 REMARKS: [ ]

22. CLEARANCES: INITIAL OR SIGNATURE DATE REMARKS:  
 A. [ ] [ ] [ ]  
 B. [ ] [ ] [ ]  
 C. [ ] [ ] [ ]  
 D. [ ] [ ] [ ]  
 E. [ ] [ ] [ ]

F. APPROVED: [ ]

15 OCT 1953  
 FEDERAL PERSONNEL SERVICE BOARD  
 WASHINGTON, D. C.

SECRET  
SECURITY INFORMATION

DD/P

PERSONNEL DATA SHEET

NAME: Frederick C. RANDALL

AGE:

DATE: 15 October 1953

AND DUTIES: Intel Officer CE

DD/P UNIT: FE

PRIMARY CAREER

DESIGNATION: FI

PRESENT GRADE: GS-9

PROPOSED GRADE: GS-11

CIA TRAINING: Phase 1, 2 and 3; SIC  
CE

PRESENT T/O SLOT

NUMBER AND GRADE: GS-12

PROPOSED T/O SLOT

NUMBER AND GRADE: GS-13

EDUCATION: BA - University of Omaha

MA - George Washington University

LANGUAGE PROFICIENCY: Spanish slight

ASSESSED:

DATE:

TYPE OF POSITION:

RESULTS:

EXPERIENCE PRIOR TO CIA (excluding SSU-OSS):

1944-1946

USAF Messing Center Chief

1948-1950

Processed Foods Manufacturers

Manufacturers' Representative

SUMMARY OF CIA-SSU-OSS ASSIGNMENTS INCLUDING PREVIOUS GRADES AND DATES:

Oct 1951 to present - Counterespionage Officer (GS-9 - Jan 1953)

RECOMMENDED BY:

CONCURRENCES:

CYE/5

RECOMMENDATION OF CAREER SERVICE BOARD:

APPROVED BY  
FI CAREER SERVICE BOARD  
DEC 11 1953

SECRET  
SECURITY INFORMATION



ENTRANCE ON DUTY NOTICE

Date 10 Sept 57  
10 September 1957

TO: OSO FDZ

FROM: Personnel Officer

Processing for entrance on duty of Frederick C. [redacted] Randall  
(Name)  
Intelligence assistant GS-7 \$3825.00  
(title, grade, and entrance salary)

has been completed and the applicant meets all standards for full employment with CIA. Signed clearance for entrance on duty has been received from Inspection and Security and made a part of the personnel file of this individual. Effective this date he/she is assigned to duty with your office.

POSTED  
[Signature]

(Signed) \_\_\_\_\_  
[redacted]

CENTRAL INTELLIGENCE AGENCY

2430 E STREET NW.  
WASHINGTON 25, D. C.

10 August 1951

Mr. Frederick G. Randall

Maryland

Dear Mr. Randall:

This is to advise that processing is continuing on your application for employment with this organization.

We regret to inform you that the processing is taking longer than originally anticipated, but as soon as final processing is completed, you will be notified immediately.

Thank you for your continued interest and patience.

Very truly yours,

Personnel Division

CENTRAL INTELLIGENCE AGENCY

2430 E STREET NW.  
WASHINGTON 25, D. C.

28 June 1951.

Mr. Frederick C. Randall

Maryland

Dear Mr. Randall:

In reference to your application for employment, this letter is to assure you that the processing of your papers as a GS-7, \$ 8225.00 per annum is being continued by this agency. A definite offer of employment cannot be made, however, until such time as all processing has been completed.

The processing is a rather lengthy one; but when further information is available, we shall get in touch with you immediately.

In the meantime, it would be appreciated if you would advise us of any change in your present status, such as change of address, etc.

Your continued interest and patience are appreciated.

Very truly yours,

Personnel Division

CENTRAL INTELLIGENCE AGENCY

2430 E STREET NW.  
WASHINGTON 25, D. C.

29 May 1951

In reply refer to ED-4

Mr. Frederick C. Randell

[Redacted]  
[Redacted] Md.

Dear Mr. Randell:

This is to advise that actual processing of your application for employment with this Agency has been initiated. Specific details as to the type of appointment and salary will be contained in subsequent correspondence. Please direct all future correspondence to the undersigned.

If applicable, the attached form should be completed and returned within two weeks. Thank you for your prompt attention to this matter.

Very truly yours,

[Redacted]  
[Redacted]  
Personnel Division

Enclosure 2 37-82

CONFIDENTIAL

REPORT OF INTERVIEW

1/14/54 1954

Name of Candidate Frederick Randall

Position Considered for I.D.-ops Office OSA Interviewer

|                     |   |   |  |
|---------------------|---|---|--|
| Personal appearance | Dignified .....                                       | Natural .....                                     | Awkward .....                          |
|                     | Well-groomed .... <input checked="" type="checkbox"/> | Clean .....                                       | Slovenly .... <input type="checkbox"/> |
|                     | Wide-Awake .....                                      | Stolid .....                                      | Apathetic ... <input type="checkbox"/> |
|                     | Impressive .....                                      | Ordinary .... <input type="checkbox"/>            | Insignificant <input type="checkbox"/> |
| Personality         | Persuasive .....                                      | Responsive .. <input checked="" type="checkbox"/> | Taciturn .... <input type="checkbox"/> |
|                     | Imperturbable ... <input type="checkbox"/>            | Steady .....                                      | Excitable ... <input type="checkbox"/> |
|                     | Cheerful .....  | Tranquil .....                                    | Defected .... <input type="checkbox"/> |
|                     | Straight-forward. <input checked="" type="checkbox"/> | Reserved .....                                    | Evasive .....                          |
|                     | Modest .....  | Complacent .. <input type="checkbox"/>            | Conceited ... <input type="checkbox"/> |
|                     | Dominant .....  | Confident ... <input checked="" type="checkbox"/> | Submissive .. <input type="checkbox"/> |

Is education adequate? Yes (  ) No ( ) Is language facility adequate? Yes ( ) No ( )

Area Knowledge adequate

Previous intelligence or related experience Nil

Salary level requested \$ G5-7 Lowest salary acceptable \$ \_\_\_\_\_

GENERAL RECOMMENDATION:

- Candidate is not recommended for employment. Reasons: \_\_\_\_\_
- Candidate is recommended for employment. Justification: optima to be of better than average intelligence suitable for I.D. duties

SPECIFIC RECOMMENDATION for employment:

Position: I.D.-ops Branch III Division Z  
 Location: S.F.A.  
 Salary level: G5-7

RECOMMENDATION as to potential value of candidate to the organization in other than the position immediately under consideration: None

suitable for some position in other division of the org.  
(Enter any additional remarks on reverse side.)

FORM NO. 28-1  
JAN 1953

Signature of interviewer

CONFIDENTIAL

REPORT OF INTERVIEW

26 April 1950

Name of Candidate FRED. RANDALL

Position Considered for I.O. Office 80 Interviewer

|                     |                  |              |                                     |               |       |
|---------------------|------------------|--------------|-------------------------------------|---------------|-------|
| Personal Appearance | Dignified.....   | Natural..... | <input checked="" type="checkbox"/> | Awkward....   | _____ |
|                     | Well-groomed..   | Clean.....   | <input checked="" type="checkbox"/> | Slovenly...   | _____ |
|                     | Wide-Awake....   | Stolid.....  | _____                               | Apathetic..   | _____ |
|                     | Impressive....   | Ordinary.... | _____                               | Insignificant | _____ |
| Personality         | Persuasive....   | Responsive.. | <input checked="" type="checkbox"/> | Taciturn....  | _____ |
|                     | Imperturbable..  | Steady.....  | _____                               | Excitable...  | _____ |
|                     | Cheerful.....    | Terrific.... | _____                               | Defeated....  | _____ |
|                     | Straight-forward | Reserved.... | <input checked="" type="checkbox"/> | Evasive.....  | _____ |
|                     | Modest.....      | Complacent.. | _____                               | Conceited..   | _____ |
|                     | Dominant.....    | Confident... | <input checked="" type="checkbox"/> | Submissive..  | _____ |
|                     |                  |              |                                     |               |       |

Is education adequate? Yes (  ) No ( ) Is language facility adequate? Yes ( ) No ( )

Area Knowledge adequate

Previous intelligence or related experience Nil

Salary level requested \$ RS-7 Lowest salary acceptable \$ \_\_\_\_\_

General Recommendations:

- Candidate is ~~not~~ recommended for employment. Remarks: Appears to be good I.O. material
- Candidate is recommended for employment. Justification: \_\_\_\_\_

Specific Recommendation for employment:

Position: I.O. Branch III Division Z

Location: SEA

Salary level: RS-7

Recommendation as to potential value of candidate to the organization in other than the position immediately under consideration: \_\_\_\_\_

(Enter city and state of candidate's residence in this space)

Signature of Interviewer [Signature]

CONFIDENTIAL

SECRET

I am aware of the fact that the Central Intelligence Agency, by reason of the sensitive nature of its work, must observe very strict security measures. I agree to honor the requests of CIA relative to my application whether it be accepted or rejected. I agree not to inform anyone that I am being considered for a position in CIA. If questioned directly, I will say that I have applied for positions in various government agencies, and if pressed for an answer will acknowledge that CIA is one of them but will attach no particular significance to such application. I agree not to disclose personnel procedures I have observed in CIA. I agree not to discuss by name or otherwise, any individuals with whom I have talked in the course of my application to CIA.

Signed: Frederick C. Randall  
Date: April 26, 1951

SECRET

CONFIDENTIAL

REPORT ON SERVICE

4/26 1954

Name of Candidate

Frederick, Fredrick C

Position considered for

Office

Interviewer

Personal

Appearance

Dignified.....   
Well-groomed.....   
Wide-Awake.....   
Depressive.....

Natural.....   
Clean.....   
Stolid.....   
Ordinary.....

Awkward.....   
Slovenly.....   
Apathetic.....   
Insignificant.....

Personality

Persuasive.....   
Imperturbable.....   
Cheerful.....   
Straight-forward.....   
Modest.....   
Dominant.....

Responsive.....   
Steady.....   
Tranquil.....   
Reserved.....   
Co-operative.....   
Confident.....

Tactful.....   
Incapable.....   
Defeated.....   
Envious.....   
Conceited.....   
Submissive.....

*Very Good  
Impressive*

Is education adequate? Yes (  ) No ( ) Is language facility adequate? Yes (  ) No ( )

Area Knowledge

Previous intelligence or related experience

Salary level requested \$ \_\_\_\_\_ Lowest salary acceptable \$ 357

General Recommendations

1. Candidate is not recommended for employment. Reasons:
2. Candidate is recommended for employment. Justification: *see report*  
*report - leaving open for all accident*

Specific Recommendation for employment:

Position: A Branch: 7 Division: F-02  
Location: \_\_\_\_\_  
Salary level: 357

Recommendation as to potential value of candidate to the organization in other than the position immediately under consideration

(Enter any additional comments or remarks here)

CONFIDENTIAL



14-00000

CONFIDENTIAL

|   |                   |                            |                                      |
|---|-------------------|----------------------------|--------------------------------------|
| <b>REPORT OF INTERVIEW</b>  |                   |                            | INTERVIEW DATE<br><b>MAR 29 1951</b> |
| NAME<br><i>Frederick T. Hill</i>  |                   | REFERRED BY                |                                      |
| HOME ADDRESS  |                   |                            | TELEPHONE                            |
| BUSINESS ADDRESS  |                   |                            | TELEPHONE                            |
| DATE OF BIRTH   | PLACE OF BIRTH    | CITIZENSHIP (HOW ACQUIRED) |                                      |
| NAME OF SPOUSE  |                   |                            |                                      |
| DATE OF BIRTH   | PLACE OF BIRTH    | CITIZENSHIP (HOW ACQUIRED) |                                      |
| SALARY REQUESTED  | NO. OF DEPENDENTS | INTERVIEWER                |                                      |
| <b>EDUCATION (SCHOOLS, DEGREES, DATES, MAJORS, EXTRA-CURRICULAR ACTIVITIES)</b>       |                   |                            |                                      |
|   |                   |                            |                                      |
|   |                   |                            |                                      |
|   |                   |                            |                                      |
|   |                   |                            |                                      |
|   |                   |                            |                                      |
|   |                   |                            |                                      |
|   |                   |                            |                                      |
|   |                   |                            |                                      |
|   |                   |                            |                                      |
|   |                   |                            |                                      |
| <b>MAJOR EMPLOYMENT HISTORY (PRINCIPAL OCCUPATION, SPECIAL SKILLS, SALARY LEVELS)</b> |                   |                            |                                      |
|   |                   |                            |                                      |
|   |                   |                            |                                      |
|   |                   |                            |                                      |
|   |                   |                            |                                      |
|   |                   |                            |                                      |
|   |                   |                            |                                      |
|   |                   |                            |                                      |
|   |                   |                            |                                      |
|   |                   |                            |                                      |
|   |                   |                            |                                      |
|   |                   |                            |                                      |
|   |                   |                            |                                      |
| <b>MILITARY OCCUPATION (RANK, SERIAL NO., DATES OF SERVICE, DUTIES AND AREAS)</b>     |                   |                            |                                      |
|   |                   |                            |                                      |
|   |                   |                            |                                      |
|   |                   |                            |                                      |
|   |                   |                            |                                      |
|   |                   |                            |                                      |
|   |                   |                            |                                      |
|   |                   |                            |                                      |
|   |                   |                            |                                      |
|   |                   |                            |                                      |
|   |                   |                            |                                      |
|   |                   |                            |                                      |

FORM 89, 37-117  
Jan 1951

CONFIDENTIAL

16-111

CONFIDENTIAL

AREA KNOWLEDGE (RESIDENCE OR STUDY)

LANGUAGE FACILITY

EVALUATION AND RECOMMENDATIONS (BE COMPLETE AND JUSTIFY DECISIONS, NOTE ANY UNFAVORABLE CIRCUMSTANCES.)

*Clear - Out. above average*  
*SE Asia & C.T.*  
*Working with Phnom Penh*

|            |  |  |  |  |  |
|------------|--|--|--|--|--|
| ICND 11/81 |  |  |  |  |  |
|------------|--|--|--|--|--|

CONFIDENTIAL

SECRET

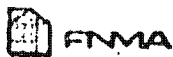
REPRODUCTION MASTERS

BIOGRAPHIC

BIOGRAPHIC PROFILE

SECRET

Handle With Care



Federal National Mortgage Association

# REQUEST FOR VERIFICATION OF EMPLOYMENT

**INSTRUCTIONS LENDER:** Complete items 1 thru 7. Have applicant complete item 8. Forward directly to employer named in item 1.

**EMPLOYER:** Please complete either Part II or Part III as applicable. Sign and return directly to lender named in item 2.

|   |  |
|---|--|
| 1 TO (Name and address of employer)<br><br>CIA<br>Langley, Virginia | 2 FROM (Name and address of lender)<br><br>STANDARD FEDERAL SAVINGS AND LOAN ASSOCIATION<br>481 North Frederick Avenue<br>Gaithersburg, Maryland 20760 |
|---|--|

|  |                                     |                   |                              |
|--|-------------------------------------|-------------------|------------------------------|
| 3 SIGNATURE OF LENDER<br><i>Pat Buxton</i> | 4 TITLE<br>MORTGAGE LOAN DEPARTMENT | 5 DATE<br>9/21/79 | 6 LENDER'S NUMBER (optional) |
|--|-------------------------------------|-------------------|------------------------------|

I have applied for a mortgage loan and stated that I am now or was formerly employed by you. My signature below authorizes verification of this information.

|  |   |
|--|---|
| 7 NAME AND ADDRESS OF APPLICANT (Include employee or badge number)<br>Frederick C. Randall<br>Virginia 22101 | 8 SIGNATURE OF APPLICANT<br><i>Frederick C. Randall</i> |
|--|---|

## PART II VERIFICATION OF PRESENT EMPLOYMENT

| EMPLOYMENT DATA   |   | PAY DATA                        |           |                        |
|---|---|---------------------------------|-----------|------------------------|
| 9 APPLICANT'S DATE OF EMPLOYMENT<br>9/10/51                       | 12A BASE PAY <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> HOURLY<br><input type="checkbox"/> MONTHLY <input type="checkbox"/> OTHER (specify)<br><input type="checkbox"/> WEEKLY | 12C FOR MILITARY PERSONNEL ONLY |           |                        |
| 10 PRESENT POSITION<br>Intelligence Officer                       | \$18955.00  | 12B EARNINGS                    |           | PAY GRADE              |
| 11 PROBABILITY OF CONTINUED EMPLOYMENT<br>Good                    | TYPE  | YEAR TO DATE                    | PAST YEAR | TYPE MONTHLY AMOUNT    |
| 13a. OVERTIME OR BONUS IS APPLICABLE, IS ITS CONTINUANCE LIKELY?  | BASE PAY \$   | \$5792.00                       |           | BASE PAY \$            |
| OVERTIME <input type="checkbox"/> YES <input type="checkbox"/> NO | OVERTIME \$   |                                 |           | RATIONS \$             |
| BONUS <input type="checkbox"/> YES <input type="checkbox"/> NO    | COMMISSIONS \$  |                                 |           | FLIGHT OR HAZARD \$    |
|   | BONUS \$  |                                 |           | CLOTHING \$            |
|   |   |                                 |           | QUARTERS \$            |
|   |   |                                 |           | PRO PAY \$             |
|   |   |                                 |           | OVERTIME OR COMPANY \$ |

14 REMARKS (If paid hourly, please indicate average hours worked each week during current and past year)

|                       |   |
|-----------------------|---|
| 15 DATE OF EMPLOYMENT | 16 SALARY/PAID AT TERMINATION (If applicable, state the date) |
|                       | BASE _____ OVERTIME _____ COMMISSIONS _____ BONUS _____       |
| 17 REASON FOR LEAVING | 18 POSITION HELD  |

19 [Signature Box]

Office of Personnel  
Chief, Personnel Division  
19 October 1979

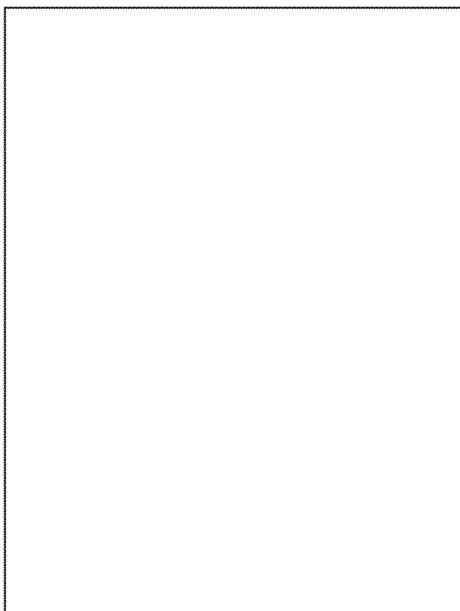
THIS OFFICIAL PERSONNEL FOLDER IS ESTABLISHED, MAINTAINED AND CONTROLLED BY  
THE OFFICE OF PERSONNEL PURSUANT TO REGULATION

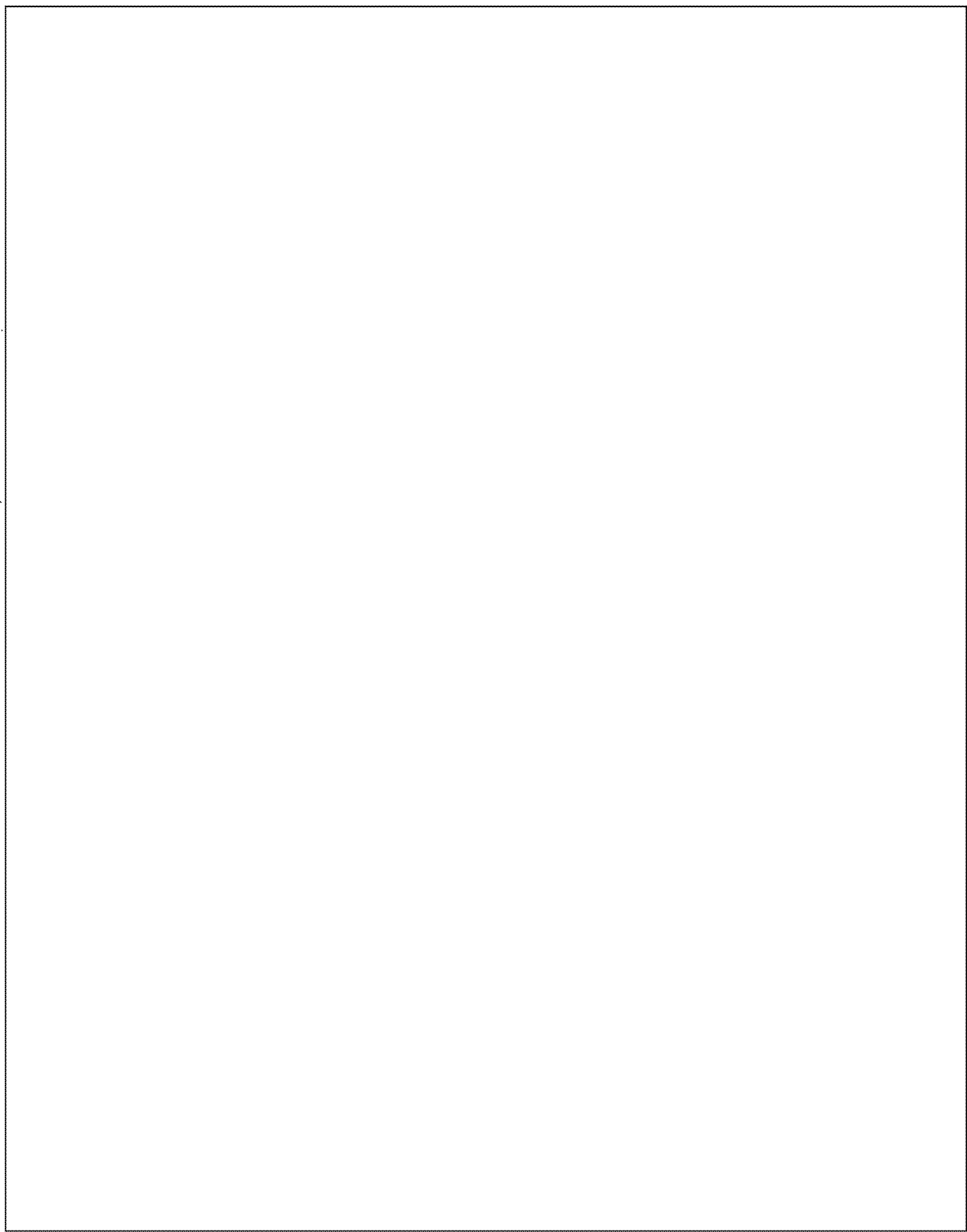
The following instructions have been established to govern use of this Official Personnel  
Folders

1. Folder will be HAND-CARRIED or transmitted by SPECIAL MESSENGER only.
2. Folder is security classified SECRET. In addition, the folder must be treated with strict regard for the PERSONAL and CONFIDENTIAL material concerning the employee.
3. Folder may be shown to employee covered ONLY UPON REQUEST TO and UNDER SUPERVISION of the Director of Personnel.
4. Material will be ADDED TO FOLDER ONLY by the Office of Personnel. Place any material to be incorporated in an envelope and attach to inside of folder (left-hand side).
5. Folder will be loaned only to AUTHORIZED Officials.
6. Folder MUST be returned to the Office of Personnel as soon as the need for it has been served. However, in no case will an individual loan of longer than 10 working days be authorized.

**TO TRANSFER FOLDER TO ANOTHER AUTHORIZED OFFICIAL'S CUSTODY**

Remove from this envelope ONE copy of Form 198a, Certified Report of Transfer, COMPLETE and FORWARD in a SEALED envelope to Personnel Files, Wing 1-H, Curie Hall. Folder remains charged to YOU unless a valid Form 198a is forwarded. ANY questions concerning the loan, release and transfer of this folder will be referred to Extension 4321.





|  |      |                   |                |                   |      |          |                |               |     |     |
|--|------|-------------------|----------------|-------------------|------|----------|----------------|---------------|-----|-----|
| 1 SERIAL NO  |      | 2 NAME            |                | 3 ORGANIZATION    |      | 4 FLIGHT |                | 5 LWOP HOURS  |     |     |
| 012176   |      | RANDALL FREDERICK |                | 53 716            |      |          |                |               |     |     |
| 6 OLD SALARY RATE  |      |                   |                | 7 NEW SALARY RATE |      |          |                | 8 TYPE ACTION |     |     |
| Grade  | Step | Salary            | Effective Date | Grade             | Step | Salary   | Effective Date | WGI           | QSI | ADJ |
| US 15 6  |      | 392,201           | 05/23/76       | US 15 7           |      | 443,407  | 05/21/78       |               |     |     |
| CERTIFICATION AND AUTHENTICATION   |      |                   |                |                   |      |          |                |               |     |     |
| I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE   |      |                   |                |                   |      |          |                |               |     |     |
| SIGNATURE  |      |                   |                | DATE              |      |          |                |               |     |     |
|  |      |                   |                | 15 OCT 1978       |      |          |                |               |     |     |
| <input checked="" type="checkbox"/> NO EXCESS LWOP<br><input type="checkbox"/> ON PAY STATUS AT END OF WAITING PERIOD<br><input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD |      |                   |                |                   |      |          |                |               |     |     |
| CLERKS BY: TP FREDERICK<br>FORM 10-73 560E Use previous editions<br>PAY CHANGE NOTIFICATION  |      |                   |                |                   |      |          |                |               |     |     |

CONGRESSIONAL RECORDS

0000

0000

ALL

L52 121 015

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5 U.S.C. AND EXECUTIVE ORDER 12067 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 5 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 30 OCTOBER 1978

|                   |           |     |             |            |
|-------------------|-----------|-----|-------------|------------|
| NAME              | AL NUMBER | FLY | SENIOR-STEP | NEW SALARY |
| RANDALL FREDERICK | 0012176   | 185 | US 15 7     | \$45,792   |

11526

L52 121 015

ALL

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5 U.S.C. AND EXECUTIVE ORDER 12010 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED; AND DCI DIRECTIVE DATED 8 OCTOBER 1962."

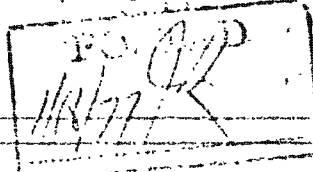
EFFECTIVE DATE OF PAY ADJUSTMENT: 09 OCTOBER 1977

| NAME             | ID NUMBER | ORG. | SCH-GR-STEP | NEW SALARY |
|------------------|-----------|------|-------------|------------|
| RACALL FREDERICK | 0012170   | ISS  | GS 15 6     | \$42,201   |

12294



SECRET  
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION  |  |  |                                  |                                |                                 |
|---|--|--|----------------------------------|--------------------------------|---------------------------------|
| 1. SERIAL NUMBER  |  | 2. NAME (LAST FIRST MIDDLE)                |                                  |                                |                                 |
| 012170  |  | KAMZALL FREDERICK                          |                                  |                                |                                 |
| 3. NATURE OF PERSONNEL ACTION   |  |  | 4. EFFECTIVE DATE                |                                | 5. CATEGORY OF EMPLOYMENT       |
| REASSIGNMENT  |  |  | MO DA YR<br>01 02 77             |                                |                                 |
| 6. FUNDS  |  | <input checked="" type="checkbox"/> V TO V | <input type="checkbox"/> V TO CF | 7. PAN AND NSCA                |                                 |
| <input type="checkbox"/> CF TO V  |  | <input type="checkbox"/> CF TO CF          |                                  |                                | 8. CSC OR OTHER LEGAL AUTHORITY |
| 9. ORGANIZATIONAL DESIGNATIONS  |  |  | 10. LOCATION OF OFFICIAL STATION |                                |                                 |
| DDO/ISS   |  |  | WASH., D.C.                      |                                |                                 |
| 11. POSITION TITLE  |  |  | 12. POSITION NUMBER              | 13. CAREER SERVICE DESIGNATION |                                 |
| OPS OFFICER SAS   |  |  |                                  |                                |                                 |
| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.)  |  | 15. OCCUPATIONAL SERIES                    | 16. GRADE AND STEP               | 17. SALARY OR RATE             |                                 |
| GS  |  |  | 15                               |                                |                                 |
| 18. REMARKS   |  |  |                                  |                                |                                 |
| CHANGE OF SERVICE DESIGNATION FROM <input type="text"/>                               |  |  |                                  |                                |                                 |
| SIGNATURE OR OTHER AUTHENTICATION   |  |  |                                  |                                |                                 |
|  |  |  |                                  |                                |                                 |

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5, U.S.C. AND EXECUTIVE ORDER 11541 PURSUANT TO AUTHORITY OF E.O. AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND LCI EFFECTIVE DATE 10 OCTOBER 1976."

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 OCTOBER 1976

|                    |        |             |           |            |
|--------------------|--------|-------------|-----------|------------|
| NAME               | SERIAL | ORGN. FUNDS | GR-STEP   | NEW SALARY |
| RANDALL, FREDERICK | 012170 | 93 050      | V GS 15 6 | 835.415    |

|  |                    |                    |              |                |      |         |                |         |     |      |
|--|--------------------|--------------------|--------------|----------------|------|---------|----------------|---------|-----|------|
| 1. SERIAL NO.  | 2. NAME            | 3. ORGANIZATION    | 4. FUNDS     | 5. LWOP HOURS  |      |         |                |         |     |      |
| 012170   | RANDALL, FREDERICK |                    |              |                |      |         |                |         |     |      |
| A. OLD SALARY RATE   |                    | 7. NEW SALARY RATE |              | 8. TYPE ACTION |      |         |                |         |     |      |
| Grade  | Step               | Salary             | Last PD Date | Grade          | Step | Salary  | EFFECTIVE DATE | WGI     | QSI | ADJ. |
| GS 14  | 8                  | 833.120            | 05/27/73     | GS 15          | 9    | 834.021 | 05/23/76       |         |     |      |
| CERTIFICATION AND AUTHORIZATION  |                    |                    |              |                |      |         |                |         |     |      |
| I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE   |                    |                    |              |                |      |         |                |         |     |      |
| SIGNATURE  |                    |                    |              |                |      |         |                | DATE    |     |      |
|  |                    |                    |              |                |      |         |                | 3/11/76 |     |      |
| <input checked="" type="checkbox"/> NO EXCESS LWOP<br><input checked="" type="checkbox"/> PAY STATUS AT END OF WAITING PERIOD<br><input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD   |                    |                    |              |                |      |         |                |         |     |      |
| PAY CHANGE NOTIFICATION<br>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 |                    |                    |              |                |      |         |                |         |     |      |

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

|   |  |  |   |
|---|--|--|---|
| 1 SERIAL NUMBER<br>1017   |  | 7 NAME (LAST FIRST-MIDDLE)<br>DAVID L. FREDERICK |   |
| 3 NATURE OF PERSONNEL ACTION<br>PROMOTION-CHANGE OF FUNCTIONAL CATEGORY   |  |  | 4 EFFECTIVE DATE<br>MO DA YR<br>Sep 27 70 |
| 5 CATEGORY OF EMPLOYMENT<br>Professional  |  |  | 8 CSC OR OTHER LEGAL AUTHORITY            |
| 6 FUNDS   | <input checked="" type="checkbox"/> V TO V | <input type="checkbox"/> V TO CF                 | 7 FAN AND NSCA                            |
|   | <input type="checkbox"/> CF TO V           | <input type="checkbox"/> CF TO CF                |   |
| 9 ORGANIZATIONAL DESIGNATIONS<br>DDO/SERVICES STAFF<br>OFFICE OF THE CHIEF, SERVICES STAFF<br>OFFICE OF THE CHIEF   |  | 10 LOCATION OF OFFICIAL STATION<br>WASH., D.C.   |   |
| 11 POSITION TITLE<br>OPS OFFICER SAS  |  | 12 POSITION NUMBER                               | 13 SERV. DESIGNATION                      |
| 14 CLASSIFICATION SCHEDULE (GS, LS, etc.)<br>GS   | 15 OCCUPATIONAL SERIES                     | 16 GRADE AND STEP<br>13 5                        | 17 SALARY OR RATE<br>36500                |
| 18 REMARKS  |  |  |   |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL  |  |  |   |
| 19 ACTION CODE  | 20 EMPLOY CODE                             | 21 OFFICE CODING<br>MARKET ALPHABETIC            | 22 STATION CODE                           |
|   |  |  | 23 INTER-AGENCY CODE                      |
|   |  |  | 24 MEDICAL CODE                           |
|   |  |  | 25 DATE OF BIRTH<br>MO DA YR              |
|   |  |  | 26 DATE OF GRADE<br>MO DA YR              |
|   |  |  | 27 DATE OF LEI<br>MO DA YR                |
| 28 NTE EXPRESS  | 29 SPECIAL REFERENCE                       | 30 RETIREMENT DATA                               | 31 SEPARATION DATA CODE                   |
|   |  |  | 32 Correction /Cancellation Data          |
|   |  |  | 33 SECURITY REG INFO                      |
|   |  |  | 34 SER                                    |
| 35 VET PREFERENCE   | 36 SERV COMP DATE                          | 37 LONG COMP DATE                                | 38 LATTER CATEGORY                        |
|   |  |  | 39 FEGLI / HEALTH INSURANCE               |
|   |  |  | 40 SOCIAL SECURITY INFO                   |
| 41 PREVIOUS CIVILIAN GOVERNMENT SERVICE   | 42 LEAVE CAT CODE                          | 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;">JUL 11 1970</p> </div> |  |  |   |

*Handwritten initials*

14-00000

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5, U.S.C. AND EXECUTIVE ORDER 11883 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 12 OCTOBER 1975

| NAME              | SERIAL | ORGN. | FUNDS | GR-STEP   | NEW SALARY |
|-------------------|--------|-------|-------|-----------|------------|
| RANDALL FREDERICK | 012170 | 53    | 050   | V GS 14 7 | \$32,231   |

RDJ: 8 DEC 75

SECRET  
(When Filled In)

| OCF NOTIFICATION OF PERSONNEL ACTION  |                         |  |                    |  |                                  |  |                              |  |                           |  |                 |  |
|---|-------------------------|--|--------------------|--|----------------------------------|--|------------------------------|--|---------------------------|--|-----------------|--|
| 1. SERIAL NUMBER  |                         | 2. NAME (LAST FIRST MIDDLE)            |                    |  |                                  |  |                              |  |                           |  |                 |  |
| 012170  |                         | RANDALL FREDERICK                      |                    |  |                                  |  |                              |  |                           |  |                 |  |
| 3. NATURE OF PERSONNEL ACTION   |                         |  |                    |  |                                  | 4. EFFECTIVE DATE                      |                              |  | 5. CATEGORY OF EMPLOYMENT |  |                 |  |
| REASSIGNMENT-CHANGE OF HOME BASE AND FUNCTIONAL CATEGORY  |                         |  |                    |  |                                  | 12 01 75                               |                              |  | REGULAR                   |  |                 |  |
| 6. FUNDS  |                         | X                                      |                    | V TO V                                 |                                  | V TO CF                                |                              | 7. PAN AND NSCA                        |                           | 8. CSC OR OTHER LEGAL AUTHORITY        |                 |  |
|   |                         | CF TO V                                |                    | CF TO CF                               |                                  |  |                              |  |                           |  |                 |  |
| 9. ORGANIZATIONAL DESIGNATIONS  |                         |  |                    |  |                                  | 10. LOCATION OF OFFICIAL STATION       |                              |  |                           |  |                 |  |
| DDO/SS<br>OFFICE OF THE CHIEF, SERVICES STAFF<br>OFFICE OF THE CHIEF  |                         |  |                    |  |                                  | WASH., D.C.                            |                              |  |                           |  |                 |  |
| 11. POSITION TITLE  |                         |  |                    |  |                                  | 12. POSITION NUMBER                    |                              |  | 13. SERVICE DESIGNATION   |  |                 |  |
| OPS OFFICER SAS   |                         |  |                    |  |                                  |  |                              |  |                           |  |                 |  |
| 14. CLASSIFICATION SCHEDULE (GS, TB, etc.)  |                         |  |                    | 15. OCCUPATIONAL SERIES                |                                  | 16. GRADE AND STEP                     |                              | 17. SALARY OR RATE                     |                           |  |                 |  |
| GS  |                         |  |                    |  |                                  | 14 8                                   |                              | 33126                                  |                           |  |                 |  |
| 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                                      | MO DA YR                     |  | MO DA YR                  |  | MO DA YR        |  |
| 28. NFE EXPIRES   | 29. SPECIAL REFERENCE   | 30. RETIREMENT DATA                    |                    | 31. SEPARATION DATA CODE               | 32. Correction/Cancellation Data |  | 33. SECURITY REF NO.         |  | 34. SER                   |  |                 |  |
| MO DA YR  |                         | C.A.                                   | C.B.               | C.C.                                   | T.M.                             | MO DA YR                               | EOD DATA                     |  |                           |  |                 |  |
| 35. VET PREFERENCE  | 36. SERV COMP DATE      |  | 37. LONG COMP DATE |  | 38. CAREER CATEGORY              |  | 39. FEGLI / HEALTH INSURANCE |  | 40. SOCIAL SECURITY NO.   |  |                 |  |
| CODE  | 0 - NONE                | MO DA YR                               | MO DA YR           | CAR                                    | BBSY                             | COGA                                   | CODE                         | 0 - WAIVER                             | 1 - YES                   | HEALTH INS CODE                        |                 |  |
| 41. PREVIOUS CIVILIAN GOVERNMENT SERVIC   | 42. LEAVE CAT CODE      | 43. FEDERAL TAX DATA                   |                    | 44. STATE TAX DATA                     |                                  |  |                              |  |                           |  |                 |  |
| CODE  | 0 - NO PREVIOUS SERVICE | FORM EXECUTED                          | CODE               | NO TAX EXEMPTIONS                      | FORM EXECUTED                    | CODE                                   | NO TAX EXEMPTIONS            | FORM EXECUTED                          | CODE                      | NO TAX EXEMPTIONS                      | STATE CODE      |  |
| 1 - NO BREAK IN SERVICE   | 1 - YES                 | 2 - NO                                 | 1 - YES            | 2 - NO                                 | 1 - YES                          | 2 - NO                                 | 1 - YES                      | 2 - NO                                 | 1 - YES                   | 2 - NO                                 | STATE CODE      |  |
| 2 - BREAK IN SERVICE (LESS THAN 3 YRS)  | 2 - NO                  | 3 - BREAK IN SERVICE (MORE THAN 3 YRS) | 2 - NO             | 3 - BREAK IN SERVICE (MORE THAN 3 YRS) | 2 - NO                           | 3 - BREAK IN SERVICE (MORE THAN 3 YRS) | 2 - NO                       | 3 - BREAK IN SERVICE (MORE THAN 3 YRS) | 2 - NO                    | 3 - BREAK IN SERVICE (MORE THAN 3 YRS) | STATE CODE      |  |
| SIGNATURE OR OTHER AUTHENTICATION   |                         |  |                    |  |                                  |  |                              |  |                           |  |                 |  |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;">           POSTED<br/>DEC 1975<br/>FR         </div> |                         |  |                    |  |                                  |  |                              |  |                           |  |                 |  |

88-D

|   |      |                       |                |                   |      |         |                |                         |     |        |
|---|------|-----------------------|----------------|-------------------|------|---------|----------------|-------------------------|-----|--------|
| 1 SERIAL NO   |      | 2 NAME                |                | 3 ORGANIZATION    |      | 4 FUNDS |                | 5 LWOP ACRES            |     |        |
| 012170  |      | RANDALL, FREDERICK    |                | 53 050            |      | V       |                |                         |     |        |
| 6 OLD SALARY RATE   |      |                       |                | 7 NEW SALARY RATE |      |         |                | 8 TYPE ACTION           |     |        |
| Grade   | Step | Salary                | Effective Date | Grade             | Step | Salary  | Effective Date | SI                      | ADJ |        |
| GS-14   | 7    | \$32231               | 05-27-73       | GS-14             | 8    | \$33126 | 11-09-75       |                         |     |        |
| CERTIFICATION AND AUTHENTICATION  |      |                       |                |                   |      |         |                |                         |     |        |
| I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.   |      |                       |                |                   |      |         |                |                         |     |        |
| SIGNATURE   |      |                       |                |                   |      |         | DATE           |                         |     |        |
| /s/ T. W. M. JAHNEY - QUALITY STEP INCREASE   |      |                       |                |                   |      |         | 11-04-75       |                         |     |        |
| <input type="checkbox"/> NO EXCESS LWOP<br><input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD<br><input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD |      |                       |                |                   |      |         |                |                         |     |        |
| CLERK'S INITIALS: [Handwritten initials]  |      |                       |                |                   |      |         |                |                         |     |        |
| FORM 7-66 560E  |      | Use previous editions |                |                   |      |         |                | PAY CHANGE NOTIFICATION |     | (4-51) |

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5, U.S.C. AND EXECUTIVE ORDER 11811 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 08 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 OCTOBER 1974

|                   |        |        |       |         |            |
|-------------------|--------|--------|-------|---------|------------|
| NAME              | SERIAL | CRGR.  | FUNDS | CR-STEP | NEW SALARY |
| RANDALL FREDERICK | 012170 | 43 300 | V     | GS 14 7 | \$30,699   |

FOR PURPOSES OF THE FAIR LABOR STANDARDS ACT, AS AMENDED,  
YOU ARE DESIGNATED **EXEMPT**.

EFFECTIVE DATE OF DESIGNATION: 01 MAY 1974.

RANDALL FREDERICK

012170



DLM: 12 MAY 75

SECRET  
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION  |                                |  |   |  |   |   |   |                                 |                             |
|---|--------------------------------|--|---|--|---|---|---|---------------------------------|-----------------------------|
| 1. SERIAL NUMBER<br><b>012170</b>   |                                | 2. NAME (LAST-FIRST-MIDDLE)<br><b>RANDALL FREDERICK</b>      |   |  |   |   |   |                                 |                             |
| 3. NATURE OF PERSONNEL ACTION<br><b>CHANGE OF FAN</b>   |                                |  |   | 4. EFFECTIVE DATE<br>MO DA YR<br><b>05 08 75</b> |   | 5. CATEGORY OF EMPLOYMENT<br><b>REGULAR</b> |   |                                 |                             |
| 6. FUNDS  |                                | X V TO V   |   | V TO CF  |   | 7. FAN AND NSCA                             |   | 8. CSC OR OTHER LEGAL AUTHORITY |                             |
|   |                                | CF TO V  |   | CF TO CF   |   |   |   |                                 |                             |
| 9. ORGANIZATIONAL DESIGNATIONS<br><b>DDO/SERVICES STAFF<br/>OFFICE OF THE CHIEF, SERVICES STAFF<br/>OFFICE OF THE CHIEF</b>   |                                |  |   |  | 10. LOCATION OF OFFICIAL STATION<br><b>WASH., D.C.</b>                            |   |   |                                 |                             |
| 11. POSITION TITLE<br><b>OPS OFFICER SAS</b>  |                                |  |   |  | 12. POSITION NUMBER   |   | 13. SERVICE DESIGNATION   |                                 |                             |
|   |                                |  |   |  |   |   |   |                                 |                             |
| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.)<br><b>GS</b>   |                                |  | 15. OCCUPATIONAL SERIES                 |  | 16. GRADE AND STEP<br><b>14 7</b>   |   | 17. SALARY OR RATE<br><b>30699</b>  |                                 |                             |
|   |                                |  |   |  |   |   |   |                                 |                             |
| 18. REMARKS   |                                |  |   |  |   |   |   |                                 |                             |
|   |                                |  |   |  |   |   |   |                                 |                             |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL  |                                |  |   |  |   |   |   |                                 |                             |
| 19. ACTION CODE<br><b>37</b>  | 20. EMPLOY CODE<br><b>10</b>   | 21. OFFICE CODING<br>NUMERIC ALPHABETIC<br><b>53050 SS</b>   |   | 22. STATION CODE<br><b>75013</b>                 | 23. INTEGREE CODE   | 24. HOURS CODE<br><b>1</b>                  | 25. DATE OF BIRTH<br>MO DA YR   | 26. DATE OF GRADE<br>MO DA YR   | 27. DATE OF LEI<br>MO DA YR |
| 28. DATE EXPIRES<br>MO DA YR  | 29. SPECIAL REFERENCE          | 30. RETIREMENT DATA<br>1. CSC<br>2. CIA<br>3. FCA<br>4. NONE |   | 31. SEPARATION DATA CODE                         | 32. CONNECTION/COMPLETION DATA<br>TYPE MO DA YR                                   |   | 33. SECURITY REQ NO   | 34. SEX                         |                             |
|   |                                |  |   |  |   |   |   |                                 |                             |
| 35. VET PREFERENCE<br>CODE 0 - NONE<br>1 - 5 PT<br>2 - 10 PT  | 36. SERV COMP DATE<br>MO DA YR | 37. LONG COMP DATE<br>MO DA YR                               | 38. CAREER CATEGORY<br>CAR CIV EMPV JMR |  | 39. REG/HEALTH INSURANCE<br>CODE 0 - A/YES<br>1 - YES                             |   | 40. SOCIAL SECURITY NO  |                                 |                             |
|   |                                |  |   |  |   |   |   |                                 |                             |
| 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE<br>CODE 0 - NO PREVIOUS SERVICE<br>1 - NO BREAK IN SERVICE<br>2 - BREAK IN SERVICE (LESS THAN 3 YRS)<br>3 - BREAK IN SERVICE (MORE THAN 3 YRS) |                                |  |   | 42. LEAVE CAT CODE                               | 43. FEDERAL TAX DATA<br>FORM EXEMPTED CODE NO TAX EXEMPTIONS<br>1 - YES<br>2 - NO |   | 44. STATE TAX DATA<br>FORM EXEMPTED CODE NO TAX EXEMPTIONS<br>1 - YES<br>2 - NO |                                 |                             |
|   |                                |  |   |  |   |   |   |                                 |                             |
| SIGNATURE OR OTHER AUTHENTICATION   |                                |  |   |  |   |   |   |                                 |                             |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>POSTED</b><br/> <i>JK 5/13/75</i> </div>   |                                |  |   |  |   |   |   |                                 |                             |



LMP: 20 MAR 75

SECRET  
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION   |                                     |                            |                         |                    |                    |                                 |                   |                                |                  |                       |                 |        |
|--|-------------------------------------|----------------------------|-------------------------|--------------------|--------------------|---------------------------------|-------------------|--------------------------------|------------------|-----------------------|-----------------|--------|
| 1 SERIAL NUMBER  |                                     | 2 NAME (LAST FIRST MIDDLE) |                         |                    |                    |                                 |                   |                                |                  |                       |                 |        |
| 012170   |                                     | RANDALL FREDERICK          |                         |                    |                    |                                 |                   |                                |                  |                       |                 |        |
| 3 NATURE OF PERSONNEL ACTION   |                                     |                            |                         |                    |                    | 4 EFFECTIVE DATE                |                   | 5 CATEGORY OF EMPLOYMENT       |                  |                       |                 |        |
| REASSIGNMENT   |                                     |                            |                         |                    |                    | 03   16   75                    |                   | REGULAR                        |                  |                       |                 |        |
| 6 FUNDS  |                                     | V TO V                     |                         | V TO CF            |                    | 7. FAN AND NECA                 |                   | 8 CSC OR OTHER LEGAL AUTHORITY |                  |                       |                 |        |
| X  |                                     |                            |                         |                    |                    |                                 |                   |                                |                  |                       |                 |        |
| 9. ORGANIZATIONAL DESIGNATIONS   |                                     |                            |                         |                    |                    | 10 LOCATION OF OFFICIAL STATION |                   |                                |                  |                       |                 |        |
| DDO/SERVICES STAFF<br>OFFICE OF THE CHIEF, SERVICES STAFF<br>OFFICE OF THE CHIEF   |                                     |                            |                         |                    |                    | WASH., D.C.                     |                   |                                |                  |                       |                 |        |
| 11. POSITION TITLE   |                                     |                            |                         |                    |                    | 12 POSITION NUMBER              |                   | 13 SERVICE DESIGNATION         |                  |                       |                 |        |
| OPS OFFICER SAS  |                                     |                            |                         |                    |                    |                                 |                   |                                |                  |                       |                 |        |
| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.)   |                                     |                            | 15. OCCUPATIONAL SERIES |                    | 16. GRADE AND STEP |                                 | 17 SALARY OR RATE |                                |                  |                       |                 |        |
| GS   |                                     |                            |                         |                    | 14 7               |                                 | 30699             |                                |                  |                       |                 |        |
| 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 INSGRDE CODE    | 24 INSGRDE Code                 | 25 DATE OF BIRTH  |                                | 26 DATE OF GRADE |                       | 27 DATE OF LET  |        |
| 37   | 10                                  | NUMERIC                    | ALPHABETIC              | 75013              |                    |                                 | MO                | DA                             | YE               | MO                    | DA              | YE     |
|  |                                     | 53050                      | SS                      |                    |                    |                                 |                   |                                |                  |                       |                 |        |
| 28 DATE EXPIRES  |                                     | 29 SPECIAL REFERENCE       |                         | 30 RETIREMENT DATA |                    | 31 SEPARATION DATA CODE         |                   | 32 Correction                  |                  | 33 SECURITY REG NO    |                 | 34 SER |
| MO   | DA                                  | YE                         |                         | 1 CSC              | 2 CIA              | 3 FGA                           | 4 NODM            | TYPE                           | MO               | DA                    | YE              |        |
|  |                                     |                            |                         |                    |                    |                                 |                   |                                |                  |                       |                 |        |
| 35 VET PREFERENCE  |                                     | 36 SERV COMP DATE          |                         | 37 LONG COMP DATE  |                    | 38 CAREER CATEGORY              |                   | 39 FEGLI / HEALTH INSURANCE    |                  | 40 SOCIAL SECURITY NO |                 |        |
| CODE   | 1 NONE                              | 2 5 YR                     | 3 10 YR                 | MO                 | DA                 | YE                              | CAR               | SEV                            | CODE             | 0 WAIVER              | HEALTH INS LOGS |        |
|  |                                     |                            |                         |                    |                    |                                 | PROV              | LOWP                           |                  | 1 YES                 |                 |        |
| 41 PREVIOUS CIVILIAN GOVERNMENT SERVICE  |                                     |                            |                         | 42 LEAVE CAT CODE  |                    | 43 FEDERAL TAX DATA             |                   | 44 STATE TAX DATA              |                  |                       |                 |        |
| CODE   | 1 YES PREVIOUS SERVICE              |                            |                         | CODE               |                    | NO TAX EXEMPTIONS               |                   | FORM EXECUTED                  |                  | STATE LOGS            |                 |        |
|  | 2 NO AHEAD OF SERVICE               |                            |                         | 1 YES              |                    | A                               |                   | 1 YES                          |                  | CODE                  |                 |        |
|  | 3 BORN IN SERVICE (LESS THAN 3 YRS) |                            |                         | 2 NO               |                    |                                 |                   | 1 NO                           |                  | MO                    |                 |        |
|  | 4 BORN IN SERVICE (MORE THAN 3 YRS) |                            |                         |                    |                    |                                 |                   |                                |                  | DA                    |                 |        |
| SIGNATURE OR OTHER AUTHENTICATION  |                                     |                            |                         |                    |                    |                                 |                   |                                |                  |                       |                 |        |
| FROM: FRD  |                                     |                            |                         |                    |                    |                                 |                   |                                |                  |                       |                 |        |
| <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>FRD 3/24/75</i></p> </div> |                                     |                            |                         |                    |                    |                                 |                   |                                |                  |                       |                 |        |

RCS: 10 DEC 73

SECRET  
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION  |                |                              |                        |                     |                      |                                 |                  |                                |                   |                        |                |
|---|----------------|------------------------------|------------------------|---------------------|----------------------|---------------------------------|------------------|--------------------------------|-------------------|------------------------|----------------|
| 1 SERIAL NUMBER   |                | 2 NAME (LAST, FIRST, MIDDLE) |                        |                     |                      |                                 |                  |                                |                   |                        |                |
| 012170  |                | RANDALL FREDERICK            |                        |                     |                      |                                 |                  |                                |                   |                        |                |
| 3 NATURE OF PERSONNEL ACTION  |                |                              |                        | 4 EFFECTIVE DATE    |                      | 5 CATEGORY OF EMPLOYMENT        |                  |                                |                   |                        |                |
| REASSIGNMENT  |                |                              |                        | 11 21 73            |                      | REGULAR                         |                  |                                |                   |                        |                |
| 6 FUNDS   |                | V TO V                       |                        | V TO CF             |                      | 7 PAN AND NSCA                  |                  | 8 CSC OR OTHER LEGAL AUTHORITY |                   |                        |                |
| X   |                |                              |                        |                     |                      |                                 |                  |                                |                   |                        |                |
| CF TO V   |                | CF TO CF                     |                        |                     |                      |                                 |                  |                                |                   |                        |                |
| 9 ORGANIZATIONAL DESIGNATIONS   |                |                              |                        |                     |                      | 10 LOCATION OF OFFICIAL STATION |                  |                                |                   |                        |                |
| DDO/FR DIVISION<br>BRANCH III   |                |                              |                        |                     |                      | WASH., D.C.                     |                  |                                |                   |                        |                |
| 11 POSITION TITLE   |                |                              |                        | 12 POSITION NUMBER  |                      | 13 SERVICE DESIGNATION          |                  |                                |                   |                        |                |
| OPS OFFICER CH  |                |                              |                        |                     |                      | D                               |                  |                                |                   |                        |                |
| 14 CLASSIFICATION SCHEDULE (515, 1B, 443)   |                |                              | 15 OCCUPATIONAL SERIES |                     |                      | 16 GRADE AND STEP               |                  |                                | 17 SALARY OR RATE |                        |                |
| GS  |                |                              |                        |                     |                      | 14 7                            |                  |                                | 29095             |                        |                |
| 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 INTELLIGENCE CODE | 24 PAY PLAN CODE                | 25 DATE OF BIRTH |                                | 26 DATE OF GRADE  |                        | 27 DATE OF EFF |
| 37  | 10             | 43300                        | FRD                    | 75013               |                      | 1                               |                  |                                |                   |                        |                |
| 28 INT. EXP. DATE   |                | 29 SPECIAL REFERENCE         |                        | 30 RETIREMENT DATA  |                      | 31 SEPARATION DATA CODE         |                  | 32 CORRECTION/COMPLETION DATA  |                   | 33 SECURITY REF. NO.   |                |
|   |                |                              |                        |                     |                      |                                 |                  |                                |                   | 300 DATA               |                |
| 35 VET. PREFERENCE  |                | 36 SERV. COMP. DATE          |                        | 37 CONG. COMP. DATE |                      | 38 CAREER CATEGORY              |                  | 39 FEEDBACK HEALTH INSURANCE   |                   | 40 SOCIAL SECURITY NO. |                |
|   |                |                              |                        |                     |                      |                                 |                  |                                |                   |                        |                |
| 41 FEDERAL GOVERNMENT SERVICE   |                |                              |                        | 42 LEAVE CAT. CODE  |                      | 43 FEDERAL PAY DATA             |                  | 44 STATE TAX DATA              |                   |                        |                |
|   |                |                              |                        |                     |                      |                                 |                  |                                |                   |                        |                |
| SIGNATURE OF OTHER AUTHENTICATING OFFICER   |                |                              |                        |                     |                      |                                 |                  |                                |                   |                        |                |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>POSTED</b><br/> <i>11/18/73</i> </div> |                |                              |                        |                     |                      |                                 |                  |                                |                   |                        |                |

FORM 1170  
9-72 106-11-72

Use Previous  
Editions

SECRET

**KRM**

U.S. GOVERNMENT PRINTING OFFICE: 1972

18 55

106

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

|  |  |   |                               |
|--|--|---|-------------------------------|
| 1 SERIAL NUMBER<br>012170                      |  | 2 NAME (LAST FIRST MIDDLE)<br>RANDALL FREDERICK |                               |
| 3 NATURE OF PERSONNEL ACTION<br>REASSIGNMENT   |  | 4 EFFECTIVE DATE<br>MO DA YE<br>07 01 74        | 5 CATEGORY OF EMPLOYMENT      |
| 6 FUNDS  | <input checked="" type="checkbox"/> V TO V | <input type="checkbox"/> V TO O                 | 7 FAR AND NSCA                |
| <input type="checkbox"/> O TO V                | <input type="checkbox"/> O TO O            | 8 CSC OR OTHER LEGAL AUTHORITY                  |                               |
| 9 ORGANIZATIONAL DESIGNATIONS<br>DDO/FRD       |  | 10 LOCATION OF OFFICIAL STATION<br>WASH., D.C.  |                               |
| 11 POSITION TITLE<br>IPS OFFICER CH            |  | 12 POSITION NUMBER                              | 13 CAREER SERVICE DESIGNATION |
| 14 CLASSIFICATION SCHEDULE (GS, LB, etc)<br>GS | 15 OCCUPATIONAL SERIES                     | 16 GRADE AND STEP<br>14                         | 17 SALARY OR RATE             |
| 18 REMARKS                                     |  |   |                               |
| SIGNATURE OF OFFICER AUTHENTICATING            |  |   |                               |
|  |  |   | POSTED<br>1974<br>2/1         |

SECRET

RCS: 14 JAN 74

(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION   |                |                            |                        |                    |                 |                                 |                  |                                 |                |                        |  |
|--|----------------|----------------------------|------------------------|--------------------|-----------------|---------------------------------|------------------|---------------------------------|----------------|------------------------|--|
| JKF  |                |                            |                        |                    |                 |                                 |                  |                                 |                |                        |  |
| 1 SERIAL NUMBER  |                | 2 NAME (LAST FIRST MIDDLE) |                        |                    |                 |                                 |                  |                                 |                |                        |  |
| 01217J   |                | RANDALL FREDERICK          |                        |                    |                 |                                 |                  |                                 |                |                        |  |
| 3 NATURE OF PERSONNEL ACTION   |                |                            |                        |                    |                 | 4 EFFECTIVE DATE                |                  | 5 CATEGORY OF EMPLOYMENT        |                |                        |  |
| REASSIGNMENT - CORRECTION  |                |                            |                        |                    |                 | 11/21/73                        |                  | REGULAR                         |                |                        |  |
| 6 FUNDS  |                | V TO V                     |                        | V TO CF            |                 | 7. FAN AND NSCA                 |                  | 8 CSC OR OTHER LEGAL AUTHORITY  |                |                        |  |
| A  |                |                            |                        |                    |                 |                                 |                  |                                 |                |                        |  |
| 9 ORGANIZATIONAL DESIGNATIONS  |                |                            |                        |                    |                 | 10 LOCATION OF OFFICIAL STATION |                  |                                 |                |                        |  |
| DDO/FR DIVISION<br>BRANCH III  |                |                            |                        |                    |                 | WASH., D.C.                     |                  |                                 |                |                        |  |
| 11 POSITION TITLE  |                |                            |                        |                    |                 | 12 POSITION NUMBER              |                  | 13 SERVICE DESIGNATION          |                |                        |  |
| OPS OFFICER CH   |                |                            |                        |                    |                 |                                 |                  |                                 |                |                        |  |
| 14 CLASSIFICATION SCHEDULE (GS, LS, etc.)  |                |                            | 15 OCCUPATIONAL SERIES |                    |                 | 16 GRADE AND STEP               |                  | 17 SALARY OR RATE               |                |                        |  |
| GS   |                |                            |                        |                    |                 | 14 7                            |                  | 29895                           |                |                        |  |
| 18 REMARKS   |                |                            |                        |                    |                 |                                 |                  |                                 |                |                        |  |
| THIS ACTION CORRECTS FORM 1150 EFFECTIVE DATE 11/21/73 AS FOLLOWS:<br>ITEM NO. 7, FAN NUMBER, WHICH READ [ ] TO READ [ ] |                |                            |                        |                    |                 |                                 |                  |                                 |                |                        |  |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL   |                |                            |                        |                    |                 |                                 |                  |                                 |                |                        |  |
| 19 ACTION CODE   | 20 EMPLOY CODE | 21 OFFICE CODING           |                        | 22 STATION CODE    | 23 OFFICER CODE | 24 TRIPS CODE                   | 25 DATE OF BIRTH | 26 DATE OF GRADE                | 27 DATE OF SER |                        |  |
| 58   | 1J             | 433J FRD                   |                        | 75813              | 1               |                                 |                  |                                 |                |                        |  |
| 28 VET EMPLOY  |                | 29 SPECIAL ASSIGNMENT      |                        | 30 ASSIGNMENT DATA |                 | 31 SEPARATION DATA CODE         |                  | 32 Correction - Comment on Data |                | 33 SOCIAL SECURITY NO. |  |
|  |                |                            |                        |                    |                 | 37                              |                  | 11/21/73                        |                | 100 DATA               |  |
| 35 VET PREFERENCE  |                | 36 SERV COMP DATE          |                        | 37 LONGS COMP DATE |                 | 38 LATTER CATEGORY              |                  | 39 HEALTH INSURANCE             |                | 40 SOCIAL SECURITY NO. |  |
|  |                |                            |                        |                    |                 |                                 |                  |                                 |                |                        |  |
| 41 FEDERAL CIVILIAN EMPLOYMENT SERVICE   |                |                            |                        | 42 STATE EMP       |                 | 43 FEDERAL TAX DATA             |                  | 44 STATE TAX DATA               |                |                        |  |
| 45   |                |                            |                        | 46                 |                 | 47                              |                  | 48                              |                |                        |  |
| 49 SIGNATURE OF OTHER AUTHENTICATION   |                |                            |                        |                    |                 |                                 |                  |                                 |                |                        |  |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>POSTED<br/>1/15/74</p> </div>             |                |                            |                        |                    |                 |                                 |                  |                                 |                |                        |  |

DMS

SECRET

10

14-00000

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5, U.S.C. AND EXECUTIVE ORDER 11739 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 08 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 14 OCTOBER 1973

| NAME              | SERIAL | ORGN. | FUNDS | GR-STEP   | NEW SALARY |
|-------------------|--------|-------|-------|-----------|------------|
| RANDALL FREDERICK | 012170 | 43    | 275   | Y GS 14 7 | \$29,095   |

G-28

|   |      |                       |                |                         |      |          |                |                |      |
|---|------|-----------------------|----------------|-------------------------|------|----------|----------------|----------------|------|
| 1. SERIAL NO.   |      | 2. NAME               |                | 3. ORGANIZATION         |      | 4. FUNDS |                | 5. LWOP HOURS  |      |
| 012170  |      | RANDALL FREDERICK     |                | 43 250                  |      | 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 14   | 6    | \$26,938              | 05/30/71       | GS 14                   | 7    | \$27,708 | 05/27/73       |                |      |
| CERTIFICATION AND AUTHENTICATION  |      |                       |                |                         |      |          |                |                |      |
| I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.   |      |                       |                |                         |      |          |                |                |      |
| SIGNATURE   |      |                       |                |                         |      |          | DATE           |                |      |
|   |      |                       |                |                         |      |          | 5 MAR 1973     |                |      |
| <input checked="" type="checkbox"/> NO EXCESS LWOP<br><input checked="" type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD<br><input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD |      |                       |                |                         |      |          |                |                |      |
| CLERKS INITIALS   |      |                       |                |                         |      |          | AUDITED BY     |                |      |
|   |      |                       |                |                         |      |          |                |                |      |
| FORM 7-68 560 E   |      | Use previous editions |                | PAY CHANGE NOTIFICATION |      |          |                | (4-51)         |      |

COMPTROLLER'S OFFICE TAX DIVISION

MAR 21 11 52 AM '73

BBB

SECRET  
(When Filled In)

DMS: 18 JUNE 73

| NOTIFICATION OF PERSONNEL ACTION  |                |                            |                        |                                  |                   |                                     |                   |                                   |                   |                        |                   |
|---|----------------|----------------------------|------------------------|----------------------------------|-------------------|-------------------------------------|-------------------|-----------------------------------|-------------------|------------------------|-------------------|
| 1 SERIAL NUMBER   |                | 2 NAME (LAST FIRST MIDDLE) |                        |                                  |                   |                                     |                   |                                   |                   |                        |                   |
| 012170  |                | RANDALL FREDERICK          |                        |                                  |                   |                                     |                   |                                   |                   |                        |                   |
| 3 NATURE OF PERSONNEL ACTION  |                |                            |                        |                                  |                   | 4 EFFECTIVE DATE                    |                   | 5 CATEGORY OF EMPLOYMENT          |                   |                        |                   |
| REASSIGNMENT AND DELEGATION OF NSCA   |                |                            |                        |                                  |                   | 06 13 73                            |                   | REGULAR                           |                   |                        |                   |
| 6 FUNDS   |                | V TO V                     |                        | V TO CF                          |                   | 7 Financial Analysis No. Chargeable |                   | 8. CSC OR OTHER LEGAL AUTHORITY   |                   |                        |                   |
| X   |                |                            |                        |                                  |                   |                                     |                   |                                   |                   |                        |                   |
| 9 ORGANIZATIONAL DESIGNATIONS   |                |                            |                        |                                  |                   | 10 LOCATION OF OFFICIAL STATION     |                   |                                   |                   |                        |                   |
| DDO/FR DIVISION<br>BRANCH, II   |                |                            |                        |                                  |                   | WASH., D.C.                         |                   |                                   |                   |                        |                   |
| 11. POSITION TITLE  |                |                            |                        |                                  |                   | 12 POSITION NUMBER                  |                   | 13. SERVICE DESIGNATION           |                   |                        |                   |
| OPS OFFICER CH  |                |                            |                        |                                  |                   |                                     |                   |                                   |                   |                        |                   |
| 14 CLASSIFICATION SCHEDULE (GS, LB, etc)  |                |                            | 15 OCCUPATIONAL SERIES |                                  |                   | 16 GRADE AND STEP                   |                   |                                   | 17 SALARY OR RATE |                        |                   |
| GS  |                |                            |                        |                                  |                   | 14 7                                |                   |                                   | 27708             |                        |                   |
| 18. REMARKS   |                |                            |                        |                                  |                   |                                     |                   |                                   |                   |                        |                   |
| HOME BASE: EA   |                |                            |                        |                                  |                   |                                     |                   |                                   |                   |                        |                   |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL  |                |                            |                        |                                  |                   |                                     |                   |                                   |                   |                        |                   |
| 19 ACTION CODE  | 20 Employ Code | 21 OFFICE CODING           |                        | 22 STATION CODE                  | 23. INTEREST CODE | 24. Military Code                   | 25. DATE OF BIRTH |                                   | 26. DATE OF GRADE |                        | 27. DATE OF LEAVE |
|   |                | NUMBER ALPHABETIC          |                        |                                  |                   |                                     | MO DA YR          |                                   | MO DA YR          |                        | MO DA YR          |
| 28. FTE EXPIRES   |                | 29. SPECIAL REFERENCE      |                        | 30. RETIREMENT DATA              |                   | 31. SEPARATION DATA CODE            |                   | 32. Separation / Condonation Date |                   | 33. SECURITY SEC NO    |                   |
| MO DA YR  |                |                            |                        | CIV<br>2. CA<br>3. PCA<br>4. N/A |                   | TYPE                                |                   | MO DA YR                          |                   | EOD DATA               |                   |
| 35. VET PREFERENCE  |                | 36. SERV COMP DATE         |                        | 37. LONG COMP DATE               |                   | 38. EARLIER CATEGORY                |                   | 39. FEEDBACK HEALTH INSURANCE     |                   | 40. SOCIAL SECURITY NO |                   |
| CODE  |                | MO DA YR                   |                        | MO DA YR                         |                   | CLASS                               |                   | STATE                             |                   | HEALTH INS CODE        |                   |
| 1. NONE<br>2. 5 YR<br>3. 10 YR  |                |                            |                        |                                  |                   | CLASS                               |                   | STATE                             |                   |                        |                   |
| 41. PREVIOUS FEDERAL GOVERNMENT SERVICE   |                |                            |                        | 42. LEAVE CAT CODE               |                   | 43. FEDERAL TAX DATA                |                   | 44. STATE TAX DATA                |                   |                        |                   |
| CODE  |                |                            |                        |                                  |                   | FEDERAL TAX DATA                    |                   | STATE TAX DATA                    |                   |                        |                   |
| 1. NO PREV GOV SERVICE<br>2. NO BREAK IN SERVICE<br>3. BREAK IN SERVICE (LIST YEARS & REAS)<br>4. BREAK IN SERVICE (LIST YEARS & REAS)                            |                |                            |                        |                                  |                   | FEDERAL TAX DATA                    |                   | STATE TAX DATA                    |                   |                        |                   |
|   |                |                            |                        |                                  |                   | FEDERAL TAX DATA                    |                   | STATE TAX DATA                    |                   |                        |                   |
| SIGNATURE OR OTHER AUTHENTICATION   |                |                            |                        |                                  |                   |                                     |                   |                                   |                   |                        |                   |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p style="margin: 0;"><b>POSTED</b></p> <p style="margin: 0;">with 6-19-73</p> </div> |                |                            |                        |                                  |                   |                                     |                   |                                   |                   |                        |                   |

SECRET

14-00000

When Filled In

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

EFFECTIVE DATE OF PAY ADJUSTMENT: 9 JANUARY 1972

| NAME              | SERIAL | ORGN. | FUNDS | GR-STEP   | NEW SALARY |
|-------------------|--------|-------|-------|-----------|------------|
| RANDALL FREDERICK | 012170 | 43    | 250   | V GS 14 6 | \$25,620   |

"PAY ADJUSTMENT IN ACCORDANCE WITH 5 U.S.C. 5305 AND EXECUTIVE ORDER 11691 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 08 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 07 JANUARY 1973

| NAME              | SERIAL | ORGN. | FUNDS | GR-STEP   | NEW SALARY |
|-------------------|--------|-------|-------|-----------|------------|
| RANDALL FREDERICK | 012170 | 43    | 250   | V GS 14 6 | \$26,938   |

EFFECTIVE DATE OF PAY ADJUSTMENT CORRECTED FROM 7 JAN 1973 TO 1 JUL 1973 UNDER EXECUTIVE ORDER 11777, DATED 14 APR 1974.



D-23

|  |      |                   |               |                   |      |         |                |               |          |
|--|------|-------------------|---------------|-------------------|------|---------|----------------|---------------|----------|
| 1 SERIAL NO  |      | 2 NAME            |               | 3 ORGANIZATION    |      | 4 FUNDS |                | 5 LWOP HOURS  |          |
| 012170   |      | RANDALL FREDERICK |               | 43 300            |      | V       |                |               |          |
| 6 OLD SALARY RATE  |      |                   |               | 7 NEW SALARY RATE |      |         |                | 8 TYPE ACTION |          |
| Grade  | Step | Salary            | Last Eff Date | Grade             | Step | Salary  | EFFECTIVE DATE | SI            | ADI      |
| GS   | 14   | 5                 | \$23,591      | 06/01/69          | GS   | 14      | 6              | \$24,265      | 05/30/71 |
| CERTIFICATION AND AUTHENTICATION   |      |                   |               |                   |      |         |                |               |          |
| I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.  |      |                   |               |                   |      |         |                |               |          |
| SIGNATURE  |      |                   |               | DATE              |      |         |                |               |          |
| [Redacted Signature]   |      |                   |               | 11 March 1971     |      |         |                |               |          |
| <input type="checkbox"/> NO EFFECTS<br><input checked="" type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD<br><input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD |      |                   |               |                   |      |         |                |               |          |
| CLERKS INITIALS  |      |                   |               | EDITED BY         |      |         |                |               |          |
| B P B  |      |                   |               | [Redacted]        |      |         |                |               |          |
| FORM 7-65 560 E Use previous editions PAY CHANGE NOTIFICATION (4-51)   |      |                   |               |                   |      |         |                |               |          |

MAY 14 4 47 PM '71

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

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 JANUARY 1971

|                   |        |        |       |         |            |
|-------------------|--------|--------|-------|---------|------------|
| NAME              | SERIAL | ORGN   | FUNDS | GR-STEP | NEW SALARY |
| RANDALL FREDERICK | 012170 | 43 300 | V     | GS 14 5 | \$23,591   |

SSJ: 16 JAN 70

SECRET  
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION   |                |                                     |                                      |                                |                         |                                 |                   |                          |  |        |  |                |                |                |                 |                   |               |                  |                  |                |  |  |  |  |  |  |  |  |  |          |          |          |  |  |  |            |  |                       |                    |  |                         |                                |  |                     |  |        |  |  |  |  |                                      |  |  |  |  |          |  |  |  |            |  |                   |                   |                    |  |                     |  |                        |  |  |  |  |  |          |          |            |  |                 |  |  |  |  |  |                               |  |  |               |                     |                   |  |  |  |  |  |  |  |  |  |      |            |                |  |                  |  |  |  |  |
|--|----------------|-------------------------------------|--------------------------------------|--------------------------------|-------------------------|---------------------------------|-------------------|--------------------------|--|--------|--|----------------|----------------|----------------|-----------------|-------------------|---------------|------------------|------------------|----------------|--|--|--|--|--|--|--|--|--|----------|----------|----------|--|--|--|------------|--|-----------------------|--------------------|--|-------------------------|--------------------------------|--|---------------------|--|--------|--|--|--|--|--------------------------------------|--|--|--|--|----------|--|--|--|------------|--|-------------------|-------------------|--------------------|--|---------------------|--|------------------------|--|--|--|--|--|----------|----------|------------|--|-----------------|--|--|--|--|--|-------------------------------|--|--|---------------|---------------------|-------------------|--|--|--|--|--|--|--|--|--|------|------------|----------------|--|------------------|--|--|--|--|
| 1 SERIAL NUMBER  |                | 2 NAME (LAST FIRST MIDDLE)          |                                      |                                |                         |                                 |                   |                          |  |        |  |                |                |                |                 |                   |               |                  |                  |                |  |  |  |  |  |  |  |  |  |          |          |          |  |  |  |            |  |                       |                    |  |                         |                                |  |                     |  |        |  |  |  |  |                                      |  |  |  |  |          |  |  |  |            |  |                   |                   |                    |  |                     |  |                        |  |  |  |  |  |          |          |            |  |                 |  |  |  |  |  |                               |  |  |               |                     |                   |  |  |  |  |  |  |  |  |  |      |            |                |  |                  |  |  |  |  |
| 012170   |                | RANDALL FREDERICK                   |                                      |                                |                         |                                 |                   |                          |  |        |  |                |                |                |                 |                   |               |                  |                  |                |  |  |  |  |  |  |  |  |  |          |          |          |  |  |  |            |  |                       |                    |  |                         |                                |  |                     |  |        |  |  |  |  |                                      |  |  |  |  |          |  |  |  |            |  |                   |                   |                    |  |                     |  |                        |  |  |  |  |  |          |          |            |  |                 |  |  |  |  |  |                               |  |  |               |                     |                   |  |  |  |  |  |  |  |  |  |      |            |                |  |                  |  |  |  |  |
| 3 NATURE OF PERSONNEL ACTION   |                |                                     |                                      |                                |                         | 4 EFFECTIVE DATE                |                   | 5 CATEGORY OF EMPLOYMENT |  |        |  |                |                |                |                 |                   |               |                  |                  |                |  |  |  |  |  |  |  |  |  |          |          |          |  |  |  |            |  |                       |                    |  |                         |                                |  |                     |  |        |  |  |  |  |                                      |  |  |  |  |          |  |  |  |            |  |                   |                   |                    |  |                     |  |                        |  |  |  |  |  |          |          |            |  |                 |  |  |  |  |  |                               |  |  |               |                     |                   |  |  |  |  |  |  |  |  |  |      |            |                |  |                  |  |  |  |  |
| REASSIGNMENT AND<br>TRANSFER TO VOUCHERED FUNDS  |                |                                     |                                      |                                |                         | MO DA YR<br>01 11 70            |                   | REGULAR                  |  |        |  |                |                |                |                 |                   |               |                  |                  |                |  |  |  |  |  |  |  |  |  |          |          |          |  |  |  |            |  |                       |                    |  |                         |                                |  |                     |  |        |  |  |  |  |                                      |  |  |  |  |          |  |  |  |            |  |                   |                   |                    |  |                     |  |                        |  |  |  |  |  |          |          |            |  |                 |  |  |  |  |  |                               |  |  |               |                     |                   |  |  |  |  |  |  |  |  |  |      |            |                |  |                  |  |  |  |  |
| 6 FUNDS  |                | 7 Financial Analysis No. Chargeable |                                      | 8 CSC OR OTHER LEGAL AUTHORITY |                         |                                 |                   |                          |  |        |  |                |                |                |                 |                   |               |                  |                  |                |  |  |  |  |  |  |  |  |  |          |          |          |  |  |  |            |  |                       |                    |  |                         |                                |  |                     |  |        |  |  |  |  |                                      |  |  |  |  |          |  |  |  |            |  |                   |                   |                    |  |                     |  |                        |  |  |  |  |  |          |          |            |  |                 |  |  |  |  |  |                               |  |  |               |                     |                   |  |  |  |  |  |  |  |  |  |      |            |                |  |                  |  |  |  |  |
| X  |                | V TO V                              |                                      | V TO CF                        |                         | CF TO V                         |                   | CF TO CF                 |  |        |  |                |                |                |                 |                   |               |                  |                  |                |  |  |  |  |  |  |  |  |  |          |          |          |  |  |  |            |  |                       |                    |  |                         |                                |  |                     |  |        |  |  |  |  |                                      |  |  |  |  |          |  |  |  |            |  |                   |                   |                    |  |                     |  |                        |  |  |  |  |  |          |          |            |  |                 |  |  |  |  |  |                               |  |  |               |                     |                   |  |  |  |  |  |  |  |  |  |      |            |                |  |                  |  |  |  |  |
| 9 ORGANIZATIONAL DESIGNATIONS  |                |                                     |                                      |                                |                         | 10 LOCATION OF OFFICIAL STATION |                   |                          |  |        |  |                |                |                |                 |                   |               |                  |                  |                |  |  |  |  |  |  |  |  |  |          |          |          |  |  |  |            |  |                       |                    |  |                         |                                |  |                     |  |        |  |  |  |  |                                      |  |  |  |  |          |  |  |  |            |  |                   |                   |                    |  |                     |  |                        |  |  |  |  |  |          |          |            |  |                 |  |  |  |  |  |                               |  |  |               |                     |                   |  |  |  |  |  |  |  |  |  |      |            |                |  |                  |  |  |  |  |
| DDP/DOD<br>INTELLIGENCE OPERATIONS GROUP<br>BRANCH 1   |                |                                     |                                      |                                |                         | WASH., D.C.                     |                   |                          |  |        |  |                |                |                |                 |                   |               |                  |                  |                |  |  |  |  |  |  |  |  |  |          |          |          |  |  |  |            |  |                       |                    |  |                         |                                |  |                     |  |        |  |  |  |  |                                      |  |  |  |  |          |  |  |  |            |  |                   |                   |                    |  |                     |  |                        |  |  |  |  |  |          |          |            |  |                 |  |  |  |  |  |                               |  |  |               |                     |                   |  |  |  |  |  |  |  |  |  |      |            |                |  |                  |  |  |  |  |
| 11 POSITION TITLE  |                |                                     |                                      | 12 POSITION NUMBER             |                         | 13 SERVICE DESIGNATION          |                   |                          |  |        |  |                |                |                |                 |                   |               |                  |                  |                |  |  |  |  |  |  |  |  |  |          |          |          |  |  |  |            |  |                       |                    |  |                         |                                |  |                     |  |        |  |  |  |  |                                      |  |  |  |  |          |  |  |  |            |  |                   |                   |                    |  |                     |  |                        |  |  |  |  |  |          |          |            |  |                 |  |  |  |  |  |                               |  |  |               |                     |                   |  |  |  |  |  |  |  |  |  |      |            |                |  |                  |  |  |  |  |
| CPS OFFICER  |                |                                     |                                      | 0305                           |                         |                                 |                   |                          |  |        |  |                |                |                |                 |                   |               |                  |                  |                |  |  |  |  |  |  |  |  |  |          |          |          |  |  |  |            |  |                       |                    |  |                         |                                |  |                     |  |        |  |  |  |  |                                      |  |  |  |  |          |  |  |  |            |  |                   |                   |                    |  |                     |  |                        |  |  |  |  |  |          |          |            |  |                 |  |  |  |  |  |                               |  |  |               |                     |                   |  |  |  |  |  |  |  |  |  |      |            |                |  |                  |  |  |  |  |
| 14 CLASSIFICATION SCHEDULE (GS 15 etc.)  |                |                                     | 15 OCCUPATIONAL SERIES               |                                | 16 GRADE AND STEP       |                                 | 17 SALARY OR RATE |                          |  |        |  |                |                |                |                 |                   |               |                  |                  |                |  |  |  |  |  |  |  |  |  |          |          |          |  |  |  |            |  |                       |                    |  |                         |                                |  |                     |  |        |  |  |  |  |                                      |  |  |  |  |          |  |  |  |            |  |                   |                   |                    |  |                     |  |                        |  |  |  |  |  |          |          |            |  |                 |  |  |  |  |  |                               |  |  |               |                     |                   |  |  |  |  |  |  |  |  |  |      |            |                |  |                  |  |  |  |  |
| GS   |                |                                     |                                      |                                | 14 5                    |                                 | 21003             |                          |  |        |  |                |                |                |                 |                   |               |                  |                  |                |  |  |  |  |  |  |  |  |  |          |          |          |  |  |  |            |  |                       |                    |  |                         |                                |  |                     |  |        |  |  |  |  |                                      |  |  |  |  |          |  |  |  |            |  |                   |                   |                    |  |                     |  |                        |  |  |  |  |  |          |          |            |  |                 |  |  |  |  |  |                               |  |  |               |                     |                   |  |  |  |  |  |  |  |  |  |      |            |                |  |                  |  |  |  |  |
| 18 REMARKS   |                |                                     |                                      |                                |                         |                                 |                   |                          |  |        |  |                |                |                |                 |                   |               |                  |                  |                |  |  |  |  |  |  |  |  |  |          |          |          |  |  |  |            |  |                       |                    |  |                         |                                |  |                     |  |        |  |  |  |  |                                      |  |  |  |  |          |  |  |  |            |  |                   |                   |                    |  |                     |  |                        |  |  |  |  |  |          |          |            |  |                 |  |  |  |  |  |                               |  |  |               |                     |                   |  |  |  |  |  |  |  |  |  |      |            |                |  |                  |  |  |  |  |
| NONE BASE: FE  |                |                                     |                                      |                                |                         |                                 |                   |                          |  |        |  |                |                |                |                 |                   |               |                  |                  |                |  |  |  |  |  |  |  |  |  |          |          |          |  |  |  |            |  |                       |                    |  |                         |                                |  |                     |  |        |  |  |  |  |                                      |  |  |  |  |          |  |  |  |            |  |                   |                   |                    |  |                     |  |                        |  |  |  |  |  |          |          |            |  |                 |  |  |  |  |  |                               |  |  |               |                     |                   |  |  |  |  |  |  |  |  |  |      |            |                |  |                  |  |  |  |  |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL   |                |                                     |                                      |                                |                         |                                 |                   |                          |  |        |  |                |                |                |                 |                   |               |                  |                  |                |  |  |  |  |  |  |  |  |  |          |          |          |  |  |  |            |  |                       |                    |  |                         |                                |  |                     |  |        |  |  |  |  |                                      |  |  |  |  |          |  |  |  |            |  |                   |                   |                    |  |                     |  |                        |  |  |  |  |  |          |          |            |  |                 |  |  |  |  |  |                               |  |  |               |                     |                   |  |  |  |  |  |  |  |  |  |      |            |                |  |                  |  |  |  |  |
| <table border="1"> <tr> <td>19 ACTION CODE</td> <td>20 EMPLOY CODE</td> <td>21 OFFICE CODE</td> <td>22 STATION CODE</td> <td>23 INTERVIEW CODE</td> <td>24 HOURS CODE</td> <td>25 DATE OF BIRTH</td> <td>26 DATE OF GRADE</td> <td>27 DATE OF LET</td> <td colspan="3"></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>MO DA YR</td> <td>MO DA YR</td> <td>MO DA YR</td> <td colspan="3"></td> </tr> <tr> <td colspan="2">28 NET PAY</td> <td>29 SPECIAL RETIREMENT</td> <td colspan="2">30 RETIREMENT DATA</td> <td>31 SEPARATION DATA CODE</td> <td colspan="2">32 CORRECTIVE INFORMATION DATA</td> <td colspan="2">33 SECURITY (S) (P)</td> <td colspan="2">34 SER</td> </tr> <tr> <td colspan="2"></td> <td></td> <td colspan="2">1. LIC<br/>2. CA<br/>3. PCA<br/>4. NONE</td> <td></td> <td colspan="2"></td> <td colspan="2">IOD DATA</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">35 NET PAY</td> <td>36 SERV COMP DATE</td> <td>37 LONG COMP DATE</td> <td colspan="2">38 CAREER CATEGORY</td> <td colspan="2">39 HEALTH INSURANCE</td> <td colspan="4">40 SOCIAL SECURITY (S)</td> </tr> <tr> <td colspan="2"></td> <td>MO DA YR</td> <td>MO DA YR</td> <td colspan="2">CLASS CODE</td> <td colspan="2">HEALTH INS CODE</td> <td colspan="4"></td> </tr> <tr> <td colspan="3">41 FOREIGN GOVERNMENT SERVICE</td> <td>42 GRADE LAST</td> <td>43 FEDERAL TAX DATA</td> <td colspan="2">44 STATE TAX DATA</td> <td colspan="5"></td> </tr> <tr> <td colspan="3"></td> <td>CODE</td> <td>CLASS CODE</td> <td colspan="2">TAX EXEMPTIONS</td> <td colspan="2">CLASS EXEMPTIONS</td> <td colspan="3"></td> </tr> </table> |                |                                     |                                      |                                |                         |                                 |                   |                          |  |        |  | 19 ACTION CODE | 20 EMPLOY CODE | 21 OFFICE CODE | 22 STATION CODE | 23 INTERVIEW CODE | 24 HOURS CODE | 25 DATE OF BIRTH | 26 DATE OF GRADE | 27 DATE OF LET |  |  |  |  |  |  |  |  |  | MO DA YR | MO DA YR | MO DA YR |  |  |  | 28 NET PAY |  | 29 SPECIAL RETIREMENT | 30 RETIREMENT DATA |  | 31 SEPARATION DATA CODE | 32 CORRECTIVE INFORMATION DATA |  | 33 SECURITY (S) (P) |  | 34 SER |  |  |  |  | 1. LIC<br>2. CA<br>3. PCA<br>4. NONE |  |  |  |  | IOD DATA |  |  |  | 35 NET PAY |  | 36 SERV COMP DATE | 37 LONG COMP DATE | 38 CAREER CATEGORY |  | 39 HEALTH INSURANCE |  | 40 SOCIAL SECURITY (S) |  |  |  |  |  | MO DA YR | MO DA YR | CLASS CODE |  | HEALTH INS CODE |  |  |  |  |  | 41 FOREIGN GOVERNMENT SERVICE |  |  | 42 GRADE LAST | 43 FEDERAL TAX DATA | 44 STATE TAX DATA |  |  |  |  |  |  |  |  |  | CODE | CLASS CODE | TAX EXEMPTIONS |  | CLASS EXEMPTIONS |  |  |  |  |
| 19 ACTION CODE   | 20 EMPLOY CODE | 21 OFFICE CODE                      | 22 STATION CODE                      | 23 INTERVIEW CODE              | 24 HOURS CODE           | 25 DATE OF BIRTH                | 26 DATE OF GRADE  | 27 DATE OF LET           |  |        |  |                |                |                |                 |                   |               |                  |                  |                |  |  |  |  |  |  |  |  |  |          |          |          |  |  |  |            |  |                       |                    |  |                         |                                |  |                     |  |        |  |  |  |  |                                      |  |  |  |  |          |  |  |  |            |  |                   |                   |                    |  |                     |  |                        |  |  |  |  |  |          |          |            |  |                 |  |  |  |  |  |                               |  |  |               |                     |                   |  |  |  |  |  |  |  |  |  |      |            |                |  |                  |  |  |  |  |
|  |                |                                     |                                      |                                |                         | MO DA YR                        | MO DA YR          | MO DA YR                 |  |        |  |                |                |                |                 |                   |               |                  |                  |                |  |  |  |  |  |  |  |  |  |          |          |          |  |  |  |            |  |                       |                    |  |                         |                                |  |                     |  |        |  |  |  |  |                                      |  |  |  |  |          |  |  |  |            |  |                   |                   |                    |  |                     |  |                        |  |  |  |  |  |          |          |            |  |                 |  |  |  |  |  |                               |  |  |               |                     |                   |  |  |  |  |  |  |  |  |  |      |            |                |  |                  |  |  |  |  |
| 28 NET PAY   |                | 29 SPECIAL RETIREMENT               | 30 RETIREMENT DATA                   |                                | 31 SEPARATION DATA CODE | 32 CORRECTIVE INFORMATION DATA  |                   | 33 SECURITY (S) (P)      |  | 34 SER |  |                |                |                |                 |                   |               |                  |                  |                |  |  |  |  |  |  |  |  |  |          |          |          |  |  |  |            |  |                       |                    |  |                         |                                |  |                     |  |        |  |  |  |  |                                      |  |  |  |  |          |  |  |  |            |  |                   |                   |                    |  |                     |  |                        |  |  |  |  |  |          |          |            |  |                 |  |  |  |  |  |                               |  |  |               |                     |                   |  |  |  |  |  |  |  |  |  |      |            |                |  |                  |  |  |  |  |
|  |                |                                     | 1. LIC<br>2. CA<br>3. PCA<br>4. NONE |                                |                         |                                 |                   | IOD DATA                 |  |        |  |                |                |                |                 |                   |               |                  |                  |                |  |  |  |  |  |  |  |  |  |          |          |          |  |  |  |            |  |                       |                    |  |                         |                                |  |                     |  |        |  |  |  |  |                                      |  |  |  |  |          |  |  |  |            |  |                   |                   |                    |  |                     |  |                        |  |  |  |  |  |          |          |            |  |                 |  |  |  |  |  |                               |  |  |               |                     |                   |  |  |  |  |  |  |  |  |  |      |            |                |  |                  |  |  |  |  |
| 35 NET PAY   |                | 36 SERV COMP DATE                   | 37 LONG COMP DATE                    | 38 CAREER CATEGORY             |                         | 39 HEALTH INSURANCE             |                   | 40 SOCIAL SECURITY (S)   |  |        |  |                |                |                |                 |                   |               |                  |                  |                |  |  |  |  |  |  |  |  |  |          |          |          |  |  |  |            |  |                       |                    |  |                         |                                |  |                     |  |        |  |  |  |  |                                      |  |  |  |  |          |  |  |  |            |  |                   |                   |                    |  |                     |  |                        |  |  |  |  |  |          |          |            |  |                 |  |  |  |  |  |                               |  |  |               |                     |                   |  |  |  |  |  |  |  |  |  |      |            |                |  |                  |  |  |  |  |
|  |                | MO DA YR                            | MO DA YR                             | CLASS CODE                     |                         | HEALTH INS CODE                 |                   |                          |  |        |  |                |                |                |                 |                   |               |                  |                  |                |  |  |  |  |  |  |  |  |  |          |          |          |  |  |  |            |  |                       |                    |  |                         |                                |  |                     |  |        |  |  |  |  |                                      |  |  |  |  |          |  |  |  |            |  |                   |                   |                    |  |                     |  |                        |  |  |  |  |  |          |          |            |  |                 |  |  |  |  |  |                               |  |  |               |                     |                   |  |  |  |  |  |  |  |  |  |      |            |                |  |                  |  |  |  |  |
| 41 FOREIGN GOVERNMENT SERVICE  |                |                                     | 42 GRADE LAST                        | 43 FEDERAL TAX DATA            | 44 STATE TAX DATA       |                                 |                   |                          |  |        |  |                |                |                |                 |                   |               |                  |                  |                |  |  |  |  |  |  |  |  |  |          |          |          |  |  |  |            |  |                       |                    |  |                         |                                |  |                     |  |        |  |  |  |  |                                      |  |  |  |  |          |  |  |  |            |  |                   |                   |                    |  |                     |  |                        |  |  |  |  |  |          |          |            |  |                 |  |  |  |  |  |                               |  |  |               |                     |                   |  |  |  |  |  |  |  |  |  |      |            |                |  |                  |  |  |  |  |
|  |                |                                     | CODE                                 | CLASS CODE                     | TAX EXEMPTIONS          |                                 | CLASS EXEMPTIONS  |                          |  |        |  |                |                |                |                 |                   |               |                  |                  |                |  |  |  |  |  |  |  |  |  |          |          |          |  |  |  |            |  |                       |                    |  |                         |                                |  |                     |  |        |  |  |  |  |                                      |  |  |  |  |          |  |  |  |            |  |                   |                   |                    |  |                     |  |                        |  |  |  |  |  |          |          |            |  |                 |  |  |  |  |  |                               |  |  |               |                     |                   |  |  |  |  |  |  |  |  |  |      |            |                |  |                  |  |  |  |  |
| SIGNATURE OR OTHER AUTHENTICATION  |                |                                     |                                      |                                |                         |                                 |                   |                          |  |        |  |                |                |                |                 |                   |               |                  |                  |                |  |  |  |  |  |  |  |  |  |          |          |          |  |  |  |            |  |                       |                    |  |                         |                                |  |                     |  |        |  |  |  |  |                                      |  |  |  |  |          |  |  |  |            |  |                   |                   |                    |  |                     |  |                        |  |  |  |  |  |          |          |            |  |                 |  |  |  |  |  |                               |  |  |               |                     |                   |  |  |  |  |  |  |  |  |  |      |            |                |  |                  |  |  |  |  |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p style="font-size: 2em; margin: 0;">POSTED</p> <p style="font-size: 1.5em; margin: 0;">16 70</p> </div>  |                |                                     |                                      |                                |                         |                                 |                   |                          |  |        |  |                |                |                |                 |                   |               |                  |                  |                |  |  |  |  |  |  |  |  |  |          |          |          |  |  |  |            |  |                       |                    |  |                         |                                |  |                     |  |        |  |  |  |  |                                      |  |  |  |  |          |  |  |  |            |  |                   |                   |                    |  |                     |  |                        |  |  |  |  |  |          |          |            |  |                 |  |  |  |  |  |                               |  |  |               |                     |                   |  |  |  |  |  |  |  |  |  |      |            |                |  |                  |  |  |  |  |

SECRET

FVO

14-00000

14-00000  
"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-231 AND EXECUTIVE ORDER 11524 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 28 DECEMBER 1969

| NAME              | SERIAL | ORGN. | FUNDS | GR-STEP   | NEW SALARY |
|-------------------|--------|-------|-------|-----------|------------|
| RANDALL FREDERICK | 012170 | 43    | 300   | V GS 14 5 | \$22,263   |

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

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 JULY 1969

| NAME              | SERIAL | ORGN. | FUNDS | GR-STEP | NEW SALARY |
|-------------------|--------|-------|-------|---------|------------|
| RANDALL FREDERICK | 012170 | 43    | 300   | GS 14 5 | \$21,003   |

D24

|   |      |                   |               |                   |            |          |                |               |     |
|---|------|-------------------|---------------|-------------------|------------|----------|----------------|---------------|-----|
| 1 SERIAL NO   |      | 2 NAME            |               | 3 ORGANIZATION    |            | 4 FUNDS  |                | 5 LWOP HOURS  |     |
| 012170  |      | RANDALL FREDERICK |               | 43 300            |            | CF       |                |               |     |
| 6 OLD SALARY RATE   |      |                   |               | 7 NEW SALARY RATE |            |          |                | 8 TYPE ACTION |     |
| Grade   | Step | Salary            | Last Eff Date | Gr/ St            | Step       | Salary   | EFFECTIVE DATE | SI            | ADJ |
| GS 14   | 4    | \$18,641          | 06/04/67      | GS 14             | 5          | \$19,200 | 06/01/69       |               |     |
| CERTIFICATION AND AUTHENTICATION  |      |                   |               |                   |            |          |                |               |     |
| I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL <i>by competence</i>   |      |                   |               |                   |            |          |                |               |     |
| SIGNATURE   |      |                   |               |                   | DATE       |          |                |               |     |
|   |      |                   |               |                   | JUL 1 - 69 |          |                |               |     |
| <input checked="" type="checkbox"/> NO EXCESS LWOP<br><input checked="" type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD<br><input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD |      |                   |               |                   |            |          |                |               |     |
| CLERKS INITIALS <i>DH</i> <i>2</i> <i>800</i>   |      |                   |               |                   |            |          |                |               |     |
| FORM 7-66 560 E Use previous editions PAY CHANGE NOTIFICATION (4-61)  |      |                   |               |                   |            |          |                |               |     |

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTIONS 212 AND 216 OF PL 90-206 AND EXECUTIVE ORDER 11612 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: 16 JULY 1968

| NAME              | SERIAL | GR/O | FUNDS | GR-STEP    | OLD SALARY | NEW SALARY |
|-------------------|--------|------|-------|------------|------------|------------|
| RANDALL FREDERICK | 012170 | 43   | 300   | CF GS 14 4 | \$17,425   | \$18,641   |

2200  
8

SECRET  
(When Filled In)

MAN: 17 OCT 67

| NOTIFICATION OF PERSONNEL ACTION  |  |                             |  |  |  |                                      |  |                                  |  |                        |  |                   |  |                   |  |                 |  |
|---|--|-----------------------------|--|--|--|--------------------------------------|--|----------------------------------|--|------------------------|--|-------------------|--|-------------------|--|-----------------|--|
| 1. SERIAL NUMBER  |  | 2. NAME (LAST FIRST MIDDLE) |  |  |  |                                      |  |                                  |  |                        |  |                   |  |                   |  |                 |  |
| 012170  |  | RANDALL FREDERICK           |  |  |  |                                      |  |                                  |  |                        |  |                   |  |                   |  |                 |  |
| 3. NATURE OF PERSONNEL ACTION   |  |                             |  |  |  | 4. EFFECTIVE DATE                    |  | 5. CATEGORY OF EMPLOYMENT        |  |                        |  |                   |  |                   |  |                 |  |
| REASSIGNMENT  |  |                             |  |  |  | 10/16/67                             |  | REGULAR                          |  |                        |  |                   |  |                   |  |                 |  |
| 6. FUNDS  |  | V TO V                      |  | V TO CF                                |  | 7. Financial Analysis No. Chargeable |  | 8. CSC OR OTHER LEGAL AUTHORITY  |  |                        |  |                   |  |                   |  |                 |  |
| CF TO V   |  | X                           |  | CF TO CF                               |  |                                      |  |                                  |  |                        |  |                   |  |                   |  |                 |  |
| 9. ORGANIZATIONAL DESIGNATIONS  |  |                             |  |  |  | 10. LOCATION OF OFFICIAL STATION     |  |                                  |  |                        |  |                   |  |                   |  |                 |  |
| DDP/JOD<br>U. S. FIELD<br>INTELLIGENCE OPERATIONS GROUP                                   |  |                             |  |  |  | WASH., D.C.                          |  |                                  |  |                        |  |                   |  |                   |  |                 |  |
| 11. POSITION TITLE  |  |                             |  |  |  | 12. POSITION NUMBER                  |  | 13. SERVICE DESIGNATION          |  |                        |  |                   |  |                   |  |                 |  |
| OPS OFFICER   |  |                             |  |  |  |                                      |  | D                                |  |                        |  |                   |  |                   |  |                 |  |
| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.)  |  |                             |  | 15. OCCUPATIONAL SERIES                |  | 16. GRADE AND STEP                   |  | 17. SALARY OR RATE               |  |                        |  |                   |  |                   |  |                 |  |
| GS  |  |                             |  |  |  | 14 4                                 |  | 16675                            |  |                        |  |                   |  |                   |  |                 |  |
| 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. ADDRESS 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        |  |
|   |  |                             |  |  |  |                                      |  |                                  |  |                        |  |                   |  |                   |  |                 |  |
| 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<br>2. CFC<br>3. FICA<br>4. NONE |  | CODE                                 |  | TYPE MO DA YR                    |  | EOD DATA               |  |                   |  |                   |  |                 |  |
| 35. VET PREFERENCE  |  | 36. SERV COMP DATE          |  | 37. LONG COMP DATE                     |  | 38. CAREER CATEGORY                  |  | 39. FEGLI/HEALTH INSURANCE       |  | 40. SOCIAL SECURITY NO |  |                   |  |                   |  |                 |  |
| CODE  |  | MO DA YR                    |  | MO DA YR                               |  | CODE                                 |  | CODE                             |  | CODE                   |  |                   |  |                   |  |                 |  |
| 1. 5 YR<br>2. 10 YR   |  |                             |  |  |  | 1. PERM<br>2. TEMP                   |  | 1. YES<br>2. NO                  |  |                        |  |                   |  |                   |  |                 |  |
| 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE  |  |                             |  | 42. LEAVE CAT.                         |  | 43. FEDERAL TAX DATA                 |  | 44. STATE TAX DATA               |  |                        |  |                   |  |                   |  |                 |  |
| CODE  |  |                             |  | CODE                                   |  | CODE                                 |  | CODE                             |  |                        |  |                   |  |                   |  |                 |  |
| 1. NO PREVIOUS SERVICE<br>2. MORE THAN 3 YEARS<br>3. MORE THAN 3 YEARS (SEE INSTRUCTIONS) |  |                             |  | 1. YES<br>2. NO                        |  | 1. YES<br>2. NO                      |  | 1. YES<br>2. NO                  |  |                        |  |                   |  |                   |  |                 |  |
| SIGNATURE OR OTHER AUTHENTICATION   |  |                             |  |  |  |                                      |  |                                  |  |                        |  |                   |  |                   |  |                 |  |
|   |  |                             |  |  |  |                                      |  |                                  |  |                        |  |                   |  |                   |  |                 |  |
| POSTED<br>RS<br>10/17/67  |  |                             |  |  |  |                                      |  |                                  |  |                        |  |                   |  |                   |  |                 |  |

FORM 1150  
5-64

Use Previous Edition

SECRET  
MAN

14-00000  
FORM 1150-100  
OCT 1967 EDITION  
GSA GEN. REG. NO. 27

14-00000  
When Filled In

14-00000

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 |
|-------------------|--------|-------|-------|------------|------------|------------|
| RANDALL FREDERICK | 012170 | 43    | 500   | CF GS 14-4 | \$16,675   | \$17,425   |

SECRET  
(When Filled In)

MAH: 7 JUNE 67

| NOTIFICATION OF PERSONNEL ACTION  |                 |  |                         |                     |                                  |                                      |                           |                                  |                   |                        |
|---|-----------------|--|-------------------------|---------------------|----------------------------------|--------------------------------------|---------------------------|----------------------------------|-------------------|------------------------|
| 1. SERIAL NUMBER  |                 | 2. NAME (LAST-FIRST MIDDLE)            |                         |                     |                                  |                                      |                           |                                  |                   |                        |
| 012170  |                 | RANDALL FREDERICK                      |                         |                     |                                  |                                      |                           |                                  |                   |                        |
| 3. NATURE OF PERSONNEL ACTION   |                 |  |                         |                     | 4. EFFECTIVE DATE                |                                      | 5. CATEGORY OF EMPLOYMENT |                                  |                   |                        |
| PROMOTION   |                 |  |                         |                     | NO. DA YR<br>06   04   67        |                                      | REGULAR                   |                                  |                   |                        |
| A. FUNDS  |                 | V TO V                                 |                         | V TO CP             |                                  | 7. Financial Analysis No. Chargeable |                           | 8. CSC OR OTHER LEGAL AUTHORITY  |                   |                        |
| CP TO V   |                 | X                                      |                         | CP TO CP            |                                  |                                      |                           |                                  |                   |                        |
| 9. ORGANIZATIONAL DESIGNATIONS  |                 |  |                         |                     | 10. LOCATION OF OFFICIAL STATION |                                      |                           |                                  |                   |                        |
| DDP/DOD<br>U.S. FIELD   |                 |  |                         |                     | WASH., D.C.                      |                                      |                           |                                  |                   |                        |
| 11. POSITION TITLE  |                 |  |                         |                     | 12. POSITION NUMBER              |                                      | 13. SERVICE DESIGNATION   |                                  |                   |                        |
| OPS OFFICER SAT   |                 |  |                         |                     | 0199                             |                                      | D                         |                                  |                   |                        |
| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.)  |                 |  | 15. OCCUPATIONAL SERIES |                     | 16. GRADE AND STEP               |                                      | 17. SALARY OR RATE        |                                  |                   |                        |
| GS  |                 |  |                         |                     | 14 4                             |                                      | 16675                     |                                  |                   |                        |
| 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. ADDRESS CODE                     | 25. DATE OF BIRTH         |                                  | 26. DATE OF GRADE | 27. DATE OF LEI        |
|   |                 | NUMERIC ALPHABETIC                     |                         |                     |                                  |                                      | NO. DA YR                 |                                  | NO. DA YR         |                        |
|   |                 |  |                         |                     |                                  |                                      | 06   04   67              |                                  | 06   04   67      |                        |
| 28. HIE EXPIRES   |                 | 29. SPECIAL REFERENCE                  |                         | 30. RETIREMENT DATA |                                  | 31. SEPARATION DATA CODE             |                           | 32. CORRECTION/CONCILIATION DATA |                   | 33. SECURITY REQ NO    |
| NO. DA YR   |                 | 1. CSC<br>2. PIA<br>3. PICA<br>4. NONE |                         | CODE                |                                  | TYPE                                 |                           | NO. DA YR                        |                   | 34. SEC                |
|   |                 |  |                         |                     |                                  |                                      |                           | EOD DATA                         |                   |                        |
| 35. VET. PREFERENCE   |                 | 36. SERV. COMP. DATE                   |                         | 37. LONG COMP. DATE |                                  | 38. CAREER CATEGORY                  |                           | 39. FEGLI / HEALTH INSURANCE     |                   | 40. SOCIAL SECURITY NO |
| CODE  |                 | NO. DA YR                              |                         | NO. DA YR           |                                  | CODE                                 |                           | CODE                             |                   | CODE                   |
| 1. NONE<br>2. 10 YR<br>3. 15 YR   |                 |  |                         |                     |                                  | 1. YES<br>2. NO                      |                           | 1. YES<br>2. NO                  |                   |                        |
| 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE  |                 |  |                         | 42. LEAVE CAT. CODE |                                  | 43. FEDERAL TAX DATA                 |                           | 44. STATE TAX DATA               |                   |                        |
| CODE  |                 |  |                         | CODE                |                                  | CODE                                 |                           | CODE                             |                   |                        |
| 1. NO PREVIOUS SERVICE<br>2. NO BREAKUP SERVICE<br>3. BREAK IN SERVICE - LESS THAN 3 YEARS<br>4. BREAK IN SERVICE (MAY, FEIN, E. STATE) |                 |  |                         | 1. YES<br>2. NO     |                                  | 1. YES<br>2. NO                      |                           | 1. YES<br>2. NO                  |                   |                        |
| SIGNATURE OR OTHER AUTHENTICATION   |                 |  |                         |                     |                                  |                                      |                           |                                  |                   |                        |
|   |                 |  |                         |                     |                                  |                                      |                           |                                  |                   |                        |

POSTED  
6-9-67 [Signature]

PJH: 9 MAR 67

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

|  |   |   |   |
|--|---|---|---|
| 1. SERIAL NUMBER<br>012170   |   | 2. NAME (LAST-FIRST-MIDDLE)<br>RANDALL FREDERICK  |   |
| 3. NATURE OF PERSONNEL ACTION<br>DESIGNATION AS PARTICIPANT IN CIA<br>RETIREMENT AND DISABILITY SYSTEM             |   |   | 4. EFFECTIVE DATE<br>MO DA YR.<br>03   12   67            |
|  |   |   | 5. CATEGORY OF EMPLOYMENT<br>REGULAR                      |
| 6. FUNDS   |   | V TO V  | V TO CF   |
|  |   | CF TO V   | CF TO CF  |
|  |   | X   |   |
| 7. ORGANIZATIONAL DESIGNATIONS<br>DDP/DOD  |   | 8. LOCATION OF OFFICIAL STATION<br>WASH., D.C.  |   |
| 9. POSITION TITLE  |   | 10. POSITION NUMBER   | 11. SERVICE DESIGNATION<br>D                              |
| 12. CLASSIFICATION SCHEDULE (GS, LB, etc.)   | 13. OCCUPATIONAL SERIES   | 14. GRADE AND STEP<br>13  | 15. SALARY OR RATE  |
| 16. REMARKS<br>EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL<br>OF THIS DESIGNATION.           |   |   |   |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL   |   |   |   |
| 17. ACTION CODE  | 18. EMPLOY CODE   | 19. OFFICE CODING<br>NUMERIC ALPHABETIC   | 20. STATION CODE  |
| 21. INTEGREE CODE  | 22. MODS CODE   | 23. DATE OF BIRTH<br>MO DA YR   | 24. DATE OF GRADE<br>MO DA YR                             |
| 25. DATE OF LEI<br>MO DA YR  | 26. NTE EXPIRES<br>MO DA YR   | 27. SPECIAL REFERENCE<br>1 - CSC<br>2 - CIA<br>3 - FICA<br>4 - DDOR   | 28. RETIREMENT DATA<br>2                                  |
| 29. SEPARATION DATA CODE   | 30. CORRECTION/CANCELLATION DATA<br>TYPE MO DA YR                               | 31. SECURITY REQ NO   | 32. SER   |
| 33. VET. PREFERENCE<br>CODE 0 - NONE<br>1 - 5 YR<br>2 - 10 YR  | 34. SERV COMP DATE<br>MO DA YR  | 35. LEAVE COMP DATE<br>MO DA YR   | 36. CAREER CATEGORY<br>CODE 0 - DDOR<br>1 - YES<br>2 - NO |
| 37. FEGLI/HEALTH INSURANCE<br>CODE 0 - NONE<br>1 - YES   | 38. SOCIAL SECURITY NO  | 39. PREVIOUS CIVILIAN GOVERNMENT SERVICE<br>CODE 0 - NO SERVICE<br>1 - NO SERVICE<br>2 - SERVICE LESS THAN 5 YRS<br>3 - SERVICE MORE THAN 5 YRS | 40. LEAVE CAT CODE  |
| 41. FEDERAL TAX DATA<br>FORM EXECUTED CODE NO TAX EXEMPTIONS<br>1 - YES<br>2 - NO                                  | 42. STATE TAX DATA<br>FORM EXECUTED CODE NO TAX EXEMPTIONS<br>1 - YES<br>2 - NO | 43. SIGNATURE OR OTHER AUTHENTICATION   |   |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>POSTED</p> <p>3-10-67/BJ</p> </div> |   |   |   |

FORM 1150

Use Previous Edition

SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC  
DOWNGRADING AND  
DECLASSIFICATION

(When Filled In)



RZF: 27 JUL 65

SECRET  
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION                         |  |                             |                         |                     |                                  |                               |                           |                                  |                   |                        |            |                   |
|--|--|-----------------------------|-------------------------|---------------------|----------------------------------|-------------------------------|---------------------------|----------------------------------|-------------------|------------------------|------------|-------------------|
| 1. SERIAL NUMBER   |  | 2. NAME (LAST-FIRST-MIDDLE) |                         |                     |                                  |                               |                           |                                  |                   |                        |            |                   |
| 012170   |  | RANDALL FREDERICK           |                         |                     |                                  |                               |                           |                                  |                   |                        |            |                   |
| 3. NATURE OF PERSONNEL ACTION                            |  |                             |                         |                     | 4. EFFECTIVE DATE                |                               | 5. CATEGORY OF EMPLOYMENT |                                  |                   |                        |            |                   |
| REASSIGNMENT   |  |                             |                         |                     | 07   27   65                     |                               | REGULAR                   |                                  |                   |                        |            |                   |
| 6. FUNDS   |  | V TO V                      |                         | V TO CF             |                                  | 7. COST CENTER NO. CHARGEABLE |                           | 8. CSC OR OTHER LEGAL AUTHORITY  |                   |                        |            |                   |
| CF TO V  |  | X                           |                         | CF TO CF            |                                  |                               |                           |                                  |                   |                        |            |                   |
| 9. ORGANIZATIONAL DESIGNATIONS                           |  |                             |                         |                     | 10. LOCATION OF OFFICIAL STATION |                               |                           |                                  |                   |                        |            |                   |
| DOP/DOD<br>US FIELD                                      |  |                             |                         |                     | WASH., D.C.                      |                               |                           |                                  |                   |                        |            |                   |
| 11. POSITION TITLE                                       |  |                             |                         |                     | 12. POSITION NUMBER              |                               | 13. SERVICE DESIGNATION   |                                  |                   |                        |            |                   |
| OPS OFFICER  |  |                             |                         |                     |                                  |                               |                           |                                  |                   |                        |            |                   |
| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.)               |  |                             | 15. OCCUPATIONAL SERIES |                     | 16. GRADE AND STEP               |                               | 17. SALARY OR RATE        |                                  |                   |                        |            |                   |
| GS   |  |                             |                         |                     | 13 6                             |                               | 14175                     |                                  |                   |                        |            |                   |
| 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 LEA        |            |                   |
| 37   | 10                                     | NUMERIC                     | ALPHABETIC              | 75013               |                                  | 2                             | MO                        | DA                               | YE                | MO                     | DA         | YE                |
|  |  | 43620                       | D00                     |                     |                                  |                               |                           |                                  |                   |                        |            |                   |
| 29. WTE EXPIRES  |  | 29. SPECIAL REFERENCE       |                         | 30. RETIREMENT DATA |                                  | 31. SEPARATION DATA CODE      |                           | 32. CORRECTION/CANCELLATION DATA |                   | 33. SECURITY REG. NO   |            | 34. SEX           |
| NO   | DA                                     | TR                          |                         | 1. CBL              | 2. FICA                          | 3. NONE                       | TYPE                      | MO                               | DA                | YE                     |            |                   |
|  |  |                             |                         |                     |                                  |                               |                           |                                  |                   |                        |            |                   |
| 35. VET PREFERENCE                                       |  | 36. SERV. COMP DATE         |                         | 37. LONG COMP DATE  |                                  | 38. CAREER CATEGORY           |                           | 39. PEGIS / HEALTH INSURANCE     |                   | 40. SOCIAL SECURITY NO |            |                   |
| CODE   | 0 - NONE                               | NO.                         | DA                      | TR                  | NO.                              | DA                            | TR                        | CAR                              | DEPT.             | CODE                   | 0 - WAIVED | HEALTH INS CODE   |
|  | 1 - 5 PT                               |                             |                         |                     |                                  |                               |                           | PHG.                             | EMP.              |                        | 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   | 0 - NO PREVIOUS SERVICE                |                             |                         |                     |                                  | FORM EXCLUDED                 |                           | FORM EMPLOYED                    |                   | CODE                   |            | NO TAX STATE CODE |
|  | 1 - NO BREAK IN SERVICE                |                             |                         |                     |                                  | 1 - YES                       |                           | 1 - YES                          |                   |                        |            | EMP               |
|  | 2 - BREAK IN SERVICE (LESS THAN 2 YRS) |                             |                         |                     |                                  | 2 - NO                        |                           | 2 - NO                           |                   |                        |            |                   |
|  | 3 - BREAK IN SERVICE (MORE THAN 2 YRS) |                             |                         |                     |                                  |                               |                           |                                  |                   |                        |            |                   |

FROM: FE - 2

10110  
RZF/30/65

FORM 1150

Use Previous Edition

SECRET

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

(When Filled In)

24

|   |      |                   |              |                       |      |                |                |                |     |     |
|---|------|-------------------|--------------|-----------------------|------|----------------|----------------|----------------|-----|-----|
| 1. Serial No.   |      | 2. Name           |              | 3. Cost Center Number |      | 4. (WOP) Hours |                |                |     |     |
| 012170  |      | RANDALL FREDERICK |              | 43 620 CF             |      | —              |                |                |     |     |
| 5. OLD SALARY RATE  |      |                   |              | 6. NEW SALARY RATE    |      |                |                | 7. TYPE ACTION |     |     |
| Grade   | Step | Salary            | Last EM Date | Grade                 | Step | Salary         | Effective Date | PSI            | LSI | ADI |
| GS 13   | 6    | \$13,113          | 10/11/64     | GS 13                 | 7    | \$15,261       | 10/09/66       |                |     |     |
| 8. Remarks and Authentication   |      |                   |              |                       |      |                |                |                |     |     |
| <p> <input checked="" type="checkbox"/> NO EXCESS LWOP<br/> <input checked="" type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD<br/> <input checked="" type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD<br/>           CLERKS INITIALS <i>dfc</i>. AUDITED BY         </p> <p>I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.</p> <p>SIGNATURE: _____ DATE 5 Aug 1966</p> |      |                   |              |                       |      |                |                |                |     |     |
| <b>PAY CHANGE NOTIFICATION</b>  |      |                   |              |                       |      |                |                |                |     |     |

COPY  
 COPY  
 COPY  
 COPY  
 COPY

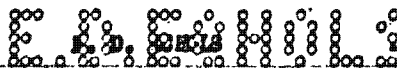
Form 56E Mfg 3-65

(4-51)

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

EFFECTIVE DATE OF PAY ADJUSTMENT: 3 JULY 1966

| NAME              | SERIAL | ORGN, FUNDS | GR-STEP | OLD SALARY | NEW SALARY |
|-------------------|--------|-------------|---------|------------|------------|
| RANDALL FREDERICK | 012170 | 43 620 CF   | GS 13 6 | \$14,655   | \$15,113   |

|  |      |                   |               |                      |      |              |                |               |    |     |
|--|------|-------------------|---------------|----------------------|------|--------------|----------------|---------------|----|-----|
| 1 Serial No  |      | 2 Name            |               | 3 Cost Center Number |      | 4 LWOP Hours |                |               |    |     |
| 012170   |      | RANDALL FREDERICK |               |                      |      |              |                |               |    |     |
| 5 OLD SALARY RATE  |      |                   |               | 6 NEW SALARY RATE    |      |              |                | 7 TYPE ACTION |    |     |
| Grade  | Step | Salary            | Last Eff Date | Grade                | Step | Salary       | Effective Date | PSI           | LN | ADJ |
| GS 13  | 5    | \$13755           | 10/11/64      | GS 13                | 6    | \$14175      | 07/04/65       |               |    |     |
| 8 Remarks and Authorization  |      |                   |               |                      |      |              |                |               |    |     |
| QUALITY STEP INCREASE  |      |                   |               |                      |      |              |                |               |    |     |
|  |      |                   |               |                      |      |              |                |               |    |     |
| SIGNATURE: R. D. SCHMITT DATE: 28 JUNE 1965  |      |                   |               |                      |      |              |                |               |    |     |
| PAY CHANGE NOTIFICATION  |      |                   |               |                      |      |              |                |               |    |     |

Form 9-61 560

Obsolete Previous Edition

(4-51)

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-301 PURSUANT TO AUTHORITY OF HCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI POLICY DIRECTIVE DATED 4 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 OCTOBER 1965

| NAME              | SERIAL | ORGA. | FUNDS | GR-STEP | OLD SALARY | NEW SALARY |
|-------------------|--------|-------|-------|---------|------------|------------|
| RANDALL FREDERICK | 012170 | 47    | 629   | GS 13 5 | \$14,175   | \$14,685   |



SECRET  
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION          |  |                             |                                  |                                |                                 |
|---|--|-----------------------------|----------------------------------|--------------------------------|---------------------------------|
| AUPD 02/18/64                             |  |                             |                                  |                                |                                 |
| 1. SEARCH NUMBER                          |  | 2. NAME (LAST FIRST MIDDLE) |                                  |                                |                                 |
| 012170                                    |  | RANDALL FREDERICK           |                                  |                                |                                 |
| 3. NATURE OF PERSONNEL ACTION             |  |                             | 4. EFFECTIVE DATE                |                                | 5. CATEGORY OF EMPLOYMENT       |
| REASSIGNMENT                              |  |                             | MO DA YR<br>09 18 64             |                                |                                 |
| 6. FUNDS                                  |  | V TO V                      | V TO CF                          | 7. COST CENTER NO. CHARGABLE   | 8. CSC OR OTHER LEGAL AUTHORITY |
|   |  | CF TO V                     | X CF TO CF                       |                                |                                 |
| 9. ORGANIZATIONAL DESIGNATION             |  |                             | 10. LOCATION OF OFFICIAL STATION |                                |                                 |
| DDP/FE DIVISION                           |  |                             |                                  |                                |                                 |
| 11. POSITION TITLE                        |  |                             | 12. POSITION NUMBER              | 13. CAREER SERVICE DESIGNATION |                                 |
| OPS OFFICER                               |  |                             |                                  |                                |                                 |
| 14. CLASSIFICATION SCHEDULE (GS, LB, etc) |  | 15. OCCUPATIONAL SERIES     | 16. GRADE AND STEP               | 17. SALARY OR RATE             |                                 |
| GS  |  |                             | 13                               |                                |                                 |
| 18. REMARKS                               |  |                             |                                  |                                |                                 |
|   |  |                             |                                  |                                |                                 |
| SIGNATURE OR OTHER AUTHENTICATION         |  |                             |                                  |                                |                                 |
| FO UNED<br>g/lan/med mes                  |  |                             |                                  |                                |                                 |

Form 1-AJ 11-508 MFG 1-63

Use Previous Edition

SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC  
DOWNGRADING AND  
DECLASSIFICATION

(When Filled In)

ADJUSTMENT OF SALARY RATE IN ACCORDANCE WITH THE SCHEDULES OF THE GOVERNMENT EMPLOYEES SALARY REFORM ACT OF 1964 PURSUANT TO THE AUTHORITY OF THE DIRECTOR OF CENTRAL INTELLIGENCE AS PROVIDED IN THE CENTRAL INTELLIGENCE AGENCY ACT OF 1949, AS AMENDED, AND POLICY DIRECTIVE ISSUED BY THE ACTING DIRECTOR OF CENTRAL INTELLIGENCE DATED 8 OCTOBER 1962.

SALARY CONVERTED TO RATE SHOWN FOR INDIVIDUAL'S GRADE AND STEP AS INDICATED IN CHART BELOW.

### GENERAL SCHEDULE RATES Federal Employees Salary Act of 1964

| GRADE | Per Annum Rates and Steps |         |         |         |         |         |         |         |         |         |
|-------|---------------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
|       | 1                         | 2       | 3       | 4       | 5       | 6       | 7       | 8       | 9       | 10      |
| GS-1  | \$3,385                   | \$3,500 | \$3,615 | \$3,730 | \$3,845 | \$3,960 | \$4,075 | \$4,190 | \$4,305 | \$4,420 |
| GS-2  | 3,680                     | 3,805   | 3,930   | 4,055   | 4,180   | 4,305   | 4,430   | 4,555   | 4,680   | 4,805   |
| GS-3  | 4,005                     | 4,140   | 4,275   | 4,410   | 4,545   | 4,680   | 4,815   | 4,950   | 5,085   | 5,220   |
| GS-4  | 4,480                     | 4,630   | 4,780   | 4,930   | 5,080   | 5,230   | 5,380   | 5,530   | 5,680   | 5,830   |
| GS-5  | 5,000                     | 5,165   | 5,330   | 5,495   | 5,660   | 5,825   | 5,990   | 6,155   | 6,320   | 6,485   |
| GS-6  | 5,505                     | 5,690   | 5,875   | 6,060   | 6,245   | 6,430   | 6,615   | 6,800   | 6,985   | 7,170   |
| GS-7  | 6,050                     | 6,250   | 6,450   | 6,650   | 6,850   | 7,050   | 7,250   | 7,450   | 7,650   | 7,850   |
| GS-8  | 6,630                     | 6,850   | 7,070   | 7,290   | 7,510   | 7,730   | 7,950   | 8,170   | 8,390   | 8,610   |
| GS-9  | 7,220                     | 7,465   | 7,710   | 7,955   | 8,200   | 8,445   | 8,690   | 8,935   | 9,180   | 9,425   |
| GS-10 | 7,900                     | 8,170   | 8,440   | 8,710   | 8,980   | 9,250   | 9,520   | 9,790   | 10,060  | 10,330  |
| GS-11 | 8,650                     | 8,945   | 9,240   | 9,535   | 9,830   | 10,125  | 10,420  | 10,715  | 11,010  | 11,305  |
| GS-12 | 10,250                    | 10,605  | 10,960  | 11,315  | 11,670  | 12,025  | 12,380  | 12,735  | 13,090  | 13,445  |
| GS-13 | 12,075                    | 12,495  | 12,915  | 13,335  | 13,755  | 14,175  | 14,595  | 15,015  | 15,435  | 15,855  |
| GS-14 | 14,170                    | 14,660  | 15,150  | 15,640  | 16,130  | 16,620  | 17,110  | 17,600  | 18,090  | 18,580  |
| GS-15 | 16,460                    | 17,030  | 17,600  | 18,170  | 18,740  | 19,310  | 19,880  | 20,450  | 21,020  | 21,590  |
| GS-16 | 18,935                    | 19,590  | 20,245  | 20,900  | 21,555  | 22,210  | 22,865  | 23,520  | 24,175  | .....   |
| GS-17 | 21,445                    | 22,195  | 22,945  | 23,695  | 24,445  | .....   | .....   | .....   | .....   | .....   |
| GS-18 | 24,500                    | .....   | .....   | .....   | .....   | .....   | .....   | .....   | .....   | .....   |

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LA 87-793 AND DCI MEMORANDUM DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 9 JANUARY 1964.

| NAME              | SERIAL | ORGN | FUNDS | GR-ST      | OLD SALARY | NEW SALARY |
|-------------------|--------|------|-------|------------|------------|------------|
| RANDALL FREDERICK | 012170 | 45   | 380   | CF GS 13 4 | \$12,245   | \$12,890   |

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

| NAME              | SERIAL | ORGN  | FUNDS   | GR-ST | OLD SALARY | NEW SALARY |
|-------------------|--------|-------|---------|-------|------------|------------|
| RANDALL FREDERICK | 012170 | 36380 | CF 13 3 |       | \$11,123   | \$11,890   |





AES: 1 SEPT 61

SECRET  
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION  |                 |                               |                     |                                 |                                  |                                   |                   |   |                   |                         |                 |         |
|---|-----------------|-------------------------------|---------------------|---------------------------------|----------------------------------|-----------------------------------|-------------------|---|-------------------|-------------------------|-----------------|---------|
| 1. SERIAL NUMBER  |                 | 2. NAME (LAST FIRST MIDDLE)   |                     |                                 |                                  |                                   |                   |   |                   |                         |                 |         |
| 012170  |                 | RANDALL FREDERICK             |                     |                                 |                                  |                                   |                   |   |                   |                         |                 |         |
| 3. NATURE OF PERSONNEL ACTION   |                 |                               |                     | 4. EFFECTIVE DATE               |                                  | 5. CATEGORY OF EMPLOYMENT         |                   |   |                   |                         |                 |         |
| REASSIGNMENT AND TRANSFER TO CONFIDENTIAL FUNDS*  |                 |                               |                     | 03 03 61                        |                                  | REGULAR                           |                   |   |                   |                         |                 |         |
| 6. FUNDS  |                 | 7. COST CENTER NO. CHARGEABLE |                     | 8. CSC OR OTHER LEGAL AUTHORITY |                                  |                                   |                   |   |                   |                         |                 |         |
| V TO V  |                 | CF TO CF                      |                     |                                 |                                  |                                   |                   |   |                   |                         |                 |         |
| CF TO V   |                 | CF TO CF                      |                     |                                 |                                  |                                   |                   |   |                   |                         |                 |         |
| 9. ORGANIZATIONAL DESIGNATIONS  |                 |                               |                     |                                 | 10. LOCATION OF OFFICIAL STATION |                                   |                   |   |                   |                         |                 |         |
| DDP FF<br>FE/ [ ] STATION<br>OFFICE OF THE CHIEF  |                 |                               |                     |                                 |                                  |                                   |                   |   |                   |                         |                 |         |
| 11. POSITION TITLE  |                 |                               | 12. POSITION NUMBER |                                 | 13. CAREER SERVICE DESIGNATION   |                                   |                   |   |                   |                         |                 |         |
| OPS OFFICER   |                 |                               |                     |                                 |                                  |                                   |                   |   |                   |                         |                 |         |
| 14. CLASSIFICATION SCHEDULE (GS, WD, etc.)  |                 | 15. OCCUPATIONAL SERIES       |                     | 16. GRADE AND STEP              |                                  | 17. SALARY OR RATE                |                   |   |                   |                         |                 |         |
| GS  |                 |                               |                     | 13 3                            |                                  | 11155                             |                   |   |                   |                         |                 |         |
| 18. REMARKS   |                 |                               |                     |                                 |                                  |                                   |                   |   |                   |                         |                 |         |
| *SUBJECT TO APPROVED MEDICAL CLEARANCE PRIOR TO BEING SENT OVERSEAS.  |                 |                               |                     |                                 |                                  |                                   |                   |   |                   |                         |                 |         |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL  |                 |                               |                     |                                 |                                  |                                   |                   |   |                   |                         |                 |         |
| 19. ACTION CODE   | 20. EMPLOY CODE | 21. OFFICE CODING             |                     | 22. STATUS CODE                 | 23. INTEGRAL CODE                | 24. MONTH CODE                    | 25. DATE OF BIRTH |   | 26. DATE OF CEASE |                         | 27. DATE OF LEI |         |
|   |                 | NUMERIC ALPHABETIC            |                     |                                 |                                  | 3                                 |                   |   | MO DA YR          |                         | MO DA YR        |         |
| 28. USE LAPSES  |                 | 29. SPECIAL REFERENCE         |                     | 30. RETIREMENT DATA             |                                  | 31. SEPARATION DATA CODE          |                   | 32. CORRECTIVE/CANCELLATION DATA            |                   | 33. SECURITY REG NO.    |                 | 34. SER |
| MO DA YR  |                 |                               |                     | 1. CSC<br>2. PICA<br>3. NONE    |                                  |                                   |                   | TYPE MO DA YR                               |                   | EOD DATA                |                 |         |
| 35. VET PREFERENCE  |                 | 36. SERV COMP DATE            |                     | 37. LONG COMP. DATE             |                                  | 38. MIL SERV (CREDIT/CLS)         |                   | 39. FEGLI / HEALTH INSURANCE                |                   | 40. SOCIAL SECURITY NO. |                 |         |
| CODE  |                 | 0 NONE<br>1 5 77<br>2 10 77   |                     | MO DA YR MO DA YR               |                                  | 1 YES<br>2 NO                     |                   | CODE CLASS 0 - WAIVED<br>1 YES              |                   | HEALTH INS CODE         |                 |         |
| 41. PREVIOUS GOVERNMENT SERVICE DATA  |                 |                               |                     | 42. LEAVE YR.                   |                                  | 43. FEDERAL TAX DATA              |                   | 44. STATE TAX DATA                          |                   |                         |                 |         |
| 0 - NO PREVIOUS SERVICE<br>1 - NO CHANGE IN SERVICE<br>2 - CHANGE IN SERVICE (LESS THAN 12 MONS)<br>3 - CHANGE IN SERVICE (MORE THAN 12 MONS) |                 |                               |                     | CODE                            |                                  | FEDERAL TAX CODE<br>1 YES<br>2 NO |                   | CODE MO TAX STATE CODE<br>1 - YES<br>2 - NO |                   |                         |                 |         |
| SIGNATURE OF OFFICER AUTHENTICATING   |                 |                               |                     |                                 |                                  |                                   |                   |   |                   | FOILED                  |                 |         |
|   |                 |                               |                     |                                 |                                  |                                   |                   |   |                   | 01/14/61 WK             |                 |         |

F-104 1115  
2-65

Officer's Previous  
Service

SECRET

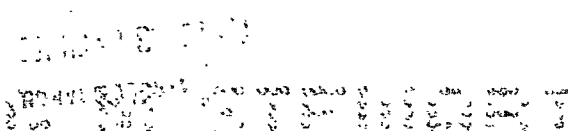
14 311

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.

| SD | NAME              | SERIAL | ORGN  | GR-ST   | OLD SALARY | NEW SALARY |
|----|-------------------|--------|-------|---------|------------|------------|
| DI | RANDALL FREDERICK | 112170 | 51 26 | GS-13 2 | \$10,130   | \$10,895   |

/S/ EMMETT D. ECHOLS  
DIRECTOR OF PERSONNEL

SECRET  
(WHEN FILLED IN)

|   |      |                              |                     |    |                             |                         |                  |          |                |    |    |
|---|------|------------------------------|---------------------|----|-----------------------------|-------------------------|------------------|----------|----------------|----|----|
| 1. EMP. SERIAL NO.<br>112170  |      | 2. NAME<br>RANDALL FREDERICK |                     |    | 3. ASSIGNED ORGN.<br>DDP/FE |                         | 4. FUNDS<br>V-20 |          | 5. ALLOTMENT   |    |    |
| 6. OLD SALARY RATE  |      |                              |                     |    | 7. NEW SALARY RATE          |                         |                  |          |                |    |    |
| GRADE   | STEP | SALARY                       | LAST EFFECTIVE DATE |    |                             | GRADE                   | STEP             | SALARY   | EFFECTIVE DATE |    |    |
| GS 13   | 1    | \$ 4,890                     | 09                  | 07 | 58                          | GS 13                   | 2                | \$10,130 | 03             | 06 | 60 |
| TO BE COMPLETED BY THE OFFICE OF COMPTROLLER  |      |                              |                     |    |                             |                         |                  |          |                |    |    |
| 8. CHECK ONE <input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP   |      |                              |                     |    |                             | 9. NUMBER OF HOURS LWOP |                  |          |                |    |    |
| IF EXCESS LWOP, CHECK FOLLOWING:<br><input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD<br><input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD |      |                              |                     |    |                             | 10. INITIALS OF CLERK   |                  |          | 11. AUDITED BY |    |    |
| TO BE COMPLETED BY THE OFFICE OF PERSONNEL  |      |                              |                     |    |                             |                         |                  |          |                |    |    |
| 12. TYPE OF ACTION<br><input type="checkbox"/> P.S. <input type="checkbox"/> A.S. <input type="checkbox"/> PAY ADJUSTMENT   |      |                              |                     |    |                             | 13. REMARKS             |                  |          |                |    |    |
| 14. AUTHENTICATION  |      |                              |                     |    |                             |                         |                  |          |                |    |    |
| <br>PAY CHANGE NOTIFICATION   |      |                              |                     |    |                             |                         |                  |          |                |    |    |

**SECRET**  
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION |  |                             |  |                                 |  |                    |  |  |                             |  |         |  |                              |  |
|----------------------------------|--|-----------------------------|--|---------------------------------|--|--------------------|--|--|-----------------------------|--|---------|--|------------------------------|--|
| ARE: 31 JULY 1959                |  |                             |  |                                 |  |                    |  |  |                             |  |         |  |                              |  |
| 1. Serial No.                    |  | 2. Name (Last-First-Middle) |  |                                 |  | 3. Date Of Birth   |  |  | 4. Vet. Pref.               |  | 5. Sex  |  | 6. CS-EOD                    |  |
| 112170                           |  | RANDALL FREDERICK           |  |                                 |  | Mo. Da. Yr.        |  |  | None-0<br>5 Pt-1<br>10 Pt-2 |  | Code    |  | Mo. Da. Yr.                  |  |
| 7. SCD                           |  | 8. CSC Rmt.                 |  | 9. CSC Or Other Legal Authority |  | 10. Apmt. Affidav. |  |  | 11. FEGLI                   |  | 12. LCD |  | 13. <small>Grav. Lte</small> |  |
| Mo. Da. Yr.                      |  | Yes-1<br>No-2               |  | Code                            |  | Mo. Da. Yr.        |  |  | Yes-1<br>No-2               |  | Code    |  | Yes-1<br>No-2                |  |
| 12 27 50                         |  | 1                           |  | 50 USCA 403 J                   |  |                    |  |  | 1 09 10 51                  |  |         |  | 2                            |  |

**PREVIOUS ASSIGNMENT**

|                                   |  |                    |  |        |  |                                  |  |                         |  |                          |  |
|-----------------------------------|--|--------------------|--|--------|--|----------------------------------|--|-------------------------|--|--------------------------|--|
| 14. Organizational Designations   |  |                    |  | Code   |  | 15. Location Of Official Station |  |                         |  | Station Code             |  |
| DOP FE                            |  |                    |  | 5175   |  | WASH., D. C.                     |  |                         |  |                          |  |
| 16. Dept. - Field                 |  | 17. Position Title |  |        |  | 18. Position No.                 |  | 19. Serv.               |  | 20. Occup. Series        |  |
| Dept - 2<br>USStd - 4<br>Frgh - 6 |  | AREA OPS OFF CH    |  |        |  |                                  |  | GS                      |  |                          |  |
| 21. Grade & Step                  |  | 22. Salary Or Rate |  | 23. SD |  | 24. Date Of Grade                |  | 25. PSI Due             |  | 26. Appropriation Number |  |
| 13 1                              |  | \$ 9890            |  | DI     |  | Mo. Da. Yr.<br>09 07 58          |  | Mo. Da. Yr.<br>03 06 60 |  | 9 3700 10 201            |  |

**ACTION**

|                      |  |      |  |                         |  |                      |  |      |  |                     |  |
|----------------------|--|------|--|-------------------------|--|----------------------|--|------|--|---------------------|--|
| 27. Nature Of Action |  | Code |  | 28. Eff. Date           |  | 29. Type Of Employee |  | Code |  | 30. Separation Data |  |
| REASSIGNMENT AND     |  | 01   |  | Mo. Da. Yr.<br>07 09 59 |  | REGULAR              |  | 01   |  |                     |  |

**PRESENT ASSIGNMENT**

|  |  |                    |  |        |  |                                  |  |                         |  |                          |  |
|--|--|--------------------|--|--------|--|----------------------------------|--|-------------------------|--|--------------------------|--|
| 31. Organizational Designations  |  |                    |  | Code   |  | 32. Location Of Official Station |  |                         |  | Station Code             |  |
| DOP FE<br>PLANS AND OPERATIONS STAFF<br>FI/CI SECTION<br>OFFICE OF THE CHIEF |  |                    |  |        |  | WASH., D. C.                     |  |                         |  |                          |  |
| 33. Dept. - Field  |  | 34. Position Title |  |        |  | 35. Position No.                 |  | 36. Serv.               |  | 37. Occup. Series        |  |
| Dept - 2<br>USStd - 4<br>Frgh - 6  |  | OPS OFFICER        |  |        |  |                                  |  | GS                      |  |                          |  |
| 38. Grade & Step   |  | 39. Salary Or Rate |  | 40. SD |  | 41. Date Of Grade                |  | 42. PSI Due             |  | 43. Appropriation Number |  |
| 13 1   |  | \$ 9890            |  | DI     |  | Mo. Da. Yr.<br>09 07 58          |  | Mo. Da. Yr.<br>03 06 60 |  | 0237 1000 1000           |  |

44. Remarks

10710  
 8/10/59  
 [Signature]

SECRET  
(When Filled In)

|                 |  |                             |  |                                 |  |                    |  |                  |               |  |                             |                                  |        |                     |             |  |  |  |  |  |  |  |  |
|-----------------|--|-----------------------------|--|---------------------------------|--|--------------------|--|------------------|---------------|--|-----------------------------|----------------------------------|--------|---------------------|-------------|--|--|--|--|--|--|--|--|
| MCM 10 APRIL 59 |  |                             |  |                                 |  |                    |  |                  |               |  |                             | NOTIFICATION OF PERSONNEL ACTION |        |                     |             |  |  |  |  |  |  |  |  |
| 1. Serial No.   |  | 2. Name (Last-First-Middle) |  |                                 |  |                    |  | 3. Date Of Birth |               |  | 4. Vac. Pref.               |                                  | 5. Sex |                     | 6. CS - EOD |  |  |  |  |  |  |  |  |
|                 |  | RANDALL FREDERICK           |  |                                 |  |                    |  | Mo. Da. Yr.      |               |  | None-0<br>5 Pt-1<br>10 Pt-2 |                                  | Code   |                     | Mo. Da. Yr. |  |  |  |  |  |  |  |  |
| 7. SCD          |  | 8. CSC Retent.              |  | 9. CSC Or Other Legal Authority |  | 10. Apmt. Affidav. |  |                  | 11. FEGLI     |  | 12. LCD                     |                                  |        | 13. Int. Serv. Code |             |  |  |  |  |  |  |  |  |
| Mo. Da. Yr.     |  | Yes-1<br>No-2               |  | Code                            |  | Mo. Da. Yr.        |  |                  | Yes-1<br>No-2 |  | Mo. Da. Yr.                 |                                  |        | Yes-1<br>No-2       |             |  |  |  |  |  |  |  |  |
| 12 27 50        |  |                             |  |                                 |  |                    |  |                  |               |  | 09 10 51                    |                                  |        |                     |             |  |  |  |  |  |  |  |  |

**PREVIOUS ASSIGNMENT**

|                                   |  |                    |  |        |  |                   |  |                                  |             |                   |  |                          |  |              |  |
|-----------------------------------|--|--------------------|--|--------|--|-------------------|--|----------------------------------|-------------|-------------------|--|--------------------------|--|--------------|--|
| 14. Organizational Designations   |  |                    |  |        |  | Code              |  | 15. Location Of Official Station |             |                   |  |                          |  | Station Code |  |
| DDP FF<br>FE                      |  |                    |  |        |  |                   |  | WASH., D. C.                     |             |                   |  |                          |  |              |  |
| 16. Dept. - Field                 |  | 17. Position Title |  |        |  | 18. Position No.  |  | 19. Serv.                        |             | 20. Occup. Series |  |                          |  |              |  |
| Dept - 1<br>USfld - 3<br>Frgn - 5 |  | AREA OPS OFF CH    |  |        |  |                   |  | GS                               |             |                   |  |                          |  |              |  |
| 21. Grade & Step                  |  | 22. Salary Or Rate |  | 23. SD |  | 24. Date Of Grade |  |                                  | 25. Pst Due |                   |  | 26. Appropriation Number |  |              |  |
| 06<br>13 1                        |  | \$ 7150<br>9890    |  | DI     |  | Mo. Da. Yr.       |  |                                  | Mo. Da. Yr. |                   |  |                          |  |              |  |
| 09 07 50                          |  | 03 06 60           |  |        |  |                   |  |                                  |             |                   |  |                          |  |              |  |

**ACTION**

|                      |  |        |  |              |  |  |                      |  |  |      |  |                     |  |
|----------------------|--|--------|--|--------------|--|--|----------------------|--|--|------|--|---------------------|--|
| 27. Nature Of Action |  | Code   |  | 28. Eff Date |  |  | 29. Type Of Employee |  |  | Code |  | 30. Separation Data |  |
| CONVERSION           |  | STATUS |  | Mo. Da. Yr.  |  |  | REGULAR              |  |  | 01   |  |                     |  |
|                      |  |        |  | 03 21 59     |  |  |                      |  |  |      |  |                     |  |

**PRESENT ASSIGNMENT**

|                                   |  |                    |  |        |  |                   |  |                                  |             |                   |  |                          |  |              |  |
|-----------------------------------|--|--------------------|--|--------|--|-------------------|--|----------------------------------|-------------|-------------------|--|--------------------------|--|--------------|--|
| 31. Organizational Designations   |  |                    |  |        |  | Code              |  | 32. Location Of Official Station |             |                   |  |                          |  | Station Code |  |
| DDP FF<br>FE                      |  |                    |  |        |  |                   |  | WASH., D. C.                     |             |                   |  |                          |  |              |  |
| 33. Dept. - Field                 |  | 34. Position Title |  |        |  | 35. Position No.  |  | 36. Serv.                        |             | 37. Occup. Series |  |                          |  |              |  |
| Dept - 1<br>USfld - 3<br>Frgn - 5 |  | AREA OPS OFF CH    |  |        |  |                   |  | GS                               |             |                   |  |                          |  |              |  |
| 38. Grade & Step                  |  | 39. Salary Or Rate |  | 40. SD |  | 41. Date Of Grade |  |                                  | 42. Pst Due |                   |  | 43. Appropriation Number |  |              |  |
| 13 1                              |  | \$ 9890            |  | DI     |  | Mo. Da. Yr.       |  |                                  | Mo. Da. Yr. |                   |  |                          |  |              |  |
| 09 07 59                          |  | 03 05 60           |  |        |  |                   |  |                                  |             |                   |  |                          |  |              |  |

44. Remarks

715

SECRET

(When Filled In)

### NOTIFICATION OF PERSONNEL ACTION

ARE: 10 NOV 1958

|                         |  |  |                             |  |                                 |                  |  |                      |                                 |  |                    |  |                         |  |   |  |
|-------------------------|--|--|-----------------------------|--|---------------------------------|------------------|--|----------------------|---------------------------------|--|--------------------|--|-------------------------|--|---|--|
| 1. Serial No.           |  |  | 2. Name (Last-First-Middle) |  |                                 | 3. Date Of Birth |  |                      | 4. Vol. Pref.                   |  | 5. Sex             |  | 6. CS - EOD             |  |   |  |
|                         |  |  | RANDALL FREDERICK           |  |                                 | Mo. Da. Yr.      |  |                      | Non-0 Code<br>5 Pt-1<br>10 Pt-2 |  | M 1                |  | Mo. Da. Yr.<br>09 10 51 |  |   |  |
| 7. SCB                  |  |  | 8. CSC Rotmt.               |  | 9. CSC Or Other Legal Authority |                  |  | 10. Conf. Auth. Div. |                                 |  | 11. FEGLI          |  | 12. LCD                 |  | 13. <sup>min</sup> <sup>max</sup> <sup>Gen</sup> <sup>Con</sup> |  |
| Mo. Da. Yr.<br>12 27 50 |  |  | Yes-1 Code<br>No-2 1        |  |                                 |                  |  | Mo. Da. Yr.          |                                 |  | Yes-1 Code<br>No-2 |  | Mo. Da. Yr.<br>09 10 51 |  | Yes-1 Code<br>No-2 2  |  |

### PREVIOUS ASSIGNMENT

|                                 |  |                    |  |        |  |                                  |  |                         |  |                          |  |
|---------------------------------|--|--------------------|--|--------|--|----------------------------------|--|-------------------------|--|--------------------------|--|
| 14. Organizational Designations |  |                    |  | Code   |  | 15. Location Of Official Station |  |                         |  | Station Code             |  |
| DOP FE<br>FE                    |  |                    |  | 5175   |  | WASH., D. C.                     |  |                         |  |                          |  |
| 16. Dept. - Field               |  | 17. Position Title |  |        |  | 18. Position No.                 |  | 19. Serv.               |  | 20. Occup. Series        |  |
| Dept - 1<br>USM - 3<br>Frgn - 5 |  | 1.0. FI            |  |        |  |                                  |  | GS                      |  |                          |  |
| 21. Grade & Step                |  | 22. Salary Or Rate |  | 23. SD |  | 24. Date Of Grady                |  | 25. PSI Day             |  | 26. Appropriation Number |  |
| 06<br>13 1                      |  | \$ 7150<br>9890    |  | DI     |  | Mo. Da. Yr.<br>09 07 58          |  | Mo. Da. Yr.<br>03 06 60 |  |                          |  |

### ACTION

|                      |  |  |      |  |               |  |  |                      |  |  |      |  |                     |  |
|----------------------|--|--|------|--|---------------|--|--|----------------------|--|--|------|--|---------------------|--|
| 27. Nature Of Action |  |  | Code |  | 28. Eff. Date |  |  | 29. Type Of Employee |  |  | Code |  | 30. Separation Data |  |
| REASSIGNMENT         |  |  | 56   |  | 11 10 58      |  |  | REGULAR              |  |  | OM   |  |                     |  |

### PRESENT ASSIGNMENT

|                                 |  |                    |  |        |  |                                  |  |                         |  |                          |  |
|---------------------------------|--|--------------------|--|--------|--|----------------------------------|--|-------------------------|--|--------------------------|--|
| 31. Organizational Designations |  |                    |  | Code   |  | 32. Location Of Official Station |  |                         |  | Station Code             |  |
| DOP FE<br>FE                    |  |                    |  |        |  | WASH., D. C.                     |  |                         |  |                          |  |
| 33. Dept. - Field               |  | 34. Position Title |  |        |  | 35. Position No.                 |  | 36. Serv.               |  | 37. Occup. Series        |  |
| Dept - 1<br>USM - 3<br>Frgn - 5 |  | AREA OPS OFF CH    |  |        |  |                                  |  | GS                      |  |                          |  |
| 38. Grade & Step                |  | 39. Salary Or Rate |  | 40. SD |  | 41. Date Of Grady                |  | 42. PSI Day             |  | 43. Appropriation Number |  |
| 06<br>13 1                      |  | \$ 7150<br>9890    |  | DI     |  | Mo. Da. Yr.<br>09 07 58          |  | Mo. Da. Yr.<br>03 06 60 |  |                          |  |

44. Remarks

SECRET

(When Filled In)

**NOTIFICATION OF PERSONNEL ACTION**

MCM 29 SEPT 58

|               |     |                             |       |      |                                 |     |     |                 |      |          |       |             |      |              |
|---------------|-----|-----------------------------|-------|------|---------------------------------|-----|-----|-----------------|------|----------|-------|-------------|------|--------------|
| 1. Serial No. |     | 2. Name (Last-First-Middle) |       |      | 3. Date Of Birth                |     |     | 4. Vet. Pref.   |      | 5. Sex   |       | 6. CS - EOD |      |              |
|               |     | RANDALL FREDERICK           |       |      | Mo.                             | Da. | Yr. | None-0          | Code | M        | 1     | Mo.         | Da.  | Yr.          |
| 7. SCB        |     | 8. CSC Rmt.                 |       |      | 9. CSC Or Other Legal Authority |     |     | 10. Omt Affidav |      | 11. HGLI |       | 12. ECD     |      | 13. Prev. Vn |
| Mo.           | Da. | Yr.                         | Yes-1 | Code |                                 |     |     | Mo.             | Da.  | Yr.      | Yes-1 | Code        |      |              |
| 12            | 27  | 50                          | No-2  | 1    |                                 |     |     |                 |      | 09       | 10    | 51          | No-2 | 2            |

**PREVIOUS ASSIGNMENT**

|                                |      |                    |  |                                  |                   |     |              |  |                          |
|--------------------------------|------|--------------------|--|----------------------------------|-------------------|-----|--------------|--|--------------------------|
| 14. Organizational Designation |      | Code               |  | 15. Location Of Official Station |                   |     | Station Code |  |                          |
| DOP FE                         |      |                    |  |                                  |                   |     |              |  |                          |
| FI CI BRANCH                   |      |                    |  |                                  |                   |     |              |  |                          |
| 16. Dept. - Field              |      | 17. Position Title |  |                                  | 18. Position No.  |     | 19. Serv.    |  | 20. Occup. Series        |
| Dept. - 1                      | Code | I.O. FI            |  |                                  |                   |     | GS           |  |                          |
| USMld - 3                      |      |                    |  |                                  |                   |     |              |  |                          |
| Frqn. - 5                      | 5    |                    |  |                                  |                   |     |              |  |                          |
| 21. Grade & Step               |      | 22. Salary Or Rate |  | 23. SD                           | 24. Date Of Grade |     | 25. PSI Due  |  | 26. Appropriation Number |
| 06                             |      | \$ 8810            |  | DI                               | Mo.               | Da. | Yr.          |  |                          |
| 12                             | 3    |                    |  |                                  |                   |     |              |  |                          |

**ACTION**

|                       |  |      |  |               |  |                      |  |      |  |                     |
|-----------------------|--|------|--|---------------|--|----------------------|--|------|--|---------------------|
| 27. Nature Of Action  |  | Code |  | 28. Eff. Date |  | 29. Type Of Employee |  | Code |  | 30. Separation Date |
| CORRECTIONS PROMOTION |  | 67   |  | 09, 07, 58    |  | REGULAR              |  | OM   |  |                     |

**PRESENT ASSIGNMENT**

|                                |      |                    |  |                                  |                   |     |              |    |                          |    |
|--------------------------------|------|--------------------|--|----------------------------------|-------------------|-----|--------------|----|--------------------------|----|
| 31. Organizational Designation |      | Code               |  | 32. Location Of Official Station |                   |     | Station Code |    |                          |    |
| DOP FE                         |      |                    |  | WASH., D. C.                     |                   |     |              |    |                          |    |
| FE                             |      |                    |  |                                  |                   |     |              |    |                          |    |
| 33. Dept. - Field              |      | 34. Position Title |  |                                  | 35. Position No.  |     | 36. Serv.    |    | 37. Occup. Series        |    |
| Dept. - 1                      | Code | I.O. FI            |  |                                  | 873               |     | GS           |    |                          |    |
| USMld - 3                      |      |                    |  |                                  |                   |     |              |    |                          |    |
| Frqn. - 5                      | 1    |                    |  |                                  |                   |     |              |    |                          |    |
| 38. Grade & Step               |      | 39. Salary Or Rate |  | 40. SD                           | 41. Date Of Grade |     | 42. PSI Due  |    | 43. Appropriation Number |    |
| 06                             |      | \$ 9890            |  | DI                               | Mo.               | Da. | Yr.          |    |                          |    |
| 13                             | 1    |                    |  |                                  | 09                | 07  | 58           | 03 | 06                       | 60 |

44. Remarks

\*THIS ACTION CORRECTS SF-1150 EFF DATE 7 SEPT 58, ITEM #31 THE ORGANIZATIONAL DESIG. THE SECOND LINE WHICH READ, FE [REDACTED] TO READ FE [REDACTED]

10/11/58 T. B.

[Handwritten Signature]

FORM NO. 1150a

SECRET

SECRET  
(When Filled In)

**NOTIFICATION OF PERSONNEL ACTION**

MCM 5 SEPT 58

|  |  |   |  |                                 |  |                                  |  |                            |                      |   |  |              |  |
|--|--|---|--|---------------------------------|--|----------------------------------|--|----------------------------|----------------------|---|--|--------------|--|
| 1. Serial No.<br><b>512170</b>           |  | 2. Name (Last-First-Middle)<br><b>RANDALL FREDERICK</b> |  |                                 | 3. Date Of Birth<br>Mo. Da. Yr.<br><b>09 10 51</b> |                                  | 4. Vet. Prof.<br>None-0<br>5 Pt-1<br>10 Pt-2<br><b>1</b> |                            | 5. Sex<br><b>M 1</b> |   | 6. GS- EOD<br>Mo. Da. Yr.<br><b>09 10 51</b> |              |  |
| 7. SCD<br>Mo. Da. Yr.<br><b>12 27 50</b> |  | 8. CSC Rating<br>Yes-1<br>No-2<br><b>1</b>              |  | 9. CSC Or Other Legal Authority |  | 10. Appt. Affidn.<br>Mo. Da. Yr. |  | 11. FEGLI<br>Yes-1<br>No-2 |                      | 12. LCD<br>Mo. Da. Yr.<br><b>09 10 51</b> |  | 13. <b>2</b> |  |

**PREVIOUS ASSIGNMENT**

|  |  |  |  |                     |  |                                  |  |                                |  |                          |  |  |
|--|--|--|--|---------------------|--|----------------------------------|--|--------------------------------|--|--------------------------|--|--|
| 14. Organizational Designations<br><b>DDP FE</b>       |  |  |  | Code                |  | 15. Location Of Official Station |  |                                |  | Station Code             |  |  |
| <b>FI CI BRANCH</b>                                    |  |  |  |                     |  |                                  |  |                                |  |                          |  |  |
| 16. Dept. - Field<br>Dept - 1<br>USfld - 3<br>Frgn - 5 |  | 17. Position Title<br>Code<br><b>1.0. FI</b> |  | 18. Position No.    |  | 19. Salary                       |  | 20. Occup. Series<br><b>GS</b> |  |                          |  |  |
| 21. Grade & Step<br><b>06 12 3</b>                     |  | 22. Salary Or Rate<br><b>7150 8810</b>       |  | 23. SD<br><b>DI</b> |  | 24. Date Of Grade<br>Mo. Da. Yr. |  | 25. PSI Due<br>Mo. Da. Yr.     |  | 26. Appropriation Number |  |  |

**ACTION**

|  |  |                   |  |   |  |  |  |      |  |                                  |  |
|--|--|-------------------|--|---|--|--|--|------|--|----------------------------------|--|
| 27. Nature Of Action<br><b>PROMOTION</b> |  | Code<br><b>67</b> |  | 28. Eff. Date<br>Mo. Da. Yr.<br><b>09 07 58</b> |  | 29. Type Of Employee<br><b>REGULAR</b> |  | Code |  | 30. Separation Date<br><b>OM</b> |  |
|--|--|-------------------|--|---|--|--|--|------|--|----------------------------------|--|

**PRESENT ASSIGNMENT**

|  |  |  |  |                     |  |   |  |   |  |                          |  |
|--|--|--|--|---------------------|--|---|--|---|--|--------------------------|--|
| 31. Organizational Designations<br><b>DDP FE</b>       |  |  |  | Code                |  | 32. Location Of Official Station<br><b>WASH., D. C.</b> |  |   |  | Station Code             |  |
| 33. Dept. - Field<br>Dept - 1<br>USfld - 3<br>Frgn - 5 |  | 34. Position Title<br>Code<br><b>1.0. FI</b> |  | 35. Position No.    |  | 36. Salary  |  | 37. Occup. Series<br><b>GS</b>                |  |                          |  |
| 38. Grade & Step<br><b>06 13 1</b>                     |  | 39. Salary Or Rate<br><b>7150 9890</b>       |  | 40. SD<br><b>DI</b> |  | 41. Date Of Grade<br>Mo. Da. Yr.<br><b>09 07 58</b>     |  | 42. PSI Due<br>Mo. Da. Yr.<br><b>03 06 60</b> |  | 43. Appropriation Number |  |

44. Remarks

10/1/58

78

SECRET  
(WHEN FILLED IN)

|  |      |                   |                     |              |    |                    |      |          |                |             |    |
|--|------|-------------------|---------------------|--------------|----|--------------------|------|----------|----------------|-------------|----|
| 1 EMP SERIAL NO.   |      | 2 NAME            |                     |              |    | 3 ASSIGNED OPSAR   |      | 4 FUNDS  |                | 5 ALLOTMENT |    |
|  |      | RANDALL FREDERICK |                     |              |    | DUP/FE - 89        |      |          |                |             |    |
| 6. OLD SALARY RATE   |      |                   |                     |              |    | 7. NEW SALARY RATE |      |          |                |             |    |
| GRADE  | STEP | SALARY            | LAST EFFECTIVE DATE |              |    | GRADE              | STEP | SALARY   | EFFECTIVE DATE |             |    |
|  |      |                   | MO                  | DA           | YR |                    |      |          | MO             | DA          | YR |
| GS 12  | 2    | \$ 8,570          | 02                  | 10           | 57 | GS 12              | 3    | \$ 8,816 | 08             | 10          | 58 |
| REMARKS  |      |                   |                     |              |    |                    |      |          |                |             |    |
| CERTIFICATION  |      |                   |                     |              |    |                    |      |          |                |             |    |
| I CERTIFY THAT THE SERVICE AND CONDUCT OF THE ABOVE NAMED EMPLOYEE ARE SATISFACTORY. |      |                   |                     |              |    |                    |      |          |                |             |    |
| TYPED, OR PRINTED, NAME OF SUPERVISOR  |      |                   |                     | DATE         |    | SIGNATURE          |      |          |                |             |    |
|  |      |                   |                     | 17 July 1958 |    | [Signature]        |      |          |                |             |    |
| PERIODIC STEP INCREASE   |      |                   |                     |              |    | CERTIFICATION      |      |          |                |             |    |

FORM NO. 560  
1 MAR. 56

SECRET

PERSONNEL FOLDER (4)

SECRET

GENERAL SCHEDULE SALARY INCREASE RETROACTIVELY EFFECTIVE  
12 JANUARY 1958 AUTHORIZED BY P. L. 85 - 462 AND DCI  
DIRECTIVE. SALARY AS OF 10 JUNE 1958 ADJUSTED AS FOLLOWS

| NAME              | SERIAL | GRADE-STEP | OLD SALARY | NEW SALARY |
|-------------------|--------|------------|------------|------------|
| RANDALL FREDERICK | 512170 | GS-12-2    | \$ 7,788   | \$ 8,570   |

EDWARD J. STEWART  
ASST. DIR. OF PERSONNEL

SECRET



3236

SECRET  
(WITH FILLED IN)

FE15

| 1. S. P. SERIAL NO.  |      | 2. NAME           |                     |     |     | 3. ASSIGNED ORGAN  |      | 4. FUNDS                 | 5. ALLOTMENT   |     |     |
|--|------|-------------------|---------------------|-----|-----|--------------------|------|--------------------------|----------------|-----|-----|
|  |      | RANDALL FREDERICK |                     |     |     | DDP/FE 38          |      | <input type="checkbox"/> |                |     |     |
| 6. OLD SALARY RATE   |      |                   |                     |     |     | 7. NEW SALARY RATE |      |                          |                |     |     |
| GRADE  | STEP | SALARY            | LAST EFFECTIVE DATE |     |     | GRADE              | STEP | SALARY                   | EFFECTIVE DATE |     |     |
|  |      |                   | MO.                 | DA. | YR. |                    |      |                          | MO.            | DA. | YR. |
| 12   | 1    | \$ 7,570          | 08                  | 14  | 55  | 12                 | 2    | \$ 7,785                 | 02             | 10  | 57  |
| REMARKS  |      |                   |                     |     |     |                    |      |                          |                |     |     |
| CERTIFICATION  |      |                   |                     |     |     |                    |      |                          |                |     |     |
| I CERTIFY THAT THE SERVICE AND CONDUCT OF THE ABOVE NAMED EMPLOYEE ARE SATISFACTORY. |      |                   |                     |     |     |                    |      |                          |                |     |     |
| TYPED, OR PRINTED, NAME OF SUPERVISOR  |      |                   |                     |     |     | DATE               |      | SIGNATURE OF SUPERVISOR  |                |     |     |
|  |      |                   |                     |     |     | 19 Nov 57          |      |                          |                |     |     |
| PERIODIC STEP INCREASE - CERTIFICATION   |      |                   |                     |     |     |                    |      |                          |                |     |     |

NOV 13 1957

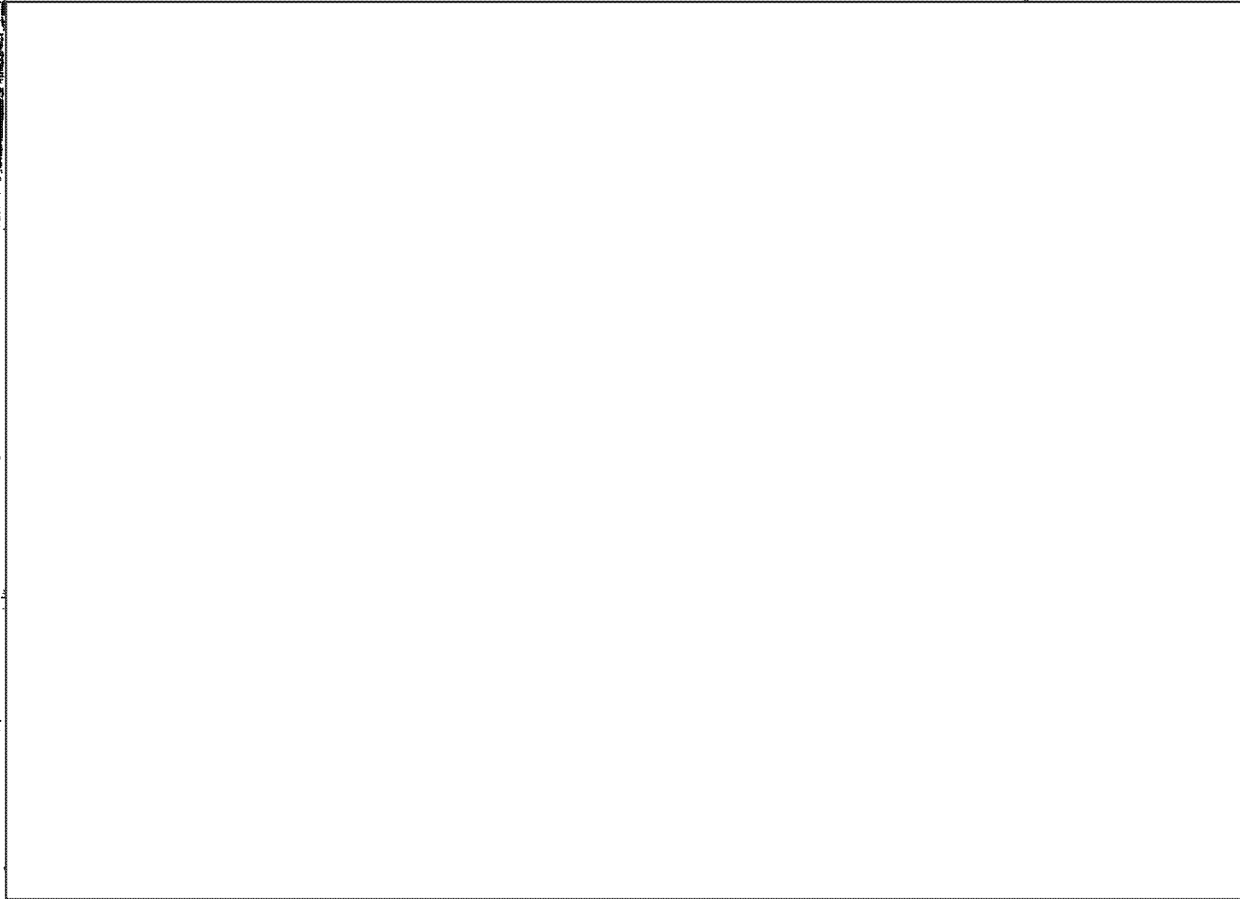
FORM NO 560  
1 640 54

SECRET

PERSONNEL FOLDER 161

14-00000

RAM L. FREDERICK C.



The above basic pay rates are effective 29 July 1956.

STANDARD FORM 52  
PREPARED BY THE  
U. S. CIVIL SERVICE COMMISSION  
GSA GEN. REG. NO. 27 (REV. 11-19-54)  
FORM NO. 52-100 (REV. 11-19-54)

SECRET

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)<br><b>Mr. Frederick C. Randall</b>                             |  | 2. DATE OF BIRTH | 3. REQUEST NO.                    | 4. DATE OF REQUEST<br><b>12 June 56</b> |
| 5. NATURE OF ACTION REQUESTED:<br>A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)<br><b>Reassignment</b> |  |                  | 6. EFFECTIVE DATE & PROPOSED:     | 7. C S OR OTHER LEGAL AUTHORITY         |
| 8. POSITION (Specify whether establish, change grade or title, etc.)   |  |                  | B. APPROVED:<br><b>JUL 1 1956</b> |   |

|   |                                 |   |
|---|---------------------------------|---|
| FROM— <b>Intell Officer (FI) EFF-908</b>  | 9. POSITION TITLE AND NUMBER    | TO— <b>Intell Officer (FI) EFF-908</b>  |
| <b>GS- [redacted] \$7570.00 P/A</b>   | 10. SERVICE GRADE AND SALARY    | <b>GS- [redacted] P/A</b>   |
| <b>DDP/FE</b>   | 11. ORGANIZATIONAL DESIGNATIONS | <b>DDP/FE</b>   |
|   | 12. HEADQUARTERS                | <b>FI/CI Branch</b>   |
| <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL | 13. FIELD OR DEPARTMENTAL       | <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL <b>DE</b> |

A. REMARKS (Use reverse if necessary)  
  
**T/O Change**

|   |  |
|---|--|
| B. REQUESTED BY (Name and title)<br><b>FF Personnel Officer</b> | D. REQUEST<br>Signature: <i>[Signature]</i><br>Title: <i>Personnel Officer</i> |
| C. FOR ADDITIONAL INFORMATION CALL<br><b>x3780</b>              |  |

|                        |                           |  |   |
|------------------------|---------------------------|--|---|
| 13. VETERAN PREFERENCE |                           | 14. POSITION CLASSIFICATION ACTION         |   |
| NONE                   | WWII OTHER                | NEW  | VICE I. A. REAL   |
|                        | 10 POINT DISAB OTHER      |  |   |
| 15. SEX                | 16. APPROPRIATION FROM TO | 17. SUBJECT TO C S RETIREMENT ACT (YES-NO) | 18. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)  |
|                        |                           |  | 19. LEGAL RESIDENCE STATE: <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED |

**POSTED**  
24 JUN 1956  
*WR*

USED IN LIEU OF SF50 NOTIFICATION OF PERSONNEL ACTION

20. STANDARD FORM 60 REMARKS

|                         |                      |                    |         |
|-------------------------|----------------------|--------------------|---------|
| 21. CLEARANCES          | INITIAL OR SIGNATURE | DATE               | REMARKS |
| A.                      |                      |                    |         |
| B. CEN. OR POS. CONTROL | <i>WR</i>            | <b>21 JUN 1956</b> |         |
| C. CLASSIFICATION       |                      |                    |         |
| D. PLACEMENT OR EVAL.   | <i>WR</i>            | <b>21 JUN 1956</b> |         |
| E.                      |                      |                    |         |

|                |               |                |
|----------------|---------------|----------------|
| C. APPROVED BY | <b>SECRET</b> | <b>6/19/56</b> |
|----------------|---------------|----------------|

PCS

[Redacted]

Mr. Frederick C. Randall

[Redacted]

FSA

10/13/55

Limited Appointment

1-27/55

Section 522.1  
PL 724 79th Congress

[Redacted]

[Redacted]

[Redacted]

5pt veterans preference

New

[Redacted]

Male

6A-7013

Civil Service Retirement Deductions

10/27/55

Maryland

Submit 61A

Married--Two

No Reserve Status

8

**NOTIFICATION OF PERSONNEL ACTION**

178

|   |                      |   |  |  |
|---|----------------------|---|--|--|
| 1. NAME (MR., MRS., MISS, ONE GIVEN NAME, INITIAL(S), AND SURNAME)<br><b>MR. FREDERICK C. RANDALL</b>   |                      | 2. DATE OF BIRTH  | 3. JOURNAL OR ACTION NO.   | 4. DATE<br><b>3 Nov. 1955</b>                              |
| This is to notify you of the following action affecting your employment:  |                      |   |  |  |
| 5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)  |                      | 6. EFFECTIVE DATE<br><b>27 Oct 1955</b>   | 7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY<br><b>50 USCA 403 J</b>  |  |
| FROM  |                      | TO  |  |  |
| <b>Intell Officer (FI)</b>  |                      | 8. POSITION TITLE   |  |  |
| <b>GS-0136.51-12 \$7570.00 per annum</b>  |                      | 9. SERVICE SERIES, GRADE, SALARY  |  |  |
|   |                      | 10. ORGANIZATIONAL DESIGNATION<br><b>DDP/FB</b>   |  |  |
|   |                      | 11. HEADQUARTERS  |  |  |
| <input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL  |                      | 12. FIELD OR DEPT'L <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL |  |  |
| 13. VETERAN'S PREFERENCE<br>NONE WWII OTHER 5-PT. 10-POINT<br><input checked="" type="checkbox"/> OTHER   |                      | 14. POSITION CLASSIFICATION ACTION<br>NEW VICE I. A. REAL   |  |  |
| 15. SEX<br><b>M</b>   | 16. RACE<br><b>W</b> | 17. APPROPRIATION<br>FROM: <input type="checkbox"/> Same  |  | 18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)<br><b>Yes</b> |
|   |                      | 19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)   | 20. LEGAL RESIDENCE<br><input checked="" type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED<br>STATE: |  |
| 21. REMARKS:<br><br>Subject is to be paid <input type="checkbox"/> \$7570 <input type="checkbox"/> of allowances in accordance therewith<br><br>Sick and annual leave are to be held in escrow <input type="checkbox"/> GS status<br><br><div style="text-align: right;">                     RECORDED<br/>                     4 NOV 1955<br/> <i>[Signature]</i> </div> |                      |   |  |  |
| ENTRANCE PERFORMANCE RATINGS:   |                      |   |  |  |
| Director of Personnel   |                      | 22. SIGNATURE OR OTHER AUTHENTICATION   |  |  |

**SECRET**

1. EMPLOYEE COPY

*2002 11/1/53*

**CONFIDENTIAL**  
 CENTRAL INTELLIGENCE AGENCY

**NOTIFICATION OF PERSONNEL ACTION**

147

|   |                      |  |  |   |  |             |  |  |  |  |  |        |       |  |  |  |          |  |  |  |  |  |     |      |       |       |  |  |  |  |
|---|----------------------|--|--|---|--|-------------|--|--|--|--|--|--------|-------|--|--|--|----------|--|--|--|--|--|-----|------|-------|-------|--|--|--|--|
| 1. NAME (MR., MRS., OR OTHER TITLE, INITIALS, AND SURNAME)<br><b>Mr. Frederick C. Randall</b>   |                      | 2. DATE OF BIRTH   | 3. JOURNAL OR ACTION NO.   | 4. DATE<br><b>23 Sep 1955</b>                       |  |             |  |  |  |  |  |        |       |  |  |  |          |  |  |  |  |  |     |      |       |       |  |  |  |  |
| This is to notify you of the following action affecting your employment:  |                      |  |  |   |  |             |  |  |  |  |  |        |       |  |  |  |          |  |  |  |  |  |     |      |       |       |  |  |  |  |
| 5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)<br><b>Reassignment</b>   |                      | 6. EFFECTIVE DATE<br><b>25 Sep 1955</b>  | 7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY<br><b>50 USC 403 J</b>                 |   |  |             |  |  |  |  |  |        |       |  |  |  |          |  |  |  |  |  |     |      |       |       |  |  |  |  |
| FROM  |                      | TO   |  |   |  |             |  |  |  |  |  |        |       |  |  |  |          |  |  |  |  |  |     |      |       |       |  |  |  |  |
| Intelligence Off. (VI) [ ]<br><b>GS-0136-51-12 \$7570.00 per annum</b><br><b>DDP/VE</b>   |                      | 8. POSITION TITLE<br><b>Intelligence Officer (VI) [ ]</b>  | 9. SERVICE, SERIES, GRADE, SALARY<br><b>\$7570.00 per annum</b><br><b>DDP/VE</b> |   |  |             |  |  |  |  |  |        |       |  |  |  |          |  |  |  |  |  |     |      |       |       |  |  |  |  |
| 10. ORGANIZATIONAL DESIGNATIONS   |                      | 11. HEADQUARTERS   |  |   |  |             |  |  |  |  |  |        |       |  |  |  |          |  |  |  |  |  |     |      |       |       |  |  |  |  |
| <b>Washington, D. C.</b>  |                      | [ ]  |  |   |  |             |  |  |  |  |  |        |       |  |  |  |          |  |  |  |  |  |     |      |       |       |  |  |  |  |
| 12. FIELD OR DEPT'L<br><input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL  |                      | 12. FIELD OR DEPT'L<br><input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL |  |   |  |             |  |  |  |  |  |        |       |  |  |  |          |  |  |  |  |  |     |      |       |       |  |  |  |  |
| 13. VETERAN'S PREFERENCE  |                      | 14. POSITION CLASSIFICATION ACTION   |  |   |  |             |  |  |  |  |  |        |       |  |  |  |          |  |  |  |  |  |     |      |       |       |  |  |  |  |
| <table border="1"> <tr> <td>ROSA</td> <td>WWII</td> <td>OTHER</td> <td>5-PT.</td> <td colspan="2">10-POINT</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>DISAB.</td> <td>OTHER</td> </tr> <tr> <td></td> <td></td> <td></td> <td><b>X</b></td> <td></td> <td></td> </tr> </table> |                      | ROSA   | WWII   | OTHER   | 5-PT.  | 10-POINT    |  |  |  |  |  | DISAB. | OTHER |  |  |  | <b>X</b> |  |  | <table border="1"> <tr> <td>NEW</td> <td>VICE</td> <td>T. A.</td> <td>REAL.</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table> |  |  | NEW | VICE | T. A. | REAL. |  |  |  |  |
| ROSA  | WWII                 | OTHER  | 5-PT.  | 10-POINT  |  |             |  |  |  |  |  |        |       |  |  |  |          |  |  |  |  |  |     |      |       |       |  |  |  |  |
|   |                      |  |  | DISAB.  | OTHER  |             |  |  |  |  |  |        |       |  |  |  |          |  |  |  |  |  |     |      |       |       |  |  |  |  |
|   |                      |  | <b>X</b>   |   |  |             |  |  |  |  |  |        |       |  |  |  |          |  |  |  |  |  |     |      |       |       |  |  |  |  |
| NEW   | VICE                 | T. A.  | REAL.  |   |  |             |  |  |  |  |  |        |       |  |  |  |          |  |  |  |  |  |     |      |       |       |  |  |  |  |
|   |                      |  |  |   |  |             |  |  |  |  |  |        |       |  |  |  |          |  |  |  |  |  |     |      |       |       |  |  |  |  |
| 15. SEX<br><b>M</b>   | 16. RACE<br><b>W</b> | 17. APPROPRIATION<br>FROM: [ ]<br>TO: [ ]  | 18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)<br><b>Yes</b>                       | 19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY) | 20. LEGAL RESIDENCE<br><input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED<br>STATE: <b>MI.</b> |             |  |  |  |  |  |        |       |  |  |  |          |  |  |  |  |  |     |      |       |       |  |  |  |  |
| 21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.                          |                      |  |  |   |  |             |  |  |  |  |  |        |       |  |  |  |          |  |  |  |  |  |     |      |       |       |  |  |  |  |
| Subject to approved medical clearance prior to being sent overseas.   |                      |  |  |   |  |             |  |  |  |  |  |        |       |  |  |  |          |  |  |  |  |  |     |      |       |       |  |  |  |  |
| *Transfer TO [ ]  |                      |  |  |   |  |             |  |  |  |  |  |        |       |  |  |  |          |  |  |  |  |  |     |      |       |       |  |  |  |  |
| <table border="1"> <tr> <td>10-150</td> </tr> <tr> <td>30 SEP 1955</td> </tr> </table>  |                      |  |  |   | 10-150   | 30 SEP 1955 |  |  |  |  |  |        |       |  |  |  |          |  |  |  |  |  |     |      |       |       |  |  |  |  |
| 10-150  |                      |  |  |   |  |             |  |  |  |  |  |        |       |  |  |  |          |  |  |  |  |  |     |      |       |       |  |  |  |  |
| 30 SEP 1955   |                      |  |  |   |  |             |  |  |  |  |  |        |       |  |  |  |          |  |  |  |  |  |     |      |       |       |  |  |  |  |
| <p>ENTRANCE PERFORMANCE RATING: [ ]</p> <p><b>CONFIDENTIAL</b></p> <p>4. PERSONNEL FOLDER COPY<br/>713 7/27/55</p> <p>U. S. GOVERNMENT PRINTING OFFICE: 1953-212232</p>   |                      |  |  |   |  |             |  |  |  |  |  |        |       |  |  |  |          |  |  |  |  |  |     |      |       |       |  |  |  |  |

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION **dah**

|  |  |   |   |   |
|--|--|---|---|---|
| 1. NAME (MR., MISS, MRS., OR MISS GIVEN NAME, INITIALS, AND SURNAME)<br><b>Mr. Frederick C. Randall</b>  |  | 2. DATE OF BIRTH  | 3. JOURNAL OR ACTION NO.                  | 4. DATE<br><b>5 Aug 1955</b>  |
| This is to notify you of the following action affecting your employment:   |  |   |   |   |
| 5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)<br><b>Promotion</b>   |  | 6. EFFECTIVE DATE<br><b>14 Aug 1955</b>   | 7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY |   |
| FROM<br><b>Intelligence Off. (FI)</b>  |  | TO<br><b>Intelligence Off. (FI)</b>   |   |   |
| 8. POSITION TITLE  |  | 9. SERVICE SERIES, GRADE, SALARY<br><b>\$7570.00 Per Annum</b>                              |   |   |
| 10. ORGANIZATIONAL DESIGNATIONS  |  | 11. HEADQUARTERS<br><b>Washington, D.C.</b>   |   |   |
| 12. FIELD OR DEPT'L<br><input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL  |  | 12. FIELD OR DEPT'L<br><input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL |   |   |
| 13. VETERAN'S PREFERENCE   |  | 14. POSITION CLASSIFICATION ACTION<br><b>XXX</b>  |   |   |
| 15. SEX <input type="checkbox"/> M <input type="checkbox"/> F  |  | 16. RACE  |   | 17. APPROPRIATION<br>FROM: <input type="checkbox"/><br>TO: <input type="checkbox"/>               |
| 18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)   |  | 19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)  |   | 20. RESIDENCE<br><input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED<br>STATE: _____ |
| 21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements. |  |   |   |   |

GRADE PERFORMANCE RATING:

Director of Personnel

3. PERSONNEL FOLDER COPY

| 1. Agency and organizational designation  |   | 2. Pay roll id                          |   | 3. Fiscal No.   |      | 4. Step No.                       |         |
|---|---|---|---|---|------|-----------------------------------|---------|
| 5. (Employee's name and social security account number when appropriate)<br><b>RANDALL, Frederick C.</b>  |   |   |   | 6. Grade and salary<br><b>GS-11 \$5940.00</b>   |      |                                   |         |
| PAY ROLL CHANGE DATA  |   |   |   |   |      |                                   |         |
|   | BASE PAY  | OVERTIME                                |   | GROSS PAY   | BET. | TAX                               | NET PAY |
| 7. Previous normal  |   |   |   |   |      |                                   |         |
| 8. New normal   |   |   |   |   |      |                                   |         |
| 9. Pay this period  |   |   |   |   |      |                                   |         |
| 10. Remarks:  |   |   |   | 11. Appropriation(s)<br><b>7B 10</b>  |      | 12. Prepared by<br><b>afu 5/5</b> |         |
|   |   |   |   |   |      | 13. Audited by                    |         |
| <input checked="" type="checkbox"/> Periodic step-increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other step-increase |   |   |   |   |      |                                   |         |
| 14. Effective date<br><b>19 Jun 55</b>  | 15. Date last equivalent increase<br><b>20 Jun 54</b> | 16. Old salary rate<br><b>\$5940.00</b> | 17. New salary rate<br><b>\$6140.00</b> | 18. Performance rating is satisfactory or better.   |      |                                   |         |
| 19. LWOP days (if all appropriate spaces covering LWOP during following period(s))<br><b>6605.00</b>  |   |   |   | <input type="checkbox"/> No excess LWOP. Total excess LWOP<br><input type="checkbox"/> Check applicable box in case of excess LWOP:<br><input type="checkbox"/> Excess LWOP due to...<br><input type="checkbox"/> Excess LWOP due to... |      |                                   |         |
| STANDARD FORM NO. 1126- Revised<br>Form prescribed by Comp. Gen., U. S.<br>Nov. 8, 1950, General Regulations No. 102                            |   |   |   | PAY ROLL CHANGE SLIP—PERSONNEL COPY <i>JK</i>   |      |                                   |         |



CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

|  |                                       |  |   |  |
|--|---------------------------------------|--|---|--|
| 1. NAME (MR.—MRS.—MISS.—ONE GIVEN NAME, INITIAL(S), AND SURNAME)<br><b>MR. FREDERICK C. RAEDALL</b>  |                                       | 2. DATE OF BIRTH   | 3. JOURNAL OR ACTION NO.                  | 4. DATE<br><b>26 May 1954</b>  |
| This is to notify you of the following action affecting your employment:   |                                       |  |   |  |
| 5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)<br><b>REASSIGNMENT</b>  |                                       | 6. EFFECTIVE DATE<br><b>6 June 1954</b>                        | 7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY |  |
| FROM   |                                       | TO   |   |  |
| Ops Officer (GR)   |                                       | 8. POSITION TITLE  |   |  |
| CE Unit  |                                       | 9. SERVICE SERIES, GRADE, SALARY<br><b>\$5940.00 per annum</b> |   |  |
|  |                                       | DDP/VE   |   |  |
|  |                                       | 10. ORGANIZATIONAL DESIGNATIONS                                |   |  |
|  |                                       | 11. HEADQUARTERS<br><b>Washington, D. C.</b>                   |   |  |
| <input type="checkbox"/> FIELD   | <input type="checkbox"/> DEPARTMENTAL | 12. FIELD OR DEPT'L  | <input type="checkbox"/> FIELD            | <input checked="" type="checkbox"/> DEPARTMENTAL   |
| 13. VETERAN'S PREFERENCE   |                                       | 14. POSITION CLASSIFICATION ACTION                             |   |  |
| NONE   | 5-YEAR                                | OTHER  | S-P.T.                                    | 15-POINT   |
|  |                                       |  |   | DISAB. OTHER   |
|  |                                       |  |   |  |
| 15. SEX<br><b>M</b>  | 16. RACE<br><b>M</b>                  | 17. APPROPRIATION<br>FROM: <b>Sec 5</b><br>TO: <b>Sec 5</b>    |   | 18. SUBJECT TO C. S. RETIREMENT ACT (YES/NO)<br><b>Yes</b>   |
|  |                                       | 19. DATE OF APPOINTMENT OF AFFIDAVIT (EXCEPTIONS ONLY)         |   | 20. LEGAL RESIDENCE<br><input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED<br>STATE: <b>Md.</b> |
| 21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements. |                                       |  |   |  |
| <p>PROPOSED TO CIVIL SERVICE<br/>         EFFECTIVE TO 6 JUN 54<br/>         SALARY ADJUSTED TO: <b>\$6390.00</b></p> <p style="text-align: right;"><i>W</i></p>   |                                       |  |   |  |
| 22. PERFORMANCE RATED  |                                       |  |   |  |
| Assistant Director for Personnel   |                                       |  |   |  |

PERSONNEL FOLDER COPY

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION *alb*

|  |             |   |   |                             |
|--|-------------|---|---|-----------------------------|
| 1. NAME (LAST—FIRST—MIDDLE—ONE OTHER NAME, INITIAL(S) AND SURNAME)<br><b>Mr. Frederick C. Randall</b>  |             | 2. DATE OF BIRTH  | 3. JOURNAL OR ACTION NO.  | 4. DATE<br><b>12 Feb 56</b> |
| <i>This is to notify you of the following action affecting your employment:</i>  |             |   |   |                             |
| 5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)<br><b>Reassignment</b>  |             | 6. EFFECTIVE DATE<br><b>14 Feb. 56</b>  | 7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY                                       |                             |
| FROM<br><b>Intel. Officer (CG)</b>   |             | 8. POSITION TITLE   | TO<br><b>Ops Officer (CG)</b>   |                             |
| <b>85940 p/a</b>   |             |   | <b>CG-85940 p/a</b>   |                             |
| 9. SERVICE SERIES, GRADE, SALARY   |             | 10. ORGANIZATIONAL DESIGNATIONS<br><b>DDP/FE<br/>Counterespionage Unit</b>                        |   |                             |
| 11. HEADQUARTERS   |             | <b>Washington, D. C.</b>  |   |                             |
| <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL  |             | 12. FIELD OR DEPT'L   | <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL |                             |
| 23. WELLMAN'S PREFERENCE   |             | 14. POSITION CLASSIFICATION ACTION  |   |                             |
| REG  | WFO         | OTDR  | 6-PT.   | 15-POINT                    |
|  |             |   |   | DISA. OTHER                 |
|  |             |   | <input checked="" type="checkbox"/>   |                             |
| 17. APPROPRIATION  |             | 18. SUBJECT TO C. S. RETIREMENT ACT (YES NO)  |   |                             |
| FROM   | TO          | <b>Yes</b>  |   |                             |
|  | <b>8699</b> | 19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSION OR 1)   |   |                             |
|  |             | 20. LEGAL RESIDENCE<br><input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED<br>STATE: |   |                             |
| 21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements. |             |   |   |                             |

*alb*  
4. PERSONNEL FOLDER COPY

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

|  |                                       |   |   |  |
|--|---------------------------------------|---|---|--|
| 1. NAME (MR., MISS, MRS., OR) GIVER NAME, INITIAL(S), AND SURNAME  |                                       | 2. DATE OF BIRTH  | 3. JOURNAL OR ACTION NO.                  | 4. DATE  |
| Mr. Frederick C. Randall   |                                       |   |   | 5 January 1953                                   |
| This is to notify you of the following action affecting your employment:   |                                       |   |   |  |
| 5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)   |                                       | 6. EFFECTIVE DATE   | 7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY |  |
| Accepted Appointment   |                                       | 5 Jan. 1953   | Schedule A-6.116 (b)                      |  |
| FROM   |                                       | TO  |   |  |
|  |                                       | 8. POSITION TITLE   | Intelligence Officer (GS)                 |  |
|  |                                       | 9. SERVICE, SERIES, GRADE, SALARY   | \$3060.00                                 |  |
|  |                                       | 10. ORGANIZATIONAL DESIGNATION  | DD/P FE/5 Counterespionage Unit           |  |
|  |                                       | 11. HEADQUARTERS  | Washington, D. C.                         |  |
| <input type="checkbox"/> FIELD   | <input type="checkbox"/> DEPARTMENTAL | 12. FIELD OR DEPTL.   | <input type="checkbox"/> FIELD            | <input checked="" type="checkbox"/> DEPARTMENTAL |
| 13. VETERAN'S PREFERENCE   |                                       | 14. POSITION CLASSIFICATION ACTION  |   |  |
| NONE   | WVH                                   | OTHER   | 5-PT.                                     | 15-POINT   |
|  |                                       |   |   | DISAB. RATED                                     |
|  |                                       |   |   |  |
| 15. SEX  | 16. RACE                              | 17. APPROPRIATION   |   | 18. SUBJECT TO U. S. RETIREMENT ACT (11.5-207)   |
| M  | W                                     | PR  | TO  | Yes  |
|  |                                       |   |   | 2 Jan. 1953                                      |
| 19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)  |                                       | 20. LEGAL RESIDENCE   |   |  |
| 2 Jan. 1953  |                                       | <input checked="" type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED |   |  |
|  |                                       | STATE Maryland  |   |  |
| 21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements. |                                       |   |   |  |
| SF # 61 affidavit has been executed subject to satisfactory trial period of 12 months and a medical examination.   |                                       |   |   |  |
| Chief, Personnel Division  |                                       |   |   |  |
| ENTRANCE PERFORMANCE RATING  |                                       |   |   |  |

STANDARD FORM 52  
 FORM 52 OF THE  
 U. S. GOVERNMENT PRINTING OFFICE  
 WASHINGTON 25—FEDERAL PERSONNEL  
 MANUAL, CHAPTER II

UNCLASSIFIED

*3-14-53*  
*1/14/53*

**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 (from name, initial(s), and surname) RANDALL, Frederick C. [ ]  
 2. DATE OF BIRTH [ ]  
 3. REQUEST NO. [ ]  
 4. DATE OF REQUEST 2 Jan 1953

5. NATURE OF ACTION REQUESTED:  
 A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)  
 Resignation  
 B. EFFECTIVE DATE A. PROPOSED: 3 Jan. 1953  
 B. APPROVED: *48 Jan 1953*  
 7. C.S. OR OTHER LEGAL AUTHORITY [ ]

FROM—  
 Intelligence Assistant  
 GS-7 \$4,320.00 per annum  
 OCO  
 [ ]  
 8. POSITION TITLE AND NUMBER [ ]  
 9. SERVICE GRADE AND SALARY [ ]  
 10. ORGANIZATIONAL DESIGNATIONS [ ]  
 11. HEADQUARTERS [ ]  
 FIELD  DEPARTMENTAL  
 12. FIELD OR DEPARTMENTAL  FIELD  DEPARTMENTAL

A. REMARKS (Use reverse if necessary)  
 Slot #145  
 Resigning to accept other employment

B. REQUESTED BY (Name and title) [ ] for C/A/T  
 D. REQUEST APPROVED BY [ ]  
 Signature: [ ]  
 Title: FI/PO

13. VETERAN PREFERENCE  
 NONE [ ] WITH OTHER S-PT. [ ] 10-POINT [ ]  
 14. POSITION CLASSIFICATION ACTION  
 NEW [ ] VICE [ ] I.A. [ ] REAL [ ]

15. SEX: [ ] 16. RACE: [ ] 17. APPROPRIATION FROM: [ ] TO: [ ]  
 18. SUBJECT TO C.S. REVENUE ACT (S-R) [ ] 19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY) [ ] 20. LEGAL RESIDENCE STATE: [ ] CLAIMED [ ] PROVED [ ]

21. STANDARD FORM 50 REMARKS  
*W*

| 22. CLEARANCES          | INITIAL OR SIGNATURE | DATE | REMARKS |
|-------------------------|----------------------|------|---------|
| A                       |                      |      |         |
| B. CHIEF OR POS CONTROL |                      |      |         |
| C. CLASSIFICATION       |                      |      |         |
| D. PLACEMENT OR EMP.    |                      |      |         |
| E.                      |                      |      |         |

F. APPROVED BY [ ] *8 Jan 53*

| 1. Agency and organizational designations<br><b>CENTRAL INTELLIGENCE AGENCY</b>  |  |                                      |                                      | 2. Pay period  |      | 3. Block No. |  | 4. Slip No. |                 |
|--|--|--------------------------------------|--------------------------------------|--|------|--------------|--|-------------|-----------------|
| 5. Employee's name (and social security account number when appropriate)<br><b>RANDALL, Frederick C.</b>   |  |                                      |                                      | 6. Grade and salary<br><b>GE - 7 \$4205</b>  |      |              |  |             |                 |
| PAY ROLL CHANGE DATA   |  |                                      |                                      |  |      |              |  |             |                 |
|  | BASE PAY                                     | OVERTIME                             |                                      | GROSS PAY  | RET. | TAX          | BOND   | F.I.C.A.    | NET PAY         |
| 7. Previous normal   |  | 7                                    |                                      |  |      |              |  |             |                 |
| 8. New normal  |  |                                      |                                      |  |      |              |  |             |                 |
| 9. Pay this period   |  |                                      |                                      |  |      |              |  |             |                 |
| 10. Remarks  |  |                                      |                                      |  |      |              | 11. Appropriation(s)<br><b>31A-65</b><br><b>OSO/7B</b>                                       |             | 12. Prepared by |
|  |  |                                      |                                      |  |      |              |  |             | 13. Audited by  |
| <input checked="" type="checkbox"/> Periodic step-increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other step-increase                      |  |                                      |                                      |  |      |              |  |             |                 |
| 14. Effective date<br><b>14 Sep 52</b>   | 15. Date last equivalent<br><b>10 Sep 51</b> | 16. Old salary rate<br><b>\$4205</b> | 17. New salary rate<br><b>\$4370</b> | 18. Performance rating is satisfactory or better.<br><br>(Signature or other authentication) |      |              |  |             |                 |
| 19. LWOP date (fill in appropriate spaces covering LWOP during following periods):<br>Period(s):<br><input type="checkbox"/> No excess LWOP. Total excess LWOP _____ |  |                                      |                                      |  |      |              | (Check appropriate box in case of LWOP)  |             |                 |
| STANDARD FORM NO 11264-Revued<br>Form prescribed by Comp. Gen., U. S.<br>Nov. 8, 1950, General Enquiries No. 102   |  |                                      |                                      |  |      |              | <b>PAY ROLL CHANGE SLIP - PERSONNEL COPY</b><br>16-61111-20 U. S. GOVERNMENT PRINTING OFFICE |             |                 |

SECRET

| CONFIDENTIAL FUNDS PERSONNEL ACTION   |                                       |   |
|---|---------------------------------------|---|
| NAME  | RANDALL, Frederick C                  | DATE<br>10 May 1951   |
| NATURE OF ACTION  | Excepted Appointment                  | EFFECTIVE DATE<br>10 September 51                                   |
| TITLE   | FROM                                  | TO  |
| GRADE AND SALARY  |                                       | Intelligence Assistant  |
| OFFICE  |                                       | OSO   |
| DIVISION  |                                       | FDZ   |
| BRANCH  |                                       | Branch III  |
| OFFICIAL STATION  |                                       |   |
| QUALIFICATIONS  | APPROVAL<br>PERSON ASSISTANT DIRECTOR | EXECUTIVE   |
| CLASSIFICATION  | 11 1951 F-598                         | PERSONNEL OFFICER   |
| POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS  |                                       | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| DATE OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON  |                                       | 10 September 51   |
| SECURITY CLEARED ON   |                                       | 16 August 51  |
| OVERSEAS AGREEMENT SIGNED   |                                       | 11 September 51   |
| ENTERED ON DUTY   |                                       | 10 September 51   |
|   |                                       | SIGNATURE OF AUTHENTICATING OFFICER                                 |
| REMARKS:  |                                       |   |
| <p>Slot #145</p> <p>DOB - 12/20/23</p> <p>CSFOB - 09/10/51</p> <p>KCO - 09/10/51</p> <p style="text-align: right;">M<br/>E</p> <p style="text-align: center;">COPY IN PAYROLL FILES<br/>CONFIDENTIAL FUNDS BRANCH</p> |                                       |   |

FORM NO. 37-1  
REV. 1-4-51

SECRET

APP. 43-100111

CONFIDENTIAL

MEMORANDUM FOR: Frederick C. Randall

SUBJECT : Acknowledgment of Evaluation Board Functional Category

REFERENCE : Evaluation Board Precepts for Your Grade

1. Based upon an examination of your past assignments and duties, and after considering likely future assignments, you have been placed (subject to your signature below) in the functional category W for Evaluation Board purposes. Precise definitions of this category are contained in the Evaluation Board precepts for your grade. This placement is made in order that your performance, growth potential, and career planning may be judged against officers similarly placed professionally. YOU ARE URGED TO STUDY THE PRECEPTS AND CONSIDER YOUR OWN CASE CAREFULLY.

2. In general, you should consider the following;
  - a. Categories are sharply defined. Competition is within categories, not between them. Thus, a weak B/OG performance is not strengthened by reclassifying it as B/OS.
  - b. A change in category after sustained performance in a different category may cause a temporary loss of momentum in your career advancement until you have demonstrated proficiency in your new assignment.
  - c. A category change should not be initiated for the period of a temporary, training or rotational assignment unless a permanent change of career track will follow.

3. If you believe that this is not the correct category for you because the substantive nature of your job more closely approximates another category or because you have made a permanent change of career track, please take the matter up through your command channel to secure the concurrence of your component of assignment or of your home base component, as appropriate, to a change of your category. Previously assigned and acknowledged categories will remain in effect until a fully executed acknowledgment of change is received by the Career Management Staff.

4. Please sign and date this notification in the space provided and return it to your Personnel Evaluation and Management Officer or to your Personnel Officer.

ACKNOWLEDGED:

*Frederick C. Randall*  
Signature of Addressee

*July 17, 1977*  
Date

CONFIDENTIAL

**CONFIDENTIAL**  
CLASSIFICATION

| FITNESS REPORT   |                                  |  |                                  |  |                                       |                                    |                                   |                                  |                                |   |
|--|----------------------------------|--|----------------------------------|--|---------------------------------------|------------------------------------|-----------------------------------|----------------------------------|--------------------------------|---|
| SECTION A GENERAL INFORMATION  |                                  |  |                                  |  |                                       |                                    |                                   |                                  |                                |   |
| 1. EMPLOYEE NUMBER<br>012170   |                                  | 2. NAME (Last, first, middle)<br>Randall, Frederick C. |                                  |  | 3. DATE OF BIRTH<br>M 15 D            |                                    | 4. SEX<br>M                       |                                  | 5. GRADE<br>15                 | 6. SD<br>D  |
| 7. OFFICIAL POSITION TITLE<br>Ops Officer  |                                  |  |                                  | 8. DUTY DIV OR OF ASSIGNMENT<br>DO/INS/C/EPG |                                       | 9. CURRENT STATION<br>Headquarters |                                   | 10. LEI (CA #)<br>X HQS DF       |                                |   |
| 11. TYPE OF APPOINTMENT  |                                  |  |                                  |  | 12. TYPE OF REPORT                    |                                    |                                   |                                  |                                |   |
| <input checked="" type="checkbox"/> CAREER   | <input type="checkbox"/> RESERVE | <input type="checkbox"/> TEMPORARY                     | <input type="checkbox"/> INITIAL | <input checked="" type="checkbox"/> ANNUAL   | <input type="checkbox"/> REASSIGNMENT | <input type="checkbox"/> SPECIAL   | <input type="checkbox"/> CONTRACT | <input type="checkbox"/> SPECIAL | <input type="checkbox"/> OTHER | 13. REPORTING PERIOD (FROM TO)<br>6 Mar - 30 Nov 1978 |
| 14. DATE REPORT DUE IN O.P.  |                                  |  |                                  |  |                                       |                                    |                                   |                                  |                                |   |
| SECTION B QUALIFICATIONS UPDATE  |                                  |  |                                  |  |                                       |                                    |                                   |                                  |                                |   |
| IF QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT, PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT.  |                                  |  |                                  |  |                                       |                                    |                                   |                                  |                                |   |
| SECTION C PERFORMANCE EVALUATION   |                                  |  |                                  |  |                                       |                                    |                                   |                                  |                                |   |
| <p><b>U—Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D.</p> <p><b>M—Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.</p> <p><b>P—Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</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                    |                                |   |
| Manages and coordinates review of all DO records subject to disclosure via FOIA, Privacy Act and E.O. 12065. Supervises full- and part-time personnel.   |                                  |  |                                  |  |                                       |                                    |                                   | O                                |                                |   |
| SPECIFIC DUTY NO. 2  |                                  |  |                                  |  |                                       |                                    |                                   | RATING LETTER                    |                                |   |
| As one of six senior IMS officers, serves as voting member of IMS PMC (for [ ] people) and on thrice-weekly general planning meetings with Chief, IMS.   |                                  |  |                                  |  |                                       |                                    |                                   | P                                |                                |   |
| SPECIFIC DUTY NO. 3  |                                  |  |                                  |  |                                       |                                    |                                   | RATING LETTER                    |                                |   |
| Supplies factual and legal advice to the DDO, Chief IMS, DDO/IRO, IRC, and OCC on trends and implications pertinent to release of DO information via statute or regulation.  |                                  |  |                                  |  |                                       |                                    |                                   | S                                |                                |   |
| SPECIFIC DUTY NO. 4  |                                  |  |                                  |  |                                       |                                    |                                   | RATING LETTER                    |                                |   |
| Generates policy initiatives to protect DO sources and methods from disclosure via statute or executive order.   |                                  |  |                                  |  |                                       |                                    |                                   | S                                |                                |   |
| SPECIFIC DUTY NO. 5  |                                  |  |                                  |  |                                       |                                    |                                   | RATING LETTER                    |                                |   |
|  |                                  |  |                                  |  |                                       |                                    |                                   |                                  |                                |   |
| SPECIFIC DUTY NO. 6  |                                  |  |                                  |  |                                       |                                    |                                   | RATING LETTER                    |                                |   |
|  |                                  |  |                                  |  |                                       |                                    |                                   |                                  |                                |   |
| OVERALL PERFORMANCE IN CURRENT POSITION  |                                  |  |                                  |  |                                       |                                    |                                   |                                  |                                |   |
| Take this overall appraisal about the employee which encompasses his effectiveness in his current position such as performance of specific duties, productivity, general and supervisory personal traits or skills, and general initiative or attitude. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the Department which best describes the level of performance.  |                                  |  |                                  |  |                                       |                                    |                                   | RATING LETTER                    |                                |   |
|  |                                  |  |                                  |  |                                       |                                    |                                   | S                                |                                |   |
| DERIVATIVE CL BY [Signature]   |                                  |  |                                  |  |                                       |                                    |                                   |                                  |                                |   |

43

**CONFIDENTIAL**

RECEIVED

NOV 1978

[Signature]



CONFIDENTIAL

SECTION D

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 C to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section D, attach a separate sheet of paper.

I rate Mr. Randall "Outstanding" for Duty Number 1 (his principal responsibility) for this period. He had done an exceptional job of supervising, motivating, training and guiding his group in a remorseless and pressure-laden atmosphere, requiring both close attention to detail and constant alertness to broad operational and policy implications. The workload is larger and more complicated than anything I know of handled by any line operational officer with equivalent grade and responsibility. The preceding two fitness reports describe well the nature of the job. It remains only to be noted that Mr. Randall is the perfect man for the job, combining a remarkable match of leadership, operational savvy, legal and policy awareness and, perhaps most important, negotiating ability with both the Agency lawyers and legislative counsels, and the operating divisions in a bizarre situation that completely transcends the DO's need-to-know practices (Top Secret and compartmented, bigotted information must be reviewed) and yet requires the protection of our sources and methods. Dedicated, discreet, smart, and honest, Mr. Randall is very likely one of very few DO officers of his grade who could have handled this job from scratch, done so with virtually flawless output, and created a body of judgments and advice that is trusted, proven and amounts to de facto DO policy on how to protect our secrets.

Mr. Randall also has major planning obligations within INS, serving as a voting member of the PMC and three times a week with Chief, INS and other (continued)

SECTION E

CERTIFICATION AND COMMENTS

|  |                                      |   |                            |
|--|--------------------------------------|---|----------------------------|
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION  |                                      | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |                            |
| 9 months   |                                      | Witness report rating profile                                   |                            |
| DATE   | OFFICIAL TITLE OF SUPERVISOR         | SIGNATURE OF SUPERVISOR   |                            |
| 18 December 1978   | Deputy Chief, INS                    | <i>[Signature]</i>  |                            |
| I HAVE <input type="checkbox"/> OR HAVE NOT <input checked="" type="checkbox"/> ATTACHED A STATEMENT CONCERNING THE SUPERVISOR'S EVALUATION OF MY PERFORMANCE.   |                                      | DATE  | SIGNATURE OF EMPLOYEE      |
|  |                                      | 18 Dec 1978   | <i>Fredrick C. Randall</i> |
| 3. BY REVIEWING OFFICIAL   |                                      |   |                            |
| COMMENTS OF REVIEWING OFFICIAL   |                                      |   |                            |
| I agree with the letter ratings and the narrative comments above, particularly those in paragraph 1 of the narrative.  |                                      |   |                            |
| Mr. Randall is a dedicated, forceful, purposeful, dependable, disciplined officer. Although his personal preference would have been to do something else, he effectively manages and leads the Freedom of Information and Privacy Group of INS--demonstrating a self reliant style which has brought great credit to work in this area in the DO and to himself. Mr. Randall's past several fitness reports attested to his talents and growth in this assignment. |                                      |   |                            |
| As was observed in Mr. Randall's last fitness report, a new assignment must be found   |                                      |   |                            |
| DATE   | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPED OR PRINTED NAME AND SIGNATURE                             |                            |
| 30 January 1979  | Chief, INS                           | WILLIAM F. DUNNELLY   |                            |
| I HAVE <input type="checkbox"/> OR HAVE NOT <input checked="" type="checkbox"/> ATTACHED A STATEMENT CONCERNING THE SUPERVISOR'S EVALUATION OF MY PERFORMANCE.   |                                      | DATE  | SIGNATURE OF EMPLOYEE      |
|  |                                      | 1/30/79   | <i>Fredrick C. Randall</i> |

CLASSIFICATION  
CONFIDENTIAL

CONFIDENTIAL

NARRATIVE COMMENTS - continued

Randall, Frederick

Group chiefs in a broad review of disparate IMS operations: computers, information management planning for the DO and its current services. He is articulate and effective in presenting views from the IMS/FPG vantage, but at this level, I want to see more concern about the people and activities of companion IMS elements, more brainstorming of common problems. He is the least active of the four group chiefs in this area, although he has the inquisitiveness and intellect to contribute importantly in cross-discipline problems. I find no weakness here, but Mr. Randall's contributions here do not measure up comparatively to his exceptional performance in all other areas.

In these other areas, covering duties 3 and 4, Mr. Randall and his group stimulated, staffed out and justified three remarkably successful policy changes: a Presidential statement that sources and methods information need not be classified to be protected; a DCI policy that DO records ipso facto are not releasable (despite an OGC opinion to the contrary), and a policy allowing employees access to their files without going through the FOIA or Privacy Act folderol. While not individual accomplishments by Mr. Randall, they bespeak from the leadership and guidance he gave, and they are typical of the kind of case officer professionalism he has and

[redacted] operations and officers I do think it is sad to have to divert good DO talent to disclosure law problems; but if we must, then Mr. Randall's experience and abilities have counted a great deal in such successes we have had in keeping our secrets.

Mr. Randall's fitness reporting is accurate and fair. Per [redacted] it is noted for the record that Mr. Randall displays appropriate concern in equal employment opportunity areas: women comprise more than half of his group. He has three minority officers. Levels of responsibility here are above Agency norm.

REVIEWING OFFICIAL'S COMMENTS - continued

for this experienced supervisor. He has demonstrated his versatility and commitment by doing a job for four years that probably few other DO ops officers/managers would or could do as well as he has. For the good of his morale, the interest of his further development and in the interest of the Directorate, he has earned a change.

CONFIDENTIAL

CLASSIFICATION

FITNESS REPORT

| SECTION A GENERAL INFORMATION              |   |  |   |  |  |                                  |  |
|--|---|--|---|--|--|----------------------------------|--|
| 1. EMPLOYEE NUMBER<br>012180               | 7. NAME (Last, first, middle)<br>Randall, Frederick C | 3. DATE OF BIRTH                                   | 4. SEX<br>M   | 5. GRADE<br>GS-15                          | 6. SD<br>D   |                                  |  |
| 7. OFFICIAL POSITION TITLE<br>Ops Officer  |   | 8. OFFICE/SECTION OF ASSIGNMENT<br>ISS/Chief, PIAG | 9. CURRENT STATION<br>Hqs   | 10. CODE (CR, F)<br>XX Hqs.                | 11. DP   |                                  |  |
| 11. TYPE OF APPOINTMENT                    |   |  |   | 12. TYPE OF REPORT                         |  |                                  |  |
| <input checked="" type="checkbox"/> CAREER | <input type="checkbox"/> RESERVE                      | <input type="checkbox"/> TEMPORARY                 | <input type="checkbox"/> INITIAL                                  | <input checked="" type="checkbox"/> ANNUAL | <input checked="" type="checkbox"/> REASSIGNMENT OF SUPERVISOR | <input type="checkbox"/> SPECIAL |  |
| <input type="checkbox"/> CONTRACT          | <input type="checkbox"/> SPECIAL                      | <input type="checkbox"/> OTHER                     | 13. REPORTING PERIOD (FROM-TO)<br>1 January 1977-31 December 1977 |  | 14. DATE REPORT DUE IN O.P.                                    |                                  |  |

**SECTION B QUALIFICATIONS UPDATE**

IF QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT, PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT.

-

**SECTION C PERFORMANCE EVALUATION**

**U-Unsatisfactory** Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D.

**M-Marginal** Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.

**P-Profligent** Performance is satisfactory. Desired results are being produced in the manner expected.

**S-Strong** Performance is characterized by exceptional proficiency.

**O-Outstanding** Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

**SPECIFIC DUTIES**

Use 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 |
|---|---------------|
| Chief, Privacy Information Action Group | S             |
| SPECIFIC DUTY NO. 2                     | RATING LETTER |
| SPECIFIC DUTY NO. 3                     | RATING LETTER |
| SPECIFIC DUTY NO. 4                     | RATING LETTER |
| SPECIFIC DUTY NO. 5                     | RATING LETTER |
| SPECIFIC DUTY NO. 6                     | RATING LETTER |

**OVERALL PERFORMANCE IN CURRENT POSITION**

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

RATING LETTER  
S

CLASSIFICATION

SECTION D

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 C to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section D, attach a separate sheet of paper.

The merger of units which created the Information Services Staff brought Mr. Randall and his staff under my supervision for the first time. Prior to that we had been colleagues in Services Staff, whose chief wrote Mr. Randall's Fitness Report. No change in function accompanied the change in organization, however, and the praise contained in those earlier reports could be echoed here.

During 1977, Mr. Randall and his group have continued to render this Directorate outstanding service in an arena where there is little glory but the constant threat of disaster. In the preparation of materials for release under FOIA, the Privacy Act or E.O. 11652, the researcher treads a fine, barely visible line between protection of operational secrets and revelation of material properly releasable under the law. He is denied the easy choice of over-protection because each decision is subject to the scrutiny of the courts, and the Agency's credibility is on the line each time a judge challenges a deletion or the denial of a document. (That credibility is apparently quite high in the courts. We have yet to be reversed in appeals cases on information denied by PIAG on grounds of classification or sources/methods.) The research on which we rely is almost autonomous; reviews of finished cases are necessarily limited and (cont'd)

SECTION E

CERTIFICATION AND COMMENTS

|  |                                      |   |                       |
|--|--------------------------------------|---|-----------------------|
| MONTHS EMPLOYER HAS BEEN UNDER MY SUPERVISION  |                                      | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |                       |
|  |                                      | 1. BY SUPERVISOR<br>9/1/78                                      |                       |
| DATE   | OFFICIAL TITLE OF SUPERVISOR         | TYPE  |                       |
| 12 January 1978  | Deputy Chief, ISS                    | Bruce L. Johnson  |                       |
| 2. BY EMPLOYEE   |                                      |   |                       |
| I HAVE <input type="checkbox"/> OR HAVE NOT <input checked="" type="checkbox"/> ATTACHED A STATEMENT CONCERNING THE SUPERVISOR'S EVALUATION OF MY PERFORMANCE.   |                                      | DATE  | SIGNATURE OF EMPLOYEE |
|  |                                      | 13/1/78   | Federal C. Randall    |
| 3. BY REVIEWING OFFICIAL   |                                      |   |                       |
| COMMENTS OF REVIEWING OFFICIAL   |                                      |   |                       |
| I think it is important first to echo the remarks in the last paragraph of the narrative above. Mr. Randall is an exceptionally proficient performer in a position that few other DO officers want to occupy. The DO is fortunate to have a person of his caliber handling FOIA and related matters.   |                                      |   |                       |
| As I see his performance, Mr. Randall has made a significant effort in advancing national intelligence objectives by doing everything possible to protect DO "sources and methods." He has represented us exceedingly well in this area and as a result, to his credit, little has gotten away through the FOIA channel. The way things are organized, |                                      |   |                       |
| DATE   | OFFICIAL TITLE OF REVIEWING OFFICIAL | ID  |                       |
| 16 January 1978  | Chief, Staff                         | Information Services<br>William F. Donnelly                     |                       |
| 4. BY EMPLOYEE   |                                      |   |                       |
| I HAVE <input type="checkbox"/> OR HAVE NOT <input checked="" type="checkbox"/> ATTACHED A STATEMENT CONCERNING THE SUPERVISOR'S EVALUATION OF MY PERFORMANCE.   |                                      | DATE  | SIGNATURE OF EMPLOYEE |
|  |                                      | 1/1/78  | Federal C. Randall    |

CLASSIFICATION

NARRATIVE COMMENTS - cont'd

cursory, and from the beginning there has been a high premium on both technical accuracy and sound substantive judgment. As Mr. Randall himself noted in a report on his deputy, we have an enviable record as far as "flaps" are concerned; in a situation fraught with danger of inappropriate release of information we have had only five cases where release has led to embarrassment -- out of 7,000 "possibles." Mr. Randall, with typical modesty, uses the statistic in praise of others; I choose to use it to praise him. The Group's record to date is nothing short of astonishing, and Mr. Randall can take great pride in his team's accomplishments.

He has built an extremely able and dedicated team, and he is as quick as anyone I know to ascribe to individual members of that team credit for actions, ideas or progress. They respond to his fairness with loyalty and affection, and their morale in the face of constant harrassment and frustration is testimony to his leadership.

New responsibilities for support to the Office of General Counsel were added to PIAG's burdens this year. Mr. Randall opposed the move and argues (and lobbied) intelligently to preclude it, to no avail. It is to his credit that, having urged a different course of action, he set about to ensure that the unpopular new function received the same careful attention which has been the hallmark of PIAG's other work. As a consequence, our OGC-related efforts, which are very demanding and time-consuming, have the PIAG stamp of excellence on them.

Mr. Randall created the system he manages, and continues to seek ways to improve upon it. Our move to an automated index of reviewed and released documents was urged and supported by Mr. Randall, and he has been equally supportive of a new branch chief's efforts to restructure our Initial Review process. He is also quick to see and to comment on the way our efforts affect larger Agency and government equities, and vice versa.

During this year his responsibilities were broadened by the addition of our Declassification Review Branch to his Group, a reflection of our recognition of the inevitable relationship between scheduled declassification and selective declassification and release under FOIA/PA/E.O. 11652. This Branch will shortly be absorbed by the new Records Review Branch of the DDA, but PIAG will continue to be the focal point for policy formulation on declassification of DO records.

NARRATIVE COMMENTS - cont'd

Mr. Randall has expressed to me his concern about what may be viewed as a drop in his rating from my predecessor's "Q" to my "S." I have assured him, and assure the reader, that this change signals no diminution in his performance or effectiveness, but rather a personal inclination to use "Outstanding" very rarely. The narrative comments above should clearly attest to that fact that I view Mr. Randall's performance as very strong, bordering on Outstanding. The Agency and the DO have been fortunate to have a man of this caliber in charge of PIAG.

REVIEWING COMMENTS - cont'd

Mr. Randall is one of the key policy makers in this area. His policies have stood the test up to now as our excellent record in the courts attests.

Having said this, it should be noted that Mr. Randall's numerous accomplishments are partly because the job was there to be created. Within the DO he cut the path which is now followed when handling FOIA matters. He has corrected and improved upon that path several times over. Thus, the time is coming for him to be given a change in assignment; an opportunity to use his managerial and supervisory skills elsewhere. He will have been in his present assignment three years in March 1978. One grows stale reviewing, sanitizing and making judgment calls in the FOIA arena day after day. Mr. Randall isn't stale yet but we should not wait until he reaches that stage to give him a new area in which to work.

**CONFIDENTIAL**  
CLASSIFICATION

| FITNESS REPORT   |                                  |   |  |  |                                    |  |  |  |            |  |
|--|----------------------------------|---|--|--|------------------------------------|--|--|--|------------|--|
| SECTION A GENERAL INFORMATION  |                                  |   |  |  |                                    |  |  |  |            |  |
| 1. EMPLOYEE NUMBER<br>012170   |                                  | 2. NAME (Last, first, middle)<br>RANDALL, Frederick |  |  | 3. DATE OF BIRTH                   |  | 4. SEX<br>M                                      | 5. GRADE<br>GS-15  | 6. SD<br>D |  |
| 7. OFFICIAL POSITION TITLE<br>Ops Officer  |                                  |   |  | 8. OFF/DIV/BR OF ASSIGNMENT<br>DO/ISS/PICG |                                    | 9. CURRENT STATION                         |  | 10. CODE (CA/OM)<br><input checked="" type="checkbox"/> MOB. <input type="checkbox"/> DR |            |  |
| 11. TYPE OF APPOINTMENT  |                                  |   |  |  | 12. TYPE OF REPORT                 |  |  |  |            |  |
| <input checked="" type="checkbox"/> CAREER   | <input type="checkbox"/> RESERVE | <input type="checkbox"/> CONTRACT                   | <input type="checkbox"/> OTHER (Spec.) |  | <input type="checkbox"/> TEMPORARY | <input checked="" type="checkbox"/> ANNUAL | <input checked="" type="checkbox"/> REASSIGNMENT | <input type="checkbox"/> SPECIAL   |            |  |
| 13. REPORTING PERIOD (From-to)<br>1 November 1975-31 December 1976   |                                  |   |  |  | 14. DATE REPORT DUE IN O.P.        |  |  |  |            |  |
| SECTION B QUALIFICATIONS UPDATE  |                                  |   |  |  |                                    |  |  |  |            |  |
| IF QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT, PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT.  |                                  |   |  |  |                                    |  |  |  |            |  |
| SECTION C PERFORMANCE EVALUATION   |                                  |   |  |  |                                    |  |  |  |            |  |
| <p><b>U—Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D.</p> <p><b>M—Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.</p> <p><b>P—Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</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<br>Chief, Policy & Information Coordination Group (DDO/ISS/PICG)   |                                  |   |  |  |                                    |  |  | RATING LETTER<br>O   |            |  |
| SPECIFIC DUTY NO. 2  |                                  |   |  |  |                                    |  |  | RATING LETTER  |            |  |
| SPECIFIC DUTY NO. 3  |                                  |   |  |  |                                    |  |  | RATING LETTER  |            |  |
| SPECIFIC DUTY NO. 4  |                                  |   |  |  |                                    |  |  | RATING LETTER  |            |  |
| SPECIFIC DUTY NO. 5  |                                  |   |  |  |                                    |  |  | RATING LETTER  |            |  |
| SPECIFIC DUTY NO. 6  |                                  |   |  |  |                                    |  |  | RATING LETTER  |            |  |
| OVERALL PERFORMANCE IN CURRENT POSITION  |                                  |   |  |  |                                    |  |  |  |            |  |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.   |                                  |   |  |  |                                    |  |  | RATING LETTER<br>O   |            |  |

FORM 45 45  
9-75

CLASSIFICATION  
**CONFIDENTIAL**

E2. IMPDET CL BY                      (4)

CONFIDENTIAL  
CLASSIFICATION

**SECTION D 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 C to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section D, attach a separate sheet of paper.

My qualitative assessment and comments in Fred's February 1976 Fitness Report apply equally today; in fact, they fall short, in view of the quantitative and administrative changes of the past year.

The news headlines, the new oversight demands an increasingly

The managerial task of motivating workers in this continuously grinding and frustrating environment was harder this year, yet was met by Fred with the same qualities as those which led his people to write

**SECTION E CERTIFICATION AND COMMENTS (over)**

**1. BY SUPERVISOR**

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

DATE OFFICIAL TITLE OF SUPERVISOR TYPED OR PRINTED NAME AND SIGNATURE

3/17/77

DDO Information Review Off

**2. BY EMPLOYEE**

STATEMENT CONCERNING THIS EVALUATION OF MY PERFORMANCE

DATE 11/13/77

SIGNATURE OF EMPLOYEE

*Fredrick C. Landall*

HAVE ATTACHED

HAVE NOT ATTACHED

**3. BY REVIEWING OFFICIAL**

COMMENTS OF REVIEWING OFFICIAL

No appropriate reviewing official.

DATE OFFICIAL TITLE OF REVIEWING OFFICIAL TYPED OR PRINTED NAME AND SIGNATURE

**4. BY EMPLOYEE**

I CERTIFY THAT I HAVE BEEN THE ENTRIES IN ALL SECTIONS OF THIS REPORT

DATE

SIGNATURE OF EMPLOYEE

CONFIDENTIAL  
CLASSIFICATION



CONFIDENTIAL

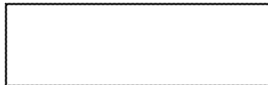
FITNESS REPORT - Frederick C. Randall  
Section D - Narrative Comments

me an unsolicited letter of appreciation for his efforts as their supervisor. We have all felt that one burns out in this kind of thing after about a year and a half; Fred and some of the first people to come aboard are a bit ground down, but, if anything, the quality has improved-- witness the fact that we have yet to lose a case in court or to be forced to release a document we thought should be denied.

Adding to the complexity of Fred's life during this period, was increasing involvement in non-FOIA litigation support, (e.g., [redacted] etc.) both to me and to SA/DDO/O. Additional administrative complexity results from my having changed staffs, while being asked to retain the DDO Information Review Officer function. Hence, split daily support to me as well as periodic support to SA/DDO/O, poses a potentially ticklish situation with Fred's organizational supervisor who is Chief, ISS. In fact, Fred walks this tightrope quite well.

Finally, Fred has persistently tried to convince others that there is a critical need for a centralized capability to assess the total Agency impact of decentralized information release, whether to FOIA, congressional, judicial, news media or other non-intelligence requesters. His efforts are about to bear fruit, since this will be an EAG agenda item next month.

Whether it's bringing his professional overseas background to bear on the analysis for release process; protecting sources and methods in the now "open sunshine" context; trying to save resources and ensure efficient procedures; deal effectively and impressively with senior officers in this Agency and others; or supervise a collection of dedicated and hardworking people, firmly but with good humor and understanding, Fred has done an Outstanding job. He will be very hard to replace, and yet, he should move on.



CONFIDENTIAL

CONFIDENTIAL  
CLASSIFICATION

**FITNESS REPORT**

| SECTION A<br>GENERAL INFORMATION                                    |        |  |         |   |          |  |               |   |                   |                                     |        |                          |              |                          |         |
|---|--------|--|---------|---|----------|--|---------------|---|-------------------|-------------------------------------|--------|--------------------------|--------------|--------------------------|---------|
| 1. EMPLOYEE NUMBER<br>012170  |        | 2. NAME (Last, first, middle)<br>Randall, Frederick C. |         |   |          | 3. DATE OF BIRTH                             |               | 4. SEX<br>M   | 5. GRADE<br>GS-14 | 6. SD<br>D                          |        |                          |              |                          |         |
| 7. OFFICIAL POSITION TITLE<br>Ops Officer                           |        |  |         | 8. OFF/DIV/BR OF ASSIGNMENT<br>DDO/SS/PIC |          | 9. CURRENT STATION<br>Hqs.                   |               | 10. CODE (chk one)<br><input checked="" type="checkbox"/> HGR <input type="checkbox"/> DP |                   |                                     |        |                          |              |                          |         |
| 11. TYPE OF APPOINTMENT   |        |  |         |   |          | 12. TYPE OF REPORT                           |               |   |                   |                                     |        |                          |              |                          |         |
| <input checked="" type="checkbox"/>                                 | CAREER | <input type="checkbox"/>                               | RESERVE | <input type="checkbox"/>                  | CONTRACT | <input type="checkbox"/>                     | OTHER (Spec.) | <input type="checkbox"/>  | TEMPORARY         | <input checked="" type="checkbox"/> | ANNUAL | <input type="checkbox"/> | REASSIGNMENT | <input type="checkbox"/> | SPECIAL |
| 13. REPORTING PERIOD (from-to)<br>1 November 1974 - 30 October 1975 |        |  |         |   |          | 14. DATE REPORT DUE IN O.P.<br>November 1975 |               |   |                   |                                     |        |                          |              |                          |         |

| SECTION B<br>QUALIFICATIONS UPDATE  |  |
|---|--|
| IF QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT, PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT. |  |

| SECTION C<br>PERFORMANCE EVALUATION |  |
|-------------------------------------|--|
| <u>U- Unsatisfactory</u>            | Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counselling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D. |
| <u>M- Marginal</u>                  | Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.   |
| <u>P- Proficient</u>                | Performance is satisfactory. Desired results are being produced in the manner expected.  |
| <u>S- Strong</u>                    | Performance is characterized by exceptional proficiency.   |
| <u>O- 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.   |

**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<br>Chief, Privacy and Information Coordination Staff (DDO/PIC) | RATING LETTER<br>O |
| SPECIFIC DUTY NO. 2  | RATING LETTER      |
| SPECIFIC DUTY NO. 3  | RATING LETTER      |
| SPECIFIC DUTY NO. 4  | RATING LETTER      |
| SPECIFIC DUTY NO. 5  | RATING LETTER      |
| SPECIFIC DUTY NO. 6  | RATING LETTER      |

| OVERALL PERFORMANCE IN CURRENT POSITION  |                    |
|--|--------------------|
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance. | RATING LETTER<br>O |

Form 45 (REV. 1-73)

CONFIDENTIAL  
CLASSIFICATION

11. IMPDET CL BY: 211078  
1 MAR 1975

(4)

CONFIDENTIAL  
CLASSIFICATION

SECTION D

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 C to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section D, attach a separate sheet of paper.

Mr. Randall supervises the unit responsible for developing the DDO answer to Freedom of Information Act and Privacy Act requests, both at the initial request level and, increasingly, at the appeal and litigation levels. His organization is still less than one year old but has gone through several growth surges as the public reacted to the past year's publicity about CIA, demanding great amounts of information. Last March, Randall and his secretary played the role, then the T/O went from [ ] to its current level of [ ]. In this period, initial requests received by the Agency

SECTION E

CERTIFICATION AND COMMENTS

1. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

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

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

12 Feb 76

Chief, Services Staff

2. BY EMPLOYEE

STATEMENT CONCERNING THIS EVALUATION OF MY PERFORMANCE

DATE

SIGNATURE OF EMPLOYEE

HAVE ATTACHED

HAVE NOT ATTACHED

17/1/76

Frederick C Randall

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I concur in the overall rating of "Outstanding". Mr. Randall is the right man in the right job at the right time. Not many would want his job, but it is an extremely important one to CIA at this period. His performance could not reasonably be improved upon.

DATE

25 FEB 1976

OFFICIAL TITLE OF REVIEWING OFFICIAL

Associate Deputy Director  
For Operations

DATE AND SIGNATURE

David H. Bled

4. BY EMPLOYEE

I CERTIFY THAT I HAVE BEEN THE ENTRIES IN ALL SECTIONS OF THIS REPORT

DATE

27 Feb 1976

CONFIDENTIAL

CONFIDENTIAL

FITNESS REPORT - Frederick C. Randall  
Section D - Narrative Comments (Cont'd)

professionalism and seems to have been made for it. As I said in a memo last October which resulted in a QSI for him, in spite of the ambiguity of the guidelines, constant pressure of short deadlines, very large volume of work and cultural trauma generated by the Acts, his performance has been Outstanding.

Earlier fitness reports, in a different context, stated or implied some reservation about his energy or initiative or independent action. I can't imagine that we're talking about the same man. Close to 95% of the mass of Agency FOIA receipts have involved the DDO. I know all of the persons involved in other directorates and said, only 6 months into this year, that Fred was head and shoulders above the others, combining professionalism, tact, persuasiveness, analytic skills, tough-mindedness and pragmatism in sources and methods protection. He suggested policy, strongly influenced implementation, and debated, usually successfully, with the lawyers, with DDO branch, division and staff chiefs, with other Agency contacts and others above his current grade level--all with a sustaining sense of humor.

As to management of his unit: he has consistently resisted empire-building opportunities, trying to keep his staff small. When growth was inevitable, he concentrated on quality in personnel selected for this atypical DDO work rather than accepting the short fix to the statistical backlog problem because routine or "passable" effort is not good enough in litigation. The best reflection of his managerial ability can be seen in an unsolicited testimony from his staff which I have attached to this report to make it a part of the official record; it is the first of its kind to come to my attention in my 23 plus years in the Agency. (If some jaded cynics in these days of non-credibility doubt the spontaneity and true feeling of Mr. Randall's staff in this action, and one or two of my staff have, I can only feel sad for them. This is a breath of fresh air to me.)

Randall has made a singularly impressive shift in direction, has changed career category and, in my judgment, has unqualifiedly demonstrated his command of the position he holds. I have recommended recognition of that fact.

[Redacted Signature]

C/SS

CONFIDENTIAL

CONFIDENTIAL

4 February 1976

MEMORANDUM FOR: Chief, Services Staff

SUBJECT: Fred Randall, C/DDO/PIC

1. This memorandum is intended to state what we, the staff of DDO/PIC, think of our Chief, Mr. Fred Randall. Mr. Randall is not aware of this memorandum.

2. We believe he is outstanding as a manager and fellow worker! His sensitive understanding of human relationships is balanced by a no-nonsense firmness to get the job done. Using extraordinary patience, brains, tact, and diplomacy, along with long hours and weekend time, he has set an example for his entire staff. Mr. Randall's deep knowledge of operations, his grasp of the implications of past operations on current activity, his determination to protect the Agency and the DDO from the devastating impact of unwarranted and unauthorized release of information, and his judgement of the fine line between what should and should not be released under appropriate law and policy, have formed a major line of protection for the USG and the Agency.

3. He has not hesitated to make decisions, nor to disagree when he felt disagreement warranted. A strong aversion to pyramid building has underlined his cost-consciousness to get the most done with the least amount of expenditures. Yet, his determination and firmness are based upon an open, objective mind, willing to listen to different views, and to change his position if he is convinced of the need for change.

4. His strong desire to aid employees in career development is re-inforced by concrete actions, positive suggestions, defined tasks, and frequent checks to assess the quality and quantity of work product.

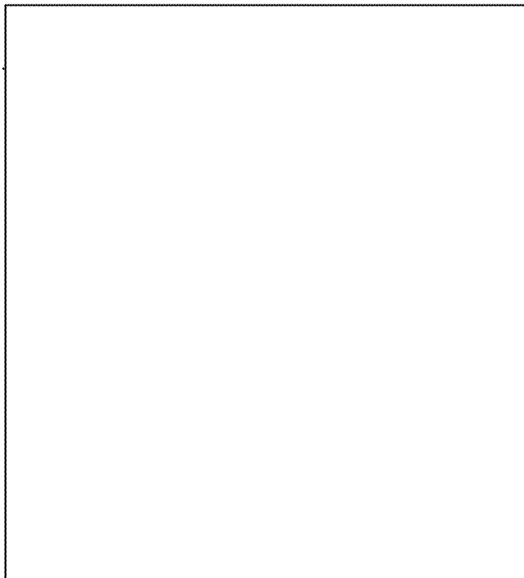
E2 IMPDET  
CL BY 012170

CONFIDENTIAL

CONFIDENTIAL

5. The nature of the task assigned to DDO/PIC includes the word by word review of thousands of pages of documents. The impact on the Agency, and the USG, of unauthorized disclosure of secrets, adds to the weight of constant decision making, and to the strain and tension of defending a crucial perimeter. And this perimeter is under an almost daily attack of erupting crises. Mr. Randall's dedication and superior ability in handling an onerous, difficult, and complex job, filled with frustrations that would dismay and discourage others, has been truly outstanding.

6. Mr. Randall has had his finger in the dike for an incredibly long time. He has been operating in a hazardous, high pressure environment, fraught with penalties if he does not make the right decisions, and little recognized when he does. Yet, his common sense decisions have been accepted, and have become policy-- policy that ordinarily is made by very senior super-grade officers of the Agency. An assignment in DDO/PIC can burn out rapidly many competent individuals. Fred Randall is still going strong, and continuing to do an outstanding job!



CONFIDENTIAL

CONFIDENTIAL

CLASSIFICATION

FITNESS REPORT

| SECTION A<br>GENERAL INFORMATION   |  |   |   |                                    |  |
|--|--|---|---|------------------------------------|--|
| 1. EMPLOYEE NUMBER<br>12170  | 2. NAME (Last, first, middle)<br>Randall, Frederick C. | 3. DATE OF BIRTH                            | 4. SEX<br>M                                     | 5. GRADE<br>GS-14                  | 6. GD<br>DAC                               |
| 7. OFFICIAL POSITION TITLE<br>Ops Officer Chief  |  | 8. OFF. DIV. OR OF ASSIGNMENT<br>DDO/SS/PIC | 9. CURRENT STATION<br>Headquarters              | 10. CODE (at end)<br>X HQS. OF     |  |
| 11. TYPE OF APPOINTMENT  |  |   | 12. TYPE OF REPORT                              |                                    |  |
| <input checked="" type="checkbox"/> CAREER   | <input type="checkbox"/> RESERVE                       | <input type="checkbox"/> CONTRACT           | <input type="checkbox"/> OTHER (Spec.)          | <input type="checkbox"/> TEMPORARY | <input checked="" type="checkbox"/> ANNUAL |
|  |  |   | <input type="checkbox"/> REASSIGNMENT           | <input type="checkbox"/> SPECIAL   |  |
| 13. REPORTING PERIOD (from-to)<br>3 February 1975 to 10 October 1975   |  |   | 14. DATE REPORT DUE IN O.P.<br>30 November 1975 |                                    |  |
| SECTION B<br>QUALIFICATIONS UPDATE   |  |   |   |                                    |  |
| IF QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT, PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT.  |  |   |   |                                    |  |
| SECTION C<br>PERFORMANCE EVALUATION  |  |   |   |                                    |  |
| <p><b>U—Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D.</p> <p><b>M—Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.</p> <p><b>P—Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</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).   |  |   |   |                                    | RATING LETTER                              |
| SPECIFIC DUTY NO. 1<br>SEE ATTACHED MEMORANDUM IN LIEU OF FITNESS REPORT   |  |   |   |                                    |  |
| SPECIFIC DUTY NO. 2  |  |   |   |                                    | RATING LETTER                              |
| SPECIFIC DUTY NO. 3  |  |   |   |                                    | RATING LETTER                              |
| SPECIFIC DUTY NO. 4  |  |   |   |                                    | RATING LETTER                              |
| SPECIFIC DUTY NO. 5  |  |   |   |                                    | RATING LETTER                              |
| SPECIFIC DUTY NO. 6  |  |   |   |                                    | RATING LETTER                              |
| OVERALL PERFORMANCE IN CURRENT POSITION  |  |   |   |                                    | 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, etc. Consider his 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.  |  |   |   |                                    | O  |

CLASSIFICATION

**SECTION D**

**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 C to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section D, attach a separate sheet of paper.

FILE 13 1175

**SECTION E**

**CERTIFICATION AND COMMENTS**

**1. BY SUPERVISOR**

|   |   |                                     |
|---|---|-------------------------------------|
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |                                     |
| DATE  | OFFICIAL TITLE OF SUPERVISOR                                    | TYPED OR PRINTED NAME AND SIGNATURE |

**2. BY EMPLOYEE**

|  |  |                       |
|--|--|-----------------------|
| STATEMENT CONCERNING THIS EVALUATION OF MY PERFORMANCE | DATE                                       | SIGNATURE OF EMPLOYEE |
| <input type="checkbox"/> HAVE ATTACHED                 | <input type="checkbox"/> HAVE NOT ATTACHED |                       |

**3. BY REVIEWING OFFICIAL**

COMMENTS OF REVIEWING OFFICIAL

There is no reviewing official for this report.

|      |                                      |                                     |
|------|--------------------------------------|-------------------------------------|
| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPED OR PRINTED NAME AND SIGNATURE |
|------|--------------------------------------|-------------------------------------|

**4. BY EMPLOYEE**

|  |      |                       |
|--|------|-----------------------|
| I CERTIFY THAT I HAVE BEEN THE ENTIRE IN ALL SECTIONS OF THIS REPORT | DATE | SIGNATURE OF EMPLOYEE |
|--|------|-----------------------|

CLASSIFICATION



CONFIDENTIAL

10 October 1975

MEMORANDUM IN LIEU OF FITNESS REPORT

SUBJECT: Mr. Frederick C. Randall, GS-14/7

1. This report is submitted as part of a package suggesting that Mr. Randall be awarded a QSI for his performance since becoming the DDO Freedom of Information Officer in February of this year. In this context, it is not appropriate that he see and sign this memorandum, since I want this to be a surprise. Nor, it seems, is it necessary to have a Reviewing Official for this interim report; the DDO has suggested, in commenting on my out-of-cycle recommendation of 8 August, 75 for Mr. Randall's promotion, that a memorandum be submitted recommending a QSI at this time.

2. I consider Mr. Randall's performance as DDO/FIO (now DDO/PIC, for Privacy Act and FOIA Coordinator) to be Outstanding. As I have said elsewhere, he is, in my view, the most impressive of all the Agency FIO's combining DDO professionalism, tact, persuasiveness, analytic skills and an informed, tough-minded approach toward sources and methods protection. I have received considerable laudatory comment about his work from OGC, OLC, O/DDA and within the DO.

3. From a one-man operation with secretary, the FOIA activity expanded in four months to an approved T/O of [ ] with a pending request for 5 more, and the possibility of further increases depending on public reaction to the Privacy Act and the amount of litigation that develops. Fred has done an excellent job of selecting his staff for what is an often frantic, frustrating and long-houred environment; he also manages them well, with humor and compassion and with high analysis and output standards. He is conscious of cost, particularly in human effort, in this exercise and of the need for balance in the application of secrecy criteria in today's environment. I am, obviously, impressed and pleased with his assistance, and feel comfortably supported by his group's efforts in avoiding or preparing for litigation actions in FOIA and Privacy Act cases.

[ ]

Chief, Services Staff

I certify that I have read the above report.

Frederick C. Randall

CONFIDENTIAL

CL BY 01107A E2 1994.F

CLASSIFICATION

FITNESS REPORT

| SECTION A GENERAL INFORMATION  |                                  |  |                                      |  |   |                                       |                                  |                              |            |
|--|----------------------------------|--|--------------------------------------|--|---|---------------------------------------|----------------------------------|------------------------------|------------|
| 1. EMPLOYEE NUMBER<br>012170   |                                  | 2. NAME (Last, first, middle)<br>Randall, Frederick C. |                                      |  | 3. DATE OF BIRTH<br>M                           |                                       | 4. SEX<br>M                      | 5. GRADE<br>GS-14            | 6. SD<br>D |
| 7. OFFICIAL POSITION TITLE<br>Ops Officer  |                                  |  |                                      | 8. OFF/DIV/BR OF ASSIGNMENT<br>DDO/FRD/III |   | 9. CURRENT STATION<br>Headquarters    |                                  | 10. CODE (see end)<br>NGB DP |            |
| 11. TYPE OF APPOINTMENT  |                                  |  |                                      |  | 12. TYPE OF REPORT                              |                                       |                                  |                              |            |
| <input checked="" type="checkbox"/> CAREER   | <input type="checkbox"/> RESERVE | <input type="checkbox"/> CONTRACT                      | <input type="checkbox"/> OTHER (Sp.) | <input type="checkbox"/> TEMPORARY         | <input checked="" type="checkbox"/> ANNUAL      | <input type="checkbox"/> REASSIGNMENT | <input type="checkbox"/> SPECIAL |                              |            |
| 13. REPORTING PERIOD (from-to)<br>1 November 1973 - 31 October 1974  |                                  |  |                                      |  | 14. DATE REPORT DUE IN O.P.<br>30 November 1974 |                                       |                                  |                              |            |
| SECTION B QUALIFICATIONS UPDATE  |                                  |  |                                      |  |   |                                       |                                  |                              |            |
| IF QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT, PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT.  |                                  |  |                                      |  |   |                                       |                                  |                              |            |
| SECTION C PERFORMANCE EVALUATION   |                                  |  |                                      |  |   |                                       |                                  |                              |            |
| <p><b>U—Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D.</p> <p><b>M—Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.</p> <p><b>P—Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</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<br><br>See attached memorandum.  |                                  |  |                                      |  |   |                                       |                                  | RATING LETTER                |            |
| SPECIFIC DUTY NO. 2  |                                  |  |                                      |  |   |                                       |                                  | RATING LETTER                |            |
| SPECIFIC DUTY NO. 3  |                                  |  |                                      |  |   |                                       |                                  | RATING LETTER                |            |
| SPECIFIC DUTY NO. 4  |                                  |  |                                      |  |   |                                       |                                  | RATING LETTER                |            |
| SPECIFIC DUTY NO. 5  |                                  |  |                                      |  |   |                                       |                                  | RATING LETTER                |            |
| SPECIFIC DUTY NO. 6  |                                  |  |                                      |  |   |                                       |                                  | RATING LETTER                |            |
| OVERALL PERFORMANCE IN CURRENT POSITION  |                                  |  |                                      |  |   |                                       |                                  |                              |            |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, previous assignments, job qualifications, personal traits or habits, and particular contributions to health, safety, or other knowledge of employee's overall performance during the rating period. Place the letter in the rating box corresponding to the statement which best describes the overall quality of performance.  |                                  |  |                                      |  |   |                                       |                                  | RATING LETTER<br><br>S       |            |

CLASSIFICATION

REPORT NO. 3011-8

CLASSIFICATION

**SECTION D 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 C to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section D, attach a separate sheet of paper.

**SECTION E CERTIFICATION AND COMMENTS**

**1. BY SUPERVISOR**

|   |   |                                     |
|---|---|-------------------------------------|
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |                                     |
| DATE  | OFFICIAL TITLE OF SUPERVISOR                                    | TYPED OR PRINTED NAME AND SIGNATURE |

**2. BY EMPLOYEE**

|  |      |                       |
|--|------|-----------------------|
| STATEMENT CONCERNING THIS EVALUATION OF MY PERFORMANCE                               | DATE | SIGNATURE OF EMPLOYEE |
| <input type="checkbox"/> HAVE ATTACHED<br><input type="checkbox"/> HAVE NOT ATTACHED |      |                       |

**3. BY REVIEWING OFFICIAL**

COMMENTS OF REVIEWING OFFICIAL

|      |                                      |                                     |
|------|--------------------------------------|-------------------------------------|
| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPED OR PRINTED NAME AND SIGNATURE |
|------|--------------------------------------|-------------------------------------|

**4. BY EMPLOYEE**

|  |      |                       |
|--|------|-----------------------|
| IDENTIFY ITEMS THAT HAVE BEEN THE SUBJECT OF DISCUSSION IN THIS REPORT | DATE | SIGNATURE OF EMPLOYEE |
|--|------|-----------------------|

CLASSIFICATION

CONFIDENTIAL

MEMORANDUM IN LIEU OF FITNESS REPORT

**NAME:** Frederick C. Randall  
**DATE OF BIRTH:**   
**SEX:** Male  
**GRADE:** GS-14  
**SD:** D  
**POSITION TITLE:** Chief, FR Division, Branch III  
**OFFICE OF ASSIGNMENT:** DDO/FR Division  
**CURRENT STATION:** Headquarters  
**TYPE OF APPOINTMENT:** Career  
**TYPE OF REPORT:** Annual  
**DATE REPORT DUE:** 30 November 1974  
**REPORTING PERIOD:** 1 November 1973 - 31 October 1974  
**EMPLOYEE SERIAL NO.** 012170

Mr. Randall has now functioned as a Branch Chief under my supervision for a period of about sixteen months and we have had ample time to observe him in action in this position. I rate him as an overall "Strong" and give him good marks for a steadily improved performance

CONFIDENTIAL

~~CONFIDENTIAL~~  
/2/

(Memorandum in Lieu of Fitness Report - Frederick C. Randall)

during the rating period. Whereas I had indicated in his last fitness report a need for him to be more demanding in challenging faulty proposals or resolving problems which come to him at his Branch Chief level, he now exerts a good degree of initiative in independent action and offers good completed staff work to the Division Chief level for scrutiny. Mr. Randall's branch encompasses [redacted] [redacted] He keeps effectively abreast of the operational developments coming out of each [redacted] and represents this Division very persuasively in obtaining good guidance messages going back out to [redacted] He has also kept himself well informed on the Management by Objectives targets assigned to each of [redacted] where a total of about [redacted] personnel are assigned, and has been strong in supporting his [redacted] efforts to achieve these objectives.

Mr. Randall has matured nicely as a manager these past months and is on top of the many administrative, personnel and operational support problems which are of a frequently recurring nature in our type operational activity. He is also a good team player, has the best interests of this Division at heart, and gives thoroughly of himself in his job. He has worked hard in bringing himself up to his present level of performance which I appraise as an unqualified "Strong".

CERTIFICATION AND COMMENTS

1. By Employee: I certify that I have seen this report.

Frederick C. Randall  
Frederick C. Randall

Nov 20, 1974  
Date

2. By Supervisor: Employee has been under my supervision 16 months

[redacted]  
[redacted] DC/FR

20 Nov 74  
Date

~~CONFIDENTIAL~~

CONFIDENTIAL

131

REVIEWING OFFICIALS COMMENTS (Frederick C. Randall)

I concur generally with the comments of the rating officer. I believe Mr. Randall has shown improvement in his handling of his Branch Chief responsibilities. I agree that he has shown greater initiative in this reporting period than in the previous ones, however, I would still like to see a somewhat greater and quicker recognition on Mr. Randall's part of operational problem areas. Granted that this is a talent that is frequently hard to develop, it is nonetheless, essential for all Branch Chiefs in this Division to achieve a high degree of operational perspicacity. Mr. Randall has the ability and needs only additional experience to improve his focus [redacted]

[redacted] He is a thoughtful and considerate supervisor, respected by his subordinates and he represents the Division very well indeed. Mr. Randall's career would be enhanced were he in a position to accept a field assignment which would get him into direct operational contact, i. e. [redacted] Unfortunately, for family medical reasons he will apparently be confined to the Headquarters area for an indefinite period. On balance, I consider him to be a good Branch Chief who willingly works long hours and does his job well.

Walter L. O'Brien  
Walter L. O'Brien  
Chief, FR Division

11 Dec 74  
Date

I certify that I have seen the above Reviewing Officials comments.

Frederick C. Randall  
Frederick C. Randall

5 Dec 1974  
Date

CONFIDENTIAL

SECRET

MEMORANDUM IN LIEU OF FITNESS REPORT

NAME: Frederick Randall 012170  
DATE OF BIRTH:   
SEX: Male  
GRADE: GS-14  
SD: D  
POSITION TITLE: Chief, FR Division, Branch III  
OFFICE OF ASSIGNMENT: DDO/FR Division  
CURRENT STATION: Headquarters  
TYPE OF APPOINTMENT: Career  
TYPE OF REPORT: Annual  
DATE REPORT DUE: 30 November 1973  
REPORTING PERIOD: 16 June 1973 - 31 October 1973  
EMPLOYEE SERIAL NO. 012170

Mr. Randall has served under me for slightly more than three months and had just taken over his new position duties when I arrived for duty in this Division. During this brief period, however, he has displayed considerable dedication and interest in applying himself to his newly assigned tasks as Chief of  This branch which comprises

is shaping up nicely thus far under this supervision, and appears well organized to support the  in the months ahead. He could at times be a bit more demanding in challenging some aspects of proposals or problems at the Branch level instead of allowing them to pass on up to the Division Chief level for decision, but it is hoped that he will gradually develop his style in this direction as he becomes more accustomed to his expanded responsibilities as

SECRET

2086  
2015  
R2 IMPDET  
CL BY 056030

S E C R E T

MEMORANDUM IN LIEU OF FITNESS REPORT - Frederick Randall

Page 2

Branch Chief. The thorough test of his managerial skills, however, will occur in this upcoming period when all the  in his Branch become operationally active on a broad front and will require a continuing high quality of supervision, guidance and support from the Branch Chief's office. I would rate his performance to date as an overall "Strong".

CERTIFICATION AND COMMENTS

1. By Employee: I certify that I have seen this report.

Frederick Randall  
Frederick Randall

13/11/73  
Date

2. By Supervisor: Employee has been under my supervision  
3 months

23 November 73  
Date

3. Reviewing Official's Comments:

I concur generally with the above rating. I also observed in the early days of Mr. Randall's assignment as Branch Chief, that his performance could certainly have been stronger. It took him somewhat longer than I had anticipated to really take charge of his Branch. However, I feel that as he has continued in this assignment he has made very definite progress. He is now generally well informed on the operational activities taking place in his area and has begun to exercise a greater degree of initiative and aggressiveness in handling the operational matters that cross his desk. Had I been the rating officer I probably would have given Mr. Randall a somewhat lower, more qualified "Strong" rating. If he continues to improve in the months ahead as he has in the past several, I believe he can earn an unqualified "Strong" rating for this performance.

Walter L. O'Brien  
Walter L. O'Brien C/FR

13/12/73  
Date

S E C R E T



**SECRET**  
CLASSIFICATION

**FITNESS REPORT**

**SECTION A**

**GENERAL INFORMATION**

|  |  |  |   |                                    |                                 |
|--|--|--|---|------------------------------------|---------------------------------|
| 1. EMPLOYEE NUMBER<br>012170                                     | 2. NAME (Last, first, middle)<br>Randall, Frederick C. | 3. DATE OF BIRTH                             | 4. SEX<br>M                               | 5. GRADE<br>GS-14                  | 6. DD<br>D                      |
| 7. OFFICIAL POSITION TITLE<br>Ops Officer                        |  | 8. OFF/DIV/RR OF ASSIGNMENT<br>DDO/FRD/Br. I | 9. CURRENT STATION<br>Headquarters        |                                    | 10. HQ CO                       |
| 11. TYPE OF APPOINTMENT  |  |  | 12. TYPE OF REPORT                        |                                    |                                 |
| <input checked="" type="checkbox"/> CAREER                       | <input type="checkbox"/> RESERVE                       | <input type="checkbox"/> CONTRACT            | <input type="checkbox"/> OTHER (Spec.)    | <input type="checkbox"/> TEMPORARY | <input type="checkbox"/> ANNUAL |
| <input checked="" type="checkbox"/> REASSIGNMENT                 | <input type="checkbox"/> SPECIAL                       |  |   |                                    |                                 |
| 13. REPORTING PERIOD (from-to)<br>1 November 1972 - 15 June 1973 |  |  | 14. DATE REPORT DUE IN O.P.<br>Supervisor |                                    |                                 |

**SECTION B**

**QUALIFICATIONS UPDATE**

IF QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT, PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD, "NO" IN THE BOX AT RIGHT.

**SECTION C**

**PERFORMANCE EVALUATION**

**U—Unsatisfactory** Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D.

**M—Marginal** Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.

**P—Proficient** Performance is satisfactory. Desired results are being produced in the manner expected.

**S—Strong** Performance is characterized by exceptional proficiency.

**O—Outstanding** Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

**SPECIFIC DUTIES**

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

|                     |  |                    |
|---------------------|--|--------------------|
| SPECIFIC DUTY NO. 1 | Provides primary direction and support to [redacted] on the running of clandestine operations in their [redacted]  | RATING LETTER<br>S |
| SPECIFIC DUTY NO. 2 | Provides guidance and support to [redacted] on the management of [redacted]  | RATING LETTER<br>S |
| SPECIFIC DUTY NO. 3 | Maintains continuing relations with all elements of the Directorate of Operations necessary to support and direct the operational activities of [redacted] | RATING LETTER<br>S |
| SPECIFIC DUTY NO. 4 | Supervises one Intelligence Analyst.   | RATING LETTER<br>S |
| SPECIFIC DUTY NO. 5 |  | RATING LETTER      |
| SPECIFIC DUTY NO. 6 |  | RATING LETTER      |

**OVERALL PERFORMANCE IN CURRENT POSITION**

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

RATING LETTER

S  
13 MAY 1973  
1167

SECRET  
CLASSIFICATION

SECTION D

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 C to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section D, attach a separate sheet.

In the less than six months since my preparation of the previous report on Mr. Randall, his overall performance has continued strong. He has effectively continued to provide the day-to-day operational support for the FR [redacted]

[redacted] The level and complexity of the operational support and guidance which he has provided with skill, sensitivity and humanness has continued uniformly high.

Mr. Randall has again effectively trained a new Intelligence Analyst with no loss of efficiency or responsiveness to the ever-increasing field requirements.

Mr. Randall has been under my supervision for 28 months [redacted]

[redacted] officer and has continued successfully to meet the challenges of increased responsibility. It is now planned to appoint him as Branch Chief to be responsible for the [redacted]

[redacted] The increase in complexity of this new assignment for him will be heightened by the assignment of additional operational personnel in [redacted]

[redacted] which will materially add to the demanding workload of his Branch.

We are confident he will be able to meet the challenge of these added responsibilities.

SECTION E

CERTIFICATION AND COMMENTS

|  |   |  |
|--|---|--|
| 1. BY EMPLOYEE   |   |  |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, C, AND D OF THIS REPORT  |   |  |
| DATE<br>6 June 1973  | SIGNATURE OF EMPLOYEE<br>Richard Randall                        |  |
| 2. BY SUPERVISOR   |   |  |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION  | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |  |
| DATE<br>6 JUN 1973   | OFFICIAL TITLE OF SUPERVISOR<br>Chief, FR Branch I              | TYPED OR PRINTED NAME AND SIGNATURE                      |
| 3. BY REVIEWING OFFICIAL   |   |  |
| COMMENTS OF REVIEWING OFFICIAL   |   |  |
| There is little for me to add to the above comments. I fully concur with the remarks contained above and as stated, based on Mr. Randall's fine performance we have appointed him as Branch Chief who will be responsible for [redacted]. We have every reason to believe that he will handle this new assignment with skill and look forward to our continuing close association. |   |  |
| DATE<br>7 June 1973  | OFFICIAL TITLE OF REVIEWING OFFICIAL<br>Chief, FR Division      | TYPED OR PRINTED NAME AND SIGNATURE<br>Walter L. O'Brien |

CLASSIFICATION  
SECRET

**SECRET**  
(When Filled In)

|  |  |  |                  |   |                          |  |  |
|--|--|--|------------------|---|--------------------------|--|--|
| <b>FITNESS REPORT</b>  |  |  |                  | EMPLOYEE SERIAL NUMBER<br><b>012170</b>                                     |                          |  |  |
| <b>SECTION A GENERAL</b>   |  |  |                  |   |                          |  |  |
| 1. NAME<br>(Last) (First) (Middle)<br><b>Randall, Frederick C.</b>   |  |  | 2. DATE OF BIRTH | 3. SEX<br><b>M</b>  | 4. GRADE<br><b>GS-14</b> | 5. SD<br><b>D</b>                              |  |
| 6. OFFICIAL POSITION TITLE<br><b>Ops Officer</b>   |  |  |                  | 7. OFF/DIV/BR OF ASSIGNMENT<br><b>DDP/FRD/Br. I</b>                         |                          | 8. CURRENT STATION<br><b>Hqs.</b>              |  |
| 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 checked="" type="checkbox"/> ANNUAL |                  | <input type="checkbox"/> REASSIGNMENT SUPERVISOR                            |                          | <input type="checkbox"/> REASSIGNMENT EMPLOYEE |  |
| SPECIAL (Specify):   |  |  |                  | SPECIAL (Specify):  |                          |  |  |
| 11. DATE REPORT DUE IN O.P.<br><b>30 November 1972</b>   |  |  |                  | 12. REPORTING PERIOD (From - to)<br><b>1 January 1972 - 31 October 1972</b> |                          |  |  |
| <b>SECTION B PERFORMANCE EVALUATION</b>  |  |  |                  |   |                          |  |  |
| <p><b>U-Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>M-Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p><b>P-Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</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<br>Provides primary direction and support to [redacted] on the running of clandestine operations in their [redacted]   |  |  |                  |   |                          | RATING LETTER<br><b>S</b>                      |  |
| SPECIFIC DUTY NO. 2<br>Provides guidance and support to [redacted] on the management of [redacted]   |  |  |                  |   |                          | RATING LETTER<br><b>S</b>                      |  |
| SPECIFIC DUTY NO. 3<br>Maintains continuing relations with all elements of the Clandestine Service necessary to support and direct the operational activities of [redacted]  |  |  |                  |   |                          | RATING LETTER<br><b>S</b>                      |  |
| SPECIFIC DUTY NO. 4<br>Supervises one Intelligence Analyst.  |  |  |                  |   |                          | RATING LETTER<br><b>S</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<br><b>S</b>                      |  |

SECRET

(When Filled In)

SECTION C NARRATIVE COMMENTS

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

Mr. Randall continues to exercise the responsibility of providing the day-to-day operational support for the FR [redacted] The comments that were made in the previous fitness report bear repetition. In any other Division [redacted] would involve at least an entire branch and all the supervisory responsibility that such support entails rather than a single officer with an Intelligence Analyst. Mr. Randall does all of this and has continued to do it well. During the year [redacted] have increased substantially in size and in degree and complexity of the operational activities there. He has supported [redacted] exceptionally well.

In addition to carrying on the full-time responsibility for [redacted] he has continued to demonstrate a willingness and a sensitivity to increase the effectiveness of his Intelligence Analyst, who has now gone on [redacted] with additional responsibility, by careful tutorial training and guidance. He has then been called upon to train a second Intelligence Analyst quickly and did so while maintaining a high degree of responsiveness to the continued demands of the [redacted]

Mr. Randall continued to turn in a "Strong" performance and is held in high [Continued/]

SECTION D CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

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

DATE 13 December 1972 SIGNATURE [Signature] Frederick C. Randall

2. BY SUPERVISOR

MONTHS EMPLOYER HAS BEEN UNDER MY SUPERVISION 20 IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE 13 DEC 1972 OFFICIAL TITLE OF SUPERVISOR Chief, FR Branch I

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I fully concur in the overall "Strong" rating given to Mr. Randall. During this reporting period he has certainly performed in an extremely able manner. When Mr. Randall was first assigned to our Division Headquarters component, it was my distinct impression that he was very definitely lacking in energy. However, as time has progressed and he has become more experienced in our mode of operations, I am pleased to note that he pursues his operational objectives with very commendable energy and vigor. Mr. Randall writes well and quickly. I think his operational judgment is good. I also believe that his strengths lie in the Headquarters or Staff end of the clandestine service [redacted] and

DATE 13 DEC 1972 OFFICIAL TITLE OF REVIEWING OFFICIAL Deputy Chief, FR Division SIGNATURE [Signature] Walter L. O'Brien

SECRET

SECRET

/2/

**FITNESS REPORT: Frederick C. Randall (1 January 1972 - 31 October 1972)**

**NARRATIVE COMMENTS (Continued)**

regard by the Chiefs and officers of [ ] with whom he deals on a regular basis.

To an individual of Mr. Randall's intellectual depth and basically sound operational approach to Division problems the challenge of even more responsibility is warranted. He is now programmed to assume the operational support responsibility for [ ] sometime next summer.

**REVIEWING OFFICIAL'S COMMENTS (Cont.)**

handling activities. I think he is ideally situated in his present assignment and we are most happy with his performance in our Division.

SECRET

**SECRET**  
(When Filled In)

| FITNESS REPORT   |  |                  | EMPLOYEE SERIAL NUMBER  |        |                    |
|--|--|------------------|---|--------|--------------------|
|  |  |                  | 012170  |        |                    |
| <b>SECTION A GENERAL</b>   |  |                  |   |        |                    |
| 1. NAME<br>(Last) (First) (Middle)   |  | 2. DATE OF BIRTH |   | 3. SEX | 4. GRADE 5. DD     |
| Randall, Frederick   |  |                  |   | M      | GS-14 D            |
| 5. OFFICIAL POSITION TITLE   |  |                  | 7. OFF/DIV/BR OF ASSIGNMENT   |        | 6. CURRENT STATION |
| Ops Officer  |  |                  | DOD/IOG/Br. 1   |        | Headquarters       |
| 9. CHECK (X) TYPE OF APPOINTMENT   |  |                  | 10. CHECK (X) TYPE OF REPORT  |        |                    |
| <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY   |  |                  | <input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR         |        |                    |
| <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)   |  |                  | <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE |        |                    |
| <input type="checkbox"/> SPECIAL (Specify):  |  |                  | <input type="checkbox"/> SPECIAL (Specify):   |        |                    |
| 11. DATE REPORT DUE IN O.P.  |  |                  | 12. REPORTING PERIOD (From - to)  |        |                    |
| 31 January 1972  |  |                  | 1 April 1971 - 31 December 1971   |        |                    |
| <b>SECTION B PERFORMANCE EVALUATION</b>  |  |                  |   |        |                    |
| <p><b>U-Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Corrective action taken or proposed in Section C.</p> <p><b>M-Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p><b>P-Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</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      |
| Provides primary operational support for [redacted] the FR (formerly DO) Division.   |  |                  |   |        | S                  |
| SPECIFIC DUTY NO. 2  |  |                  |   |        | RATING LETTER      |
| Conducts liaison with other area divisions and staffs as concerns the operational activity of [redacted]   |  |                  |   |        | S                  |
| SPECIFIC DUTY NO. 3  |  |                  |   |        | RATING LETTER      |
| Prepares operational correspondence. Contributes to DDP quarterly [redacted] report including the preparation of operational memo- [redacted] requiring DDP or ADDP approval.  |  |                  |   |        | S                  |
| SPECIFIC DUTY NO. 4  |  |                  |   |        | RATING LETTER      |
| Supervises one intelligence assistant.   |  |                  |   |        | 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                  |

165/171  
R

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. Amount of performance, managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

Mr. Randall has the responsibility of providing the day to day operational support to FR [redacted] have increased substantially in size during the past year to where there are presently [redacted] senior case officers and an intelligence assistant [redacted] senior case officers and an intelligence analyst [redacted] all generating significant operational activity requiring substantive guidance, management and organizational initiative of the highest order. In any other Division [redacted] of an element of this size and complexity would involve an entire branch and all the supervisory responsibility that goes with it rather than a single officer and an intelligence analyst. In the FR Division the decision was made to keep the [redacted] and to do a job with carefully selected experienced and skilled senior operations officers who, based on their own field and personal experience, are able to press the right buttons to evoke appropriate responses from the various area divisions and staffs and to provide practical guidance on their own.

In exercising this function, Mr. Randall has continued to demonstrate those critical qualities of energy, loyalty and dedication. He cares. He is concerned with end results as well as the means by which the end is reached. He is

Continued

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

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

DATE 9/2/72 SIGNATURE OF EMPLOYEE Frederick E. Randall

2. BY SUPERVISOR

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

DATE 9 February 1972 OFFICIAL TITLE OF SUPERVISOR Chief, FR/BI TYPED OR PRINTED NAME AND SIGNATURE

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I think the narrative portion of the above rating is a thoughtful and accurate account of a conscientious officer's performance. However, I believe the letter grades are a little on the high side as I feel a precise letter description would be in the overall "S-" or "P+" category. Since I have great confidence in the rating officer, I am prepared to defer to his judgment as stated above. I think it might be noted that Mr. Randall has indeed come along very nicely in his present assignment. I believe he is eminently well qualified to perform his current job. I believe that his talents and experience are better utilized in his current assignment than they would be in a more direct operational, i.e., agent handling and

DATE 10 February 1972 OFFICIAL TITLE OF REVIEWING OFFICIAL Deputy Chief, FR Division SIGNATURE OF REVIEWING OFFICIAL Walter L. O'Brien

SECRET

SECRET

- 2 -

Section C - NARRATIVE COMMENTS continued

intellectually honest and has developed his organizational imagination to where he is able to identify the potential operational advantages and disadvantages on which he bases his recommendations for appropriate action.

Mr. Randall is a humanist, careful and considerate in his dealings with others, firm when necessary, scrupulously fair, with a down-to-earth approach and a sensitiveness to the nuances of the interrelations of major headquarters components all of which contribute to his Strong performance.

Mr. Randall unfailingly demonstrates a wide ranging intellectual awareness and curiosity, and is able to refine and use these in his approach to problem solving.

Mr. Randall writes well and succinctly. He continues to turn in a Strong performance and is held in high regard by the [redacted] with whom he regularly deals.

Section D - REVIEWING OFFICIAL'S COMMENTS continued

recruiting situation. On balance, I have been pleased with Mr. Randall's performance and feel that he is doing a good job.

As a final statement, it is my opinion that Mr. Randall does not have the requisite GS-14 convertibility from his present desk assignment to that of an active field case officer charged [redacted]. This is not stated in denigration of Mr. Randall for there is clearly a need and a place for the type of talents he possesses. I think we have found that place in the job that he is now performing.

SECRET



**SECRET**  
(When Filled In)

| FITNESS REPORT  |  |  |  | EMPLOYEE SERIAL NUMBER |                |
|---|--|--|--|------------------------|----------------|
|   |  |  |  | 012170                 |                |
| <b>SECTION A GENERAL</b>  |  |  |  |                        |                |
| 1. NAME (Last) (First) (Middle)   |  |  | 2. DATE OF BIRTH   | 3. SEX                 | 4. GRADE 5. SD |
| Randall, Frederick  |  |  |  | M                      | GS-14 D        |
| 6. OFFICIAL POSITION TITLE  |  |  | 7. OFF/DIV/BR OF ASSIGNMENT 8. CURRENT STATION   |                        |                |
| Ops Officer   |  |  | DOD/IOG 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 checked="" 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 April 1971   |  |  | 1 April 1970 - 31 March 1971   |                        |                |
| <b>SECTION B PERFORMANCE EVALUATION</b>   |  |  |  |                        |                |
| <p><b>U-Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or job separation. Describe action taken or proposed in Section C.</p> <p><b>M-Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p><b>P-Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</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  |
| Provides primary operational support for DO Division [redacted] including processing of special ADPP [redacted]   |  |  |  |                        | O              |
| SPECIFIC DUTY NO. 2   |  |  |  |                        | RATING LETTER  |
| Conducts liaison with other area divisions and staffs as concerns the operational activity of [redacted]  |  |  |  |                        | S              |
| SPECIFIC DUTY NO. 3   |  |  |  |                        | RATING LETTER  |
| Prepares operational correspondence; contributes to Quarterly Reports and [redacted]  |  |  |  |                        | P              |
| SPECIFIC DUTY NO. 4   |  |  |  |                        | RATING LETTER  |
| Supervises one Intelligence Assistant and partially supervises one clerk-typist.  |  |  |  |                        | 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              |

15 MAY 1971

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. ~~Range of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, just as commented on, if applicable.~~ If extra space is needed to complete Section C, attach a separate sheet of paper.

Mr. Randall continues to view his responsibilities with enthusiasm and serious concern. Given the complexities of dealing with every area division and staff within

DDP [redacted]

[redacted] --I would characterize his overall performance as evincing exceptional proficiency. This was accomplished in a period which saw [redacted] increase their striking power numerically rather significantly. In the ultimate, the real test of performance is in recruitment of foreign nationals. While recruitment is not part of Mr. Randall's duties there is no doubt that his support of the [redacted] contributed to the highest record of recruitment that [redacted] had as compared to any other year. At the same time, he consciously maintained an excellent balance in the [redacted] operational purposes. He is held in high regard by [redacted] Chiefs. Since much of the routine desk work is done by his Intel Assistant, it is a tribute to his supervisory capability that this service maintains a high rate of efficiency despite the significant increase in work, and the fact that during this period there were three different intel assistants. Since the supervisor began phasing out of his job for several months prior to 31 March, a rather conscious decision was made to have Mr. Randall in fact assume some of the responsibility of the Branch Chief. Not only has he taken these added tasks willingly and with the confidence of DO's management, but he has performed superbly.

SECTION D CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

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

DATE 27/4/71 SIGNATURE OF EMPLOYEE [Signature]

2. BY SUPERVISOR

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

DATE 27 April 1971 OFFICIAL TITLE OF SUPERVISOR C/DOI/1

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I concur, generally, with the narrative portion of this report. However, I feel that it is somewhat overstated. Specifically, I would not rate his performance of Duty No. 1 as "outstanding", rather I would rate it "strong". I consider Mr. Randall a capable officer, but feel his overall performance falls somewhere on the border of a "low strong" and a "high proficient". Let me hasten to add that I am fully satisfied with Mr. Randall's performance in his present assignment, and I have every confidence that he will continue to do a completely satisfactory job.

DATE 22 May 1971 OFFICIAL TITLE OF REVIEWING OFFICIAL Acting Chief, DO Division SIGNATURE [Signature] Walter L. O'Brien

SECRET

**SECRET**  
(When Filled In)

| FITNESS REPORT   |   |                                  |                                    |  |  | EMPLOYEE SERIAL NUMBER |  |
|--|---|----------------------------------|------------------------------------|--|--|------------------------|--|
|  |   |                                  |                                    |  |  | 012170                 |  |
| <b>SECTION A GENERAL</b>   |   |                                  |                                    |  |  |                        |  |
| 1. NAME<br>(Last) (First) (Middle)   |   |                                  | 2. DATE OF BIRTH                   | 3. SEX                                     | 4. GRADE   | 5. SD                  |  |
| RANDALL, Frederick C.  |   |                                  |                                    | M  | GS-14  | D                      |  |
| 6. OFFICIAL POSITION TITLE   |   |                                  | 7. OFF/DIV/BR OF ASSIGNMENT        |  | 8. CURRENT STATION                               |                        |  |
| Ops Officer  |   |                                  | DDP/DO/I                           |  | Headquarters                                     |                        |  |
| 9. CHECK (X) TYPE OF APPOINTMENT   |   |                                  |                                    | 10. CHECK (X) TYPE OF REPORT               |  |                        |  |
| <input checked="" type="checkbox"/>  | CAREER  | <input type="checkbox"/> RESERVE | <input type="checkbox"/> TEMPORARY | <input type="checkbox"/> INITIAL           | <input type="checkbox"/> REASSIGNMENT SUPERVISOR |                        |  |
|  | 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 April 1970  |   |                                  |                                    | 13 December 1969 - 31 March 1970           |  |                        |  |
| <b>SECTION B PERFORMANCE EVALUATION</b>  |   |                                  |                                    |  |  |                        |  |
| <p><b>U-Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>M-Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p><b>P-Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</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          |  |
| Provides primary operational support for DO Division [redacted] including processing of special ADDP [redacted]  |   |                                  |                                    |  |  | S                      |  |
| SPECIFIC DUTY NO. 2  |   |                                  |                                    |  |  | RATING LETTER          |  |
| Prepares operational correspondence: cables, dispatches, projects and special memoranda.   |   |                                  |                                    |  |  | P                      |  |
| SPECIFIC DUTY NO. 3  |   |                                  |                                    |  |  | RATING LETTER          |  |
| Effects liaison with other area divisions and staffs, as appropriate, in support of the [redacted] as concerns operations involving these components of the DDP.   |   |                                  |                                    |  |  | S                      |  |
| SPECIFIC DUTY NO. 4  |   |                                  |                                    |  |  | RATING LETTER          |  |
| Supervises one Intelligence Assistant and partially supervises one clerk-typist.   |   |                                  |                                    |  |  | P                      |  |
| SPECIFIC DUTY NO. 5  |   |                                  |                                    |  |  | RATING LETTER          |  |
| Contributes to Monthly [redacted] and Quarterly Reports for DDP on matters concerning the [redacted]   |   |                                  |                                    |  |  | P                      |  |
| SPECIFIC DUTY NO. 6  |   |                                  |                                    |  |  | RATING LETTER          |  |
| [redacted]   |   |                                  |                                    |  |  | [redacted]             |  |
| <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                      |  |

23 APR 1970  
[Signature]

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. Mention of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if appropriate. If more space is needed to complete Section C, attach a separate sheet of paper.

This is Mr. Randall's first fitness report for a Headquarters assignment following nearly 9 years in the field, of which over 4 years were at the [redacted] [redacted] Even with this field background of operational activity [redacted]

The reporting period (of 3 1/2 months) is too short a time to give a fair evaluation of Subject's performance. This much can be said. Subject has undertaken his responsibilities with enthusiasm and a willingness to learn. He has made mistakes but these were "par for the course" and none that were not retrievable and correctable. Given the way he has jumped into the fray, I would characterize his overall performance as evincing exceptional proficiency. He is conscious of and maintains a good balance in [redacted] field operational purposes. He is a good supervisor. He has more to absorb and digest in terms of the myriad problems facing an officer giving total support [redacted] He has to date made an auspicious beginning. As a desk officer [redacted] not part of his duties.

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 |
| 3 1/2   | Subject is on TDY outside of the USA.                           |
| DATE  | OFFICIAL TITLE OF SUPERVISOR                                    |
| 8 April 1970  | C/DOI/1   |
| 3. BY REVIEWING OFFICIAL  |   |
| COMMENTS OF REVIEWING OFFICIAL  |   |
| I think the above rating is an eminently fair and accurate rating of Mr. Randall. He has caught on quickly and has performed well. I look forward to a continuing good performance from this officer. |   |
| DATE  | OFFICIAL TITLE OF REVIEWING OFFICIAL                            |
| 8 April 1970  | DOI/1   |
|   | Walter L. O'Brien   |

SECRET

**SECRET**  
(When Filled In)

| FITNESS REPORT   |  | EMPLOYEE SERIAL NUMBER  |
|--|--|---|
|  |  | 012170  |
| <b>SECTION A GENERAL</b>   |  |   |
| 1. NAME (Last) (First) (Middle)  |  | 2. DATE OF BIRTH 3. SEX 4. GRADE 5. SO  |
| Randall, Frederick G.  |  | M GS-14 D   |
| 6. OFFICIAL POSITION TITLE   |  | 7. OFF/DIV. OR OF ASSIGNMENT 8. CURRENT STATION   |
| Ops Officer  |  | DDP/DO  |
| 9. CHECK (X) TYPE OF APPOINTMENT   |  | 10. CHECK (X) TYPE OF REPORT  |
| <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY   |  | <input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR         |
| <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)   |  | <input type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> REASSIGNMENT EMPLOYEE |
| SPECIAL (Specify):   |  | SPECIAL (Specify):  |
| 11. DATE REPORT DUE IN O.P.  |  | 12. REPORTING PERIOD (From - to)  |
|  |  | 18 January 1969 - 12 December 1969  |
| <b>SECTION B PERFORMANCE EVALUATION</b>  |  |   |
| <p><b>U-Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>M-Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p><b>P-Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</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   |
|  |  | P   |
| SPECIFIC DUTY NO. 2  |  | RATING LETTER   |
|  |  | S   |
| SPECIFIC DUTY NO. 3  |  | RATING LETTER   |
|  |  | P   |
| SPECIFIC DUTY NO. 4  | Handling [ ] periodic operational summary reports. | RATING LETTER   |
|  |  | S   |
| SPECIFIC DUTY NO. 5  |  | RATING LETTER   |
|  |  |   |
| SPECIFIC DUTY NO. 6  |  | RATING LETTER   |
|  |  |   |
| <b>OVERALL PERFORMANCE IN CURRENT POSITION</b>   |  |   |
| This entry should describe everything about the employee which influences his effectiveness in his current position such as any limitations of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or failures. 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 total 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 and cost consciousness in the use of personnel, space, equipment and funds, may be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

PAR 13 3 28 14 '70

This case officer is intelligent and articulate, and is capable of dealing with equanimity with intellectuals, [redacted]. He has had sufficient experience in field assignments to have developed an area of expertise. His operational and intelligence reporting is organized, coherent and thorough.

He was one of the few officers [redacted] during the period. One of these was essentially routine, through no fault of the rated officer, but in another case the officer skillfully [redacted] as he also did in [redacted] which had the additional complexity of [redacted] involvement. In all these cases the officer illustrated his ability to plan, organize and carry through an operation to a successful conclusion.

If I were to fault this officer I would say that he is not essentially an activist, and [redacted] notable [redacted]. Conversely he does possess the sense of caution which [redacted] also saves mistakes.

(continued on separate sheet)

SECTION D

CERTIFICATION AND COMMENTS

|  |  |   |
|--|--|---|
| 1. BY EMPLOYEE   |  |   |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT   |  |   |
| DATE<br>3 February 1970  | SIGNATURE OF EMPLOYEE<br>Frederick C. Randall (Signed in Pseudo on Form 45a) |   |
| 2. BY SUPERVISOR   |  |   |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION<br>12  | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION              |   |
| DATE<br>3 February 1970  | OFFICIAL TITLE OF SUPERVISOR<br>[redacted]                                   | TYPED OR PRINTED NAME AND SIGNATURE<br>[redacted] |
| 3. BY REVIEWING OFFICIAL   |  |   |
| COMMENTS OF REVIEWING OFFICIAL   |  |   |
| I am somewhat surprised that the rater gives an overall rating of "P" for Subject's performance when in the rater's own words "he was one of the few officers within [redacted]. In another recent fitness report on another officer who has since been transferred and whose activities for the year have been [redacted] the rater gave him the overall rating of "S". Apparently the rater prefers [redacted]. The fact remains that Subject, while giving the outward impression of being low-key, was indeed an active and thorough case officer and was given special assignments because of his dependability and capability. I would have given Subject a higher rating. |  |   |
| 6 March 1970   | C/DOM/1  | [redacted]  |

SECRET

S-E-C-R-E-T

SECTION C NARRATIVE COMMENTS (Continued)

I would rate this officer higher in any job which puts greater emphasis on orderly analytical production.

Officer is adequately cost-conscious. I had no opportunity to observe his capability as a supervisor.

S-E-C-R-E-T

SECRET  
(When Filled In)

| FITNESS REPORT  |                                  |                                    |   | EMPLOYEE SERIAL NUMBER                                      |  |  |
|---|----------------------------------|------------------------------------|---|---|--|--|
|   |                                  |                                    |   | 012170  |  |  |
| <b>SECTION A GENERAL</b>  |                                  |                                    |   |   |  |  |
| 1. NAME<br><i>(Last)</i> <b>Randall</b> <i>(First)</i> <b>Frederick</b> <i>(Middle)</i>   |                                  | 2. DATE OF BIRTH                   | 3. SRX<br><b>M</b>  | 4. GRADE<br><b>GS-14</b>                                    | 5. SD<br><b>D</b>                              |  |
| 6. OFFICIAL POSITION TITLE<br><b>Ops Officer</b>  |                                  |                                    | 7. OFF/DIV/BR OF ASSIGNMENT<br><b>DDP/DOD</b>                             |   | 8. CURRENT STATION                             |  |
| 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 checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR | <input type="checkbox"/> REASSIGNMENT EMPLOYEE |  |
| CAREER-PROVISIONAL (See Instructions - Section C)   |                                  |                                    | ANNUAL  |   |  |  |
| SPECIAL (Specify)   |                                  |                                    | SPECIAL (Specify)   |   |  |  |
| 11. DATE REPORT DUE IN O.P.   |                                  |                                    | 12. REPORTING PERIOD (From - to)<br><b>1 April 1968 - 17 January 1969</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   |                                  |                                    |   |   | RATING LETTER                                  |  |
|   |                                  |                                    |   |   | S  |  |
| SPECIFIC DUTY NO. 2   |                                  |                                    |   |   | RATING LETTER                                  |  |
|   |                                  |                                    |   |   | P ✓  |  |
| SPECIFIC DUTY NO. 3   |                                  |                                    |   |   | RATING LETTER                                  |  |
|   |                                  |                                    |   |   | P ✓  |  |
| SPECIFIC DUTY NO. 4   |                                  |                                    |   |   | RATING LETTER                                  |  |
|   |                                  |                                    |   |   | S  |  |
| SPECIFIC DUTY NO. 5   |                                  |                                    |   |   | RATING LETTER                                  |  |
| Preparation of operational and intelligence reports.  |                                  |                                    |   |   | S  |  |
| SPECIFIC DUTY NO. 6   |                                  |                                    |   |   | RATING LETTER                                  |  |
| Supervision of one secretary.   |                                  |                                    |   |   | S  |  |
| <b>OVERALL PERFORMANCE IN CURRENT POSITION</b>  |                                  |                                    |   |   |  |  |
| Take into account everything about the employee which influenced his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.  |                                  |                                    |   |   | RATING LETTER                                  |  |
|   |                                  |                                    |   |   | S  |  |





**SECRET**  
(When Filled In)

**FITNESS REPORT**

NUMBER

012170

|  |  |  |  |  |   |   |  |  |  |
|--|--|--|--|--|---|---|--|--|--|
| <b>SECTION A</b>   |  |  |  |  | <b>GENERAL</b>  |   |  |  |  |
| 1. NAME<br>(Last) (First) (Middle)<br><b>RANDALL, Frederick C.</b>         |  |  | 2. DATE OF BIRTH                           | 3. SEX<br><b>M</b>                                     | 4. GRADE<br><b>GS-14</b>  | 5. SD<br><b>D</b>                       |  |  |  |
| 6. OFFICIAL POSITION TITLE<br><b>Ops Officer</b>                           |  |  |  | 7. OFF. DIV./BR. OF ASSIGNMENT<br><b>DDP/DOD/Wash.</b> |   | 8. CURRENT STATION<br><b>Washington</b> |  |  |  |
| 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 checked="" type="checkbox"/> ANNUAL |  | <input type="checkbox"/> REASSIGNMENT SUPERVISOR                        |   | <input type="checkbox"/> REASSIGNMENT EMPLOYEE |  |  |
| SPECIAL (Specify):   |  |  |  |  | SPECIAL (Specify):  |   |  |  |  |
| 11. DATE REPORT DUE IN O.P.<br><b>25 April 1968</b>                        |  |  |  |  | 12. REPORTING PERIOD (From - to)<br><b>1 April 1967 - 31 March 1968</b> |   |  |  |  |

|                        |   |                               |  |
|------------------------|---|-------------------------------|--|
| <b>SECTION B</b>       |   | <b>PERFORMANCE EVALUATION</b> |  |
| <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. |                               |  |
| <b>A - Adequate</b>    | Performance meets all requirements. It is entirely satisfactory. <span style="float:right">deficiency not excellence.</span>  |                               |  |
| <b>P - Proficient</b>  | Performance is more than satisfactory. Desired results are being produced in a proficient manner.   |                               |  |
| <b>S - Strong</b>      | Performance is characterized by exceptional proficiency.  |                               |  |
| <b>O - Outstanding</b> | Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.  |                               |  |

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<br><b>S</b> |
| SPECIFIC DUTY NO. 2 |   | RATING LETTER<br><b>P</b> |
| SPECIFIC DUTY NO. 3 |   | RATING LETTER<br><b>P</b> |
| SPECIFIC DUTY NO. 4 |   | RATING LETTER<br><b>S</b> |
| SPECIFIC DUTY NO. 5 | Preparation of operational and intelligence reports | RATING LETTER<br><b>S</b> |
| SPECIFIC DUTY NO. 6 | Supervision of one secretary                        | RATING LETTER<br><b>P</b> |

|  |  |               |
|--|--|---------------|
| <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. |  | <b>P</b>      |

**SECRET**  
(When Filled In)

**SECTION C NARRATIVE COMMENTS**

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

Subject is the FE "referent" for the [redacted] and, as such, has the responsibility for coordinating all work against the

[redacted]

[redacted] He writes well and is orderly and professional in his approach to operations. His [redacted] case is cited in this regard. Although he continues to feel a bit unsure of himself in operational areas other than FE (to a degree not warranted by his performance, [redacted] he is improving in this regard and is on his way to bringing his operational activity in other areas up to the level of his performance [redacted]. He performs his supervisory functions well. He is very cost conscious and his accounting for official funds is prompt and accurate. No particular training is contemplated or recommended at this time.

**SECTION D CERTIFICATION AND COMMENTS**

1. BY EMPLOYEE

I CERTIFY  
DATE 25/4/68 SIGNA [redacted]

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 40  
IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE 25 April 1968 OFFICIAL TITLE OF SUPERVISOR Chief, [redacted]

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

As Reviewing Official I am in full concurrence with the evaluation given this employee, as outlined above.

DATE 1 May 1968 OFFICIAL TITLE OF REVIEWING OFFICIAL [redacted] (Signed in pseudo on Form 45a) [redacted]

SECRET

TRAINING REPORT

[Redacted]  
40 hours, full time 4 - 8 March 1968

Student : Randall, Frederick C. Office : DO  
Year of Birth: [Redacted] Service Designation: D  
Grade : GS-14 No. of Students : 25  
EOD Date : Sept. 1951

COURSE OBJECTIVE

[Redacted]

ACHIEVEMENT RECORD

This is a certificate of attendance. No record is made of individual performance in the course.

FOR THE DIRECTOR OF TRAINING:

[Redacted Signature] 15 MAR 1968  
Date  
[Redacted Title] Instructor

SECRET

**SECRET**  
(When Filled In)

| FITNESS REPORT  |        |                          |  | EMPLOYEE SERIAL NUMBER   |                         |
|---|--------|--------------------------|--|--------------------------|-------------------------|
|   |        |                          |  | 012170                   |                         |
| <b>SECTION A GENERAL</b>  |        |                          |  |                          |                         |
| 1. NAME<br><b>RANDALL</b> (Last) <b>Frederick</b> (First) <b>C.</b> (Middle)  |        | 2. DATE OF BIRTH         | 3. SEX<br><b>M</b>   | 4. GRADE<br><b>GS-13</b> | 5. SD<br><b>D</b>       |
| 6. OFFICIAL POSITION TITLE<br><b>Operations Officer</b>   |        |                          | 7. OFF/DIV/BR OF ASSIGNMENT, CURRENT STATION<br><b>DDP/W DoD Washington, D. C.</b> |                          |                         |
| 9. CHECK (X) TYPE OF APPOINTMENT  |        |                          | 10. CHECK (X) TYPE OF REPORT   |                          |                         |
| <input checked="" type="checkbox"/>   | CAREER | <input type="checkbox"/> | RESERVE  | <input type="checkbox"/> | TEMPORARY               |
| CAREER-PROVISIONAL (See instructions - Section C)   |        |                          | <input type="checkbox"/>   | INITIAL                  | REASSIGNMENT SUPERVISOR |
| SPECIAL (Specify)   |        |                          | <input checked="" type="checkbox"/>  | ANNUAL                   | REASSIGNMENT EMPLOYEE   |
|   |        |                          | <input checked="" type="checkbox"/>  | SPECIAL (Specify)        | <b>Recommendation</b>   |
| 11. DATE REPORT DUE IN O.P.   |        |                          | 12. REPORTING PERIOD (From - to)   |                          |                         |
|   |        |                          | <b>November 1966 - 31 March 1967</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   |        |                          |  |                          | RATING LETTER           |
|   |        |                          |  |                          | <b>S</b>                |
| SPECIFIC DUTY NO. 2   |        |                          |  |                          | RATING LETTER           |
|   |        |                          |  |                          | <b>O</b>                |
| SPECIFIC DUTY NO. 3   |        |                          |  |                          | RATING LETTER           |
| Preparation of operational, intelligence and administrative correspondence.   |        |                          |  |                          | <b>S</b>                |
| SPECIFIC DUTY NO. 4   |        |                          |  |                          | RATING LETTER           |
| Supervision of one secretary/stenographer.  |        |                          |  |                          | <b>S</b>                |
| 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.  |        |                          |  |                          | <b>S</b>                |

SECRET

(When Filled In)

**SECTION C** **NARRATIVE COMMENTS**

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

[Empty space for narrative comments]

appropriate. He is very cost conscious [redacted] is characterized by good judgement and prompt accountings. He has excellent working relations with his colleagues [redacted] in Headquarters.

(Continued on supplement sheet)

**SECTION D** **CERTIFICATION AND COMMENTS**

1. BY EMPLOYEE

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

DATE: 13/12/67 SIGNATURE OF EMPLOYEE: [Handwritten Signature]

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION: 5 IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION:

DATE: 13/12/67 OFFICIAL TITLE OF SUPERVISOR: Chief, [redacted] [redacted] [redacted] [redacted] [redacted]

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL: The undersigned is in complete accord with the narrative comments of Subject's immediate supervisor.

DATE: 12/3/67 OFFICIAL TITLE OF REVIEWING OFFICIAL: [redacted] [redacted] [redacted]

SECRET

SECRET

FITNESS REPORT FOR: Frederick C. RANDALL

SUPPLEMENT SHEET

Continuation of Section C:

Subject's liaison contacts with [redacted] officials have been handled in a superior manner reflecting credit on the Agency; [redacted] officers concerned have praised Subject's work.

He supervises one secretary/stenographer.

No training is contemplated at this time.

SECRET

**SECRET**  
(When Filled In)

| FITNESS REPORT  |  | EMPLOYEE SERIAL NUMBER   |
|---|--|--|
|   |  | 012170 ✓   |
| <b>SECTION A GENERAL</b>  |  |  |
| 1. NAME (Last) (First) (Middle)<br><b>RANDALL Fredorick C.</b>  |  | 2. DATE OF BIRTH 3. SEX<br>M   |
| 4. GRADE<br><b>GS-13</b>  |  | 5. SD<br><b>D</b>  |
| 6. OFFICIAL POSITION TITLE<br><b>Ops Officer</b>  |  | 7. OFF. DIV./DR OF ASSIGNMENT<br><b>FE</b>   |
| 8. CURRENT STATION<br><b>Washington, D. C.</b>  |  |  |
| 9. CHECK (X) TYPE OF APPOINTMENT<br><input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY<br><input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):  |  | 10. CHECK (X) TYPE OF REPORT<br>INITIAL    REASSIGNMENT SUPERVISOR<br>ANNUAL    REASSIGNMENT EMPLOYEE<br><input checked="" type="checkbox"/> SPECIAL (Specify) <b>Recommendation for</b> |
| 11. DATE REPORT DUE IN O.P.   |  | 12. REPORTING PERIOD (From - to)<br><b>Promotion<br/>February 1966 to September 1966</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   |  | RATING LETTER  |
|   |  | <b>S</b>   |
| SPECIFIC DUTY NO. 2   | Preparation of operational and administrative correspondence | RATING LETTER  |
|   |  | <b>S</b>   |
| SPECIFIC DUTY NO. 3   | Supervision of one secretary/stenographer.                   | RATING LETTER  |
|   |  | <b>S</b>   |
| SPECIFIC DUTY NO. 4   |  | RATING LETTER  |
|   |  | <b>0</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>   |



SECRET

(When Filled In)

| SECTION C  |  | NARRATIVE COMMENTS <i>US FE</i> |  |
|--|--|---------------------------------|--|
| <p>Indicate significant strengths or weaknesses demonstrated in current position keeping in 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 <i>US FE</i> supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. <i>10</i> Extra space is needed to complete Section C, attach a separate sheet of paper. <i>27 AU</i></p> |  |                                 |  |
| <p>[Redacted]</p>  |  |                                 |  |
| <p>[Redacted] His knowledge of Far Eastern politics, geography and contemporary history is encyclopedic, and his handling [Redacted] confirms the high marks given him by FE supervisors in earlier reports. He has begun to use his</p>   |  |                                 |  |
| <p>[Redacted]</p>  |  |                                 |  |
| <p>characterized by good judgment and prompt accountings. He has excellent working relations with his colleagues [Redacted] in Headquarters.</p>   |  |                                 |  |
| <p>(Continued on attachment)</p>   |  |                                 |  |

| SECTION D   |   | CERTIFICATION AND COMMENTS |  |
|---|---|----------------------------|--|
| 1. BY EMPLOYEE  |   |                            |  |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT  |   |                            |  |
| DATE  | SIGNATURE OF EMPLOYEE   |                            |  |
| 15 September 1966   | [Redacted]  |                            |  |
| 2. BY SUPERVISOR  |   |                            |  |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION   | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |                            |  |
| 12  | Not shown to employee because of promotion request.             |                            |  |
| DATE  | OFFICIAL TITLE OF SUPERVISOR                                    | SIGNATURE                  |  |
| 15 September 1966   | Chief, [Redacted]   | [Redacted]                 |  |
| 3. BY REVIEWING OFFICIAL  |   |                            |  |
| COMMENTS OF REVIEWING OFFICIAL  |   |                            |  |
| Mr. Randall is an experienced, calm and sober individual who has raised the level of the quality of operational work [Redacted] |   |                            |  |
| [Redacted] I concur in the above evaluation.  |   |                            |  |
| DATE  | OFFICIAL TITLE OF REVIEWING OFFICIAL                            |                            |  |
| 16 September 1966   | ACOS [Redacted]   |                            |  |

SECRET

SECRET

Continuation of Section C Fitness Report F. C. Randall

[Redacted]

Officers concerned have praised  
Subject's ability to the undersigned.

No training is contemplated at this time.

SECRET

2017 7-21-11 PM

**SECRET**  
(When Filled In)

| FITNESS REPORT  |                                  |                                    |  |  | EMPLOYEE SERIAL NUMBER   |                   |
|---|----------------------------------|------------------------------------|--|--|--------------------------|-------------------|
|   |                                  |                                    |  |  | 012170                   |                   |
| <b>SECTION A GENERAL</b>  |                                  |                                    |  |  |                          |                   |
| 1. NAME (Last) (First) (Middle)<br><b>RANDALL, Frederick C.</b>   |                                  |                                    | 2. DATE OF BIRTH   | 3. SEX<br><b>M</b>                               | 4. GRADE<br><b>GS-13</b> | 5. SS<br><b>D</b> |
| 6. OFFICIAL POSITION TITLE<br><b>Ops Officer</b>  |                                  |                                    | 7. OFF/DIV/BR OF ASSIGNMENT<br><b>JCA FE</b>   |  |                          |                   |
| 8. CHECK (X) TYPE OF APPOINTMENT  |                                  |                                    | 10. CHECK (X) TYPE OF REPORT   |  |                          |                   |
| <input type="checkbox"/> CAREER   | <input type="checkbox"/> RESERVE | <input type="checkbox"/> TEMPORARY | <input type="checkbox"/> INITIAL   | <input type="checkbox"/> REASSIGNMENT SUPERVISOR |                          |                   |
| <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)  |                                  |                                    | <input type="checkbox"/> ANNUAL  | <input type="checkbox"/> REASSIGNMENT EMPLOYEE   |                          |                   |
| <input type="checkbox"/> SPECIAL (Specify):   |                                  |                                    | <input checked="" type="checkbox"/> SPECIAL (Specify): <b>Recommendation for Promotion</b> |  |                          |                   |
| 11. DATE REPORT DUE IN O.P.   |                                  |                                    | 12. REPORTING PERIOD (From - to)<br><b>January 1966 - 14 February 1966</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   |                                  |                                    |  |  | RATING LETTER            |                   |
|   |                                  |                                    |  |  | <b>S</b>                 |                   |
| SPECIFIC DUTY NO. 2   |                                  |                                    |  |  | RATING LETTER            |                   |
| Preparation of operational and administrative correspondence  |                                  |                                    |  |  | <b>S</b>                 |                   |
| SPECIFIC DUTY NO. 3   |                                  |                                    |  |  | RATING LETTER            |                   |
| Supervision of one secretary/stenographer.  |                                  |                                    |  |  | <b>S</b>                 |                   |
| 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>  |                                  |                                    |  |  |                          |                   |
| 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 habits or habits, and special 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 credibly reflects his level of performance.  |                                  |                                    |  |  | RATING LETTER            |                   |
|   |                                  |                                    |  |  | <b>S</b>                 |                   |

31 FEB 1966

SECRET  
(When Filled In)

OFFICE OF PERSONNEL

SECTION C

NARRATIVE COMMENTS

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

[Redacted]

[Redacted] His knowledge of Far Eastern politics, geography and contemporary history is encyclopedic and [Redacted] confirms the high marks given him by FE supervisors in earlier reports.

[Redacted]

[Redacted] characterized by good judgement and prompt accountings. He has excellent working relations with his colleagues [Redacted] in Headquarters.

No training is contemplated at this time beyond the Clandestine Services Review Course which Subject will take in March 1966.

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

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

DATE 14 February 1966 SIGNATURE OF EMPLOYEE *J. Edward C. Randall*

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 6 IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE 14 February 1966 OFFICIAL TITLE OF SUPERVISOR Chief, [Redacted]

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Concur. An active, hard-working and well-motivated case officer.

DATE 14 February 1966 OFFICIAL TITLE OF REVIEWING OFFICIAL Chief of Station [Redacted] TYPE [Redacted] SIGNATURE Harry A. Rositake

SECRET

SECRET

MEMORANDUM IN LIEU OF FITNESS REPORT

NAME : Frederick Randall 012170  
REPORTING PERIOD: 21 June 1965 - 31 December 1965  
DATE OF BIRTH :   
SEX : Male  
GRADE : GS-13  
SD : D  
OFFICIAL TITLE : Operations Officer  
ASSIGNMENT : DDP/DCD/USS  
CURRENT STATION : Washington, D. C.  
APPOINTMENT : Career  
TYPE OF REPORT : Annual

Subject returned to the U.S. in August 1965, but did not begin substantive work in  until late September 1965. Much of the time since his arrival has been spent on becoming acquainted with the work

We, accordingly, prefer to delay until April 1966 submission of a formal Fitness Report which, hopefully, will give a more precise and meaningful evaluation of his performance than is now possible.

We note that Fitness Reports submitted on Subject just before his departure  gave him high marks for his operational support work  and regretted that the situation  did not permit him to be given as much active operational work as he wished. He will certainly

701 E 3 10 11 66

6 JAN 1966  
me

SECRET

SECRET

RANDALL, Frederick C.

have the opportunity for [redacted] and  
is aware that this activity will not be limited [redacted]  
to FE Division, but will give him the chance to participate actively in  
the planning [redacted]  
[redacted]

No training is recommended at this time beyond the Clandestine  
Service Review Course which Subject will take in March 1966.

Subject exercises good judgement in his [redacted]  
and his accountings are prompt.

He gets along well with his colleagues at the Station and in  
Headquarters.

CERTIFICATION AND COMMENTS

BY EMPLOYEE

Date

3 January 1966

Signature of Employee

Frederick C. Randall

BY SUPERVISOR

Months Employee Has Been  
Under My Supervision

4

Date

29 December 1965

Chief, [redacted]

Signature

[redacted]

BY REVIEWING OFFICIAL

*Conner*

Date

- 4 JAN 1966

COC, Washington

Signature

[redacted]

SECRET

SECRET  
(When Filled In)  
Document No. 10 FJTT 13826

**FITNESS REPORT** EMPLOYEE SERIAL NUMBER  
012170

|   |                                  |                                    |   |                  |   |                          |                   |
|---|----------------------------------|------------------------------------|---|------------------|---|--------------------------|-------------------|
| <b>SECTION A GENERAL</b>                          |                                  |                                    | 1. NAME<br>(Last) (First) (Middle)<br><b>Randall, Frederick C.</b>  | 2. DATE OF BIRTH | 3. SEX<br><b>M</b>  | 4. GRADE<br><b>GS-13</b> | 5. SO<br><b>D</b> |
| 6. OFFICIAL POSITION TITLE<br><b>Ops Officer</b>  |                                  |                                    | 7. OFF. DIV/GR OF ASSIGNMENT<br><b>DDP/FE</b>                       |                  | 8. CURRENT STATION  |                          |                   |
| 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 | INITIAL   |                  | REASSIGNMENT SUPERVISOR                                   |                          |                   |
| CAREER-PROVISIONAL (See Instructions - Section C) |                                  |                                    | ANNUAL  |                  | <input checked="" type="checkbox"/> REASSIGNMENT EMPLOYEE |                          |                   |
| SPECIAL (Specify):                                |                                  |                                    | SPECIAL (Specify):  |                  |   |                          |                   |
| 11. DATE REPORT DUE IN G.P.                       |                                  |                                    | 12. REPORTING PERIOD (From - to)<br><b>1 January - 20 June 1965</b> |                  |   |                          |                   |

**SECTION B PERFORMANCE EVALUATION**

**W - Weak** Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.

**A - Adequate** Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.

**P - Proficient** Performance is more than satisfactory. Desired results are being produced in a proficient manner.

**S - Strong** Performance is characterized by exceptional proficiency.

**O - Outstanding** Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

**SPECIFIC DUTIES**

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

|   |                           |
|---|---------------------------|
| SPECIFIC DUTY NO. 1<br><b>Station Agreed Activities Officer</b>   | RATING LETTER<br><b>O</b> |
| SPECIFIC DUTY NO. 2<br><b>Supervisor of persons handling Registry and KURIOT matters.</b>                               | RATING LETTER<br><b>S</b> |
| SPECIFIC DUTY NO. 3<br><b>Supervisor of Area</b> <span style="float: right; margin-right: 20px;">DC 52<br/>DA 11</span> | RATING LETTER<br><b>S</b> |
| SPECIFIC DUTY NO. 4<br><b>Case Officer as required.</b>   | RATING LETTER<br><b>S</b> |
| SPECIFIC DUTY NO. 5<br><b>Commanding Officer of Station's principal</b> <span style="float: right;">[ ]</span>          | RATING LETTER<br><b>S</b> |
| 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, plus the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.

RATING LETTER  
**S**

29 JUN 1965

~~SECRET~~  
COA 1-11-63 (1-1)

**SECTION C NARRATIVE COMMENTS**

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

PERSONNEL  
JUL 29 1 55 PM '65

There is little I can add to the comments made in the annual report prepared earlier this year. I would like to reiterate, however, at this time of Subject's departure, the Station's continued support for his promotion to GS-14 as first recommended in August 1963.

**SECTION D CERTIFICATION AND COMMENTS**

**1. BY EMPLOYEE**  
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

|                   |  |
|-------------------|--|
| DATE<br>15 Jun 65 | SIGNATURE OF EMPLOYEE<br>/s/ Frederick Randall |
|-------------------|--|

**2. BY SUPERVISOR**

|  |   |   |
|--|---|---|
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION<br>9 | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |   |
| DATE<br>21 Jun 65                                  | OFFICIAL TITLE OF SUPERVISOR<br>DCOS                            | TYPED OR PRINTED NAME AND SIGNATURE<br>/s/ [Redacted] |

**3. BY REVIEWING OFFICIAL**

COMMENTS OF REVIEWING OFFICIAL

I Concur.

|                   |   |  |
|-------------------|---|--|
| DATE<br>15 Jun 65 | OFFICIAL TITLE OF REVIEWING OFFICIAL<br>COX | TYPED OR PRINTED NAME AND SIGNATURE<br>/s/ William V. Broe |
|-------------------|---|--|

~~SECRET~~

UNCLASSIFIED



~~SECRET~~  
(When Filled In)

Date: 10-11-1965 13070

|   |        |                          |   |                          |   |                         |               |
|---|--------|--------------------------|---|--------------------------|---|-------------------------|---------------|
| <b>FITNESS REPORT</b>   |        |                          |   |                          | EMPLOYEE SERIAL NUMBER<br><b>021170</b> |                         |               |
| <b>SECTION A GENERAL</b>  |        |                          |   |                          |   |                         |               |
| 1. NAME (Last) (First) (Middle)<br><b>Randall, Frederick C.</b>   |        |                          | 2. DATE OF BIRTH  | 3. SEX<br><b>M</b>       | 4. GRADE<br><b>GS-13</b>                | 5. SD<br><b>D</b>       |               |
| 6. OFFICIAL POSITION TITLE<br><b>Ops Officer</b>  |        |                          | 7. OFF/DIV/BR OF ASSIGNMENT<br><b>DDP/FE</b>                            | 8. CURRENT STATION       |   |                         |               |
| 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                               | INITIAL                 |               |
| CAREER-PROVISIONAL (See instructions - Section C)   |        |                          | <input checked="" type="checkbox"/>                                     |                          | ANNUAL                                  | REASSIGNMENT SUPERVISOR |               |
| SPECIAL (Specify)   |        |                          | SPECIAL (Specify)   |                          |   |                         |               |
| 11. DATE REPORT DUE IN O.P.<br><b>28 February 1965</b>  |        |                          | 12. REPORTING PERIOD (From - to)<br><b>1 January - 31 December 1964</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   |        |                          |   |                          |   | RATING LETTER           |               |
| <b>Station Agreed Activities Officer</b>  |        |                          |   |                          |   | <b>O</b>                |               |
| SPECIFIC DUTY NO. 2   |        |                          |   |                          |   | RATING LETTER           |               |
| <b>Supervisor of persons handling Registry and KURIOT matters.</b>  |        |                          |   |                          |   | <b>S</b>                |               |
| SPECIFIC DUTY NO. 3   |        |                          |   |                          |   | RATING LETTER           |               |
| [ ]   |        |                          |   |                          |   | <b>S</b>                |               |
| SPECIFIC DUTY NO. 4   |        |                          |   |                          |   | RATING LETTER           |               |
| <b>Case officer as required.</b>  |        |                          |   |                          |   | <b>S</b>                |               |
| SPECIFIC DUTY NO. 5   |        |                          |   |                          |   | RATING LETTER           |               |
| [ ]   |        |                          |   |                          |   | <b>S</b>                |               |
| SPECIFIC DUTY NO. 6   |        |                          |   |                          |   | RATING LETTER           |               |
| [ ]   |        |                          |   |                          |   | [ ]                     |               |
| <b>OVERALL PERFORMANCE IN CURRENT POSITION</b>  |        |                          |   |                          |   |                         |               |
| <p>Write into one or more paragraphs above 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 pertinent limitations or setbacks. 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~~

~~SECRET~~  
(When Filled In)

| SECTION C  | NARRATIVE COMMENTS |
|--|--------------------|
| <p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective the relation this is overall performance. State suggestions made for improvement of work performance. Give recommendations for training or 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. <u>Manner of performance of managerial or supervisory duties must be described, if applicable.</u></p>   |                    |
| <p style="text-align: right;">FEB 10 3 52 PM '65</p> <p>Subject performs his principal duty -- handling Agreed Activities -- in outstanding fashion. In this field he represents not only this Station but other FE Stations and [redacted] in general. Because of his sound operational background, presence of mind, forceful reasoning, and the consideration the [redacted] therefore holds for him, Subject has been able to play a prime part in our excellent Agreed Activities posture out here. As a result much valuable time -- [redacted]</p> <p>[redacted] has been saved both by this Station and other KUBARK elements. For this reason the Station is recommending by separate correspondence that Subject be awarded a Quality Step Increase.</p> <p>Subject also performs his other duties in strong fashion. He is capable, versatile, and continues to show fine career potential.</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   |                                     |
| 28 January 1965   | /s/ Frederick C. Randall  |                                     |
| 2. BY SUPERVISOR  |   |                                     |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION   | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |                                     |
| DATE  | OFFICIAL TITLE OF SUPERVISOR                                    | TYPED OR PRINTED NAME AND SIGNATURE |
| 28 January 1965   | DOCS  | /s/ [redacted]                      |
| 3. BY REVIEWING OFFICIAL  |   |                                     |
| COMMENTS OF REVIEWING OFFICIAL  |   |                                     |
| I heartily concur with the statement made in Section C above. This employee's contribution to this Station has been of the highest caliber. |   |                                     |
| DATE  | OFFICIAL TITLE OF REVIEWING OFFICIAL                            | TYPED OR PRINTED NAME AND SIGNATURE |
| 28 January 1965   | DOCS  | /s/ William Brown                   |

~~SECRET~~  
CONFIDENTIAL

8

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

TT TO FJTT-11286

| FITNESS REPORT  |  |                                  |                  | EMPLOYEE SERIAL NUMBER  |                   |  |  |
|---|--|----------------------------------|------------------|---|-------------------|--|--|
|   |  |                                  |                  | 012170  |                   |  |  |
| <b>SECTION A GENERAL</b>  |  |                                  |                  |   |                   |  |  |
| 1. NAME<br>(Last) (First) (Middle)<br>Randall Frederick C   |  |                                  | 2. DATE OF BIRTH | 3. SEX<br>M   | 4. GRADE<br>GS-13 | 5. SD<br>D                                       |  |
| 6. OFFICIAL POSITION TITLE<br>Ops Officer   |  |                                  |                  | 7. OFF/DIV/BR OF ASSIGNMENT<br>DDP/FE/                            |                   | 8. CURRENT STATION                               |  |
| 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 checked="" type="checkbox"/> ANNUAL                        |                   | <input type="checkbox"/> REASSIGNMENT SUPERVISOR |  |
| <input type="checkbox"/> SPECIAL (Specify):   |  |                                  |                  | <input type="checkbox"/> SPECIAL (Specify):                       |                   |  |  |
| 11. DATE REPORT DUE IN O.P.<br>Feb 64   |  |                                  |                  | 12. REPORTING PERIOD (From - to)<br>1 January to 31 December 1963 |                   |  |  |
| <b>SECTION B PERFORMANCE EVALUATION</b>   |  |                                  |                  |   |                   |  |  |
| <p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> |  |                                  |                  |   |                   |  |  |
| <b>SPECIFIC DUTIES</b>  |  |                                  |                  |   |                   |  |  |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).  |  |                                  |                  |   |                   |  |  |
| SPECIFIC DUTY NO. 1<br>Station PBRAMPART officer  |  |                                  |                  |   |                   | RATING LETTER<br>S                               |  |
| SPECIFIC DUTY NO. 2<br>Supervisor of Central Registry ( persons)  |  |                                  |                  |   |                   | RATING LETTER<br>S                               |  |
| SPECIFIC DUTY NO. 3<br>Supervisor   |  |                                  |                  |   |                   | RATING LETTER<br>S                               |  |
| SPECIFIC DUTY NO. 4<br>Case officer for important   |  |                                  |                  |   |                   | RATING LETTER<br>S                               |  |
| SPECIFIC DUTY NO. 5<br>Officer in charge for Station's primary  |  |                                  |                  |   |                   | RATING LETTER<br>S                               |  |
| SPECIFIC DUTY NO. 6<br>Staff supervision of Station's KURICT activities   |  |                                  |                  |   |                   | RATING LETTER<br>S                               |  |
| <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<br>S                               |  |

**CONFIDENTIAL**  
**SECRET**

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

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.

This officer has continued the strong performance indicated in his last report. During the rating period he has continued to grow with the job and is certainly ready for broader responsibilities. Our outstanding recommendation for his promotion to the next higher grade demonstrates how we value his services and evaluate his performance.

SECTION D

CERTIFICATION AND COMMENTS

|  |   |   |
|--|---|---|
| 1. BY EMPLOYEE   |   |   |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT   |   |   |
| DATE<br>12/19/63   | SIGNATURE OF EMPLOYEE<br>/s/ Frederick Randall                  |   |
| 2. BY SUPERVISOR   |   |   |
| MONTHS EMPLOYER HAS BEEN UNDER MY SUPERVISION  | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |   |
| DATE<br>12/19/63   | OFFICIAL TITLE OF SUPERVISOR<br>DCOG                            | TYPED OR PRINTED NAME AND SIGNATURE                     |
| 3. BY REVIEWING OFFICIAL   |   |   |
| COMMENTS OF REVIEWING OFFICIAL   |   |   |
| [ ] has made exceptional strides and has an excellent record in the difficult field of coordination of operations with the various [ ] elements. A very high degree of the credit for this situation can be attributed to the excellent work of this employee. |   |   |
| DATE<br>19 December 1963   | OFFICIAL TITLE OF REVIEWING OFFICIAL<br>COS                     | TYPED OR PRINTED NAME AND SIGNATURE<br>/s/ William Broe |

SECRET

COPIES DESTROYED

**SECRET**  
(When Filled In)

| FITNESS REPORT  |                                  |                                    |   | EMPLOYEE SERIAL NUMBER |                          |                   |  |
|---|----------------------------------|------------------------------------|---|------------------------|--------------------------|-------------------|--|
| mtd<br><b>SECTION A</b>   |                                  |                                    |   | <b>GENERAL</b>         |                          |                   |  |
| 1. NAME<br>(Last) (First) (Middle)<br><b>Randall, Frederick</b>   |                                  |                                    | 2. DATE OF BIRTH  | 3. SEX<br><b>M</b>     | 4. GRADE<br><b>GS-13</b> | 5. SD<br><b>D</b> |  |
| 6. OFFICIAL POSITION TITLE<br><b>Ops Officer</b>  |                                  |                                    | 7. OFF/DIV/BR OF ASSIGNMENT<br><b>FE</b>                        |                        | 8. CURRENT STATION       |                   |  |
| 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                                |                        | REASSIGNMENT SUPERVISOR  |                   |  |
| <input checked="" type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)   |                                  |                                    | <input checked="" type="checkbox"/> ANNUAL                      |                        | REASSIGNMENT EMPLOYEE    |                   |  |
| SPECIAL (Specify):  |                                  |                                    | SPECIAL (Specify):  |                        |                          |                   |  |
| 11. DATE REPORT DUE IN O.P.   |                                  |                                    | 12. REPORTING PERIOD (From - to)<br><b>1 Jan 62 - 31 Dec 62</b> |                        |                          |                   |  |
| <b>SECTION B</b>  |                                  |                                    |   |                        |                          |                   |  |
| <b>PERFORMANCE EVALUATION</b>   |                                  |                                    |   |                        |                          |                   |  |
| <p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> |                                  |                                    |   |                        |                          |                   |  |
| <b>SPECIFIC DUTIES</b>  |                                  |                                    |   |                        |                          |                   |  |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).  |                                  |                                    |   |                        |                          |                   |  |
| SPECIFIC DUTY NO. 1   |                                  |                                    |   |                        |                          | RATING LETTER     |  |
| Station PBRAMPART officer   |                                  |                                    |   |                        |                          | P                 |  |
| SPECIFIC DUTY NO. 2   |                                  |                                    |   |                        |                          | RATING LETTER     |  |
| Supervisor of central registry ( ) persons)   |                                  |                                    |   |                        |                          | S                 |  |
| SPECIFIC DUTY NO. 3   |                                  |                                    |   |                        |                          | RATING LETTER     |  |
| Supervisor ( ) (see Section C)  |                                  |                                    |   |                        |                          | S                 |  |
| SPECIFIC DUTY NO. 4   |                                  |                                    |   |                        |                          | RATING LETTER     |  |
| Case officer for important ( )  |                                  |                                    |   |                        |                          | S                 |  |
| SPECIFIC DUTY NO. 5   |                                  |                                    |   |                        |                          | RATING LETTER     |  |
| Officer in Charge for Station's primary ( ) unit  |                                  |                                    |   |                        |                          | S                 |  |
| SPECIFIC DUTY NO. 6   |                                  |                                    |   |                        |                          | RATING LETTER     |  |
| Staff supervision of Station's KURIOT activities  |                                  |                                    |   |                        |                          | S                 |  |
| <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     |  |
| 14 FEB 1962   |                                  |                                    |   |                        |                          | S                 |  |

**SECRET**

(When Filled In)

**SECTION C**

**NARRATIVE COMMENTS**

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

This officer has brought to bear on his current assignment his varied organization experiences in a manner which brings credit to himself as well as to the organization. His unstinting giving of himself is an outstanding attribute. The trials and tribulations of PERAMPART in an area traditionally hostile to the whole concept have made his assignment particularly challenging, always difficult, and infrequently satisfying; but he sticks to it with firm determination. His supervisory role of our Central Registry frequently catches him in the cross currents of opposing interests and priorities but he successfully calms such troubled waters. While a part of his PERAMPART activities this officer's supervision of the [redacted] has been excellent. Finally, his task under SD 4 is largely a handholding one but one which requires large amounts of tact, patience, and goodwill. There is no other Station officer performing comparable duties with whom this officer can be compared.

**SECTION D**

**CERTIFICATION AND COMMENTS**

1.

BY EMPLOYEE

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

DATE

21 January 1963

SIGNATURE OF EMPLOYEE

Frederick Randall (Signed)

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

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

DATE

11 January 1963

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Concur.

DATE

11 January 1963

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

William V. Broe

**SECRET**

**SECRET**  
(When Filled In)

|  |  |   |   |                 |   |   |   |
|--|--|---|---|-----------------|---|---|---|
| <b>FITNESS REPORT</b>  |  |   | EMPLOYEE SERIAL NUMBER<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">           6092         </div>   |                 |   |   |   |
| <b>SECTION A GENERAL</b>   |  |   |   |                 |   |   |   |
| 1. NAME (Last) (First) (Middle)<br>Randall, Frederick  |  | 2. DATE OF BIRTH                                    |   | 3. SEX<br>M     |   |   |   |
| 3. SERVICE DESIGNATION<br>D  |  |   | 4. GRADE<br>GS-13   |                 |   |   |   |
| 5. OFFICIAL POSITION TITLE<br>Ops Officer  |  |   | 7. OFF/DIV/DR OF ASSIGNMENT<br>FE   |                 |   |   |   |
| 8. CAREER STAFF STATUS<br><input type="checkbox"/> NOT ELIGIBLE <input type="checkbox"/> MEMBER <input type="checkbox"/> DEFERRED<br><input type="checkbox"/> PENDING <input type="checkbox"/> DECLINED <input type="checkbox"/> DENIED  |  |   | 9. TYPE OF REPORT<br><input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT/SUPERVISOR<br><input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT/EMPLOYEE |                 |   |   |   |
| 10. DATE REPORT DUE IN O.P.  |  | 11. REPORTING PERIOD From To<br>17 Sep 61-31 Dec 61 |   |                 |   |   |   |
| <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<br>Initial responsibility for Station REPAIR activities  |  | RATING NO.<br>5                                     | SPECIFIC DUTY NO. 4   |                 |   |   |   |
| SPECIFIC DUTY NO. 2<br>Supervision of Station TSD activity involving TSD officer   |  | RATING NO.<br>5                                     | SPECIFIC DUTY NO. 5   |                 |   |   |   |
| SPECIFIC DUTY NO. 3<br>Supervision   |  | RATING NO.<br>5                                     | SPECIFIC DUTY NO. 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.<br>2 - Performance meets most requirements but is deficient in one or more important respects.<br>3 - Performance clearly meets basic requirements.<br>4 - Performance clearly exceeds basic requirements.<br>5 - Performance in every important respect is superior.<br>6 - Performance in every respect is outstanding.   |  |   |   | RATING NO.<br>5 |   |   |   |
| <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               | 3 | 4 | 5 |
| GETS THINGS DONE   |  |   |   |                 |   |   |   |
| RESOURCEFUL  |  |   |   |                 |   |   |   |
| ACCEPTS RESPONSIBILITIES   |  |   |   |                 |   |   |   |
| CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES   |  |   |   |                 |   |   |   |
| DOES HIS JOB WITHOUT STRONG SUPPORT  |  |   |   |                 |   |   |   |
| FACILITATES SMOOTH OPERATION OF HIS OFFICE   |  |   |   |                 |   |   |   |
| WRITES EFFECTIVELY   |  |   |   |                 |   |   |   |
| SECURITY CONSCIOUS   |  |   |   |                 |   |   |   |
| THINKS CLEARLY   |  |   |   |                 |   |   |   |
| DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS  |  |   |   |                 |   |   |   |
| OTHER (Specify):   |  |   |   |                 |   |   |   |

SEE SECTION "E" ON REVERSE SIDE

SECRET

(When Filled In)

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

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

Feb 16 12 04 PM '62

In the three months sub, set has been in place he has demonstrated his capacity to adapt to new conditions and situations in the face of trying to settle in. Difficult problems of establishing his household in a country new to him. He has pitched, with zeal and enthusiasm into fields of organization activity relatively new to him. Three months in such a situation is too short a time to judge actions with great validity, but it is my considered opinion that in sub, set we have found the right officer in the right place at the right time and the future looks bright.

~~This report has been prepared in accordance with the Division standards which require a sample of rating the individual against the average rating and are entirely satisfactory per Division.~~

**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: 15 Jan. 62 SIGNATURE OF EMPLOYEE: Frederick Randall (Signed)

2. **BY SUPERVISOR**

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

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

EMPLOYER UNDER MY SUPERVISION LESS THAN 90 DAYS: \_\_\_\_\_ REPORT MADE WITHIN LAST 90 DAYS: \_\_\_\_\_

OTHER (Specify): \_\_\_\_\_

DATE: 15 Jan. 62 OFFICIAL TITLE OF SUPERVISOR: \_\_\_\_\_ TYPED OR PRINTED NAME AND SIGNATURE: \_\_\_\_\_

3. **BY REVIEWING OFFICIAL**

I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION. \_\_\_\_\_

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION. \_\_\_\_\_

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION. \_\_\_\_\_

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

COMMENTS OF REVIEWING OFFICIAL: \_\_\_\_\_

DATE: 15 Jan. 62 OFFICIAL TITLE OF REVIEWING OFFICIAL: \_\_\_\_\_ TYPED OR PRINTED NAME AND SIGNATURE: William W. Free (Signed)

SECRET



SECRET  
(When Filled In)

NOV 1961

*[Signature]*

EMPLOYEE NUMBER 112170

CLASSIFIED BY CSPD

**SECTION A GENERAL**

1. NAME (Last) (First) (Middle) **RANALL, FREDERICK C.** 2. DATE OF BIRTH [ ] 3. SEX **M** 4. GRADE **GS-13**

5. SERVICE DESIGNATION **DI** 6. OFFICIAL POSITION TITLE **Ops Officer** 7. OFF/DIV/BR OF ASSIGNMENT **DDP/FE**

8. CAREER STAFF STATUS: NOT ELIGIBLE [ ] MEMBER  DEFERRED [ ] 9. TYPE OF REPORT: INITIAL [ ] REASSIGNMENT/SUPERVISOR [ ] PENDING [ ] DECLINED [ ] DENIED [ ] ANNUAL  REASSIGNMENT/EMPLOYEE [ ]

10. DATE REPORT DUE IN O.P. **31 January 61** 11. REPORTING PERIOD **Dec 59 - Sept 61** SPECIAL (Specify) [ ]

**SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES**

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

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

|   |                          |  |                          |
|---|--------------------------|--|--------------------------|
| SPECIFIC DUTY NO. 1<br><b>Deputy to Division KUTUBE Staff Chief</b>   | RATING NO.<br><b>5</b>   | SPECIFIC DUTY NO. 4<br><b>Liaison with Special Staffs and external agencies on KUTUBE matters.</b> | RATING NO.<br><b>5/6</b> |
| SPECIFIC DUTY NO. 2<br><b>Coordination within Division of KUTUBE matters</b>                                    | RATING NO.<br><b>5/6</b> | SPECIFIC DUTY NO. 5  | RATING NO.               |
| SPECIFIC DUTY NO. 3<br><b>Preparation and release of periodic reports, dispatches, and other correspondence</b> | RATING NO.<br><b>5/6</b> | SPECIFIC DUTY NO. 6  | RATING NO.               |

**SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION**

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

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

RATING NO. **5**

**SECTION D DESCRIPTION OF THE EMPLOYEE**

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

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

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

SEE SECTION "E" ON REVERSE SIDE

SECRET  
(When Filled In)

OFFICE OF PERSONNEL

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

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.

This is Mr. Randall's first experience in a staff position. During the period under review he took firm control of his job and showed substantial improvement over his previous competent performance. His operational background and good sense have combined <sup>to make</sup> ~~and made~~ him an excellent officer, deserving of further responsibility in a field position. It should also be noted that Mr. Randall performed in excellent fashion in replacing the rater during the latter's 7-week TDY in the Fall of 1960.

This report has been prepared to certify and commend the employee's satisfactory performance against the general standards of the position.

**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 THE EMPLOYEE HAS BEEN UNDER MY SUPERVISION

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

Subject departed <sup>the</sup> field prior to completion of Witness Int.

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

C/FS

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

DCFE

SECRET

SECRET  
(When Filled In)

30 MAR 1960 3 1 PER REG

| FITNESS REPORT   |  |                            |   | EMPLOYEE SERIAL NUMBER      |                 |                          |  |                        |  |           |  |
|--|--|----------------------------|---|-----------------------------|-----------------|--------------------------|--|------------------------|--|-----------|--|
| 18 Jan 1960  |  |                            |   | 112170                      |                 |                          |  |                        |  |           |  |
| SECTION A GENERAL  |  |                            |   |                             |                 |                          |  |                        |  |           |  |
| 1. NAME (Last) (First) (Middle)  |  |                            | 2. DATE OF BIRTH  |                             | 3. SEX          |                          |  |                        |  |           |  |
| RANDALL, Frederick C.  |  |                            |   |                             | M               |                          |  |                        |  |           |  |
| 4. SERVICE DESIGNATION   |  | 5. OFFICIAL POSITION TITLE |   | 7. OFF/DIV/BR OF ASSIGNMENT |                 |                          |  |                        |  |           |  |
| DI   |  | Ops. Officer               |   |                             |                 |                          |  |                        |  |           |  |
| 6. CAREER STAFF STATUS   |  |                            | 9. TYPE OF REPORT   |                             |                 |                          |  |                        |  |           |  |
| NOT ELIGIBLE   | <input checked="" type="checkbox"/> MEMBER | DEFERRED                   | INITIAL   | REASSIGNMENT/SUPERVISOR     |                 |                          |  |                        |  |           |  |
| PENDING  | DECLINED                                   | DENIED                     | <input checked="" type="checkbox"/> ANNUAL                                  | REASSIGNMENT/EMPLOYEE       |                 |                          |  |                        |  |           |  |
| 10. DATE REPORT DUE IN O.P.  |  | 11. REPORTING PERIOD       |   | SPECIAL (Specify)           |                 |                          |  |                        |  |           |  |
| 31 Jan. 1960   |  | 12/58 - 31/12/59           |   |                             |                 |                          |  |                        |  |           |  |
| SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES   |  |                            |   |                             |                 |                          |  |                        |  |           |  |
| List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).   |  |                            |   |                             |                 |                          |  |                        |  |           |  |
| 1 - Unsatisfactory    2 - Barely adequate    3 - Acceptable    4 - Competent    5 - Excellent    6 - Superior    7 - Outstanding   |  |                            |   |                             |                 |                          |  |                        |  |           |  |
| SPECIFIC DUTY NO. 1  |  | RATING NO.                 | SPECIFIC DUTY NO. 4   |                             | RATING NO.      |                          |  |                        |  |           |  |
| Review of projects, cables, dispatches, and memoranda.   |  | 4                          | Replacement of supervisor in latter's absence and acting as general deputy. |                             | 4               |                          |  |                        |  |           |  |
| SPECIFIC DUTY NO. 2  |  | RATING NO.                 | SPECIFIC DUTY NO. 5   |                             | RATING NO.      |                          |  |                        |  |           |  |
| Coordination with FE Branches and with Special Staffs.   |  | 4/5                        | Prepares periodic reports and other correspondence.                         |                             | 5               |                          |  |                        |  |           |  |
| SPECIFIC DUTY NO. 3  |  | RATING NO.                 | SPECIFIC DUTY NO. 6   |                             | RATING NO.      |                          |  |                        |  |           |  |
| Handling of certain specific FI activities such as Agreed Activities.  |  | 5                          |   |                             |                 |                          |  |                        |  |           |  |
| SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION  |  |                            |   |                             |                 |                          |  |                        |  |           |  |
| Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance. |  |                            |   |                             |                 |                          |  |                        |  |           |  |
| 1 - Performance in many important respects fails to meet requirements.<br>2 - Performance meets most requirements but is deficient in one or more important respects.<br>3 - Performance clearly meets basic requirements.<br>4 - Performance clearly exceeds basic requirements.<br>5 - Performance in every important respect is superior.<br>6 - Performance in every respect is outstanding.   |  |                            |   |                             | RATING NO.<br>4 |                          |  |                        |  |           |  |
| SECTION D DESCRIPTION OF THE EMPLOYEE  |  |                            |   |                             |                 |                          |  |                        |  |           |  |
| In the rating boxes below, check (X) the degree to which each characteristic applies to the employee   |  |                            |   |                             |                 |                          |  |                        |  |           |  |
| 1 - Lowest possible degree   |  | 2 - Limited degree         |   | 3 - Normal degree           |                 | 4 - Above average degree |  | 5 - Outstanding degree |  |           |  |
| CHARACTERISTICS  |  |                            |   |                             |                 | DOES APPLY TO CABLE      |  | NOT OBSERVED           |  | RATING    |  |
|  |  |                            |   |                             |                 |                          |  |                        |  | 1 2 3 4 5 |  |
| GETS THINGS DONE   |  |                            |   |                             |                 |                          |  |                        |  | X         |  |
| RESOURCEFUL  |  |                            |   |                             |                 |                          |  |                        |  | X         |  |
| ACCEPTS RESPONSIBILITIES   |  |                            |   |                             |                 |                          |  |                        |  | X         |  |
| CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES   |  |                            |   |                             |                 |                          |  |                        |  | X         |  |
| DOES HIS JOB WITHOUT STRONG SUPPORT  |  |                            |   |                             |                 |                          |  |                        |  | X         |  |
| FACILITATES SMOOTH OPERATION OF HIS OFFICE   |  |                            |   |                             |                 |                          |  |                        |  | X         |  |
| WRITKS 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. Randall is an intelligent, hardworking senior officer with considerable operational background. This is his first staff assignment after long experience in one action area. He has adjusted well to this new assignment and has proved particularly effective in dealings with the Special Staffs on a variety of matters.

I would recommend that Mr. Randall be assigned to a responsible job in a field station after this tour on the FE Staff.

This report is to be prepared in accordance with the standard of the group. A rating of "average" reflects an average satisfactory performance.

|  |   |   |
|--|---|---|
| <b>SECTION F CERTIFICATION AND COMMENTS</b>  |   |   |
| 1. BY EMPLOYEE   |   |   |
| I certify that I have seen Sections A, B, C, D and E of this Report.   |   |   |
| DATE<br>21/3/60  | SIGNATURE OF EMPLOYEE<br><i>Frederick C Randall</i>             |   |
| 2. BY SUPERVISOR   |   |   |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION<br>7   | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |   |
| IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.   |   |   |
| EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS  | REPORT MADE WITHIN LAST 90 DAYS                                 |   |
| OTHER (Specify):   |   |   |
| DATE<br>16 March 1960  | OFFICIAL TITLE OF SUPERVISOR<br>Chief, FE                       | NAME OF SUPERVISOR AND SIGNATURE                            |
| 3. BY REVIEWING OFFICIAL   |   |   |
| <input checked="" type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.                            |   |   |
| <input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.   |   |   |
| <input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.  |   |   |
| <input type="checkbox"/> I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE. |   |   |
| COMMENTS OF REVIEWING OFFICIAL   |   |   |
| DATE<br>30 March 1960  | OFFICIAL TITLE OF REVIEWING OFFICIAL<br>Deputy Chief, FE        | NAME OF REVIEWING OFFICIAL AND SIGNATURE<br>William V. Broe |

**SECRET**  
(When Filled In)

| FITNESS REPORT   |  |                                   |   | EMPLOYEE SERIAL NUMBER                           |                   |                 |
|--|--|-----------------------------------|---|--|-------------------|-----------------|
|  |  |                                   |   | 512170   |                   |                 |
| <b>SECTION A GENERAL</b>   |  |                                   |   |  |                   |                 |
| 1. NAME (Last) (First) (Middle)  |  | 2. DATE OF BIRTH                  |   | 3. SEX   | 4. GRADE          |                 |
| RANDALL Frederick C.   |  |                                   |   | M  | GS-13             |                 |
| 5. SERVICE DESIGNATION   |  | 6. OFFICIAL POSITION              |   | 7. OFF/DIV/BR OF ASSIGNMENT                      |                   |                 |
| DI   |  | -I, O. (FI)                       |   | DDP/FS   |                   |                 |
| 8. CAREER STAFF STATUS   |  |                                   | 9. TYPE OF REPORT   |  |                   |                 |
| <input type="checkbox"/> NOT ELIGIBLE  | <input checked="" type="checkbox"/> MEMBER | <input type="checkbox"/> DEFERRED | <input type="checkbox"/> INITIAL  | <input type="checkbox"/> REASSIGNMENT/SUPERVISOR |                   |                 |
| <input type="checkbox"/> PENDING   | <input type="checkbox"/> DECLINED          | <input type="checkbox"/> DENIED   | <input checked="" type="checkbox"/> ANNUAL  | <input type="checkbox"/> REASSIGNMENT/EMPLOYEE   |                   |                 |
| 10. DATE REPORT DUE IN O.P.  |  | 11. REPORTING PERIOD              |   | 12. SPECIAL (Specify)                            |                   |                 |
| 31/01/59   |  | From 06/58 - 31/12/58 To          |   |  |                   |                 |
| <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 Responsibility for supervision of the members of the These individuals range in grade from GS-5 through GS-13.   |  | RATING NO. 5                      | SPECIFIC DUTY NO. 4 Responsibility for the continual evaluation of the scans.   |  | RATING NO. 5      |                 |
| SPECIFIC DUTY NO. 2 Responsibility for the operation of the country Desk.  |  | RATING NO. 5                      | SPECIFIC DUTY NO. 5 Supervising on the job training of personnel scheduled to be assigned to stations.                          |  | RATING NO. 5      |                 |
| SPECIFIC DUTY NO. 3 Continually assessing station activities and providing guidance and support where needed.  |  | RATING NO. 6                      | SPECIFIC DUTY NO. 6 Preparation of special reports and briefing papers for high Agency officials and for the OCB working group. |  | RATING NO. 4      |                 |
| <b>SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION</b>   |  |                                   |   |  |                   |                 |
| Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance. |  |                                   |   |  |                   |                 |
| <ul style="list-style-type: none"> <li>1 - Performance in many important respects fails to meet requirements.</li> <li>2 - Performance meets most requirements but is deficient in one or more important respects.</li> <li>3 - Performance clearly meets basic requirements.</li> <li>4 - Performance clearly exceeds basic requirements.</li> <li>5 - Performance in every important respect is superior.</li> <li>6 - Performance in every respect is outstanding.</li> </ul>   |  |                                   |   |  | RATING NO.<br>4/5 |                 |
| <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   |  |                                   |   |  |                   |                 |
| RESOURCEFUL  |  |                                   |   |  |                   | X               |
| ACCEPTS RESPONSIBILITIES   |  |                                   |   |  |                   | X               |
| CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES   |  |                                   |   |  |                   | X               |
| DOES HIS JOB WITHOUT STRONG SUPPORT  |  |                                   |   |  |                   | X               |
| FACILITATES SMOOTH OPERATION OF HIS OFFICE   |  |                                   |   |  |                   | X               |
| WRITES EFFECTIVELY   |  |                                   |   |  |                   | X               |
| SECURITY CONSCIOUS   |  |                                   |   |  |                   | X               |
| THINKS CLEARLY   |  |                                   |   |  |                   | X               |
| DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS  |  |                                   |   |  |                   | X               |
| OTHER (Specify):   |  |                                   |   |  |                   |                 |
| SEE SECTION "E" ON REVERSE SIDE  |  |                                   |   |  |                   |                 |

SECRET

(When Filled In)

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

During the period under review, Mr. Randall returned from the field and took up the responsibilities of chief of an active and important desk. This initial period has of necessity been one of orientation to Headquarters problems and procedures. Mr. Randall appears to be developing well and has evidenced the capacity for handling his job in a highly competent manner.

| 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   |                                     |
| 29 December 1958  | Frederick P. Randall  |                                     |
| 2. BY SUPERVISOR  |   |                                     |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION   | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |                                     |
| 5   |   |                                     |
| 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 |
| 29 December 1958  | Deputy Chief, FE  |                                     |
| 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 |
| 29 December 1958  | Chief, FE   |                                     |

SECRET

SECRET

(When Filled In)

C. L. CHS

FITNESS REPORT (Part I) PERFORMANCE

INSTRUCTIONS

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

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

SECTION A. GENERAL

|  |                          |  |  |                    |  |
|--|--------------------------|--|--|--------------------|--|
| 1. NAME (Last) (First) (Middle)<br><b>RANDALL Frederick G.</b> |                          |  | 2. DATE OF BIRTH   | 3. SEX<br><b>M</b> | 4. SERVICE DESIGNATION<br><b>SD/DI</b> |
| 5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT                        |                          |  | 6. OFFICIAL POSITION TITLE<br><b>Intelligence Officer (FI)</b> |                    |  |
| 7. GRADE<br><b>GS-12</b>                                       | 8. DATE REPORT DUE IN OP | 9. PERIOD COVERED BY THIS REPORT (Inclusive dates)<br><b>June 1957 - June 1958</b> |  |                    |  |
| 10. TYPE OF REPORT (Check one)                                 |                          | INITIAL  | REASSIGNMENT/SUPERVISOR  | SPECIAL (Specify)  |  |
|  |                          | ANNUAL   | <input checked="" type="checkbox"/>                            |                    |  |

SECTION B. CERTIFICATION

1. FOR THE RATER: THIS REPORT  WAS  HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY  
**Individual has returned to**

A. CHECK (X) APPROPRIATE STATEMENTS:

|  |                                     |   |
|--|-------------------------------------|---|
| <input checked="" type="checkbox"/> THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.       | <input checked="" type="checkbox"/> | IF INDIVIDUAL IS RATED "1" IN C1 OR D, A WRITING COPY HAS BEEN SENT TO HIM AS A COPY ATTACHED TO THIS REPORT.                       |
| THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS.                     |                                     | I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW TO EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify)<br><b>Has left this post</b> |
| I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS. |                                     |   |

B. THIS DATE **8 July 1958** C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR **[Signature]** D. SUPERVISOR'S OFFICIAL TITLE **Chief of Station**

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

DATE 6 AUG 1958  
 [Signature]  
 DATE 21 JUL 58

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

A. THIS DATE **8 July 1958** B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL **[Signature]** C. OFFICIAL TITLE OF REVIEWING OFFICIAL

SECTION C. JOB PERFORMANCE EVALUATION

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

- 1. DOES NOT PERFORM DUTIES ADEQUATELY. HE IS INCOMPETENT.
- 2. SOMETIMELY ADEQUATE IN PERFORMANCE. ALTHOUGH HE HAS NO SPECIFIC GUIDANCE OR TRAINING, HE KNOWS HOW TO CARRY OUT RESPONSIBILITIES.
- 3. PERFORMS MOST OF HIS DUTIES ACCEPTABLY. OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.
- 4. PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER.
- 5. A HIGH PERFORMER. CARRIES OUT MOST OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.
- 6. PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS UNDER THE SUPERVISOR.

COMMENTS:

07169 01 29 44

2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES

**INSTRUCTIONS:**

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

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

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

**DESCRIPTIVE RATING NUMBER**

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

| SPECIFIC DUTY NO. 1         | RATING NUMBER | SPECIFIC DUTY NO. 4         | RATING NUMBER |
|-----------------------------|---------------|-----------------------------|---------------|
|                             | 6             | Prepares ops reports        | 5             |
| SPECIFIC DUTY NO. 2         | RATING NUMBER | SPECIFIC DUTY NO. 5         | RATING NUMBER |
| Developes new intel sources | 5             | Has and uses area knowledge | 5             |
| SPECIFIC DUTY NO. 3         | RATING NUMBER | SPECIFIC DUTY NO. 6         | RATING NUMBER |
| Prepares intel reports      | 5             |                             | 6             |

3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

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

NA

SECTION C. SUITABILITY FOR CURRENT JOB IN ORGANIZATION

**INSTRUCTIONS:** Take into account here everything you know about the individual, including his education, experience in the job, personal qualities, characteristics or habits, special talents or handicaps, etc. Do not rate on this basis with your own comparison with others doing similar work of about the same level.

1. **6** - The individual is highly suitable for the job and has demonstrated exceptional ability in the performance of the job.

2. **5** - The individual is very suitable for the job and has demonstrated excellent ability in the performance of the job.

3. **4** - The individual is suitable for the job and has demonstrated good ability in the performance of the job.

4. **3** - The individual is marginally suitable for the job and has demonstrated fair ability in the performance of the job.

5. **2** - The individual is not suitable for the job and has demonstrated poor ability in the performance of the job.

6. **1** - The individual is completely unsuitable for the job and has demonstrated no ability in the performance of the job.



SECRET

(When Filled In)

FITNESS REPORT (Part II) POTENTIAL

INSTRUCTIONS

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

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

| SECTION E. GENERAL               |                       |  |                        |
|----------------------------------|-----------------------|--|------------------------|
| 1. NAME (Last) (First) (Middle)  | 2. DATE OF BIRTH      | 3. SEX   | 4. SERVICE DESIGNATION |
| RANDALL Frederick G.             |                       | M  | SD/DI                  |
| 5. OFFICE (BRANCH OR ASSIGNMENT) |                       | 6. OFFICIAL POSITION TITLE                         |                        |
|                                  |                       | Intelligence Officer                               |                        |
| 7. GRADE                         | 8. DATE REPORT DUE IN | 9. PERIOD COVERED BY THIS REPORT (Inclusive dates) |                        |
| GS-12                            |                       | June 1957 - June 1958                              |                        |
| 10. TYPE OF REPORT (Check one)   | INITIAL               | REASSIGNMENT-SUPERVISOR                            | SPECIAL (Specify)      |
|                                  | ANNUAL                | <input checked="" type="checkbox"/>                |                        |

| SECTION F. CERTIFICATION   |  |   |
|--|--|---|
| 1. FOR THE RATER: I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGEMENT OF THE INDIVIDUAL BEING RATED          |  |   |
| A. THIS DATE   | B. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR         | C. SUPERVISOR'S OFFICIAL TITLE          |
| 8 July 1958  |  | Chief of Station                        |
| 2. FOR THE REVIEWING OFFICIAL: I HAVE REVIEWED THIS REPORT AND NOTED ANY DIFFERENCE OF OPINION IN ATTACHED MEMO. |  |   |
| A. THIS DATE   | B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL | C. OFFICIAL TITLE OF REVIEWING OFFICIAL |
|  |  |   |

| SECTION G. ESTIMATE OF POTENTIAL  |  |
|---|--|
| 1. POTENTIAL TO ASSUME GREATER RESPONSIBILITIES   |  |
| DIRECTIONS: Considering others of his grade and type of assignment, rate the employee's potential to assume greater responsibilities. Think in terms of the kind of responsibility encountered at the various levels in his kind of work. |  |
| 6   | 1 - ALREADY ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED  |
|   | 2 - HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED  |
|   | 3 - MAKING PROGRESS, BUT NEEDS MORE TIME BEFORE HE CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES                           |
|   | 4 - READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES  |
|   | 5 - WILL PROBABLY ADJUST QUICKLY TO MORE RESPONSIBLE DUTIES WITHOUT FURTHER TRAINING   |
|   | 6 - ALREADY ASSUMING MORE RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL  |
|   | 7 - AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER LEVEL RESPONSIBILITIES |

| 2. SUPERVISORY POTENTIAL  |  |
|---|--|
| DIRECTIONS: Answer this question: Has this person the ability to be a supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No. If your answer is YES, indicate below your opinion or guess of the level of supervisory ability this person will reach AFTER NINE TRAINING. Indicate your opinion by circling the number of the descriptive rating below which comes closest to expressing your opinion in the appropriate column. If your rating is based on observing his supervisee, note your rating in the "actual" column. If based on opinion of his potential, note the rating in the "potential" column. |  |
| DIRECTIONS: Indicate your opinion or guess of the level of supervisory ability this person will reach AFTER NINE TRAINING. Indicate your opinion by circling the number of the descriptive rating below which comes closest to expressing your opinion in the appropriate column. If your rating is based on observing his supervisee, note your rating in the "actual" column. If based on opinion of his potential, note the rating in the "potential" column.  | 1 - HAVE NO OPINION ON HIS SUPERVISORY POTENTIAL IN THIS SITUATION                       |
|   | 2 - BELIEVE INDIVIDUAL SHOULD BE A SUPERVISOR IN THIS KIND OF SITUATION                  |
| DIRECTIONS: Indicate your opinion or guess of the level of supervisory ability this person will reach AFTER NINE TRAINING. Indicate your opinion by circling the number of the descriptive rating below which comes closest to expressing your opinion in the appropriate column. If your rating is based on observing his supervisee, note your rating in the "actual" column. If based on opinion of his potential, note the rating in the "potential" column.  | 3 - BELIEVE INDIVIDUAL SHOULD BE AN ASSISTANT SUPERVISOR IN THIS KIND OF SITUATION       |
|   | 4 - BELIEVE INDIVIDUAL SHOULD BE A SENIOR ASSISTANT SUPERVISOR IN THIS KIND OF SITUATION |

SECRET

(When Filled In)

CONFIDENTIAL

3. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RATED EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION  
80

4. COMMENTS CONCERNING POTENTIAL  
Subject combines tenacity with dependability. He is most conscientious, and displays an outstanding grasp of the intelligence profession.  
11 DEC 1958  
11/10/58

SECTION II. FUTURE PLANS

5. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL  
NA

6. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENT  
Subject hopes to be able to continue his work toward a PhD degree, by outside study, therefore, it is recommended that he be assigned to headquarters for his next tour.

SECTION I. DESCRIPTION OF INDIVIDUAL

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

- 1 - HAVE NOT OBSERVED THIS; HENCE CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL
- 2 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE
- 3 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE
- 4 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE
- 5 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE
- 6 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE

| CATEGORY | STATEMENT   | CATEGORY | STATEMENT   | CATEGORY | STATEMENT   |
|----------|---|----------|---|----------|---|
| 3        | 1. ABLE TO SEE THE VALUE OF HIS WORK TO THE ORGANIZATION  | 4        | 11. HAS BEEN RESPONSIBLE FOR THE DEVELOPMENT OF NEW IDEAS | 4        | 21. HAS BEEN RESPONSIBLE FOR THE DEVELOPMENT OF NEW IDEAS |
| 5        | 2. HAS BEEN RESPONSIBLE FOR THE DEVELOPMENT OF NEW IDEAS  | 5        | 12. HAS BEEN RESPONSIBLE FOR THE DEVELOPMENT OF NEW IDEAS | 5        | 22. HAS BEEN RESPONSIBLE FOR THE DEVELOPMENT OF NEW IDEAS |
| 4        | 3. HAS BEEN RESPONSIBLE FOR THE DEVELOPMENT OF NEW IDEAS  | 5        | 13. HAS BEEN RESPONSIBLE FOR THE DEVELOPMENT OF NEW IDEAS | 5        | 23. HAS BEEN RESPONSIBLE FOR THE DEVELOPMENT OF NEW IDEAS |
| 4        | 4. HAS BEEN RESPONSIBLE FOR THE DEVELOPMENT OF NEW IDEAS  | 5        | 14. HAS BEEN RESPONSIBLE FOR THE DEVELOPMENT OF NEW IDEAS | 5        | 24. HAS BEEN RESPONSIBLE FOR THE DEVELOPMENT OF NEW IDEAS |
| 5        | 5. HAS BEEN RESPONSIBLE FOR THE DEVELOPMENT OF NEW IDEAS  | 5        | 15. HAS BEEN RESPONSIBLE FOR THE DEVELOPMENT OF NEW IDEAS | 5        | 25. HAS BEEN RESPONSIBLE FOR THE DEVELOPMENT OF NEW IDEAS |
| 5        | 6. HAS BEEN RESPONSIBLE FOR THE DEVELOPMENT OF NEW IDEAS  | 5        | 16. HAS BEEN RESPONSIBLE FOR THE DEVELOPMENT OF NEW IDEAS | 5        | 26. HAS BEEN RESPONSIBLE FOR THE DEVELOPMENT OF NEW IDEAS |
| 5        | 7. HAS BEEN RESPONSIBLE FOR THE DEVELOPMENT OF NEW IDEAS  | 5        | 17. HAS BEEN RESPONSIBLE FOR THE DEVELOPMENT OF NEW IDEAS | 5        | 27. HAS BEEN RESPONSIBLE FOR THE DEVELOPMENT OF NEW IDEAS |
| 5        | 8. HAS BEEN RESPONSIBLE FOR THE DEVELOPMENT OF NEW IDEAS  | 5        | 18. HAS BEEN RESPONSIBLE FOR THE DEVELOPMENT OF NEW IDEAS | 5        | 28. HAS BEEN RESPONSIBLE FOR THE DEVELOPMENT OF NEW IDEAS |
| 5        | 9. HAS BEEN RESPONSIBLE FOR THE DEVELOPMENT OF NEW IDEAS  | 5        | 19. HAS BEEN RESPONSIBLE FOR THE DEVELOPMENT OF NEW IDEAS | 5        | 29. HAS BEEN RESPONSIBLE FOR THE DEVELOPMENT OF NEW IDEAS |
| 5        | 10. HAS BEEN RESPONSIBLE FOR THE DEVELOPMENT OF NEW IDEAS | 5        | 20. HAS BEEN RESPONSIBLE FOR THE DEVELOPMENT OF NEW IDEAS | 5        | 30. HAS BEEN RESPONSIBLE FOR THE DEVELOPMENT OF NEW IDEAS |

SECRET

SECRET

(When Filled In)

4.39

FITNESS REPORT (Part I) PERFORMANCE

INSTRUCTIONS

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

SECTION A.

GENERAL

Form with fields for Name (RANDALL, FREDERICK), Date of Birth, Sex (Male), Service Designation (DI), Branch of Assignment, Official Position Title (Intelligence Officer (FI)), Grade (GS-12-2), Date Report Due (June 1957), Period Covered (September 1956-June 1957), Type of Report (Promotion checked), and Certification (checked).

SECTION B.

CERTIFICATION

Certification section with checkboxes for 'For the rated: This report was...' and 'I certify that any substantial difference of opinion with the supervisor is reflected in the above section.' Includes a signature box for the supervisor.

Signature box containing 'Reviewed by: [Signature] DATE: 26 July 1957'.

SECTION C.

AND PERFORMANCE EVALUATION

Large section for performance evaluation with multiple lines of text and checkboxes for various performance metrics.

SECRET

(When Filled In)

OFFICE OF PERSONNEL

7. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES

DIRECTIONS:

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

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

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

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

|                              |               |                              |               |
|------------------------------|---------------|------------------------------|---------------|
| SPECIFIC DUTY NO. 1          | RATING NUMBER | SPECIFIC DUTY NO. 4          | RATING NUMBER |
|                              | 5             | Analyzes situation           | 5             |
| SPECIFIC DUTY NO. 2          | RATING NUMBER | SPECIFIC DUTY NO. 5          | RATING NUMBER |
| Develops new intel sources   | 5             | Prepares operational reports | 6             |
| SPECIFIC DUTY NO. 3          | RATING NUMBER | SPECIFIC DUTY NO. 6          | RATING NUMBER |
| Prepares information reports | 6             | Has and uses area knowledge  | 5             |

8. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

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

N. A.

SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION

DIRECTIONS: Take into account here everything you know about the individual's personality, conduct on the job, pertinent personal characteristics or habits, special defects or talents, and how he fits in with your team. Rate him with a number doing either work of about the same level.

6

1. Is the individual's personality well adapted to the job?

2. Does the individual's personality fit with the organization?

3. Is the individual's personality well adapted to the job?

4. Does the individual's personality fit with the organization?

5. Is the individual's personality well adapted to the job?

6. Does the individual's personality fit with the organization?

SECRET

(When Filled In)

FITNESS REPORT (Part II) POTENTIAL

INSTRUCTIONS

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

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

SECTION E. GENERAL

Form with fields for Name (Last, First, Middle), Date of Birth, Sex, Service Designation, Office/Division/Branch of Assignment, Official Position Title, Grade, Date Report Due In Op, Period Covered by this Report, Type of Report (Annual, Reassignment-Supervisor, Reassignment-Employee, Special Promotion).

SECTION F. CERTIFICATION

Form with fields for Supervisor Certification (Date, Name, Signature, Title) and Reviewing Official Certification (Date, Name, Signature, Title).

SECTION G. ESTIMATE OF POTENTIAL

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

Form with a rating scale from 1 to 7 and a box containing the number 6.

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

Table with columns for Actual Rating, Potential Rating, and Descriptive Situation. Includes a legend for descriptive ratings (0-3) and a list of situations for rating.

**SECRET**

(When Filled In)

3. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RATED EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION **70** **SECRET PERSONNEL**

4. COMMENTS CONCERNING POTENTIAL  
 Subject is a most conscientious, dependable and competent officer. His outstanding characteristics are patience and tenaciousness, which are necessary in the makeup of a successful operations officer. **Dec 23 10:27 AM '57**  
**MAIL ROOM**

**SECTION H. FUTURE PLANS**

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL  
**N. A.**

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

**SECTION I. DESCRIPTION OF INDIVIDUAL**

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

X - HAVE NOT OBSERVED THIS; HENCE CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL  
 1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE  
 2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE  
 3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE  
 4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE  
 5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE

| CATEGORY | STATEMENT   | CATEGORY | STATEMENT  | CATEGORY | STATEMENT   |
|----------|---|----------|--|----------|---|
| 4        | 1. ABLE TO SEE ANOTHER'S POINT OF VIEW            | 5        | 11. HAS HIGH STANDARDS OF ACCOMPLISHMENT               | 4        | 21. IS EFFECTIVE IN DISCUSSIONS WITH ASSOCIATES     |
| 5        | 2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES | 4        | 12. SHOWS ORIGINALITY                                  | 4        | 22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS |
| 5        | 3. HAS INITIATIVE                                 | 5        | 13. ACCEPTS RESPONSIBILITY                             | 4        | 23. IS THOUGHTFUL OF OTHERS                         |
| 5        | 4. IS ANALYTIC IN HIS THINKING                    | 4        | 14. ADMITS HIS ERRORS                                  | 5        | 24. WORKS WELL UNDER PRESSURE                       |
| 4        | 5. STRIVES CONSTANTLY FOR NEW KNOWLEDGE AND IDEAS | 5        | 15. RESPONDS WELL TO SUPERVISION                       | 5        | 25. DISPLAYS JUDGMENT                               |
| 3        | 6. WANTS OTHERS TO GIVE ASSISTANCE                | 5        | 16. DOES HIS JOB WITHOUT STRONG SUPPORT                | 5        | 26. IS SECURITY CONSCIOUS                           |
| 6        | 7. CAN GET ALONG WITH PEOPLE                      | 5        | 17. COMES UP WITH SOLUTIONS TO PROBLEMS                | 5        | 27. IS VERSATILE                                    |
| 5        | 8. HAS MEMORY FOR FACTS                           | 5        | 18. IS OBSERVANT                                       | 4        | 28. HAS OPINION IN CONSTRUCTION                     |
| 5        | 9. SETS THIRSD GOALS                              | 5        | 19. THINKS CLEARLY                                     | 5        | 29. FACILITATES MONTH OPERATIONS AT HIS OFFICE      |
| 5        | 10. CAN TAKE PAIN PATIENTLY                       | 5        | 20. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS | 5        | 30. HAS NOT RECEIVED STRONG AND LEADING SUPERVISOR  |

SECRET

FIELD FITNESS REPORT

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

INSTRUCTIONS

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

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

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

Posted Pos. Control

Reviewed by

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

SECTION I

LEAVE BLANK - FOR HEADQUARTERS USE ONLY

Frederick C. Randall

1. DATE OF BIRTH

2. SEX

3. SERVICE DESIGNATION

KUTUBE

4. GRADE

5. STATION DESIGNATION (Current)

GS-12

6. DUE DATE OF THIS REPORT

7. PERIOD COVERED BY THIS REPORT (Inclusive Dates)

September 1956

June-September 1956

SECTION II (To be completed by field supervisor)

1. CURRENT POSITION

Senior Case Officer (F-1)

2. DATE ASSUMED RESPONSIBILITY FOR POSITION

9 December 1955

3. STATE THE SPECIFIC ASSIGNMENTS OR TASKS WHICH ARE TYPICAL OF THOSE GIVEN TO THE EMPLOYEE DURING THE PAST THREE TO SIX MONTHS (List in order of frequency)

1. Responsible field case officer for following:

[Redacted]

2. Responsible field case officer for following:

A. [Redacted] (developmental).

3. Ad hoc assignments:

A.
B.

SECTION III (To be completed at headquarters only)

DO NOT COMPLETE - FOR HEADQUARTERS USE ONLY

AUTHENTICATION OF REPORT AND SIGNATURES

1. NAME OF RATER (Type)

2. NAME OF REVIEWING OFFICIAL IN FIELD (Type)

3. THIS REPORT [ ] WAS NOT SHOWN TO THE INDIVIDUAL BEING RATED.

4. DATE REPORT AUTHENTICATED AT HQS.

5. NAME AND SIGNATURE OF ADMINISTRATIVE OR PERSONNEL OFFICER AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE FINANCIAL SIGNATURES

24 Oct. 1956

Chief, FE/S

DO NOT COMPLETE - FOR HEADQUARTERS USE ONLY

**SECRET**  
(When Filled In)

**SECTION IV**

OFFICE OF PERSONNEL

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

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

66125 2:55 PM '56

RAE ROOM

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





SECRET  
(When Filled In)

OFFICE OF PERSONNEL

DO YOU FEEL THAT HE REQUIRES CLOSE SUPERVISION?  NO  YES. IF YES, WHY?

MAIL ROOM

6. WHAT TRAINING DO YOU RECOMMEND FOR THIS INDIVIDUAL?

*More practical field operational experience.  
Learn [redacted] language.*

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

*He is doing an excellent job in this station.*

SECTION VI

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

A. DIRECTIONS: Consider only the skill with which the person has performed the duties of his job and rate him accordingly.

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

IS THIS INDIVIDUAL BETTER QUALIFIED FOR WORK IN SOME OTHER AREA?  NO  YES. IF YES, WHAT?

C. DIRECTIONS: Based upon what he has said, his actions, and any other indications, give your opinion of this person's attitude toward the organization.

- 1. HAS AN ANTAGONISTIC ATTITUDE TOWARD THE AGENCY... WILL DEFINITELY LEAVE THE ORGANIZATION AT THE FIRST OPPORTUNITY.
- 2. HAS STRONG NEGATIVE ATTITUDE TOWARD ORGANIZATION... IRKED BY RESTRICTIONS... REGARDS AGENCY AS A TEMPORARY STOP UNTIL HE CAN GET SOMETHING BETTER.
- 3. TENDS TO HAVE AN UNFAVORABLE ATTITUDE TOWARD THE ORGANIZATION... BOTHERED BY MINOR FRUSTRATIONS... WILL QUIT IF THESE CONTINUE.
- 4. HIS ATTITUDE TOWARD THE ORGANIZATION IS INDIFFERENT... HAS "WAIT AND SEE" ATTITUDE... WOULD LEAVE IF SOMEONE OFFERED HIM SOMETHING BETTER.
- 5. TENDS TO HAVE FAVORABLE ATTITUDE TOWARD ORGANIZATION... MAKES ALLOWANCES FOR RESTRICTIONS IMPOSED BY WORKING FOR ORGANIZATION... THINKS IN TERMS OF A CAREER IN THE ORGANIZATION.
- 6. DEFINITELY HAS FAVORABLE ATTITUDE TOWARD THE ORGANIZATION... BARRING AN UNEXPECTED OUTSIDE OPPORTUNITY... WILL PROBABLY ENDEAVOR TO MAKE A CAREER IN THE ORGANIZATION.
- 7. HAS AN ENTHUSIASTIC ATTITUDE TOWARD THE ORGANIZATION... WILL PROBABLY NEVER CONSIDER WORKING ANY PLACE BUT IN THE ORGANIZATION.

B. DIRECTIONS: Considering others of this person's grade and type of assignment, how would you rate his potentiality for assumption of greater responsibilities normally indicated by promotion.

- 1. HAS REACHED THE HIGHEST GRADE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED.
- 2. IS MAKING PROGRESS, BUT NEEDS MORE TIME IN PRESENT GRADE BEFORE PROMOTION TO A HIGHER GRADE CAN BE RECOMMENDED.
- 3. IS READY TO TAKE ON RESPONSIBILITIES OF THE NEXT HIGHER GRADE, BUT MAY NEED TRAINING IN SOME AREAS.
- 4. WILL PROBABLY ADJUST QUICKLY TO THE MORE RESPONSIBLE DUTIES OF THE NEXT HIGHER GRADE.
- 5. IS ALREADY PERFORMING AT THE LEVEL OF THE NEXT HIGHER GRADE.
- 6. AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR RAPID ADVANCEMENT.

D. DIRECTIONS: Consider everything you know about this person in making your rating... skill in job duties, conduct on the job, personal characteristics or habits, and special defects or talents.

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

SECRET

SECRET  
(When Filled In)

FITNESS REPORT

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

CODED

INSTRUCTIONS

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

TO THE SUPERVISOR: Read the entire form before attempting to complete any item. As the supervisor who assigns, directs and reviews the work of the individual, you have primary responsibility for evaluating his strengths, weaknesses, and on-the-job effectiveness as revealed by his day-to-day activities. If this individual has been under your supervision for less than 30 days, you will collaborate with his previous supervisors to make sure the report is accurate and complete. Primary responsibility rests with the current supervisor. It is assumed that, throughout the period this individual has been under your supervision, you have discharged your supervisory responsibility by frequent discussions of his work, so that in a general way he knows where he stands.

A - Annual due  
10 Sept. 1955

For Com: [redacted]

by [redacted]

IT IS OPTIONAL WHETHER OR NOT THIS FITNESS REPORT IS SUBMITTED

SECTION I (To be filled in by Administrative Officer)

|   |   |                       |   |                    |                                    |
|---|---|-----------------------|---|--------------------|------------------------------------|
| 1. NAME (Last) <b>RANDALL,</b>  | (First) <b>FREDERICK</b>  | (Middle) <b>C.</b>    | 2. DATE OF BIRTH  | 3. SEX <b>Male</b> | 4. CAREER DESIGNATION <b>SD:91</b> |
| 5. DATE OF ENTRANCE ON DUTY   | 6. OFFICE ASSIGNED TO <b>DDP/YE-5</b>                           | 7. DIVISION <b>YE</b> | 8. BRANCH   | 9. GRADE <b>5</b>  | 10. IF FIELD, SPECIFY STATION      |
| 11. NATURE OF ASSIGNMENT<br><input checked="" type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> FIELD | 12. DATE THAT THIS REPORT IS DUE <b>5 August 1955 10 Sep 55</b> |                       | 13. PERIOD COVERED BY THIS REPORT (Inclusive dates) <b>August 1954 to Present</b> |                    |                                    |

SECTION II (To be filled in by Supervisor)

|   |   |
|---|---|
| 1. CURRENT POSITION <b>Intelligence Officer (FI) GS-0136.52-12</b>  | 2. DATE ASSUMED RESPONSIBILITY FOR POSITION <b>14 August 55</b> |
| 3. WHAT SPECIFIC ASSIGNMENTS OR TASKS ARE TYPICAL OF THOSE GIVEN TO HIM (List in order of frequency): <b>Preparing cables and dispatches to [redacted] Stations, Day-to-day supervision of [redacted] FE Project activity, preparing drafts for Branch and Division Chief signature on FI matters, conducting liaison with other Area Divisions and Branches, preparing fiscal and budgetary data, expediting untold quantities of routine administrative matters involving housing problems, logistical problems, financial problems, etc.</b> |   |

READ THE ENTIRE FORM BEFORE ATTEMPTING TO COMPLETE ANY ITEM

SECTION III

I certify that, during the latter half of the period covered by this report, I have discussed with the rated individual the manner in which he has performed his job and provided suggestions and criticisms wherever needed. I believe that his understanding of an evaluation of his performance is consistent with my evaluation of him as indicated by this fitness report and I have informed him of his strengths, weaknesses, and on-the-job effectiveness. If performance during the report period has been unsatisfactory, there is attached a copy of the associate's notifying him of unsatisfactory performance.

This report  has  has not been shown to the individual rated.

|                                |   |
|--------------------------------|---|
| THIS DATE <b>4 August 1955</b> | [redacted] (Supervisor)                       |
| I HAVE REVIEWED THIS REPORT    | [redacted] (Next Higher in Line of Authority) |
| THIS DATE <b>4 Aug 55</b>      | [redacted]                                    |

ETAH

**SECRET**  
(When Filled In)

**OFFICE OF PERSONNEL**

**SECTION IV**

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

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

SEP 20 10 45 AM '55  
MAIL ROOM

**STATEMENTS**

**CATEGORIES**

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

**SECRET**



SECRET

(When Filled In Office of Personnel Investigations)

C. INDICATE IF YOU THINK THAT ANY SINGLE STRENGTH OR WEAKNESS OUTLINES THE PERSON'S CHARACTERISTICS:

Not applicable

SEP 28 10 43 AM '55  
MAIL ROOM

D. DO YOU FEEL THAT HE REQUIRES CLOSE SUPERVISION?  NO  YES

E. WHAT TRAINING DO YOU RECOMMEND FOR THIS INDIVIDUAL?

Language and area of

For purposes of rounding out general knowledge, some formal training in clandestine  would be helpful

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

not applicable

SECTION VI

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

A. DIRECTIONS: Consider only the skill with which the person has performed the duties of his job and rate him accordingly.

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

IS THIS INDIVIDUAL BETTER QUALIFIED FOR WORK IN SOME OTHER AREA?  NO  YES. IF YES, WHAT?

C. DIRECTIONS: Based upon what he has said, his actions, and any other indications, give your opinion of this person's attitude toward the agency.

- 1. HAS AN ANTAGONISTIC ATTITUDE TOWARD THE AGENCY... WILL DEFINITELY LEAVE THE AGENCY AT THE FIRST OPPORTUNITY.
- 2. HAS STRONG NEGATIVE ATTITUDE TOWARD AGENCY... IRKED BY RESTRICTIONS... REGARDS AGENCY AS A TEMPORARY STOP UNTIL HE CAN GET SOMETHING BETTER.
- 3. TENDS TO HAVE AN UNFAVORABLE ATTITUDE TOWARD THE AGENCY... BOTHERED BY MINOR FRUSTRATIONS... WILL QUIT IF THESE CONTINUE.
- 4. HIS ATTITUDE TOWARD THE AGENCY IS INDIFFERENT... HAS "BAIT AND SEE" ATTITUDE... WOULD LEAVE IF SOMEONE OFFERED HIM SOMETHING BETTER.
- 5. TENDS TO HAVE FAVORABLE ATTITUDE TOWARD AGENCY... MAKES ALLOWANCES FOR RESTRICTIONS IMPOSED BY WORKING FOR AGENCY... THINKS IN TERMS OF A CAREER IN THE AGENCY.
- 6. DEFINITELY HAS FAVORABLE ATTITUDE TOWARD THE AGENCY... HARRING AN UNEXPECTED OUTSIDE OPPORTUNITY, WILL PROBABLY ENDEAVOR TO MAKE A CAREER IN THE AGENCY.
- 7. HAS AN ENTHUSIASTIC ATTITUDE TOWARD THE AGENCY... WILL PROBABLY NEVER CONSIDER WORKING ANY PLACE BUT IN THE AGENCY.

B. DIRECTIONS: Considering others of this person's grade and type of assignment, how would you rate him on potential for assumption of greater responsibilities than normally indicated by promotion.

- 1. HAS REACHED THE HIGHEST GRADE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED.
- 2. IS MAKING PROGRESS, BUT NEEDS MORE TIME IN PRESENT GRADE BEFORE PROMOTION TO A HIGHER GRADE CAN BE RECOMMENDED.
- 3. IS ABLE TO FULFILL THE RESPONSIBILITIES OF THE NEXT HIGHER GRADE, BUT MAY NEED TRAINING IN SOME AREAS.
- 4. WILL PROBABLY ADJUST QUICKLY TO THE MOST RESPONSIBLE DUTIES OF THE NEXT HIGHER GRADE.
- 5. IS CURRENTLY PERFORMING AT THE LEVEL OF THE NEXT HIGHER GRADE.
- 6. AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR RAPID ADVANCEMENT.

D. DIRECTIONS: Consider everything you know about this person in rating your opinion of his job duties, conduct on the job, personal characteristics or habits, and special defects or talents.

- 1. DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED.
- 2. OF DOUBTFUL SUITABILITY... WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW.
- 3. A BARELY ACCEPTABLE EMPLOYEE... DEFINITELY BELONGS ELSEWHERE BUT WITH NO RESERVES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION.
- 4. A TYPICAL EMPLOYEE... HE DISPLAYS THE SAME SUITABILITY AS MOST OF THE PEOPLE I KNOW IN THE AGENCY.
- 5. A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS.
- 6. AN UNUSUALLY STURDY PERSON IN TERMS OF THE REQUIREMENTS OF THE AGENCY.
- 7. EXCELLENT BY WHATEVER STANDARD IS APPLICABLE FOR WORK IN THE AGENCY.

SECRET

**SECRET**  
SECURITY INFORMATION

| PERSONNEL EVALUATION REPORT  |                   |  |   |
|--|-------------------|--|---|
| <i>for 12/11/54</i><br><i>12/11</i>  |                   |  |   |
| <small>Items 1 through 6 will be completed by Administrative or Personnel Offices.</small>   |                   |  |   |
| 1. NAME (Last)   | (First)           | (Middle)                                 | 2. GRADE  |
| RAJANT   | Frederick         | C.                                       | GS-11   |
| 3. OFFICE  | STAFF OR DIVISION | BRANCH                                   | DEPT'L. OR FIELD, SPECIFY STATION                   |
|  | Branch 5          |  | FIELD   |
| 5. PERIOD COVERED BY REPORT  | 6. TYPE OF REPORT |  |   |
| From   | To                | <input type="checkbox"/> Initial         | <input checked="" type="checkbox"/> Annual          |
| 10 Sept 54   | 9 Sept 54         | <input type="checkbox"/> Reassignment    | <input type="checkbox"/> Reassignment of Supervisor |
| <small>Items 7 through 10 will be completed by the person evaluated</small>  |                   |  |   |
| 7. LIST YOUR MAJOR DUTIES, IN APPROXIMATE ORDER OF IMPORTANCE, WITH A BRIEF DESCRIPTION OF EACH. OMIT MINOR DUTIES.  |                   |  |   |
| <p>In June 1954 transferred as Chief FE/5/CE Section to <input type="checkbox"/> FI Desk Officer. As of June 1954 major duties include:</p> <ol style="list-style-type: none"> <li>1. Responsibility to initiate and act as Washington case officer for all FI operations operating from the <input type="checkbox"/> station.</li> <li>2. In cooperation with the Chief FE/5 Reports, to insure that all intelligence reports are properly disseminated to customer agencies <input type="checkbox"/></li> <li>3. To share in the planning of the FI program for <input type="checkbox"/></li> </ol>                                      |                   |  |   |
| 8. LIST COURSES OF INSTRUCTION COMPLETED DURING REPORT PERIOD.   |                   |  |   |
| Name of Course   | Location          | Length of Course                         | Date Completed                                      |
| <input type="checkbox"/> reading   | CIA Language Lab. | 2 months                                 | Approx. January 1954                                |
| 9. IN WHAT TYPE OF WORK ARE YOU PRIMARILY INTERESTED?  |                   |  |   |
| <small>IF DIFFERENT FROM YOUR PRESENT JOB, EXPLAIN YOUR QUALIFICATIONS (APTITUDE, KNOWLEDGE, SKILLS).</small>  |                   |  |   |
| Desire and plan to continue as a FI desk officer until opportunity for a field assignment arises. At that time desire to do both FI and FP case officer work in the field.   |                   |  |   |
| 10. <u>20 September 1954</u><br>DATE   |                   | <u>Frederick P. Randall</u><br>SIGNATURE |   |
| <small>Items 11 through 13 will be completed by Supervisor.</small>  |                   |  |   |
| 11. BRIEFLY DESCRIBE THIS PERSON'S PERFORMANCE ON THE MAJOR DUTIES LISTED UNDER ITEM 7 ABOVE.  |                   |  |   |
| Subject has performed his duties as listed in Section (7) in a very creditable manner. The monthly letter of the Senior Representative to the Director has, without exception, stated that Headquarters support of the <input type="checkbox"/> Station has been more than adequate. Since subject is a relative newcomer to his present position and has had no field experience, he occasionally is hesitant to initiate action. However, he is clearly willing to assume responsibility when he is sure of his footing, and it will be only a question of time before he is willing and able to act in full capacity in all situations. |                   |  |   |

SECRET  
SECURITY INFORMATION

OFFICE OF PERSONNEL

|  |   |
|--|---|
| 12. IN WHAT RESPECT IS THIS PERSON'S PERFORMANCE ON PRESENT JOB MOST NOTICEABLY GOOD OR OUTSTANDING?   | Subject's performance is characterized by a high degree of industriousness and thoroughness. He is one of those supremely useful individuals to whom a supervisor can assign a task, and then turn to other matters with sure confidence that the job will be completed, to the last detail and on time. MAIL ROOM  |
| 13. ON WHAT ASPECT OF PERFORMANCE SHOULD THIS PERSON CONCENTRATE EFFORT FOR SELF IMPROVEMENT?  | Subject's command of written English can stand improvement. His writing is by no means deficient in basic requirements, but practice will be needed to insure consistent production of clear and well constructed prose.  |
| 14. COMMENT ON THIS PERSON'S ABILITY TO HANDLE GREATER RESPONSIBILITIES NOW OR IN THE FUTURE.  | Subject demonstrates clearly his growing ability to handle larger responsibilities. His transition from a CE Unit Chief's job, to that of the [redacted] FI Chief, has been a markedly smooth one. Once a new technique or procedural method is learned, subject can put it into operation when required. He is definitely potential material for a COS slot in the field.                                      |
| 15. ARE THERE OTHER DUTIES WHICH BETTER SUIT THIS PERSON'S QUALIFICATIONS? (Recommend appropriate reassignment, if possible.)  | No  |
| 16. WHAT TRAINING OR ROTATION DO YOU RECOMMEND FOR THIS PERSON?  | Recommended training includes Communist Party Operations and Anti Communist Party Operations. Recommend rotation to an [redacted] slot. Subject has now, and is increasing his knowledge of Headquarters tasks and procedures. In approximately a year, he should put such knowledge and training into effect in the field. There is every reason to believe that he will make an excellent field case officer. |
| 17. IF PERFORMANCE DURING REPORT PERIOD HAS BEEN UNSATISFACTORY, THERE IS ATTACHED COPY OF MEMORANDUM NOTIFYING THIS PERSON OF UNSATISFACTORY PERFORMANCE.                   |   |
| 18. THIS PERSONNEL EVALUATION REPORT HAS BEEN DISCUSSED WITH THE PERSON EVALUATED. ADDITIONAL COMMENTS INCLUDING COMMENT ON ITEMS 7, 8 AND 9, ARE SHOWN BELOW UNDER ITEM 20. |   |
|  | Sept 28, 1954<br>DATE   |
|  | [redacted]<br>SIGNATURE OF SUPERVISOR   |
| 19. I HAVE REVIEWED THE ABOVE REPORT. (Comments, if any, are shown in Item 20.)  | 28/9/54<br>DATE   |
|  | [redacted]<br>SIGNATURE OF RECEIVING OFFICIAL   |
| 20. COMMENTS: (If necessary, may be continued on reverse side of cover sheet.)   |   |

SECRET



S-E-C-R-E-T

TRAINING EVALUATION  
Course on World Communism No. \_\_\_\_\_

| NAME   | SEX | DATES OF COURSE | NO. STUDENTS |
|--|-----|-----------------|--------------|
| DATE OF <del>BASELL</del> , Frederick <del>COE</del> Z | M   |                 | 30           |
| From October 1961 to 20 September 1961                 |     | 45-11           | 14/71        |

FBI Case Officer

OBJECTIVES OF THE COURSE

The Course on World Communism is a four week's course designed to provide adequate background and understanding of the World Communist Movement, and to increase the effectiveness of staff personnel in their ability to interpret and analyze Communist Party and Front organizational structures and the strategy and tactics of the World Communist Movement.

CHARACTERISTICS OF THE COURSE

The material in this course is presented by lecture and in seminar discussion. Students are required to prepare written assignments, which are designed to measure the student's ability to apply the knowledge acquired in the course to his special field of activity.

RATING OF STUDENT ACHIEVEMENT

Students are rated according to the five-point adjectival rating scale (Superior, Excellent, Satisfactory, Weak, Failure) in indicating the degree to which they have achieved the course objectives. The meaning of these adjectival ratings are as follows:

**SUPERIOR:** The student demonstrated outstanding ability or proficiency in meeting this course goal or objective; he indicated an unusually thorough knowledge of the material presented; or, if skills are involved, he demonstrated that he is one of the most effective individuals in this area.

**EXCELLENT:** The student showed unusual competence, skill, or ability in meeting this objective or goal; he demonstrated a thorough grasp of the presented material, or, if skills are involved, he demonstrated that he can perform in an extremely effective manner in this area.

**SATISFACTORY:** The student met this objective in a competent and adequate manner; he demonstrated a good understanding and grasp of the information presented, or, if skills are involved, he demonstrated sufficient competence to operate effectively in this area.

S-E-C-R-E-T

S-E-C-R-E-T

**WEAK:** Although the student may have met some of the standards set for minimum achievement of this course goal or objective, he demonstrated serious gaps in knowledge or sufficient lack of skill to be of doubtful competence.

**FAILURE:** The student was unable to grasp the concepts or information presented, or demonstrated that he had not acquired the necessary information and skills to operate at even a minimum capacity in this area.

STUDENT'S PERFORMANCE IN THE COURSE

|   | FAIL | WEAK | SAT | EXC | SUP |
|---|------|------|-----|-----|-----|
| <b>I. <u>Current Communist Ideology</u></b>           |      |      |     |     |     |
| Ratings in this class                                 |      |      | 6   | 12  | 9*  |
| Ratings in 2 classes                                  |      |      | 12  | 24  | 17  |
| <b>II. <u>CP Structure &amp; Functions</u></b>        | FAIL | WEAK | SAT | EXC | SUP |
| Ratings in this class                                 |      |      | 3   | 16  | 5*  |
| Ratings in 2 classes                                  |      |      | 6   | 32  | 10  |
| <b>III. <u>Communist Methods &amp; Techniques</u></b> | FAIL | WEAK | SAT | EXC | SUP |
| Ratings in this class                                 |      |      | 8   | 14  | 11* |
| Ratings in 2 classes                                  |      |      | 16  | 28  | 22  |

(An asterisk \* indicates this student's ratings.)

INSTRUCTORS' OVER-ALL COMMENT:

FOR THE DIRECTOR OF TRAINING:

Chief Instructor, CAC

SECRET

TRAINING EVALUATION

Audio-Surveillance Seminar # 2

SECTION I IDENTIFYING INFORMATION

|  |                          |                       |                 |
|--|--------------------------|-----------------------|-----------------|
| Name                                     | Sex                      | Dates of Seminar      | No. Students    |
| <b>RANDALL, Frederick C.</b>             | <b>Male</b>              | <b>6-24 June 1955</b> | <b>12</b>       |
| Date of Birth                            | EOD Date                 | Grade or Rank         | Office          |
| [REDACTED]                               | <b>10 September 1951</b> | <b>GS-11</b>          | <b>DDP/TR/5</b> |
| Projected Assignment or Present Position |                          |                       |                 |
| <b>FI case officer for</b>               | [REDACTED]               | <b>unit</b>           |                 |

SECTION II COMMENT

Subject has completed a three-week Seminar which covered the operational and technical aspects [REDACTED]

[REDACTED]

[REDACTED]

FOR THE DIRECTOR OF TRAINING

FOR FI

P. R. TSC

[REDACTED]

**CONFIDENTIAL**  
SECURITY INFORMATION

| LANGUAGE ACHIEVEMENT REPORT   |                          |                                   |  |
|---|--------------------------|-----------------------------------|--|
| NAME (LAST)   | (FIRST)                  | (MIDDLE INITIAL)                  | DATE   |
| RANDALL   | Friedrich                | C.                                | 17 February 1954   |
| DIVISION  |                          | OFFICE                            |  |
| FE/S  |                          |                                   |  |
| LANGUAGE  |                          | LEVEL OF INSTRUCTION              |  |
|   |                          |                                   |  |
| LENGTH OF COURSE  | NUMBER OF HOURS PER WEEK | BLTD/OTR                          |  |
| 12 weeks  | 3                        |                                   |  |
| <b>PRESENT PROFICIENCY IN THE LANGUAGE</b>                                    |                          |                                   |  |
| SPEAKS  | NA                       | PLUENTLY <input type="checkbox"/> | AVERAGE <input type="checkbox"/> SLOWLY <input type="checkbox"/>         |
| WRITES  | NA                       | BELL <input type="checkbox"/>     | POORLY <input type="checkbox"/> NIL <input type="checkbox"/>             |
| READS   |                          | PLUENTLY <input type="checkbox"/> | FAIR <input type="checkbox"/> POORLY <input checked="" type="checkbox"/> |
| UNDERSTANDS   | NA                       | EASILY <input type="checkbox"/>   | AVERAGE <input type="checkbox"/> POORLY <input type="checkbox"/>         |
| TRANSLATES INTO ENGLISH   |                          | BELL <input type="checkbox"/>     | FAIR <input checked="" type="checkbox"/> NIL <input type="checkbox"/>    |
| <b>RATINGS</b>  |                          |                                   |  |
|   |                          | SUPERIOR                          | NORMAL   |
|   |                          |                                   | LOW  |
| 1. INTEREST IN LANGUAGE STUDY   |                          |                                   | X  |
| 2. ACHIEVEMENT IN LEARNING SPOKEN LANGUAGE                                    | NA                       |                                   |  |
| 3. ACHIEVEMENT IN LEARNING WRITTEN LANGUAGE                                   |                          |                                   | X  |
| 4. ABILITY TO UNDERSTAND GRAMMATICAL EXPLANATION                              |                          |                                   | X  |
| 5. ABILITY TO LEARN AND RETAIN VOCABULARY FORMS AND STRUCTURE                 |                          |                                   | X  |
| 6. ABILITY TO SPEAK SPONTANEOUSLY AND NATURALLY                               | NA                       |                                   |  |
| 7. DEGREE OF APPLICATION AND EFFORT   |                          |                                   | X  |
| SKILL DESIRED IN LANGUAGE TRAINING REQUEST <input type="checkbox"/>           |                          |                                   |  |
| FURTHER LANGUAGE TRAINING NECESSARY <input type="checkbox"/>                  |                          |                                   |  |
| FURTHER LANGUAGE TRAINING RECOMMENDED <input type="checkbox"/>                |                          |                                   |  |
| FURTHER LANGUAGE TRAINING NOT RECOMMENDED <input checked="" type="checkbox"/> |                          |                                   |  |
| THERE ARE <u>6</u> STUDENTS IN THIS COURSE. THIS STUDENT RANKS <u>4</u> OF 20 |                          |                                   |  |
| 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20                            |                          |                                   |  |
| <input style="width: 100%; height: 50px;" type="text"/>                       |                          |                                   |  |

44

PERSONNEL EVALUATION REPORT

Items 1 through 6 will be completed by Administrative or Personnel Officer

|  |                   |   |          |                           |
|--|-------------------|---|----------|---------------------------|
| 1. NAME (Last)   | First             | (Middle)  | 2. GRADE | 3. POSITION TITLE         |
| RAWDALL  | Frederick         | G.  | GS-9     | Intl. Officer (CE) (D-F)  |
| 4. OFFICE  | STAFF OR DIVISION | BRANCH  | DEPT'L.  | IF FIELD, SPECIFY STATION |
| DDP  | FE                | 5   |          |                           |
| 5. PERIOD COVERED BY REPORT<br>From 2-10-53 To 9-10-53 |                   | 6. TYPE OF REPORT<br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Annual<br><input type="checkbox"/> Reassignment<br><input type="checkbox"/> Reassignment of Supervisor<br><input type="checkbox"/> Special |          |                           |

Items 7 through 10 will be completed by the person evaluated

7. LIST YOUR MAJOR DUTIES IN APPROXIMATE ORDER OF IMPORTANCE, WITH A BRIEF DESCRIPTION OF EACH. OMIT MINOR DUTIES.

Same as listed in previous report.

8. LIST COURSES OF INSTRUCTION COMPLETED DURING REPORT PERIOD.

| Name of Course                 | Location        | Length of Course | Date Completed |
|--------------------------------|-----------------|------------------|----------------|
| A. M. Degree (Foreign Affairs) | George Wash Un. |                  | May 1953       |
| C. R. Briefing                 | T-30            | Approx 8 days    | June 1953      |

9. IN WHAT TYPE OF WORK ARE YOU PRIMARILY INTERESTED?

Same as listed in previous report.

IF DIFFERENT FROM YOUR PRESENT JOB, EXPLAIN YOUR QUALIFICATIONS (APTITUDE, KNOWLEDGE, SKILLS).

10.

25 August 1953

Frederick P Rawdall

DATE SIGNATURE

Items 11 through 13 will be completed by Supervisor

11. BRIEFLY DESCRIBE THIS PERSON'S PERFORMANCE ON THE MAJOR DUTIES LISTED UNDER ITEM 7 ABOVE.

Same as listed in previous report.

SECRET  
SECURITY INFORMATION

12. IN WHAT RESPECT IS THIS PERSON'S PERFORMANCE ON PRESENT JOB MOST NOTICEABLY GOOD OR OUTSTANDING?

Same as listed in previous report.

13. ON WHAT ASPECT OF PERFORMANCE SHOULD THIS PERSON CONCENTRATE EFFORT FOR SELF IMPROVEMENT?

Same as listed in previous report.

14. COMMENT ON THIS PERSON'S ABILITY TO HANDLE GREATER RESPONSIBILITIES NOW OR IN THE FUTURE.

Same as listed in previous report.

15. ARE THERE OTHER DUTIES WHICH BETTER SUIT THIS PERSON'S QUALIFICATIONS? (Recommend appropriate reassignment, if possible.)

Recommend immediate assignment to  ~~XXXXXXXXXX~~ station.

16. WHAT TRAINING OR ROTATION DO YOU RECOMMEND FOR THIS PERSON?

Same as listed in previous report.

17. IF PERFORMANCE DURING REPORT PERIOD HAS BEEN UNSATISFACTORY, THERE IS ATTACHED COPY OF MEMORANDUM NOTIFYING THIS PERSON OF UNSATISFACTORY PERFORMANCE.

18. THIS PERSONNEL EVALUATION REPORT HAS BEEN DISCUSSED WITH THE PERSON EVALUATED. ADDITIONAL COMMENTS INCLUDING COMMENT ON ITEMS 7, 8 AND 9, ARE SHOWN BELOW UNDER ITEM 20.

25 August 1953

DATE

SIGNATURE OF SUPERVISOR

19. I HAVE REVIEWED THE ABOVE REPORT. (Comments, if any, are shown in item 20.)

RUW 1, NISD

DATE

SIGNATURE OF REVIEWING OFFICIAL

20. COMMENTS: (If necessary, may be continued on reverse side of cover sheet.)

SECRET

**SECRET**  
SECURITY INFORMATION

| <b>PERSONNEL EVALUATION REPORT</b>   |                                     |  |   |                           |  |
|--|-------------------------------------|--|---|---------------------------|--|
| <i>Items 1 through 6 will be completed by Administrative or Personnel Officer</i>  |                                     |  |   |                           |  |
| 1. NAME (Last, First, Middle Initial)<br><b>RANDALL, Fredrick C.</b>   | 2. GRADE<br><b>GS-9</b>             | 3. POSITION TITLE<br><b>Intel Off (DE)</b>   |   |                           |  |
| 4. <b>DDP</b>  | STAFF OR DIVISION<br><b>FE</b>      | BRANCH<br><b>5</b>   | <input checked="" type="checkbox"/> DEPT'L.<br><input type="checkbox"/> FIELD | IF FIELD, SPECIFY STATION |  |
| 5. PERIOD COVERED BY REPORT<br>From <b>2-10-52</b> To <b>2-10-53</b>   |                                     | 6. TYPE OF REPORT<br><input type="checkbox"/> Initial <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Special<br><input type="checkbox"/> Reassignment <input type="checkbox"/> Reassignment of Supervisor |   |                           |  |
| <i>Items 7 through 10 will be completed by the person evaluated</i>  |                                     |  |   |                           |  |
| 7. LIST YOUR MAJOR DUTIES IN APPROXIMATE ORDER OF IMPORTANCE, WITH A BRIEF DESCRIPTION OF EACH. OMIT MINOR DUTIES.<br><b>As Chief of CE Section of Branch 5, supervise and perform the following:</b>  |                                     |  |   |                           |  |
| a.   |                                     |  |   |                           |  |
| b.   |                                     |  |   |                           |  |
| c.   |                                     |  |   |                           |  |
| d.   |                                     |  |   |                           |  |
| e.   |                                     |  |   |                           |  |
| 8. LIST COURSES OF INSTRUCTION COMPLETED DURING REPORT PERIOD.   |                                     |  |   |                           |  |
| Name of Course   | Location                            | Length of Course   | Date Completed  |                           |  |
| <b>Counter Espionage</b>   | <b>CIA Washington</b>               | <b>1 week<br/>(first week of two-week course taken in 1951)</b>  | <b>9 May 1952</b>   |                           |  |
| <b>Thesis (AM)</b>   | <b>George Washington University</b> | <b>Indefinite</b>  | <b>To complete May 1953</b>   |                           |  |
| 9. IN WHAT TYPE OF WORK ARE YOU PRIMARILY INTERESTED?  |                                     |  |   |                           |  |
| <p style="font-size: x-small; margin: 0;">IF DIFFERENT FROM YOUR PRESENT JOB, EXPLAIN YOUR QUALIFICATIONS (APTITUDE, KNOWLEDGE, SKILLS).</p> <p><b>I am interested in my present job as a Washington Counter Espionage Officer, but desire to broaden my knowledge of intelligence through future field tours as an intelligence and counter intelligence officer in the Far East.</b></p> |                                     |  |   |                           |  |
| 10.  |                                     |  |   |                           |  |
| <u>2/23/53</u><br><small>DATE</small>  |                                     |  | <u><i>Fredrick C. Randall</i></u><br><small>SIGNATURE</small>                 |                           |  |
| <i>Items 11 through 13 will be completed by Supervisor</i>   |                                     |  |   |                           |  |
| 11. BRIEFLY DESCRIBE THIS PERSON'S PERFORMANCE ON THE MAJOR DUTIES LISTED UNDER ITEM 7 ABOVE.<br><b>Subject's performance is best described as excellent. He is doing competent work and is laying a good foundation for a career in intelligence.</b>   |                                     |  |   |                           |  |

SECRET  
SECURITY INFORMATION

|  |
|--|
| 12. IN WHAT RESPECT IS THIS PERSON'S PERFORMANCE ON PRESENT JOB MOST NOTICEABLY GOOD OR OUTSTANDING?<br>Subject is very thorough and industrious. He exhibits marked initiative and a very high degree of interest.  |
| 13. ON WHAT ASPECT OF PERFORMANCE SHOULD THIS PERSON CONCENTRATE EFFORT FOR SELF IMPROVEMENT?<br>Subject will profit by a continuing effort to relate his work to all aspects of the Agency's intelligence function.   |
| 14. COMMENT ON THIS PERSON'S ABILITY TO HANDLE GREATER RESPONSIBILITIES NOW OR IN THE FUTURE.<br>Subject has proven himself able to supervise the work of others and has handled well the increasing responsibilities of his job.  |
| 15. ARE THERE OTHER DUTIES WHICH BETTER SUIT THIS PERSON'S QUALIFICATIONS? (Recommend appropriate reassignment, if possible.)<br>No change is recommended at this time. His easy, affable manner in dealing with others make subject well qualified for duties requiring more contact with others than his present assignment demands. |
| 16. WHAT TRAINING OR ROTATION DO YOU RECOMMEND FOR THIS PERSON?<br>Further training is planned to include specialized courses given by the Agency.   |
| 17. IF PERFORMANCE DURING REPORT PERIOD HAS BEEN UNSATISFACTORY, THERE IS ATTACHED COPY OF MEMORANDUM NOTIFYING THIS PERSON OF UNSATISFACTORY PERFORMANCE.   |
| 18. THIS PERSONNEL EVALUATION REPORT HAS BEEN DISCUSSED WITH THE PERSON EVALUATED. ADDITIONAL COMMENTS INCLUDING COMMENT ON ITEMS 7, 8 AND 9, ARE SHOWN BELOW UNDER ITEM 20.<br><p style="text-align: right;">DATE<br/>30 March 1953</p> <p style="text-align: right;">SIGNATURE OF SUPERVISOR</p>                                     |
| 19. I HAVE REVIEWED THE ABOVE REPORT. (Comments, if any, are shown in _____)<br><p style="text-align: right;">DATE<br/>15 April 1953</p>   |
| 20. COMMENTS: (If necessary, may be continued on reverse side of cover sheet.)   |

SECRET

e.2. / 510.





**E. Ability to Write** (NOT OBSERVED  )

|  |  |  |   |   |
|--|--|--|---|---|
| <b>1</b>   | <b>2</b>   | <b>3</b>                                     | <b>4</b>  | <b>5</b>  |
| Seemed unable to express thoughts clearly in written form. | Was weak in expressing thoughts clearly in written form. | Written work showed no significant weakness. | Displayed ability to express thoughts thoroughly in written form. | Was outstanding in ability to express ideas in clear, correct, coherent manner. |

**F. Facility of oral expression** (NOT OBSERVED  )

|  |  |   |   |  |
|--|--|---|---|--|
| <b>1</b>   | <b>2</b>   | <b>3</b>  | <b>4</b>  | <b>5</b>   |
| Unable to express self clearly. Presented ideas in groping and incoherent fashion. | Lacked fluency or ease in his speech, but meaning usually clear. | Displayed reasonable facility in oral expression. | Spoke confidently, conveying ideas clearly and readily. | Outstanding in fluency and clarity of oral expression. |

**G. Ability to Get Along With Associates.** (NOT OBSERVED  )

|                                      |   |   |   |   |
|--------------------------------------|---|---|---|---|
| <b>1</b>                             | <b>2</b>  | <b>3</b>                                      | <b>4</b>  | <b>5</b>  |
| Frequently alienated his associates. | Failed to win social acceptance but did not actively antagonize others. | Reasonably effective in his social relations. | Displayed definite ability to achieve harmonious relationships with his associates. | Unusually effective in his ability to win acceptance from others. |

**H. Ability to influence his Associates** (NOT OBSERVED  )

|   |  |  |  |   |
|---|--|--|--|---|
| <b>1</b>  | <b>2</b>   | <b>3</b>   | <b>4</b>   | <b>5</b>  |
| Withdrew from group activities to a marked degree, failing to influence the thinking and actions of others. | Normally socially retiring, opinions rarely affected his associates. | Usually participated in group activities, was fairly successful in selling a point or himself. | Was excellent at influencing others by his own personality and thinking. | Was outstanding in ability to command respect and attention through his personality and thinking. |

**I. Tact** (NOT OBSERVED  )

|                                |   |                                  |  |   |
|--------------------------------|---|----------------------------------|--|---|
| <b>1</b>                       | <b>2</b>  | <b>3</b>                         | <b>4</b>   | <b>5</b>  |
| Markedly blunt and indiscreet. | Frequently said or did something which induced an unfavorable reaction. | Reasonably discreet and tactful. | Had good discernment for the appropriate thing to say or do. | Consistently demonstrated keen perception for fitting speech or |

SECRET

TRAINING EVALUATION

OPERATIONS

IMPORTANT: The official to whom this report is entrusted is personally responsible for it. He may show it to other members of his staff or to the student concerned if such action is considered necessary and advisable. This report summarizes the test results. Observations and opinions of the various instructors for the course listed on the report should be available in the files of the office of Training (Cover), and may be examined after contacting the Training and Evaluation Officer. Any questions as regards the evaluation of this student should be referred to the Chief, Training and Evaluation, TR(C).

|                        |           |          |                      |                     |                  |
|------------------------|-----------|----------|----------------------|---------------------|------------------|
| NAME OF STUDENT (LAST) | (FIRST)   | (MIDDLE) | AGE                  | GRADE (GS OR CANAL) | DATE OF REPORT   |
| RANDALL,               | Frederick | G.       | 25                   | GS-7                | 21 December 1951 |
| DIVISION               |           |          | PROJECTED ASSIGNMENT |                     | COURSE NO.       |
| OSO/IDE-1              |           |          | Intelligence Officer |                     | OC 30            |

PERFORMANCE RECORD  
THE FOLLOWING GRADES SHOW THE ACHIEVEMENT OF THE STUDENT IN THE MAJOR ELEMENTS OF THE COURSE. TWO GRADES ARE ASSIGNED IN EACH AREA, ONE FOR COMPREHENSION AND ONE FOR IMPLEMENTATION. A SPECIFIC DEFINITION OF EACH OF THESE TERMS, AS WELL AS OF THE ADJECTIVAL RATINGS EMPLOYED, IS GIVEN ON THE BACK OF THIS EVALUATION FORM.

| MAJOR ELEMENTS | ADJECTIVAL RATINGS |      |       |      |              |      |           |      |          |      |
|----------------|--------------------|------|-------|------|--------------|------|-----------|------|----------|------|
|                | FAILURE            |      | POOR  |      | SATISFACTORY |      | EXCELLENT |      | SUPERIOR |      |
|                | COMP.              | IMP. | COMP. | IMP. | COMP.        | IMP. | COMP.     | IMP. | COMP.    | IMP. |
| 1.             |                    |      |       |      | X            | X    |           |      |          |      |
| 2.             |                    |      |       | X    | X            |      |           |      |          |      |
| 3.             |                    |      |       | X    | X            |      |           |      |          |      |

J. Adaptation to Training (NOT OBSERVED )

|   |  |  |  |  |
|---|--|--|--|--|
| 1. Displayed no interest or enthusiasm for training and failed to adapt himself to the demands made upon him. | 2. Accepted training program reluctantly and had difficulty adapting himself to the training requirements. | 3. Displayed average interest in and acceptance of training. | 4. Exhibited an excellent acceptance of training and readily adapted to demands made upon him. | 5. Outstanding in his acceptance of training and display of enthusiasm and interest. |
|---|--|--|--|--|

COMMENTS

|          |   |
|----------|---|
| APPROVED | REVIEWED                                    |
| <br>     | SIGNATURE OF CHIEF, TRAINING AND EVALUATION |

FORM NO. 51-86  
OCT 1951

SECRET

(OVER)  
(45)

# TRAINING EVALUATION

## BASIC ORIENTATION

**IMPORTANT:** The official to whom this report is entrusted is personally responsible for it. He may show it to other members of his staff or to the student concerned if such action is considered necessary and advisable.

This report summarizes the test results, observations and opinions of the various instructors for the course listed only. More complete data are available in the files of the Office of Training (Cover), and may be examined after contacting the Training and Evaluation Officer. Any question as regards the evaluation of this student should be referred to the Chief, Training and Evaluation, TM (C).

|                        |           |          |                      |                    |                 |
|------------------------|-----------|----------|----------------------|--------------------|-----------------|
| NAME OF STUDENT (LAST) | (FIRST)   | (MIDDLE) | AGE                  | GRADE, EGS OR RANK | DATE OF BIRTH   |
| Randall                | Frederick | C.       | 24                   | GS-7               | 3 November 1951 |
| DIVISION               |           |          | PROPOSED ASSIGNMENT  |                    | OFFICIAL NO.    |
| OSQ/EDZ                |           |          | Intelligence Officer |                    | BOC-34          |

**PERFORMANCE RECORD**

THE FOLLOWING GRADES SHOW THE ACHIEVEMENT OF THE STUDENT IN THE MAJOR ELEMENTS OF THE COURSE. A SPECIFIC DEFINITION OF EACH OF THE ADJECTIVAL RATINGS, IN TERMS OF COURSE OBJECTIVES, IS GIVEN ON THE BACK OF THIS EVALUATION FORM.

| MAJOR ELEMENTS | ADJECTIVAL RATING |      |              |           |          |
|----------------|-------------------|------|--------------|-----------|----------|
|                | FAILURE           | POOR | SATISFACTORY | EXCELLENT | SUPERIOR |
| 1              |                   |      | X            |           |          |
| 2              |                   |      | X            |           |          |
| 3              |                   |      | X            |           |          |
| 4              |                   |      |              | X         |          |
| 5              |                   |      |              | X         |          |
| 6              |                   |      |              |           | X        |

**TRAIT RECORD**

THE FOLLOWING INDICATE THE VARIOUS TRAITS AS OBSERVED BY THE INSTRUCTORS DURING THE TRAINING PERIOD. THE OBSERVATIONS INCLUDE STUDENT'S PARTICIPATION AND CONDUCT IN TRAINING AND HIS REACTIONS TO VARIOUS PROBLEMS AND SITUATIONS.

**A. Planning Work (NOT OBSERVED)**

|  |  |  |   |  |
|--|--|--|---|--|
| <u>1</u>   | <u>2</u>   | <u>3</u>   | <u>4</u>  | <u>5</u>   |
| Consistently displays unsystematic approach to problems, inability to organize data, and careless handling of details. | Planning frequently unsystematic and disorganized. | Average planning ability; was capable of planning satisfactorily on relatively uncomplicated problems. | Carefully analyzed most problems and planned accordingly. | Planned logically, analytically and thoroughly, anticipating and preparing for all difficulties. |

**B. Attention to Details (NOT OBSERVED)**

|   |   |   |  |   |
|---|---|---|--|---|
| <u>1</u>  | <u>2</u>  | <u>3</u>  | <u>4</u>   | <u>5</u>  |
| Work suffered seriously from constant inattention to details. | Work frequently marred by careless or imprudent treatment of significant details. | Work showed acceptable attention to significant detail, but contained a number of minor errors. | Careful handling of significant details, with occasional lapses of a minor nature. | Work was outstanding for precise, accurate handling of detail at all times. |

**C. Social Effectiveness (NOT OBSERVED)**

|   |   |   |   |  |
|---|---|---|---|--|
| <u>1</u>  | <u>2</u>  | <u>3</u>  | <u>4</u>  | <u>5</u>   |
| Unable to inspire confidence and respect in others. | Demonstrated little ability to affect his associates' ideas or attitudes. | Shows satisfactory ability to affect the thoughts and actions of the associates whom he associates. | Displayed a well developed capacity for influencing the thoughts and actions of his associates. | Outstanding in his ability to influence the attitudes and reactions of his associates. |

**D. Facility of Oral Expression (NOT OBSERVED)**

|   |  |  |   |  |
|---|--|--|---|--|
| <u>1</u>  | <u>2</u>   | <u>3</u>   | <u>4</u>  | <u>5</u>   |
| Unable to express himself clearly. Presented ideas in a groping and incoherent fashion. | Lacked fluency or ease in his speech, but meaning usually clear. | Displayed respectable facility in oral expression. | Spoke confidently conveying ideas clearly and easily. | Outstanding in fluency and clarity of oral expression. |

**E. Adaptation to Training (NOT OBSERVED)**

|  |   |   |   |   |
|--|---|---|---|---|
| <u>1</u>   | <u>2</u>  | <u>3</u>  | <u>4</u>  | <u>5</u>  |
| Displayed no interest or enthusiasm for training and failed to adapt himself to the demands made upon him. | Accepted training program reluctantly and had difficulty adapting himself to the training requirements. | Displayed average interest in and acceptance of training. | Exhibited an excellent acceptance of training and readily adapted to demands made upon him. | Outstanding in his acceptance of training and display of interest and enthusiasm. |

SECRET

APPROVED BY: [Signature]

[Signature]

SIGNATURE OF CHIEF INSTRUCTOR

APPROVED

REVIEWED

SIGNATURE OF DEPUTY FOR STAFF TRAINING

SIGNATURE OF CHIEF, TRAINING AND EVALUATION

[Signature]

[Signature]

DEFINITION OF ADJECTIVAL RATINGS

SUPERIOR:

All primary and secondary objectives have been achieved with a degree of proficiency significantly above the level required for successful operation in this area by doing more advanced work in training.

EXCELLENT:

All primary objectives have been achieved and most of the secondary ones at a level which would permit the individual to perform satisfactorily in this field or to complete successfully more advanced training.

SATISFACTORY:

All of the primary objectives have been met but many of the secondary goals have not. This grade range represents the level of proficiency of the average student with medium potentiality, or less, for actual operations or future training at a higher level.

POOR:

A few of the major objectives have been achieved but the student's performance is so limited that he would have difficulty in performing satisfactory work in this area or successfully completing training at a more advanced level.


FAILURE:

The individual failed to meet either the primary or the secondary objectives and represents an extremely poor risk for performing work in this area or being advanced training.

21 MAY 1979

MEMORANDUM FOR: Mr. Frederick Randall  
FROM: John N. McMahon  
Deputy Director for Operations  
SUBJECT: Letter of Commendation

I have been advised that in connection with the Westinghouse FOIA litigation case you were a member of a team of employees who worked the weekend of 21-22 April to meet a court-imposed deadline. Your devotion to duty as demonstrated by giving of your time to process material for this case is most praiseworthy. I know this is not the first time that you have worked overtime to keep our good record. Thanks.

  
John N. McMahon

16 APR 1979

Frederick C. Randall

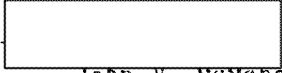
Dear Frederick,

Please accept my appreciation for an assignment well done as a member of the FY 1979 GS-13 Personnel Evaluation Board.

Your full-time service with the Board represents a major contribution to the Directorate's program of personnel assessment and management. Your recommendations for promotion, career development, and other matters have been very helpful.

I believe you will find on return to your regular duties that this time spent with the Board has broadened and sharpened your own focus on the personnel aspects of Agency management. I think it will make you appreciate more than ever our needs for carefully and candidly written appraisals of employees.

*Thank you very much*  
Sincerely,

  
John N. McMahon  
Deputy Director for Operations

ADMINISTRATIVE - INTERNAL USE ONLY

DO/ISS 78-112

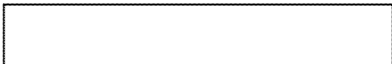
16 MAR 1978

MEMORANDUM FOR: Chiefs of DO Staffs and Divisions  
FROM: William F. Donnelly  
Chief, Information Services Staff  
SUBJECT: Commendation

1. On 9 March 1978, the CIA Information Review Committee took note of the excellent work done by the Directorate of Operations in processing requests under the Freedom of Information and Privacy Acts. The Deputy Director for Operations was present, as were other Deputy Directors.

2. I would like to add my endorsement to that of the CIA/IRC and to commend all those who were/are involved in the processing of FOIA and PA requests. Although complex and time consuming, these tasks are obligatory by federal laws. In meeting the intent of the law, a difficult balance must be achieved. On the one hand, the rights of our citizens must be respected. On the other, the obligation of the Agency to protect its sources and methods must be honored. In meeting these rights and obligations, the Directorate of Operations has handled some 16,000 requests to date. In all instances where a requester has gone to the federal courts, the DO has never lost a case based upon our exemptions for sources and methods or classification.

3. This outstanding result stems directly from the very high quality of professionalism, dedication, excellent judgements by those involved, and close cooperation within the DO. These characteristics have contributed substantially to establishing legal and administrative foundations of considerable value to the U.S. Intelligence Community. As such, I request that this commendation be placed in the official files of the individuals involved for a job well done!

  
William F. Donnelly

FILE - Frederick C. Randall

ADMINISTRATIVE - INTERNAL USE ONLY



Department of Defense Computer Institute



*The Department of Defense Computer Institute*

*has conferred upon*

MR. FREDERICK C. RANDALL

*this certificate denoting satisfactory completion of the*

*Computer Orientation for Intermediate Executives Course*

*granted at the City of Washington, District of Columbia.*

A handwritten signature in cursive script, appearing to read "G. Charest", is written over a horizontal line.

G. CHAREST, CAPTAIN, U. S. NAVY  
DIRECTOR

22 APRIL 1977

DATE

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

POLICY AND COORDINATION STAFF  
OFFICE OF THE DEPUTY DIRECTOR FOR OPERATIONS

TRAINING REPORT

EXECUTIVE WRITING SEMINAR NO. (1-6)

PARTICIPANT - RANDALL, Frederick                      GRADE - 15  
OFFICE - ISS    CAREER DESIGNATION - D  
NUMBER OF PARTICIPANTS - 20

The Executive Writing Seminar is a part-time course consisting of one hour of class daily for two weeks, plus one half-hour private counseling session. It is designed for middle and upper level executives of the Directorate.

The objective of the Seminar is to improve the quality of written presentations to senior echelons of the Agency and the U.S. Government. It is an intensive writing-training course concentrating on clarity, brevity, and accuracy of expression.

This is a certificate of attendance only, and no attempt is made to evaluate student achievement.

FOR THE CHIEF, POLICY AND COORDINATION STAFF =



Seminar Chairman

*1 August 77*  
Date

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

ADMINISTRATIVE - INTERNAL USE ONLY

TRAINING REPORT

MANAGEMENT SEMINAR

Participant: Randall, Frederick

Date: 31 May - 10 June 77

Employee Number: 012170

Office: DDO/ISS

Service Designation: D

Course Objectives:

At the conclusion of the Seminar, participants should:

1. Be more aware of themselves as managers and the organizational environment in which they function;
2. Be able to recognize specific ways in which personal and organizational effectiveness can be improved;
3. Be able to draw on a background in management theory and apply team skills in solving a wide range of Agency problems; and
4. Have sufficient grasp of selected Agency administrative management systems so that they can apply them to their present and future management positions.

The Management Seminar explores pertinent management functions and processes, such as communication, decision-making, motivation, managing time and change, group involvement, and organizational behavior. The use of lecturettes, guest speakers, case studies, role playing, situational analyses, films, videotapes, and other exercises are involved.

Achievement Record:

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

FOR THE DIRECTOR OF TRAINING:

[Signature Box]

Instructor

14 JUL 1977  
Date

ADMINISTRATIVE - INTERNAL USE ONLY

CONFIDENTIAL  
(When Filled In)

REQUEST FOR TRAINING AT NON-AGENCY FACILITY

|   |                                      |                 |                |               |   |         |       |                  |
|---|--------------------------------------|-----------------|----------------|---------------|---|---------|-------|------------------|
| 1 EMP SER NO  | 4 NAME (Last, First, Middle Initial) | 5 BRANCH        | 6 MONTH        | 7 YEAR        | 8 OFFICE                                | 9 GRADE | 10 NO | 11 COURSE DATES  |
| 012170  | Randall, Frederick                   | M               | 26             | 51            | DDO<br>SS                               | 14      | DAC   | May 76 (1-day)   |
| 12 TYPE OF INSTRUCTION  | 13 SYLL                              | 14 ST OF COURSE | 15 COURSE CODE | 16 PURGE DATE | 17 UNIT                                 | 18 CY   | 19 AG | 20 FACILITY CODE |
| REQ 1<br>SPEC 2<br>OTHER 3  |                                      |                 |                |               |   | 3       |       |                  |
| 21 TITLE OF COURSE  | 22 TOTAL HOURS                       |                 |                |               |   |         |       |                  |
| A Freedom of Information and Personal Privacy Briefing Conference |                                      |                 |                |               |   |         |       |                  |
| 23 TRAINING FACILITY  |                                      |                 |                |               | 24 LOCATION OF TRAINING                 |         |       |                  |
| U. S. Civil Service Commission<br>Bureau of Training              |                                      |                 |                |               | 1900 E Street, N.W.<br>Washington, D.C. |         |       |                  |
| 25 DESCRIPTION OF COURSE  |                                      |                 |                |               |   |         |       |                  |

A Freedom of Information and Personal Privacy Briefing Conference

U. S. Civil Service Commission  
Bureau of Training

1900 E Street, N.W.  
Washington, D.C.

Participants will develop a working knowledge of the Freedom of Information Act of 1967 and Privacy Act of 1974 and Amendments; will "walk through" the more significant components of Privacy and FOI guidelines; will be briefed on techniques of forecasting costs and determining resources needed to handle work loads created to comply with legislative requirements; and they will review related legislation now before Congress.

Mr. Randall is Chief of a branch responsible for handling of requests under the FOI and Privacy Acts.

In order that my training record be completed, I certify I attended the above course but did not receive a certificate from the facility sponsoring the above training. please submit a critique or fill out the certification of attendance below.

27 ADDITIONAL INFORMATION (Social Security No., unclassified job title, home address, etc.)

[Redacted box]

In order that my training record be completed, I certify I attended the above course but did not receive a certificate from the facility sponsoring the above training.

TRAINING VERIFIED \_\_\_\_\_

[Redacted box]

1 Sept 76  
DATE

209578

TRAINING COMPLETED

VA

Request No. 209578  
6-10 22 SEP 1976

CONFIDENTIAL

OP

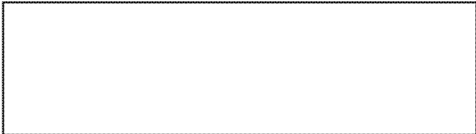
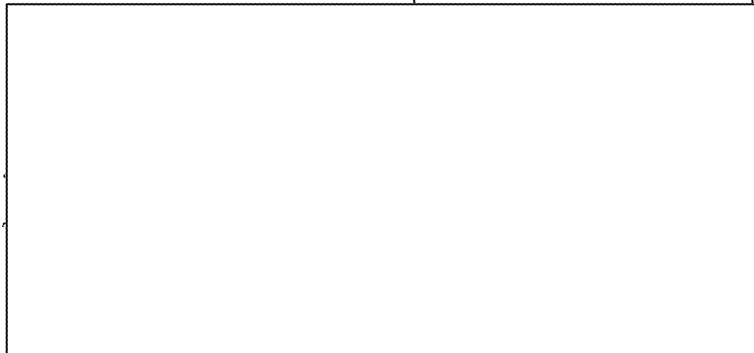
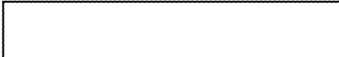
17 FEB 1976

**MEMORANDUM FOR THE RECORD**

**SUBJECT: Meritorious Unit Citation -- DDO/Privacy and Information Coordinator Group**

On 12 February 1976 the Acting Director of Central Intelligence approved award of the Meritorious Unit Citation in recognition of the achievements of the DDO/Privacy and Information Coordinator Group since February 1975. The following employees are cited for their contributions to the Group:

Frederick C. Randall



Recorder

Honor and Merit Awards Board

**Distribution:**

- 1 - Each OPF
- 1 - Exec Sec/HMAB
- 1 - Recorder/HMAB

CONFIDENTIAL

17 NOV 1975

MEMORANDUM FOR: Frederick Randall

SUBJECT : Quality Step Increase

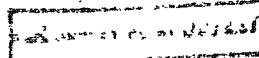
1. My congratulations on the award to you of a Quality Step Increase. This award is in recognition of superior sustained performance and reflects great credit on you and the job you have been doing.
2. I am confident that your future performance will be of continuing high quality.

With personal best wishes,

W. E. Nelson

William E. Nelson  
Deputy Director for Operations

CONFIDENTIAL



CONFIDENTIAL  
(When Filled In)

OFF

REQUEST FOR TRAINING AT NON-AGENCY FACILITY

|                                      |                                      |                |                |               |          |         |                  |                              |
|--------------------------------------|--------------------------------------|----------------|----------------|---------------|----------|---------|------------------|------------------------------|
| 1 EMP SER NO                         | 2 NAME (Last, First, Middle Initial) | 3 SEX          | 4 AGE          | 5 GRADE       | 6 OFFICE | 7 GRADE | 8 SD             | 9 TRAINING DATES (DD-MON-YY) |
| 012170                               | Randall, Frederick                   | M              | 26             | 51            | DDO      | 14      | DAC              | 7 May 76 (1-day)             |
| 13 TYPE OF INSTRUCTION               | 14 EVAL                              | 15 ST OF LEARN | 16 COURSE CODE | 17 PURGE DATE | 18 ONR   | 19 CV   | 20 FACILITY CODE | 21 TOTAL HOURS               |
| REG 1<br>SPEC 2<br>CORR 4<br>OTHER 5 | CODE                                 |                |                |               |          | 3       |                  | 008                          |

22 TITLE OF COURSE  
**A Freedom of Information and Personal Privacy Briefing Conference**

23 TRAINING FACILITY  
**U. S. Civil Service Commission  
Bureau of Training**

24 LOCATION OF TRAINING  
**1900 E Street, N.W.  
Washington, D.C.**

25 DESCRIPTION OF COURSE  
Participants will develop a working knowledge of the Freedom of Information Act of 1967 and Privacy Act of 1974 and Amendments; will "walk through" the more significant components of Privacy and FOI guidelines; will be briefed on techniques of forecasting costs and determining resources needed to handle work loads created to comply with legislative requirements; and they will review related legislation now before Congress.

26 SPECIFIC OBJECTIVES AND LEVEL OF PROFICIENCY TO BE ATTAINED (Attach to assignment)

Mr. Randall is Chief of a branch responsible for handling of requests under the FOI and Privacy Acts.

the above training, please submit a critique or fill out the certification of attendance below.

27 ADDITIONAL INFORMATION (About Security Info., unclassified job title, name address, etc.)

REMARKS: Va.

In order that my training record be completed, I certify I attended the above course BUT did not receive a completion document from the facility sponsoring the training.

TRAINING VERIFIED: \_\_\_\_\_

F. C. Randall 7 Sept 76  
NAME DATE

23 APR 1976  
V A

CONFIDENTIAL

10 November 1975

MEMORANDUM FOR: Acting Chief, EA/PINS

SUBJECT: Change of Home Base and Functional Category  
Frederick C. Randall


1. The Services Staff recently forwarded to your office a personnel action requesting a change of home-base and functional category for Mr. Frederick C. Randall. This memorandum is intended to provide additional information regarding this change as requested by EA Personnel.

2. Mr. Randall was assigned to the Services Staff in February 1975 to serve as the Freedom of Information Officer for the DDO. This assignment followed approximately ten years of service with FR Division. Mr. Randall's performance since reporting to this Staff has been outstanding. He is currently responsible for a staff of 12 employees and with the increasing responsibilities as a result of the enactment of the Privacy Act it is anticipated that additional personnel will be required in order to handle the workload.

3. Mr. Randall has been responsive in the handling of FOI requests and is noted for his professionalism, tact, persuasiveness, and analytic skills. He has done an excellent job of establishing realistic manpower requirements for the Privacy and Information Coordinator Staff, keeping up with a heavy workload while training new employees and making constant adjustments as further experience is gained in the administration of the FOI and Privacy Acts.

4. It is my opinion, and also OAC's, that Mr. Randall's strengths are in a staff assignment such as his current one. Therefore, following discussions with Mr. Randall, it was agreed that his home-base and functional category should be changed from LMC to DAC.

5. If there are any additional questions concerning this change, I will be glad to discuss it further.

  
Charles A. Briggs  
Chief, Services Staff

CONFIDENTIAL

2. 11/10/75 - 11/10/75



SECRET

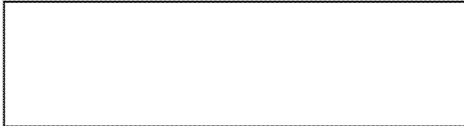
5 August 1971

**MEMORANDUM FOR: Chief, FE Personnel**

**SUBJECT : Frederick Randall, GS-14 - Rotational  
Assignment - DO Division**

1. The Personnel Management Committee of DO Division reviewed the assignment of Mr. Frederick Randall to DO Division in view of his request for a two year extension of his tour in DO and FE Division's request that DO Division consider changing his Home Base to DO.

2. The Acting Chief, DO Division has approved the committee's recommendation that (a) Mr. Randall remain in DO Division for an additional two years until July 1973, (b) Subject's Home Base not be changed to DO Division since DO does not normally Home Base personnel assigned to us on a rotational assignment, and in view of Mr. Randall's expressed desire for an overseas assignment following his two year extension in DO. Mr. Randall feels that his personal circumstances would permit him to accept an overseas assignment at that time.

  
Chief, DO Personnel

SECRET

CONFIDENTIAL

10 October 1975

MEMORANDUM FOR: Director of Personnel

THROUGH : Chairman, DDO QSI and Honor and Merit Awards Panel

SUBJECT : Request for a Quality Step Increase for Mr. Frederick C. Randall, GS-14

1. On the basis of the information presented below, it is recommended that a Quality Step Increase be approved for Mr. Frederick C. Randall.

2. Mr. Randall has been employed by the Agency since September 1951. He has spent his Agency career in the Operations Directorate serving with East Asia and Foreign Resources Divisions. He has had field assignments in [redacted] and spent four years at FR [redacted]

3. In early 1975, Mr. Randall was assigned to the Services Staff to serve as the Freedom of Information Officer for the DDO. In spite of the ambiguity of evolving guidelines, constant pressure of short deadlines, a very large volume of work and the cultural trauma the Act and its implementation generated, Mr. Randall's performance has been outstanding. He is noted for his professionalism, tact, persuasiveness, analytic skills, and realistic, while tough-minded, protection of DDO sources and methods. In addition to his FOI responsibilities, Mr. Randall was just designated the Privacy Act Coordinator for the DDO. It is still too early to predict the actual work requirements as a result of this Act, but it is anticipated that Mr. Randall will meet these added responsibilities in the same exceptional manner as he has fulfilled his FOI duties.

4. Consideration has been given to the granting of an Honor and Merit Award. However, it is felt that a Quality Step Increase will provide more appropriate recognition of Mr. Randall's outstanding performance during the past seven months in a very challenging and demanding assignment.

[redacted]  
Charles A. Briggs  
Chief, Services Staff

Attachments  
Bio Profile  
Fitness Reports  
LOI

600 14/10/75

EO IMPDET CL BY 011078

CONFIDENTIAL

CONFIDENTIAL

SUBJECT: Request for a Quality Step Increase for Mr. Frederick C. Randall, GS-14

APPROVAL RECOMMENDED:

[Redacted Signature]

DDO QSI and Honor and Merit Awards Panel

29 Oct 1975  
Date

APPROVED:

[Redacted Signature]

Director of Personnel

4 Nov 75  
Date

CONFIDENTIAL

CONFIDENTIAL

5 May 1975

MEMORANDUM FOR: Frederick C. Randall  
SUBJECT: Letter of Instruction  
REFERENCE:  dated 3 February 1975

1. The purpose of this Letter of Instruction is to fulfill my responsibility to provide you with a statement of your responsibilities as the Freedom of Information Officer for the Directorate of Operations, to assist you in focusing your efforts and activities, and to assist me in judging and evaluating your performance and potential.

2. Your primary responsibility is to fulfill the requirements of the Freedom of Information Act that pertain to the Directorate of Operations on behalf of the Deputy Director for Operations. To accomplish this, you will be the central point of contact for all FOI matters within the DDO. You will develop procedures designed to ensure that FOIA requests for information are fulfilled or legitimately denied, taking into account both the provisions of the FOIA and existing laws that require the Central Intelligence Agency to protect that information necessary to the continuation of its mission. You will suggest and promote courses of action which should be implemented to fulfill your responsibilities and carry out policies levied upon you by higher authority, including preparation of appropriate rationale and/or options for those cases requiring denial of release by me as the DDO official so authorized.

3. You will develop a staff of personnel to assist you in the performance to your mission, and provide effective guidance to them.


4. You will be directly responsible to me as the Chief, Services Staff and receive direction and support from me, serving as my Special Assistant. You are encouraged to take maximum initiatives on FOI matters with principal components of the DDO and concerned elements of CIA outside the DDO, keeping me generally informed of your activities.

CONFIDENTIAL

CL BY   
E2 IMPDET

CONFIDENTIAL

5. You will fulfill any further responsibilities or assignments that may be levied by higher authority.

  
Charles A. Briggs  
Chief, Services Staff

I have read and understand this  
Letter of Instruction:

*Frederick C. Randall* *7 May 1975*  
Frederick C. Randall      Date

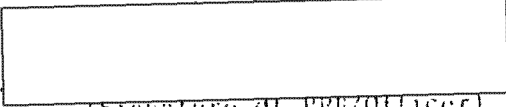
CONFIDENTIAL

QSI RECOMMENDATION REVIEW

SUBJECT : FREDERICK C. BRADALL OFFICE: PPD/FR

GRADE : 1417 DATE OF GRADE: 06/09/67 POSITION GRADE: 15

LAST QSI: 07/04/65 REMARKS: \_\_\_\_\_

RECOMMEND APPROVAL   
(Signature of PPD/Officer)

DATE: 12/31/75

ADMINISTRATIVE INTERNAL USE ON.  
**TRAINING COMPLETED**

Request No. 046246

Date 29 JUL 1975  
Certification of Attendance

In order that my training record may be completed, I certify that I attended the following course but did not receive a completion document from the facility sponsoring the training.

EMPLOYEE: Frederick C. Randall

FACILITY: Civil Service Commission

COURSE TITLE: A Symposium on Freedom of Information and Privacy Legislation

DATES OF TRAINING: May 30, 1975

TRAINING REQUEST NUMBER: 046246

F. C. Randall                      11/1/75  
Signature                                      Date

NOTE: This form is to be used only when the facility attended does not issue official completion information.

SECRET  
(WHEN FILLED IN)

*Randall, Frederick*

| QUALIFICATIONS SYSTEM RECORD CHANGE |                           |                                   |  |  |  |
|-------------------------------------|---------------------------|-----------------------------------|--|--|--|
| AFFILIANT CODING DATA               |                           |                                   |  |  |  |
| 1. ID                               | 2. APPL. NO.<br>6-DIG. IS | 3. NAME<br>MUST CONTAIN 20-DIGITS |  |  |  |
| < 2                                 |                           |                                   |  |  |  |
| 4. DATE OF BIRTH<br>MO DA YR        |                           | 5. DATE CODED<br>MO DA YR         |  | THE DATA ABOVE (ITEMS 2 THRU 5) WILL BE FILLED IN WHEN CODING AN APPLICANT FOR THE FIRST TIME. THIS FORM IS THEN ATTACHED TO FORM 1302, MASTER QUALIFICATIONS CODING RECORD. |  |
|                                     |                           |                                   |  |  |  |

| LANGUAGE CODING DATA - FORM 444c |                 |                      |  |                              |                       |   |   |   |   |   |   |    |
|----------------------------------|-----------------|----------------------|--|------------------------------|-----------------------|---|---|---|---|---|---|----|
| 1. ID                            | 2. EMPLOYEE NO. | 3. NAME<br>3-LETTERS |  |                              | 4. LANGUAGE DATA CODE |   |   |   |   |   |   |    |
| < 3                              |                 |                      |  |                              | BASE CODE             | R | W | P   | S | U | T | YR |
|                                  |                 |                      |  |                              |                       |   |   |   |   |   |   |    |
| 5. DATE SUBMITTED<br>MO DA YR    |                 |                      |  | 6. DATE OF BIRTH<br>MO DA YR |                       |   |   | WHEN FORM 444c DENOTES NO LANGUAGE COMPETENCE, ENTER THE FOLLOWING IN ITEM 4: "NON-LANGUAGE" (12-DIGITS). |   |   |   |    |
|                                  |                 |                      |  |                              |                       |   |   |   |   |   |   |    |

| LANGUAGE PROFICIENCY TEST DATA |                 |                      |  |  |                  |                              |   |   |   |   |   |    |          |  |
|--------------------------------|-----------------|----------------------|--|--|------------------|------------------------------|---|---|---|---|---|----|----------|--|
| 1. ID                          | 2. EMPLOYEE NO. | 3. NAME<br>3-LETTERS |  |  | 4. CODE<br>C-A-D | 5. LANGUAGE DATA BEFORE TEST |   |   |   |   |   |    |          |  |
| < 3                            | 012170          | RAN                  |  |  | C                | BASE CODE                    | R | W | P   | S | U | T  | YR       |  |
|                                |                 |                      |  |  |                  | BL54                         | 1 | 3 | 3   | 3 | 3 | 4  | 59       |  |
| 6. LANGUAGE DATA AFTER TEST    |                 |                      |  |  |                  | 7. DATE OF TEST<br>MO DA YR  |   |   | DATA FOR ITEM 2 THRU 7 IS EXTRACTED FROM FORM 1273, LANGUAGE PROFICIENCY AND AGENCY DATA. |   |   |    |          |  |
| BASE CODE                      |                 |                      |  |  |                  | R                            | W | P | S   | U | T | YR |          |  |
| BL54                           |                 |                      |  |  |                  | 0                            | 7 | 7 | 7   | 7 | 4 | 71 | 06/18/71 |  |

| QUALIFICATIONS RECORD CHANGE |                 |                      |   |   |   |          |   |   |   |    |  |  |
|------------------------------|-----------------|----------------------|---|---|---|----------|---|---|---|----|--|--|
| 1. ID                        | 2. EMP/APPL NO. | 3. NAME<br>3-LETTERS |   |   | 4. ENTER UNDER "TYPE" -<br>A - ADDITION TO RECORD<br>C - CHANGE TO EXISTING RECORD<br>D - DELETION OF DATA FROM EXISTING RECORD |          |   |   |   |    |  |  |
| < 4                          |                 |                      |   |   |   |          |   |   |   |    |  |  |
| TYPE                         | CODE # 1        |                      |   |   |   | CODE # 2 |   |   |   |    |  |  |
|                              | BASE            | 1                    | 2 | 3 | YR  | BASE     | 1 | 2 | 3 | YR |  |  |
|                              |                 |                      |   |   |   |          |   |   |   |    |  |  |
|                              |                 |                      |   |   |   |          |   |   |   |    |  |  |
|                              |                 |                      |   |   |   |          |   |   |   |    |  |  |
|                              |                 |                      |   |   |   |          |   |   |   |    |  |  |
|                              |                 |                      |   |   |   |          |   |   |   |    |  |  |
|                              |                 |                      |   |   |   |          |   |   |   |    |  |  |
|                              |                 |                      |   |   |   |          |   |   |   |    |  |  |
|                              |                 |                      |   |   |   |          |   |   |   |    |  |  |
|                              |                 |                      |   |   |   |          |   |   |   |    |  |  |



SECRET  
(When Filled In)

101

DOD

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.<br>012170 | NAME (Last-First-Middle)<br>Randall, Frederick C | DATE OF BIRTH |
|-------------------------|--|---------------|

SECTION II EDUCATION

HIGH SCHOOL

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

COLLEGE OR UNIVERSITY STUDY

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

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

TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

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

OTHER NON-AGENCY EDUCATION OR TRAINING NOT INDICATED ABOVE

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

SECTION III MARITAL STATUS

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

2. NAME OF SPOUSE (Last) (First) (Middle) ( Maiden)

3. DATE OF BIRTH

4. PLACE OF BIRTH (City, State, County)

5. OCCUPATION

6. PRESENT EMPLOYER

7. CITIZENSHIP

8. FORMER CITIZENSHIP(S) COUNTRY(IES)

9. DATE U.S. CITIZENSHIP ACQUIRED

SECTION IV DEPENDENT CHILDREN AND DEPENDENTS OTHER THAN SPOUSE

| NAME                              | RELATIONSHIP | DATE AND PLACE OF BIRTH | CITIZENSHIP | DEPENDENT BY REASON |
|-----------------------------------|--------------|-------------------------|-------------|---------------------|
| 1. <input type="checkbox"/> AND   |              |                         |             |                     |
| 2. <input type="checkbox"/> CHILD |              |                         |             |                     |
| 3. <input type="checkbox"/> AND   |              |                         |             |                     |
| 4. <input type="checkbox"/> CHILD |              |                         |             |                     |

FORM 444b  
2-68

SECRET

U.S. GOVERNMENT PRINTING OFFICE: 1968 O 311-101

SECRET

(When Filled In)

| SECTION V GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL  |                               |  |                                       |   |   |                                    |   |
|---|-------------------------------|--|---------------------------------------|---|---|------------------------------------|---|
| NAME OF REGION OR COUNTRY   | TYPE OF SPECIALIZED KNOWLEDGE | DATES OF TRAVEL OR RESIDENCE                   | DATE & PLACE OF STUDY                 | EDUCATION ACQUIRED BY--CHECK (X)                              |   |                                    |   |
|   |                               |  |                                       | RES. SOURCE   | TRAVEL                                      | STUDY                              | POST ASSIGNMENT                         |
|   |                               |  | FEB 24 - 9 08 AM '70                  |   |   |                                    |   |
|   |                               |  | MALDEN                                |   |   |                                    |   |
| SECTION VI TYPING AND STENOGRAPHIC SKILLS   |                               |  |                                       |   |   |                                    |   |
| 1. TYPING (RPM)   |                               | 2. SHORTHAND (SPM)                             |                                       | 3. INDICATE SHORTHAND SYSTEM USED--CHECK (X) APPROPRIATE ITEM |   |                                    |   |
|   |                               |  |                                       | <input type="checkbox"/> SPEGG                                | <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.   |                               |  |                                       |   |   |                                    |   |
|   |                               |  |                                       |   |   |                                    |   |
| 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  |                               |  |                                       |   |   |                                    |   |
| 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"/> NATIONAL GUARD     |                                    |   |
|   |                               | <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                      |   |                                    |   |
|   |                               |  |                                       |   |   |                                    |   |
| 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"/> DISCHARGED |                               |  |                                       |   |   |                                    |   |
| 5. MILITARY MOBILIZATION ASSIGNMENT   |                               |  |                                       | 6. RESERVE UNIT TO WHICH ASSIGNED OR ATTACHED                 |   |                                    |   |
|   |                               |  |                                       |   |   |                                    |   |
| MILITARY SCHOOLS COMPLETED (Extended Duty, Reserve Duty, or as Civilian)  |                               |  |                                       |   |   |                                    |   |
| NAME AND ADDRESS OF SCHOOL  |                               | STUDY OR SPECIALIZATION                        |                                       | DATE COMPLETED  |   |                                    |   |
|   |                               |  |                                       |   |   |                                    |   |
|   |                               |  |                                       |   |   |                                    |   |
|   |                               |  |                                       |   |   |                                    |   |
|   |                               |  |                                       |   |   |                                    |   |
|   |                               |  |                                       |   |   |                                    |   |
| SECTION IX PROFESSIONAL SOCIETIES AND OTHER ORGANIZATIONS   |                               |  |                                       |   |   |                                    |   |
| NAME AND CHAPTER  |                               | ADDRESS (Number, Street, City, State, Country) |                                       |   | DATE OF MEMBERSHIP                          |                                    |   |
|   |                               |  |                                       |   | FROM TO                                     |                                    |   |
|   |                               |  |                                       |   |   |                                    |   |
|   |                               |  |                                       |   |   |                                    |   |
|   |                               |  |                                       |   |   |                                    |   |
| SECTION X REFERENCES  |                               |  |                                       |   |   |                                    |   |
|   |                               |  |                                       |   |   |                                    |   |
| DATE  |                               |  |                                       | SIGNATURE OF EMPLOYEE   |   |                                    |   |
| 17 February 1970  |                               |  |                                       | <i>William C. ...</i>   |   |                                    |   |

SECRET

SECRET  
(When Filled In)

FILE  
PUNCHED  
BY

REPORT OF SERVICE ABROAD

TO: Office of Personnel, Transactions and Records Branch, Status Section

|                   |                       |               |        |
|-------------------|-----------------------|---------------|--------|
| SERIAL NO.<br>1-6 | NAME                  |               |        |
|                   | LAST<br>(Print)       | FIRST<br>7-24 | MIDDLE |
| 012170            | Randall, Frederick G. |               |        |

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 99, REVISED.

PCS DATES OF SERVICE

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA  | O/P USE ONLY | COUNTRY | CODE |       |
|-------------|-------|-------|---------------|-------|-------|---|--------------|---------|------|-------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  |   |              |         |      | CODE  |
| 25-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 | 1 - PCS (Basic)<br>3 - CORRECTION<br>5 - CANCELLATION | 37           | 38      | 39   | 40-42 |
|             |       |       |               |       |       |   |              |         |      |       |

TDY DATES OF SERVICE

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA  | O/P USE ONLY | AREA(S) | CODE |       |    |    |       |    |   |   |   |
|-------------|-------|-------|---------------|-------|-------|---|--------------|---------|------|-------|----|----|-------|----|---|---|---|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  |   |              |         |      | CODE  | 38 | 39 | 40-42 |    |   |   |   |
| 25-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 | 2 - TDY (Basic)<br>4 - CORRECTION<br>6 - CANCELLATION | 37           | 38      | 39   | 40-42 |    |    |       |    |   |   |   |
| 0           | 3     | 3     | 1             | 7     | 0     | 0   | 4            | 3       | 0    | 7     | 0  | 2  |       | WH | 8 | 1 | 1 |

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

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

DOCUMENT IDENTIFICATION NO. WH 352-70, Amt. 1      DOCUMENT DATE/PERIOD 31 Mar 70 - 30 Apr 70

REMARKS

|               |                                      |   |
|---------------|--------------------------------------|---|
| PREPARED BY   | REPORT SANITIZED OR CENTRAL REGISTRY | ADDC DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED |
| DATE 8 May 70 | SIGNATURE                            |   |

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

**CONFIDENTIAL**

*(When Filled In)*

Complete in original. 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. This form will be filed in the employee's official personnel folder.

|   |  |   |   |   |   |
|---|--|---|---|---|---|
| NAME OF EMPLOYEE (Last)<br><b>F. RANDOL</b>   |  | (First)<br><b>FREDERICK</b>                           |   | SOCIAL SECURITY NUMBER                  |   |
| <b>1. RESIDENCE DATA</b>  |  |   |   |   |   |
| PLACE OF RESIDENCE WHEN INITIALLY EMPLOYED BY AGENCY<br><b>Ma.</b>  |  |   | LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad) |   |   |
| PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE<br><b>Va</b>  |  |   | HOME LEAVE RESIDENCE<br><b>Va</b>                                 |   |   |
| <b>2. MARITAL STATUS (Check one)</b>  |  |   |   |   |   |
| <input type="checkbox"/> SINGLE   |  | <input checked="" type="checkbox"/> MARRIED           |   | <input type="checkbox"/> SEPARATED      |   |
| <input type="checkbox"/> DIVORCED   |  | <input type="checkbox"/> WIDOWED                      |   | <input type="checkbox"/> ANNULLED       |   |
| IF MARRIED, PLACE OF MARRIAGE<br><b>Nebraska</b>  |  |   |   | DATE OF MARRIAGE<br><b>June 3, 1950</b> |   |
| IF DIVORCED, PLACE OF DIVORCE DECREE<br><b>N.A.</b>   |  |   |   | DATE OF DECREE                          |   |
| IF WIDOWED, PLACE SPOUSE DIED<br><b>N.A.</b>  |  |   |   | DATE SPOUSE DIED                        |   |
| IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)<br><b>N.A.</b>  |  |   |   |   |   |
| <b>3. MEMBERS OF FAMILY</b>   |  |   |   |   |   |
| NAME OF SPOUSE<br><b>Randall</b>  |  | ADDRESS (No. Street City State Zip Code)<br><b>Va</b> |   | TELEPHONE NO.                           |   |
| NAMES OF CHILDREN<br><b>Randall<br/>Randall<br/>Randall<br/>Randall</b>   |  | ADDRESS<br>" "  |   | SEX<br><b>M<br/>M<br/>F<br/>F</b>       |   |
| NAME OF YOUR FATHER (Or adoptive guardian)<br><b>Randall</b>  |  | ADDRESS<br><b>D.C.</b>                                |   | TELEPHONE NO.                           |   |
| NAME OF YOUR MOTHER (Or female guardian)<br><b>Randall</b>  |  | ADDRESS<br><b>D.C.</b>                                |   | TELEPHONE NO.                           |   |
| WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY?<br><b>Wife and two sons</b>   |  |   |   |   |   |
| <b>4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY</b>  |  |   |   |   |   |
| NAME (Mr., Mrs., Miss)<br><b>Mrs. Randall,</b>  |  |   | RELATIONSHIP<br><b>Wife</b>                                       |   |   |
| HOME ADDRESS (No. Street City State Zip Code)<br><b>Va 22101</b>  |  |   | HOME TELEPHONE NUMBER   |   |   |
| BUSINESS ADDRESS (No. Street City State Zip Code) AND NAME OF EMPLOYER, IF APPLICABLE<br><b>Va</b>  |  |   | BUSINESS TELEPHONE EXTENSION                                      |   |   |
| IS THIS INDIVIDUAL NAMED ABOVE WITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization that he notifies you with first.)   |  |   |   |   | YES <input checked="" type="checkbox"/> |
|   |  |   |   |   | NO                                      |
| IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF IN THE EVENT YOU ARE INCAPABLE? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.)               |  |   |   |   | YES <input checked="" type="checkbox"/> |
|   |  |   |   |   | NO                                      |
| DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSER? (If answer is "No" explain why in item 5.)   |  |   |   |   | YES <input checked="" 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 5 ON THE REVERSE SIDE OF THIS FORM. |  |   |   |   |   |

CONFIDENTIAL BY REVERSE SIDE

**CURRENT RESIDENCE AND DEPENDENCY REPORT**

CONFIDENTIAL  
(When Filled In)

3. VOLUNTARY ENTRIES

Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.

INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.

United Va. Bank of Fairfax  
Mc Lean Branch  
Frederick C [redacted] Randall

ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION?  YES  NO

IF YES, DO YOU HAVE A JOINT ACCOUNT?  YES  NO

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

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

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

4. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

SIGNED AT

DATE

25/10/70

SIGNATURE

Frederick C Randall

CONFIDENTIAL

SECRET

| FIELD REASSIGNMENT QUESTIONNAIRE  |                                 |   |  |
|---|---------------------------------|---|--|
| DO NOT COMPLETE   |                                 | FOR HEADQUARTERS USE ONLY                 |  |
| NAME OF EMPLOYEE (use pseudo only if SA)  | DATE (from item 3.1)            | NAME OF SUPERVISOR (last)                 | DATE (from item 3.2)                           |
| Frederick Randall   | 23 Sept. 1968                   |   | 23 Sept. 1968                                  |
| DATE RECEIVED AT HEADQUARTERS:  |                                 | DATE RECEIVED BY CAREER SERVICE:          |  |
| 23 October 1968   | 15 Oct. 1968                    |   |  |
| TO BE COMPLETED BY EMPLOYEE   |                                 |   |  |
| 1. DATE OF BIRTH  | 2. SERVICE DESIGN               | 3. YOUR CURRENT POSITION, TITLE AND GRADE | 4. STATION OR BASE                             |
|   | D                               | Ops. Officer, GS-14                       | Washington, D.C.                               |
| 5A. DATE OF PCS ARRIVAL IN FIELD  | 5B. REQUESTED DATE OF DEPARTURE | 5C. EXPECTED DATE OF FIRST CHECK-IN AT HQ | 5D. DESIRED DATE TO REPORT TO DUTY AFTER LEAVE |
| Sept. 1965  | June 1969                       | June 1969                                 | June 1969                                      |
| 7. NUMBER AND AGES OF DEPENDENTS WHO WILL TRAVEL WITH YOU:  |                                 |   |  |
| N.A.  |                                 |   |  |
| 8. PERSONAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED IN DETERMINING NEXT ASSIGNMENT:   |                                 |   |  |
| [redacted] not available overseas.  |                                 |   |  |
| 9. LIST YOUR MAJOR DUTIES DURING CURRENT TOUR (see special rule on transmittal form). (also attach personal cover questionnaire in accordance with CSI-P 240-R) |                                 |   |  |
| Case Officer handling mainly, but not exclusively, operations concerned with the Far East.  |                                 |   |  |
| 10. TRAINING DESIRED: INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS  |                                 |   |  |
| I would like to attend a War College. If assigned overseas I desire language training.  |                                 |   |  |

**SECRET**

**11. PREFERENCE FOR NEXT ASSIGNMENT**

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

After completing three years as a case officer in the [redacted] I feel that a change of assignment would be beneficial both to myself and WOFIRM. In past assignments I have served as a field case officer in several field stations and as a desk chief and staff officer at Headquarters. My personal/professional interests lie in the field of international relations in the Far East (I have taught international politics at the college level and currently am completing a Ph. D. degree as a part-time after-hour student). I would like to be assigned to a position in which I could utilize my past operational experience as well as my substantive interests. My first choice would be a tour with WOHORN, or if a position there is unavailable at this time, a similar position within WOMACE.

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

- EXTEND TOUR \_\_\_\_\_ MONTHS AT CURRENT STATION TO \_\_\_\_\_ (DATE)
- BE ASSIGNED TO HOUSING FOR A TOUR OF DUTY; INDICATE YOUR CHOICE OF DIVISION, STAFF OR OFFICE.  
1ST CHOICE WOHORN 2ND CHOICE see above 3RD CHOICE \_\_\_\_\_
- BE ASSIGNED TO ANOTHER FIELD STATION; INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIALIZATION  
1ST CHOICE \_\_\_\_\_ 2ND CHOICE \_\_\_\_\_ 3RD CHOICE \_\_\_\_\_
- RETURN TO MY CURRENT STATION

**TO BE COMPLETED BY FIELD STATION**

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

Subject is highly qualified for a senior staff job requiring analytical ability in the geographical area of the Far East. As noted above, Subject has expressed a desire to be assigned to a position of this type in WOHORN. In view of Subject's professional interest in the field of International Relations in the Far East, it is recommended he be assigned to WOHORN, or if a position there is not open at this time, a similar position within WOMACE.

**TO BE COMPLETED BY APPROPRIATE HEADQUARTERS OFFICE**

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

I concur in the recommendation of the Base Chief stated in paragraph 12.

DATE 30 Oct 68 INITIALS C/D/011 SIGNATURE [redacted]

FOR USE BY CAREER SERVICE

14. APPROVED ASSIGNMENT:

Do / 100 1/20

15. EMPLOYEE NOTIFIED BY DISPATCH NO. \_\_\_\_\_ DATE \_\_\_\_\_

TABLE NO. \_\_\_\_\_

DATE: \_\_\_\_\_

FORMER HEADQUARTERS REPRESENTATIVE

DATE

**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 |
| RANDALL                        | Frederick | C        |                                  |                        |
| 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)

*Frederick Randall*

DATE

11 March 1968

**FOR EMPLOYING OFFICE USE ONLY**

(attach received date stamp)

03 MAR 2 1968

Top Form of 1 for the States and District of Columbia

ORIGINAL COPY—Return in Official Personnel Folder

SECRET



SECRET

TRAINING REPORT

Clandestine Services Review Course No. 49 (29 March - 7 April 1966)  
(64 hours, full-time)

Student: RANDALL, Frederick C. Office: DDP/DO  
Year of Birth:  Service Designation: D  
Grade: GS-13 No. of Students: 22  
EOD Date: Sept 1951

COURSE OBJECTIVES — CONTENT AND METHODS

This course aims to develop in the Clandestine Services officers and others recently returned from the field an up-to-date awareness of the role of CIA in the United States intelligence community, the relations of the DDI and DDSST areas with the CS, the support available from the offices of the DDS, and the current organization and functions of the Clandestine Services.

The course is presented by lectures given by CIA officials who are directly responsible for the missions, functions, programs, and services discussed. Each lecture is usually followed by a short question period. Approximately 10 per cent of the students' time is scheduled for reading pertinent up-to-date regulations and background summaries.

ACHIEVEMENT RECORD

This is a certificate of attendance only; no attempt was made to evaluate student achievement in the course.

FOR THE DIRECTOR OF TRAINING:

Chief Instructor

M. ADAMS  
Date

SECRET

**SECRET**  
(When Filled In)

**VERIFIED RECORD OF OVERSEAS SERVICE**

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

| EMPLOYEE SERIAL NO. | NAME OF EMPLOYEE |          |        | OFFICE/COMPONENT |
|---------------------|------------------|----------|--------|------------------|
|                     | LAST             | FIRST    | MIDDLE |                  |
| 1-8                 | (Print)          | 7-28     |        | 28-28            |
| Δ12170              | RANDALL          | FREDRICK |        | 43               |

**INSTRUCTIONS**

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

**PCS DATES OF SERVICE**

| TYPE OF DATA     | ARRIVAL |       |       |       | DEPARTURE |       |       | COUNTRY | OMIT  |
|------------------|---------|-------|-------|-------|-----------|-------|-------|---------|-------|
|                  | CODE    | MONTH | DAY   | YEAR  | MONTH     | DAY   | YEAR  |         |       |
| 1 - PCS (Basic)  | 27      | 28-29 | 30-31 | 32-33 | 34-35     | 36-37 | 38-39 |         | 40-42 |
| 2 - CORRECTION   |         |       |       |       |           |       |       |         |       |
| 3 - CANCELLATION | 1       |       |       |       | 06        | 21    | 65    |         | 3/15  |

**TDY DATES OF SERVICE**

| TYPE OF DATA     | DEPARTURE |       |       |       | RETURN |       |       | AREA(S) | OMIT  |
|------------------|-----------|-------|-------|-------|--------|-------|-------|---------|-------|
|                  | CODE      | MONTH | DAY   | YEAR  | MONTH  | DAY   | YEAR  |         |       |
| 1 - TDY (Basic)  | 27        | 28-29 | 30-31 | 32-33 | 34-35  | 36-37 | 38-39 |         | 40-42 |
| 2 - CORRECTION   |           |       |       |       |        |       |       |         |       |
| 3 - CANCELLATION |           |       |       |       |        |       |       |         |       |

**SOURCE OF RECORD DOCUMENT**

|   |   |
|---|---|
| TRAVEL VOUCHER                          | DISPATCH                                  |
| CABLE                                   | DUTY STATUS OR TIME AND ATTENDANCE REPORT |
| OTHER (Specify)                         |   |
| Transfer and Clearance Sheet (Form 495) |   |

|                             |                      |
|-----------------------------|----------------------|
| DOCUMENT IDENTIFICATION NO. | DOCUMENT DATE/PERIOD |
| Form 495                    | 22 June 1965         |

REMARKS

|                   |                                     |  |
|-------------------|-------------------------------------|--|
| PREPARED BY       | REPORT ANNOTATED ON SOURCE DOCUMENT | ABOVE DATA VERIFIED CORRECT BASED UPON SOURCE DOCUMENT CITED |
| C. B. I. HARRISON | DATE                                |  |
| C. V. HARRISON    | 20 June 1965                        |  |

I hereby acknowledge that I have read and understand the contents of Handbook 20-4, Employee Conduct, dated 7 October 1963, and the information brochure for PCS returnees, dated May 1964.

*Frederick C. Randall*  
Signature

2 August 1965  
Date

FREDERICK C. RANDALL

CONFIDENTIAL  
(When Filled In)

SECRET

Executive Registry  
65-4007

DD.P. 53494

[Redacted]

11 June 1965, Letter of Commendation

[Redacted]

18 JUL 1965

[Redacted]

Washington, D. C. 20330

TO: Central Intelligence Agency  
Headquarters Building  
2430 E Street  
Washington, D. C.

1. The attached correspondence regarding Mr. Frederick Randall is noted and forwarded with great pleasure.
2. The exemplary cooperation and professional support provided by Mr. Randall have contributed to the overall success of the [Redacted] and the national collection program.
3. This indorsement is UNCLASSIFIED when standing alone.

[Redacted]

1st Ind.

TO: Chief, FE Division

22 JUL 1965

The Director has noted these letters of commendation and has asked that his own appreciation for a fine performance be expressed to Mr. Randall.

[Redacted]

L. K. White  
Executive Director - Comptroller

SECRET

SECRET



11 JUN 1965

REPLY TO  
ATTN OF:

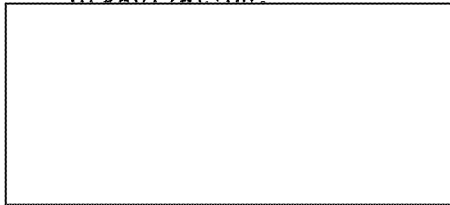
SUBJECT: (U) Letter of Commendation

TO:   
Central Intelligence Agency  
(Director of)  
IN TURN

1. (S) I wish to commend and make a matter of record the outstanding support rendered to this organization by Mr. Frederick Randall, from the period of July 1963 to date. Mr. Randall served as the focal point for coordination of various collection operations in consonance with national and service directives. He was at all times most tactful and helpful, and all who came in contact with him left with the feeling that they had met a true professional.

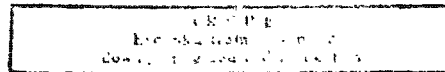
2. (S) Mr. Randall contributed greatly to the overall morale and esprit de corps of those persons charged with the responsibility of planning for and initiating new operations to gather data of priority national interest. He handled potentially embarrassing situations with humor, dignity and aplomb. He gave freely of himself and spent many hours in assisting us in coordinating various operations, discussing the strengths and weaknesses of proposed approaches to collecting information, and in serving as a most effective go-between this headquarters and various station chiefs in other areas when operations under way were multi-national in area. We liked, trusted, and respected him.

3. (S) Mr. Randall's outstanding effectiveness as a coordinator of intelligence collections was exemplary in nature and reflected great credit upon him and his parent organization.



COPIES 1 OF 6 COPIES

NUMSKR 103-65



SECRET

SECRET

#2

[Redacted]

11 June 1965, Letter of

Commendation

[Redacted]

1 JUL 1965

[Redacted]

TO:

[Redacted]

Central Intelligence Agency (Director of)  
IN TURN

1. It is a pleasure to forward this letter commending Mr. Frederick Randall. The knowledge and guidance he has imparted to the [Redacted] [Redacted] have greatly contributed to the overall efficiency and productivity of our intelligence collection operations.

2. This indorsement in itself does not contain classified information.

[Redacted]

CONFIDENTIAL

12 JUL 1965

MEMORANDUM FOR: Mr. Frederick C. Randall

SUBJECT : Quality Step Increase

1. I was pleased to learn that you have been granted a Quality Step Increase. Such a recognition is proof of the high esteem in which you are held by your supervisors in the Clandestine Services.

2. Please accept my personal best wishes. I am confident that your future performance will be of a continuing high quality.

Baron F. Fitzgerald  
Deputy Director for Plans

Distribution:

Orig. - Addressee  
1 - C/PS  
2 - REP  
1 - Subj. File  
1 - CSFO/A  
1 - OVF

C/CSFO, [ ] /jlr/12 Jul '65

CONFIDENTIAL

CONFIDENTIAL

9 JUL 1965

**MEMORANDUM FOR:** Head, Clandestine Services Career Service

**SUBJECT:** Notification of Approval of Quality Step Increase -  
Frederick Randall

1. I am pleased to send to you the attached official notification of the approval of the Quality Step Increase which you recommended for this employee.

2. The salary increase accomplished by the award of a Quality Step Increase is important and tangible evidence of the esteem in which the employee so recognized is held. However, I believe the commendatory and incentive benefits of this award will be partially lost unless it is presented in an appropriate ceremony which will afford the individual recognition among co-workers and supervisory officials. Also, I believe such recognition serves to inspire other employees to aspire to earning such recognition.

3. May I ask, therefore, that you arrange to have this Quality Step Increase presented at an appropriate ceremony.

[Redacted Signature]

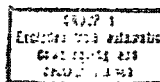
Director of Personnel

Distribution:

Orig. & 1 - C/FE Div w/atts  
1 - C/CSPD  
1 - C/POD/OP  
1 - D/Pers Chrono  
X - OPF - Randall

OP/POD [Redacted] dbw/6693 (8 Jul 65)

CONFIDENTIAL



UNCLASSIFIED

INTERNAL USE ONLY

CONFIDENTIAL

SECRET

ROUTING AND RECORD SHEET

CP-885

SUBJECT: (Optional)

Request for Quality Step Increase - Frederick C. Randall

FROM:

C/FE Division

EXTENSION

NO.

DATE

TO: (Officer designation, room number, and building)

DATE

OFFICER'S INITIALS

COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)

RECEIVED

FORWARDED

1.

DDP/OP

18 JUN 1965

2.

3.

C/POD

21 JUN 1965

23 June

RG

DDP/OP  
3B.29

24 JUN 1965

25 JUN 1965

GM

of Dir / PERS

24 JUN 1965

AC

C/POD

6/24/65

(FC)

7. 13

8.

9.

10.

11.

12.

13.

14.

15.

3 to 4:  
Recommend you concur in this proposal. Upon his return to HQ, Mr. Randall will go to DO division to replace Mr. [redacted] who was yanked out for assignment to [redacted] In so, Randall will be one of four FS representatives.

QSI

Form 3-62

610

USE PREVIOUS EDITIONS

SECRET

CONFIDENTIAL

INTERNAL USE ONLY

UNCLASSIFIED



CONFIDENTIAL

16 JUN 1965

MEMORANDUM FOR: Deputy Director for Plans  
ATTENTION: DDP/OP  
SUBJECT: Request for Quality Step Increase - Frederick C. Randall

1. On the basis of the information presented below, it is recommended that a quality step increase be approved for Frederick C. Randall.

2. Mr. Randall has been affiliated with this Agency since September 1951, and has been assigned to the Operational Support Staff [redacted] since 1961. Mr. Randall's duties are: [redacted] intelligence community; commanding officer of a principal Agency [redacted] supervisor of the Central Registry; supervisor of the local TSD establishment; and Agency participation in a multi-agency CI Repository and an Agency-run [redacted] Mr. Randall's primary duty at the [redacted] Station is Station RAMPART responsibilities. These responsibilities are broad and highly important to all RAMPART relations throughout the Far East. Through Mr. Randall's intensive effort to strengthen and increase the Agency's role in the coordination of clandestine-collection activities, he has been able to set a positive pattern of effective procedures for coordination of the [redacted] services' clandestine collection operations. These procedures are now being emulated wherever possible throughout the Far East. Mr. Randall's tenacity and patience, based on solid operational field and Headquarters experience, have worked to a distinct advantage for the Agency in the RAMPART field. The Chief of Station [redacted] has stated that the vast improvement in the local coordination business has been in large part due to Mr. Randall's exceptional ability to do a good job. Further, as a supervisor and a manager, he has quite successfully handled from [redacted] subordinates in the diversified functions listed above.

3. During Mr. Randall's total service at the [redacted] Station, he has demonstrated his ability and capability to carry out a variety of tasks in an exemplary manner. Mr. Randall has been in grade as a GS-13 since September 1958. He has been recommended three times for promotion to GS-14 since 1963. Due to the limited number of promotions made in this grade category, he was not selected. The Chief of Station and Chief, Far East Division request that Mr. Randall be granted a quality step increase for a long tenure of strong performance and as recognition of an outstanding job well done in his present assignment.

CONFIDENTIAL

CONFIDENTIAL

4. As stated above, Mr. Randall has continued to perform in an exceptionally strong manner and is expected to continue for the remainder of his present and future assignments. We have considered the presentation of an Honor or Merit Award; but the Division feels that a quality step increase appears to be more appropriate in this particular case due to his extended period of time in grade without promotion. Mr. Randall is scheduled for reassignment in June 1965 and we feel the granting of a quality step increase at this time will indicate our appreciation and recognition of his excellent performance.

[Redacted Signature]

William E. Colby  
Chief, Far East Division

CONCUR:

[Redacted Concur Signature]

*24 June 65*

Date

APPROVE:

APPROVED  
[Redacted Signature]  
*6/27/65*

Deputy Director for Plans

Date

CONFIDENTIAL

[Redacted Stamp]

CONFIDENTIAL  
(When Filled In)

S/C ATT TO TM 309047

RESIDENCE AND DEPENDENCY REPORT

MAR 26 1965

INSTRUCTIONS: Submit in duplicate when ordered overseas or whenever designated place of residence, marital or dependency status changes. This information is important in determining travel expenses allowable in connection with leave at Government expense, overseas duty, return to residence upon separation, and in determining transportation expenses allowable in connection with shipment of remains of employee or member of family.

1. NAME OF EMPLOYEE (Last) (First) (Middle)  
RAIDALL Frederick C

2. RESIDENCE DATA  
PLACE OF RESIDENCE WHEN APPOINTED  
LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (if appointed abroad)  
PLACE IN CONTINENTAL U.S. DESIGNATED PERMANENT OR LEGAL RESIDENCE  
Virginia

3. MARITAL STATUS  
 SINGLE  
 MARRIED  
PLACE OF MARRIAGE  
DATE OF MARRIAGE  
 DIVORCED  
PLACE OF DIVORCE DECREE  
DATE OF DIVORCE DECREE  
 WIDOWED  
PLACE SPOUSE DIED  
DATE SPOUSE DIED

4. MEMBERS OF FAMILY  
NAME OF SPOUSE ADDRESS (Number) (Street) (City) (State) TELEPHONE  
NAMES OF CHILDREN ADDRESS (Number) (Street) (City) (State) SEX AGE  
NAME OF FATHER (or male guardian) ADDRESS (Number) (Street) (City) (State) TELEPHONE  
NAME OF MOTHER (or female guardian) ADDRESS (Number) (Street) (City) (State) TELEPHONE

5. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY  
NAME RELATIONSHIP  
ADDRESS (Number) (Street) (City) (State) TELEPHONE

THE PERSONS NAMED IN ITEM 4 ABOVE WILL ALSO BE NOTIFIED IN CASE OF EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE, DUE TO HEALTH OR OTHER PERTINENT REASONS, PLEASE SO STATE UNDER "REMARKS."

VOLUNTARY ENTRIES

THE FOLLOWING AGENCY ENDORSED LIFE AND HOSPITALIZATION INSURANCE POLICIES ARE IN FORCE IN MY NAME: THE "POLICY NO." SHOULD BE ENTERED IF POSSIBLE, SINCE THIS INFORMATION WILL ASSIST IN EXPEDITING ACTION BY THE INSURANCE COMPANY SHOULD A CLAIM BECOME PAYABLE.

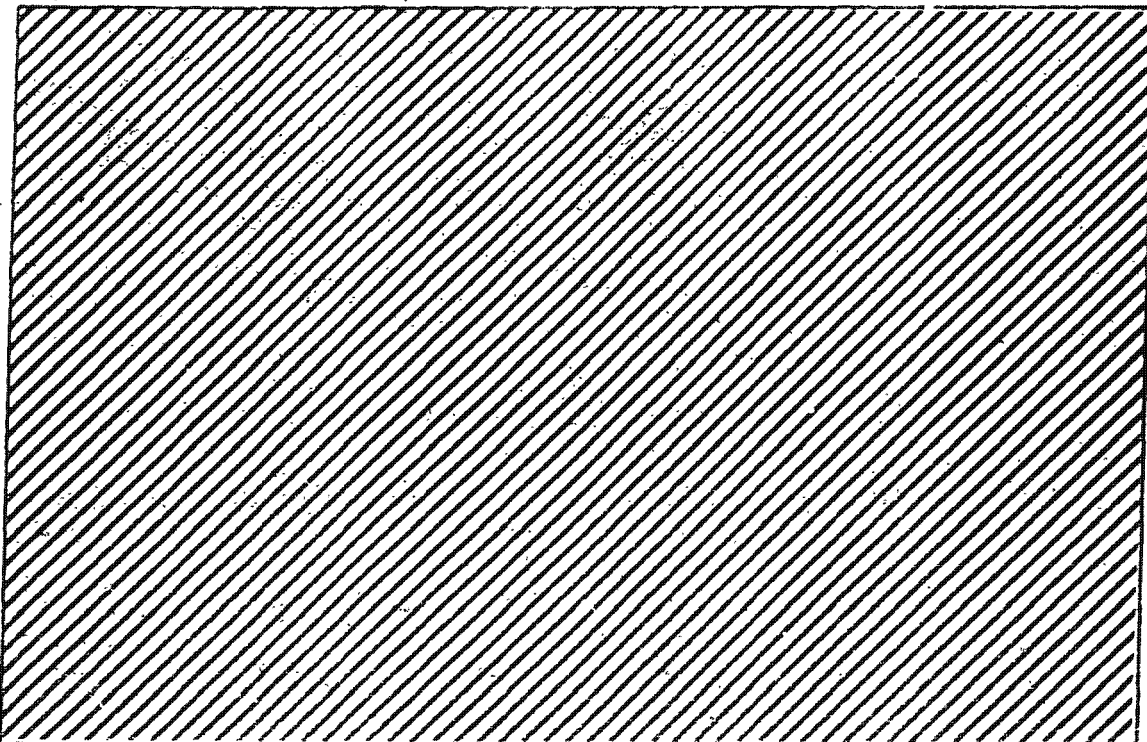
6. FULL NAME OF COMPANY ADDRESS OF HOME OFFICE POLICY NO.

7. I HAVE COMPLETED THE FOLLOWING: WILL  YES  NO POWER OF ATTORNEY  YES  NO

8. REMARKS:  
The purpose of this is to officially state that the State of Virginia has renumbered my legal address from [redacted] Virginia to the new address listed above.

SIGNED AT DATE March 25, 1965 SIGNATURE Frederick C. Raidall

SECRET  
(When Filled In)



|                                      |                                    |              |
|--------------------------------------|------------------------------------|--------------|
| NAME OF EMPLOYEE (Last-First-Middle) | NAME AND RELATIONSHIP OF DEPENDENT | CLAIM NUMBER |
| Randall, Frederick C.                | daughter                           | 65-813       |

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 14 March 1965.

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 |
| 9 APR 1965     |           |

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET

FIELD REASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE FOR HEADQUARTERS USE ONLY

DO NOT COMPLETE

DO NOT COMPLETE

|  |                      |                           |                      |
|--|----------------------|---------------------------|----------------------|
| AUTHENTICATION OF SIGNATURES AND VERIFICATION OF ITEMS 1 THROUGH 7, BELOW:   |                      |                           |                      |
| NAME OF EMPLOYEE (1700)  | DATE (from item 3-1) | NAME OF SUPERVISOR (1700) | DATE (from item 3-2) |
| Frederick Randall  | 20 Oct 64            | William V. Roe            | 30 Oct 64            |
| NAME AND SIGNATURE OF OFFICIAL AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE SIGNATURES AND VERIFY DATA IN ITEMS NOS. 1 THROUGH 7, BELOW: |                      |                           | DATE                 |
|  |                      |                           | 27 Nov 64            |

TO BE COMPLETED BY EMPLOYEE

|   |                                  |                                     |  |
|---|----------------------------------|-------------------------------------|--|
| 1. DATE OF BIRTH  | 2. GRADE                         | 3. CURRENT POSITION TITLE AND GRADE | 70. DATE OF PCS ARRIVAL IN TOUR                  |
|   | GS-13                            | Ops Off GS-13                       | 17 Sep 1961                                      |
| 4. SERVICE DESIGNATION (if known)                         | 5. CURRENT STATION OR FIELD BASE |                                     | 70. EXPECTED DATE OF DEPARTURE FROM FIELD        |
| D   |                                  |                                     | 11th 64  |
| 6. OTHER DUTY STATIONS OR FIELD BASES DURING CURRENT TOUR |                                  |                                     | 70. EXPECTED DATE OF ARRIVAL AT HEADQUARTERS PCS |
| None  |                                  |                                     | 11th 64  |

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

Chief of the Operational Support Section of the Station. This includes responsibility for a) [redacted] to carry out the provisions of [redacted] b) Chief of the main [redacted] unit, c) general supervision of the Central Registry consisting of [redacted] employees, d) general supervision of the Station name and [redacted] unit consisting of [redacted] employees, e) general supervision of the [redacted] officer, f) one regular operational contact and others on an ad hoc basis.

9. PREFERENCE FOR NEXT ASSIGNMENT:

A. WRITE A BRIEF DESCRIPTION OF THE TYPE OF WORK YOU WOULD PREFER FOR YOUR NEXT ASSIGNMENT IF IT DIFFERS FROM THAT INDICATED IN ITEM NO. 8, ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICES.

Be reassigned PCS to Headquarters. I am interested in an operational position, preferably in FE Division, which will allow for advancement.

9. INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE IN ORDER TO INCREASE YOUR VALUE TO THE ORGANIZATION (refer to catalog of courses, if available):

I would like to take an operational refresher course such as the Clandestine Services Review.

SECRET

9. PREFERENCE FOR NEXT ASSIGNMENT (continued)

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

2 RETURN TO MY CURRENT STATION

1 BE ASSIGNED TO HEADQUARTERS FOR A TOUR OF DUTY. WITH RESPECT TO POSSIBLE ASSIGNMENT IN HEADQUARTERS, INDICATE CHOICE OF COMPONENT:  
1ST. CHOICE FE 2ND. CHOICE \_\_\_\_\_ 3RD. CHOICE \_\_\_\_\_

3 BE ASSIGNED TO ANOTHER FIELD STATION. WITH RESPECT TO POSSIBLE REASSIGNMENT TO ANOTHER FIELD STATION, INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIFIC STATION BASED ON QUALIFICATIONS:  
1ST. CHOICE \_\_\_\_\_ 2ND. CHOICE \_\_\_\_\_ 3RD. CHOICE \_\_\_\_\_

10. HOW MUCH LEAVE DO YOU DESIRE BETWEEN ASSIGNMENTS? 40 days INDICATE NUMBER OF WORK DAYS 40

11. INDICATE THE NUMBER AND AGE OF DEPENDENTS WHO WILL BE TRAVELLING OR MOVING WITH YOU:  
Wife age 38 Daughter age 8  
Son age 13 Daughter age 6  
Son age 12

11A. INDICATE ANY CHANGE IN YOUR PERSONAL OR FAMILY SITUATION WHICH SHOULD BE CONSIDERED IN DETERMINING YOUR NEXT ASSIGNMENT  
None

12. SIGNATURE: COMPLETE ITEM NO. 5-1, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF ABOVE PORTION OF THIS FORM. TO BE COMPLETED BY SUPERVISOR AT FIELD STATION

13. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE STATION, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING: [redacted] has shown definite supervisory capability. He has done an outstanding job in the time-consuming function of coordinating operations with [redacted] members of the Intelligence Community [redacted] Unfortunately, this function has been so time-consuming that it has not allowed us to assign him as much operational work as we desired. However, in his discussions with [redacted] he has often been called upon to give operational advice and guidance and in this regard his operational judgment has been excellent and respected by them.  
Continued on attached sheet.

14. SIGNATURE: COMPLETE ITEM NO. 5-2, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF THIS PORTION OF THE FORM. TO BE COMPLETED BY APPROPRIATE CAREER SERVICE OFFICER OR PERSONNEL OFFICER AT HEADQUARTERS

15. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE COMPONENT TO WHICH HE IS CURRENTLY ASSIGNED, INDICATE YOUR RECOMMENDATIONS FOR HIS NEXT ASSIGNMENT AND TRAINING:  
FE Division Requests that Mr. Randall be assigned to [redacted] Operations in Headquarters upon his return from [redacted]

16. NAME OF CAREER SERVICE OFFICER OR PERSONNEL OFFICER CFE/PERS  
DATE 24 February 1965

FOR USE OF CAREER SERVICE

17. EMPLOYEE  HAS  HAS NOT BEEN NOTIFIED OF PLANNED REASSIGNMENT 18. REFERENCE DISPATCH NO. 10115-8122 FILE NO. \_\_\_\_\_

19. TYPED OR PRINTED NAME \_\_\_\_\_ 20. SIGNATURE \_\_\_\_\_

21. TITLE \_\_\_\_\_ 22. DATE 21 Feb 65


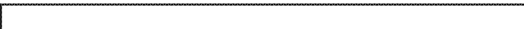
23. COMMENTS to FE [redacted] [redacted]

SECRET

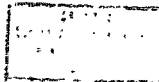
CONFIDENTIAL

FIELD REASSIGNMENT QUESTIONNAIRE

Section 13. Continuation.  
Frederick Randall

 has a  calling for special schooling facilities. It has reached a point that during the next two years they should be in the Washington area where these special facilities are available. I fully endorse his request in Section 9, above, and recommend he be placed in charge of an area desk.

CONFIDENTIAL



CONFIDENTIAL  
(When Filled In)

S/C ATT TO FJTT-12144

| RESIDENCE AND DEPENDENCY REPORT   |                         |   |           |
|---|-------------------------|---|-----------|
| <i>INSTRUCTIONS: Submit in duplicate when ordered overseas or whenever designated place of residence, marital or dependency status changes. This information is important in determining travel expenses allowable in connection with leave of Government expense, overseas duty, return to residence upon separation, and in determining transportation expenses allowable in connection with shipment of remains of employee or member of family.</i> |                         |   |           |
| 1. NAME OF EMPLOYEE<br>(Last) PARDALL   |                         | (First) Frederick   |           |
| 2. RESIDENCE DATA   |                         |   |           |
| PLACE OF RESIDENCE WHEN APPOINTED<br>Nebraska   |                         | LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (if appointed abroad) |           |
| PLACE IN CONTINENTAL U.S. DESIGNATED PERMANENT OR LEGAL RESIDENCE<br>Virginia   |                         |   |           |
| 3. MARITAL STATUS   |                         |   |           |
| <input type="checkbox"/> SINGLE   | PLACE OF MARRIAGE       | DATE OF MARRIAGE  |           |
| <input checked="" type="checkbox"/> MARRIED   | Nebraska                | June 3, 1950  |           |
| <input type="checkbox"/> DIVORCED   | PLACE OF DIVORCE DECREE | DATE OF DIVORCE DECREE  |           |
| <input type="checkbox"/> WIDOWED  | PLACE SPOUSE DIED       | DATE SPOUSE DIED  |           |
| 4. MEMBERS OF FAMILY  |                         |   |           |
| NAME OF SPOUSE<br>Pardall   |                         | ADDRESS (Number) (Street) (City) (State)<br>Calif.                |           |
| NAMES OF CHILDREN   |                         | ADDRESS (Number) (Street) (City) (State)                          | SEX AGE   |
| Randall   |                         | Calif.  | Male 13   |
| Randall   |                         | " "   | " 11      |
| Randall   |                         | " "   | Female 7  |
| Randall   |                         | " "   | " 5       |
| NAME OF FATHER (or male guardian)<br>Pardall  |                         | ADDRESS (Number) (Street) (City) (State)<br>Nebraska              |           |
| NAME OF MOTHER (or female guardian)<br>Pardall  |                         | ADDRESS (Number) (Street) (City) (State)                          |           |
| 5. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY   |                         |   |           |
| NAME<br>Pardall   |                         | RELATIONSHIP<br>Wife  |           |
| ADDRESS (Number) (Street) (City) (State)  |                         | TELEPHONE   |           |
| THE PERSONS NAMED IN ITEM 4 ABOVE WILL ALSO BE NOTIFIED IN CASE OF EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE, DUE TO HEALTH OR OTHER PHYSICIAN REASONS, PLEASE SO STATE UNDER "REMARKS."   |                         |   |           |
| VOLUNTARY ENTRY   |                         |   |           |
| THE FOLLOWING AGENCY ENDORSED LIFE AND HOSPITALIZATION INSURANCE POLICIES ARE IN FORCE IN MY NAME: THE "POLICY NO." SHOULD BE ENTERED IF POSSIBLE, SINCE THIS INFORMATION WILL ASSIST IN EXPEDITING ACTION BY THE INSURANCE COMPANY SHOULD A CLAIM BECOME PAYABLE.  |                         |   |           |
| 6. FULL NAME OF COMPANY   |                         | ADDRESS OF HOME OFFICE  |           |
|   |                         |   |           |
| 7. I HAVE COMPLETED THE FOLLOWING: WILL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO POWER OF ATTORNEY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |                         |   |           |
| 8. REMARKS  |                         |   |           |
|   |                         |   |           |
| SIGNED AT   |                         | DATE  | SIGNATURE |
|   |                         | June 14, 1954   |           |



~~CONFIDENTIAL~~

ATT 2 TO FJTT-10179

| FIELD REASSIGNMENT QUESTIONNAIRE  |                      |                                  |                               |
|---|----------------------|----------------------------------|-------------------------------|
| DO NOT COMPLETE   |                      | FOR HEADQUARTERS USE ONLY        |                               |
| AUTHENTICATION OF SIGNATURES AND VERIFICATION OF ITEMS 1 THROUGH 7, BELOW:  |                      |                                  |                               |
| NAME OF EMPLOYEE (true)   | DATE (from item 6-2) | NAME OF SUPERVISOR (true)        | DATE (from item 6-2)          |
| Frederick Randall   | 13 Sept 1963         |                                  | 19 Sept 1963                  |
| NAME AND SIGNATURE OF OFFICIAL AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE SIGNATURES AND VERIFY DATA IN ITEMS NOS. 1 THROUGH 7, BELOW.  |                      |                                  | DATE                          |
|   |                      |                                  | 1 Nov 1963                    |
| TO BE COMPLETED BY EMPLOYEE   |                      |                                  |                               |
| 1. DATE OF BIRTH  | 2. GRADE             | 3. CURRENT POSITION TITLE        |                               |
|   | GS-13                | Operations Officer               |                               |
| 4. SERVICE DESIGNATION (if known)   |                      | 5. CURRENT STATION OR FIELD BASE |                               |
|   |                      |                                  |                               |
| 6. OTHER DUTY STATIONS OR FIELD BASES DURING CURRENT TOUR   |                      |                                  | 7. EXPECTED DATE OF DEPARTURE |
| None  |                      |                                  | August 1964                   |
| 8. WRITE A DESCRIPTION OF YOUR MAJOR DUTIES DURING THE CURRENT TOUR OF DUTY (see special note on Transmittal Form):   |                      |                                  |                               |
| Chief of the Operational Support Section of the Station. This includes responsibilities for:  |                      |                                  |                               |
| a. liaison with [redacted] including the [redacted] function  |                      |                                  |                               |
| b. acting chief of the main [redacted] unit   |                      |                                  |                               |
| c. general supervision of the Central Registry consisting of [redacted] employees   |                      |                                  |                               |
| d. general supervision of the Station name and [redacted] unit consisting of [redacted] employees   |                      |                                  |                               |
| e. general supervision of [redacted] activities including one outside officer and one inside technician   |                      |                                  |                               |
| f. one operational contact on a regular basis   |                      |                                  |                               |
| 9. PREFERENCE FOR NEXT ASSIGNMENT:  |                      |                                  |                               |
| A. WRITE A BRIEF DESCRIPTION OF THE TYPE OF WORK YOU WOULD PREFER FOR YOUR NEXT ASSIGNMENT IF IT DIFFERS FROM THAT INDICATED IN ITEM NO. 3, ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICES. |                      |                                  |                               |
| <div style="border: 1px solid black; width: 100%; height: 100%;"></div> <p>I would like to extend at my present post until June 1965.</p>   |                      |                                  |                               |
| B. INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE IN ORDER TO INCREASE YOUR VALUE TO THE ORGANIZATION (refer to catalog of courses, if available).  |                      |                                  |                               |
| None  |                      |                                  |                               |

~~CONFIDENTIAL~~

SECRET

D. PREFERENCE FOR NEXT ASSIGNMENT? (continued)

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

RETURN TO MY CURRENT STATION       BE ASSIGNED TO HEADQUARTERS FOR A TOUR OF DUTY  
 BE ASSIGNED TO ANOTHER FIELD STATION

WITH RESPECT TO A POSSIBLE REASSIGNMENT TO ANOTHER FIELD STATION, INDICATE YOUR 1st, 2nd AND 3rd CHOICE FOR GEOGRAPHIC AREA OR SPECIFIC STATION:

1st CHOICE: \_\_\_\_\_  
2nd CHOICE: \_\_\_\_\_  
3rd CHOICE: \_\_\_\_\_

10. HOW MUCH LEAVE DO YOU DESIRE BETWEEN ASSIGNMENTS?

**NONE**

INDICATE NUMBER OF WORK DAYS \_\_\_\_\_

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

**Not applicable**

12. SIGNATURE: COMPLETE ITEM NO. 2-1, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF ABOVE PORTION OF THIS FORM.

TO BE COMPLETED BY SUPERVISOR AT FIELD STATION

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

Approval of Subject's requested one year extension is clearly in the interest of the Station and of KUBARK. His growth in this assignment has been mutually profitable and the added year of service here will stand all of us in good stead. No training during this period is recommended.

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

TO BE COMPLETED BY APPROPRIATE SUPERVISOR AT HEADQUARTERS

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

FE-CMC recommends Subject's tour be extended to June 1963 per his request.

16. NAME OF SUPERVISOR:

\_\_\_\_\_

SIGN

\_\_\_\_\_

TITLE:

CPE/PERS

DATE

6 December 1963

17. REMARKS (Additional comment)

Additional to Remarks in previous page

\_\_\_\_\_

SECRET

SECRET

Rec'd CSPD  
11/16/63

| ELD REASSIGNMENT QUESTIONNAIRE  |                                  |                            |                               |
|---|----------------------------------|----------------------------|-------------------------------|
| DO NOT COMPLETE   |                                  | FOR HEADQUARTERS USE ONLY  |                               |
| AUTHENTICATION OF SIGNATURES AND VERIFICATION OF ITEMS 1 THROUGH 7, BELOW:  |                                  |                            |                               |
| NAME OF EMPLOYEE (Issue)  | DATE (from Item 1-1)             | NAME OF SUPERVISOR (Issue) | DATE (from Item 1-2)          |
| Frederick Randall   |                                  |                            |                               |
| NAME AND SIGNATURE OF OFFICIAL AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE SIGNATURES AND VERIFY DATA IN ITEMS NOS. 1 THROUGH 7, BELOW:  |                                  |                            | DATE                          |
|   |                                  |                            |                               |
| TO BE COMPLETED BY EMPLOYEE   |                                  |                            |                               |
| 1. DATE OF BIRTH  | 2. GRADE                         | 3. CURRENT POSITION TITLE  |                               |
|   | GS-13                            | Operations Officer         |                               |
| 4. SERVICE DESIGNATION (if known)   | 5. CURRENT STATION OR FIELD BASE |                            |                               |
|   |                                  |                            |                               |
| 6. OTHER DUTY STATIONS OR FIELD BASES DURING CURRENT TOUR   |                                  |                            | 7. EXPECTED DATE OF DEPARTURE |
| None  |                                  |                            | September 1963                |
| 8. WRITE A DESCRIPTION OF YOUR MAJOR DUTIES DURING THE CURRENT TOUR OF DUTY (see special note on Transmittal Form):   |                                  |                            |                               |
| <p>Chief of the Operational Support Section of the Station. This includes responsibility for a) [redacted] including the [redacted] function; b) acting chief of the main [redacted] unit; c) general supervision of the Central Registry consisting of [redacted] employees; d) general supervision of the Station name and [redacted] unit consisting of [redacted] employees; e) general supervision of [redacted] activities including one outside officer and one inside technician; f) two operational contacts on a regular basis and others on an ad hoc basis.</p> |                                  |                            |                               |
| 9. PREFERENCE FOR NEXT ASSIGNMENT: <u>extend for one year in present assignment</u>   |                                  |                            |                               |
| <p>A. WRITE A BRIEF DESCRIPTION OF THE TYPE OF WORK YOU WOULD PREFER FOR YOUR NEXT ASSIGNMENT IF IT DIFFERS FROM THAT INDICATED IN ITEM NO. 9, ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICES.</p> <p>I would like to extend for one year in my present assignment, until August 1964.</p>  |                                  |                            |                               |
| <p>B. INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE IN ORDER TO INCREASE YOUR VALUE TO THE ORGANIZATION (refer to catalog of courses, if available):</p> <p>None</p>   |                                  |                            |                               |

SECRET

9. PREFERENCE FOR NEXT ASSIGNMENT (continued)

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

RETURN TO MY CURRENT STATION       BE ASSIGNED TO HEADQUARTERS FOR A TOUR OF DUTY

BE ASSIGNED TO ANOTHER FIELD STATION

WITH RESPECT TO A POSSIBLE REASSIGNMENT TO ANOTHER FIELD STATION, INDICATE YOUR 1ST, 2ND AND 3RD CHOICE FOR GEOGRAPHIC AREA OR SPECIFIC STATION: **see number 9**

1ST CHOICE: \_\_\_\_\_

2ND CHOICE: \_\_\_\_\_

3RD CHOICE: \_\_\_\_\_

10. HOW MUCH LEAVE DO YOU DESIRE BETWEEN ASSIGNMENTS? **see number 9**

INDICATE NUMBER OF WORK DAYS: \_\_\_\_\_

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

**Wife-36; son-11; son-10; daughter-6; daughter-4.**

12. SIGNATURE: COMPLETE ITEM NO. 9-1, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF ABOVE PORTION OF THIS FORM.

TO BE COMPLETED BY SUPERVISOR AT FIELD STATION

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

**We are glad to have Subject extend for one year.**

14. SIGNATURE: COMPLETE ITEM NO. 9-2, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF THIS PORTION OF THE FORM.

TO BE COMPLETED BY APPROPRIATE SUPERVISOR AT HEADQUARTERS

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

*When with this I will be a great asset to the*

Approved by \_\_\_\_\_ *CS Personnel Management*

Comm. H. a. 26 Feb 63. \_\_\_\_\_ *2 March 1963*

16. NAME: \_\_\_\_\_ TITLE: *C.F.F.* SIGNATURE: \_\_\_\_\_ DATE: *9 JAN 1963*

17. REMARKS (additional comments):

**One year extension until August 64 approved CMC 25 January 63.**

\_\_\_\_\_ *25 Jan 63*

SECRET  
(When Filled In)

CS

VERIFIED RECORD OF OVERSEAS SERVICE

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

| EMPLOYEE SERIAL NO.<br>1-8 | NAME OF EMPLOYEE |           |        | OFFICE/COMPONENT<br>29-36 |
|----------------------------|------------------|-----------|--------|---------------------------|
|                            | LAST<br>(Print)  | FIRST     | MIDDLE |                           |
| 12170                      | RANDALL,         | FREDERICK |        | 56                        |

INSTRUCTIONS

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

PCS-DATES OF SERVICE

| TYPE OF DATA     | CODE | ARRIVAL |       |       | DEPARTURE |       |       | COUNTRY | GMT   |
|------------------|------|---------|-------|-------|-----------|-------|-------|---------|-------|
|                  |      | MONTH   | DAY   | YEAR  | MONTH     | DAY   | YEAR  |         |       |
| 1 - PCS (Basic)  | 27   | 28-29   | 30-31 | 59-59 | 34-35     | 36-37 | 38-39 |         | 60-62 |
| 2 - CORRECTION   | 1    | 09      | 17    | 61    |           |       |       |         | 3/5   |
| 3 - CANCELLATION |      |         |       |       |           |       |       |         |       |

TDY DATES OF SERVICE

| TYPE OF DATA     | CODE | DEPARTURE |       |       | RETURN |       |       | AREA(S) | GMT   |
|------------------|------|-----------|-------|-------|--------|-------|-------|---------|-------|
|                  |      | MONTH     | DAY   | YEAR  | MONTH  | DAY   | YEAR  |         |       |
| 1 - TDY (Basic)  | 27   | 28-29     | 30-31 | 22-59 | 34-35  | 36-37 | 38-39 |         | 60-62 |
| 2 - CORRECTION   |      |           |       |       |        |       |       |         |       |
| 3 - CANCELLATION |      |           |       |       |        |       |       |         |       |

SOURCE OF RECORD DOCUMENT

|                 |                                     |             |                                     |
|-----------------|-------------------------------------|-------------|-------------------------------------|
| TRAVEL VOUCHER  | <input checked="" type="checkbox"/> | DISPATCH    | <input type="checkbox"/>            |
| CABLE           | <input type="checkbox"/>            | DUTY STATUS | <input checked="" type="checkbox"/> |
| OTHER (Specify) |                                     |             |                                     |

|                             |                      |
|-----------------------------|----------------------|
| DOCUMENT IDENTIFICATION NO. | DOCUMENT DATE/PERIOD |
|                             | 9/17 - 9/30/61       |

REMARKS

Jan 12-29-61

|                    |                                     |  |
|--------------------|-------------------------------------|--|
| PREPARED BY        | REPORT ANNOTATED ON SOURCE DOCUMENT | ALL DATA VERIFIED CORRECT, BASED UPON SOURCE |
| FISCAL DIVISION    | DATE                                | SIC  |
| REFERENCE DIVISION | 10/16/61                            |  |

# RECEIPT

No. 45716

|   |  |                                  |  |                 |  |
|---|--|----------------------------------|--|-----------------|--|
| DATE                                      |  | THIS WILL ACKNOWLEDGE RECEIPT OF |  | \$31.26         |  |
| 12 Sept 4                                 |  |                                  |  |                 |  |
| FROM                                      |  | THIRTY ONE                       |  | DOLLARS         |  |
| 13 RANDALL, FREDERICK C.                  |  | 39 01                            |  | 54 G.L. 57 1010 |  |
| FOR                                       |  | FE-83/62                         |  |                 |  |
| 18 DESCRIPTION                            |  | 27 OFFICIAL SIGNATURE            |  |                 |  |
| Excess Cost                               |  |                                  |  |                 |  |
| 28 33 34 39 40 42 45 46 47 53 54 57 59 80 |  |                                  |  |                 |  |
|   |  | 1441                             |  |                 |  |

TR

CONFIDENTIAL

(When Filled In)

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) | (First)    | SOCIAL SECURITY NUMBER |
| Randall                 | Fredrick C | Unk.                   |

| 1. RESIDENCE DATA   |   |
|---|---|
| PLACE OF RESIDENCE WHEN INITIALLY APPOINTED                 | LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad) |
| Maryland  |   |
| PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE | HOME LEAVE RESIDENCE  |
| Va.   | Nebraska  |

| 2. MARITAL STATUS (Check one)   |   |
|---|---|
| <input type="checkbox"/> SINGLE   | <input checked="" type="checkbox"/> MARRIED |
| <input type="checkbox"/> SEPARATED  | <input type="checkbox"/> DIVORCED           |
| <input type="checkbox"/> WIDOWED  | <input type="checkbox"/> ANNULLED           |
| IF MARRIED, PLACE OF MARRIAGE   | DATE OF MARRIAGE                            |
| Nebraska  | June 3, 1960                                |
| IF DIVORCED, PLACE OF DIVORCE DECREE  | DATE OF DECREE                              |
|   |   |
| IF WIDOWED, 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  | ADDRESS (No., Street, City, Zone, State) |
| Randall   | Va.                                      |
| TELEPHONE NO.   | EL 6-4598                                |
| NAMES OF CHILDREN   | ADDRESS                                  |
| Randall   | " " " " " "                              |
| Randall   | " " " " " "                              |
| Randall   | " " " " " "                              |
| Randall   | " " " " " "                              |
| SEX   |  |
| M   |  |
| M   |  |
| F   |  |
| F   |  |
| NAME OF FATHER (Or, legal guardian)   | ADDRESS                                  |
| Randall   | Nebraska                                 |
| TELEPHONE NO.   | Unk.                                     |
| NAME OF MOTHER (Or, legal guardian)   | ADDRESS                                  |
| Randall   | "  |
| TELEPHONE NO.   | Unk.                                     |
| WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY. |  |
| father, mother  |  |

| 4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY  |   |
|--|---|
| NAME (Mr., Mrs., Miss) (Last, First, Middle)   | RELATIONSHIP                            |
| Mr. Randall  | father                                  |
| HOME ADDRESS (No., Street, City, Zone, State)  | HOME TELEPHONE NUMBER                   |
| Nebraska   | Unk.                                    |
| BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE  | BUSINESS TELEPHONE & EXTENSION          |
| none (retired)   | none                                    |
| IS THE INDIVIDUAL NAMED ABOVE WRITING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you work for.)                          | YES <input checked="" type="checkbox"/> |
|  | NO <input type="checkbox"/>             |
| IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.) | YES <input checked="" type="checkbox"/> |
|  | NO <input type="checkbox"/>             |
| DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 6.)  | YES <input checked="" type="checkbox"/> |
|  | NO <input type="checkbox"/>             |

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

CONTINUED ON REVERSE SIDE

CURRENT RESIDENCE AND DEPENDENCY REPORT

**CONFIDENTIAL**  
(When Filled In)

**5. VOLUNTARY ENTRIES**

Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.

INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.

Vienna Trust Company, McLean Branch  
McLean, VA  
Frederick C. and [redacted] Russell

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

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

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

**6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS**

[Empty space for additional data and/or continuation of preceding items]

SIGNED AT: Washington, D.C. DATE: August 23, 1961 SIGNATURE: Frederick C. Russell



CONFIDENTIAL  
(When Filled In)

TRAVEL AGREEMENT BY STAFF EMPLOYEES ASSIGNED TO PERMANENT  
DUTY STATION OUTSIDE CONTINENTAL UNITED STATES

1. In accordance with the policy of the Central Intelligence Agency, I agree to serve outside the continental United States a minimum tour of 24 months from the date of my arrival at my permanent post of duty, unless said tour is sooner terminated by the Government for its convenience, or it is terminated by the Agency for circumstances that are considered by it to be beyond my control.

2. It is understood and agreed that if I terminate for reasons within my control in less than 12 months from the date of arrival at said post, I shall reimburse CIA for all travel expenses, including storage and per diem, incurred in the transporting of myself, my dependents, my household and personal effects and my automobile to my permanent post of duty, and shall pay all return travel and transportation expenses to the United States.

3. It is further understood and agreed that if I terminate for reasons within my control subsequent to the twelfth month but prior to the completion of my tour of duty, I shall pay all return expenses for the travel and transportation of myself, my dependents, my household and personal effects and my automobile to the United States.

WITNESS:

[Empty box for witness signature]

Frederick C. Randall  
(Employee)  
Frederick C. Randall  
Date: 23 Aug. 1961

| Standard Form No. 2809<br>CHAPTER I, § 1 P.M.<br>5-6-60 (Rev. 1-5-59)   |  | HEALTH BENEFITS REGISTRATION FOR<br>FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959<br>(Read instructions on back of last page. Use only handwritten or ballpoint pen.) |  |  | CARRIER CONTROL NO.<br>094432       |                                  |                                   |  |  |  |               |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |  |  |
|---|--|---|--|--|-------------------------------------|----------------------------------|-----------------------------------|--|--|--|---------------|--|--|--|----------------|--|--|--|----------------|--|--|--|----------------|--|--|--|--|--|
| PART A<br>ALL WHO<br>REGISTER<br>MUST FILL<br>IN THIS<br>PART.  | 1. NAME (LAST) (FIRST) (MIDDLE INITIAL)<br><b>RANDALL Frederick C.</b>   | 2. DATE OF BIRTH (Use numbers)<br>MONTH DAY YEAR  |  | 3. Are you now married?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   |                                     |                                  |                                   |  |  |  |               |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |  |  |
|   | 4. HOME ADDRESS (NUMBER AND STREET) (CITY AND ZONE NUMBER) (STATE)<br><b>Virginia</b>  |   |  | 5. SEX<br>MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>   |                                     |                                  |                                   |  |  |  |               |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |  |  |
|   | 6. Are you covered by, or is any family member listed below covered by or enrolling in, a plan under the Federal Employees Health Benefits Act of 1959 (through the enrollment of another United States or District of Columbia Government employee or annuitant)?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |   |  | 7. Place an "X" in proper box to show your annual basic salary range.<br>UNDER \$4,000 <input type="checkbox"/> \$4,000 TO \$5,999 <input checked="" type="checkbox"/> \$6,000 TO \$9,999 <input type="checkbox"/> \$10,000 OR OVER <input type="checkbox"/> |                                     |                                  |                                   |  |  |  |               |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |  |  |
| PART B<br>FILL IN THIS PART IF YOU WISH TO ENROLL IN A HEALTH BENEFITS PLAN.  | 1. I elect to enroll in a health benefits plan as shown below. I authorize deductions to be made from my salary, compensation, or annuity to cover my share of the cost of the enrollment. (Copy the information requested below from inside cover of brochure of the plan you select.)  |   | NAME OF PLAN<br><b>ASSOCIATION BENEFIT PLAN</b>  |  | OPTION (HIGH OR LOW)<br><b>HIGH</b> |                                  |                                   |  |  |  |               |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |  |  |
|   | 2. In space below list all eligible family members without exception. List your wife or husband first, then your unmarried children under age 19, including legally adopted children, and stepchildren and illegitimate children who live with you in a regular parent-child relationship. Include also any unmarried child over 19 who became disabled before age 19 and who, because of the disability, is incapable of self-support. (Attach a doctor's certificate for a disabled child age 19 or over.)   |   | ENROLLMENT CODE NUMBER<br><b>4 2 2</b>   |  |                                     |                                  |                                   |  |  |  |               |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |  |  |
|   | <table border="1"> <thead> <tr> <th>NAMES OF FAMILY MEMBERS</th> <th>DATE OF BIRTH (Month, Day, Year)</th> <th>NAMES OF FAMILY MEMBERS</th> <th>DATE OF BIRTH (Month, Day, Year)</th> </tr> </thead> <tbody> <tr> <td>Wife or Husband<br/><b>Randall</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Randal</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Randall</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Randall</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Randall</b></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |   | NAMES OF FAMILY MEMBERS  | DATE OF BIRTH (Month, Day, Year)   | NAMES OF FAMILY MEMBERS             | DATE OF BIRTH (Month, Day, Year) | Wife or Husband<br><b>Randall</b> |  |  |  | <b>Randal</b> |  |  |  | <b>Randall</b> |  |  |  | <b>Randall</b> |  |  |  | <b>Randall</b> |  |  |  |  |  |
| NAMES OF FAMILY MEMBERS   | DATE OF BIRTH (Month, Day, Year)   | NAMES OF FAMILY MEMBERS   | DATE OF BIRTH (Month, Day, Year)   |  |                                     |                                  |                                   |  |  |  |               |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |  |  |
| Wife or Husband<br><b>Randall</b>   |  |   |  |  |                                     |                                  |                                   |  |  |  |               |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |  |  |
| <b>Randal</b>   |  |   |  |  |                                     |                                  |                                   |  |  |  |               |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |  |  |
| <b>Randall</b>  |  |   |  |  |                                     |                                  |                                   |  |  |  |               |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |  |  |
| <b>Randall</b>  |  |   |  |  |                                     |                                  |                                   |  |  |  |               |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |  |  |
| <b>Randall</b>  |  |   |  |  |                                     |                                  |                                   |  |  |  |               |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |  |  |
| 3. If you are a female (employee or annuitant)—does the family listed above include a husband who is incapable of self-support by reason of mental or physical disability which can be expected to continue for more than one year? (If answer is "Yes," attach a doctor's certificate.)<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |   |  |  |                                     |                                  |                                   |  |  |  |               |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |  |  |
| PART C<br>FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CHANGE YOUR ENROLLMENT.   | PLACE AN "X" IN ITEM 1 OR ITEM 2, WHICHEVER APPLIES AND ANSWER ITEM 3  |   |  |  |                                     |                                  |                                   |  |  |  |               |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |  |  |
|   | 1. I elect not to enroll in any plan under the Health Benefits Act. <input type="checkbox"/>   | 2. I elect to cancel my present enrollment under the Health Benefits Act. <input type="checkbox"/>  | 3. The reason for my election is (Place an "X" in proper box).<br>(a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or spouse. <input type="checkbox"/> 1<br>(b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input type="checkbox"/> 2<br>(c) Any other reason. <input type="checkbox"/> 3 |  |                                     |                                  |                                   |  |  |  |               |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |  |  |
| PART D<br>FILL IN THIS PART IF YOU WISH TO CHANGE YOUR ENROLLMENT.  | I elect to change my enrollment as shown by the enrollment number and other information in Part B.   |   |  |  |                                     |                                  |                                   |  |  |  |               |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |  |  |
|   | 1. Enrollment code number of present plan.   | 2. Number of event which permits change (See table on back of duplicate for proper number.)   | 3. Date of event which permits change.<br>MONTH DAY YEAR   |  |                                     |                                  |                                   |  |  |  |               |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |  |  |
| PART E<br>ALL WHO REGISTER MUST FILL IN THIS PART   | SIGNATURE OF APPLICANT (Do not print)  |   |  | DATE   |                                     |                                  |                                   |  |  |  |               |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |  |  |
|   | NAME AND ADDRESS OF EMPLOYING OFFICE   |   |  | DATE RECEIVED IN YOUR DIVISION OFFICE  | EFFECTIVE DATE OF ELECTION          |                                  |                                   |  |  |  |               |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |  |  |
| PART F<br>TO BE COMPLETED BY AGENCY.  |  |   |  | PAYROLL OFFICE NO.   | PAYROLL AGENCY (INITIALS AND DATE)  |                                  |                                   |  |  |  |               |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |  |  |
|   | REMARKS<br>1. USE ONLY BY ANNUALISTS AND AGENCY.   |   |  | 112170   |                                     |                                  |                                   |  |  |  |               |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |  |  |

FB/S

SECRET



CENTRAL INTELLIGENCE AGENCY  
WASHINGTON 25, D. C.

OFFICE OF THE DIRECTOR

3 APR 1956

MEMORANDUM FOR: Frederick Randall

SUBJECT: Notification of Membership in the Career Staff

1. On behalf of the Director of Central Intelligence, it gives me pleasure to inform you that your application for membership in the Career Staff has been accepted by the CIA Selection Board. The effective date of your membership is 10 September 1954.

2. Please indicate that you have received this notification by signing in the space provided below and return it to the Head of your Career Service. He will forward it to the Executive Director of the CIA Selection Board.

3. Because your membership in the Career Staff is classified information, it is necessary that this notification be conveyed to you in this manner. The application for membership which you signed has been endorsed on behalf of the Director of Central Intelligence by the Executive Director of the CIA Selection Board and placed in your permanent Official Personnel Folder.

FOR THE DIRECTOR OF CENTRAL INTELLIGENCE

[Redacted Signature Box]

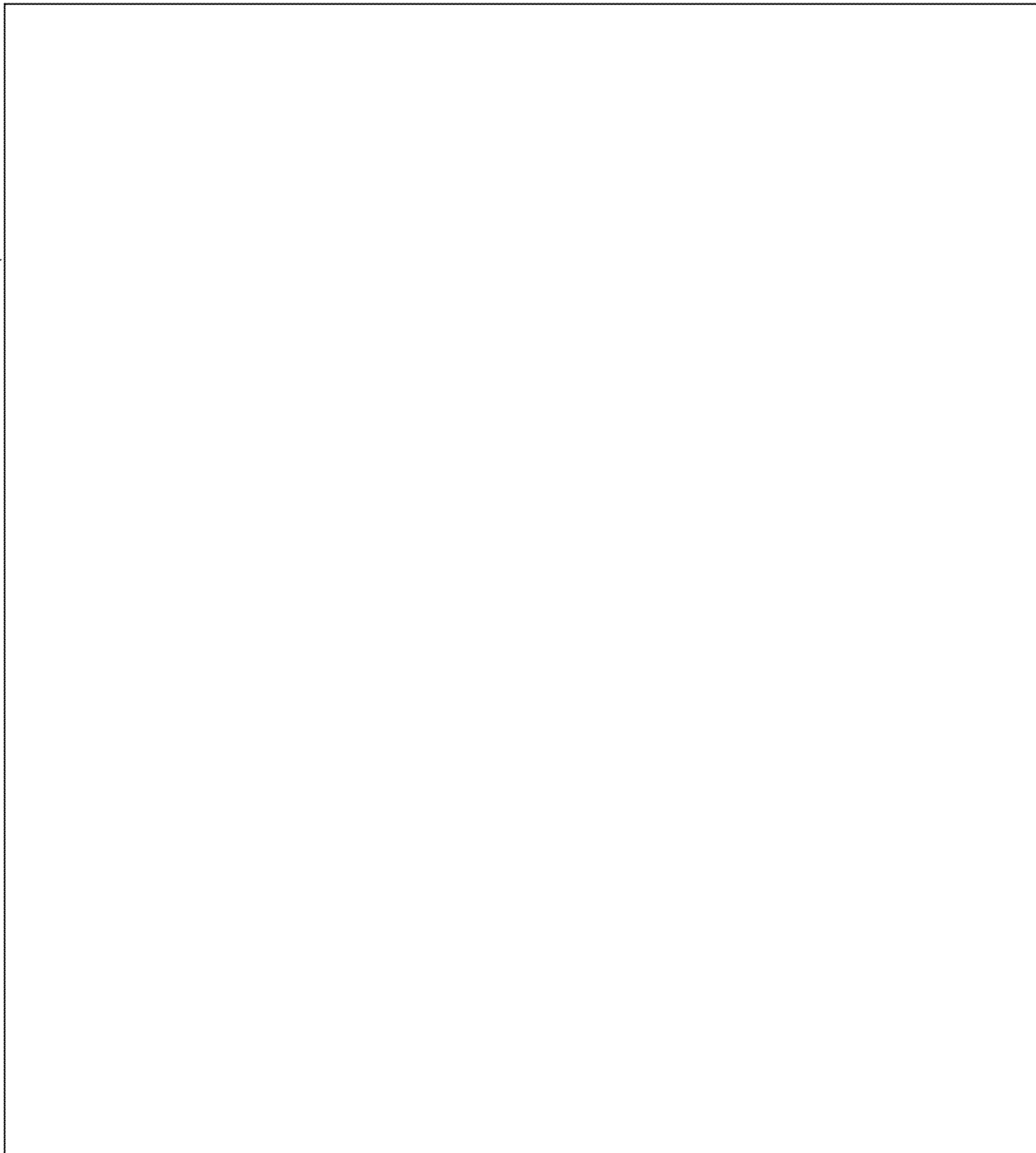
Harrison G. Reynolds  
Chairman, CIA Selection Board

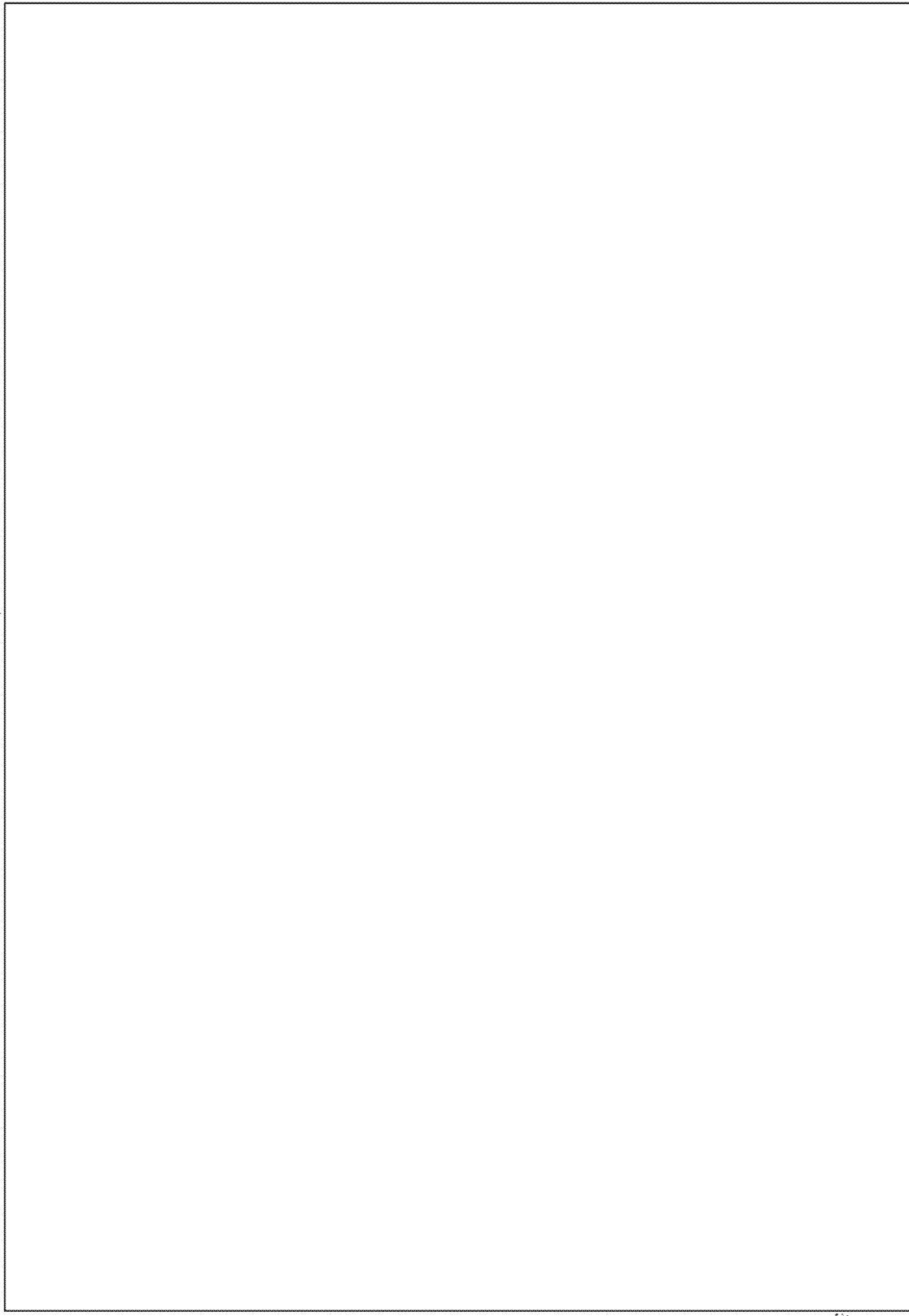
Noted:  
Frederick P. Randall  
Date: June 26, 1958

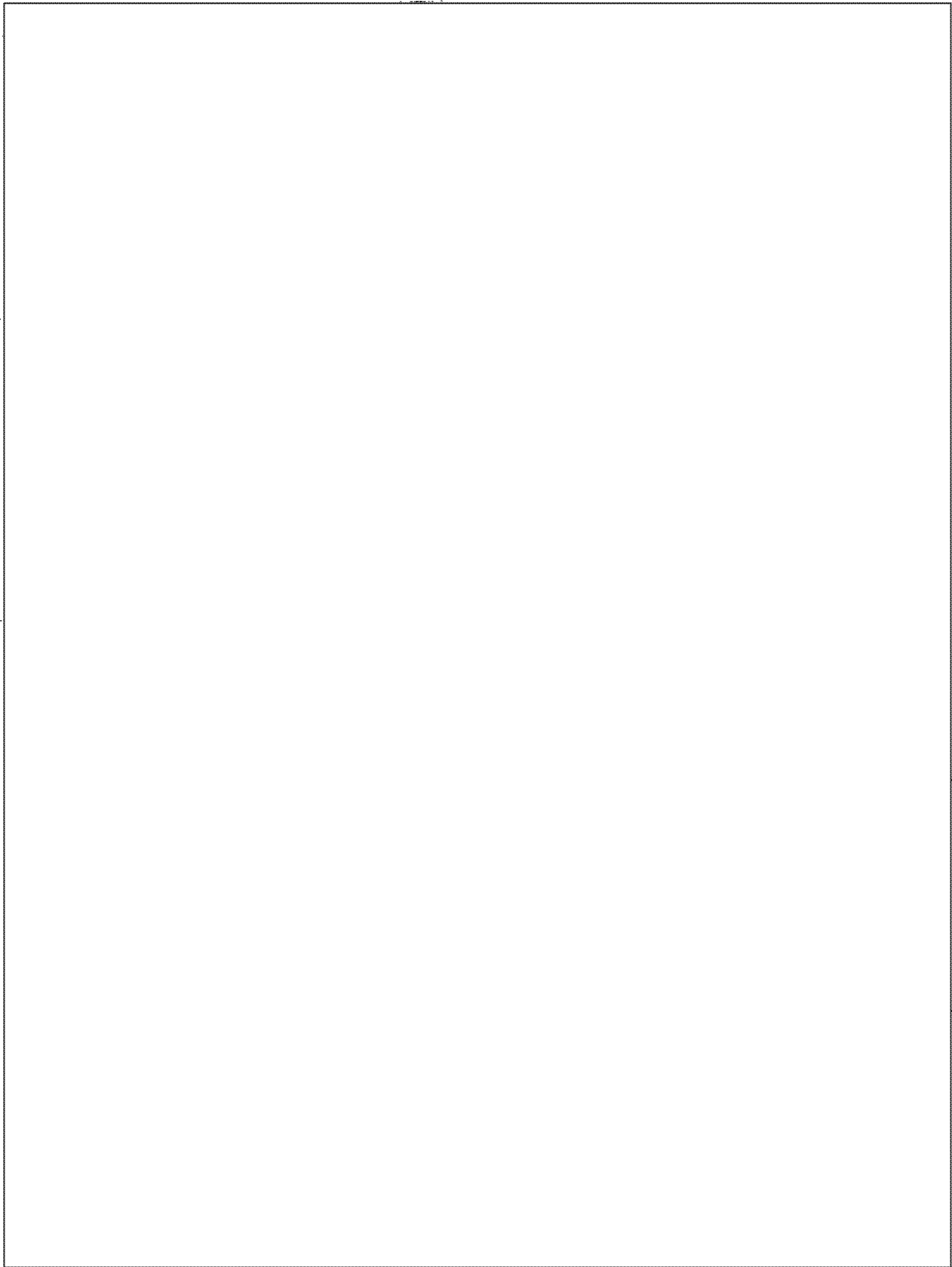
8 JUL 1958  
Selection Staff  
Office of Personnel

SECRET

SECRET







Handwritten text, possibly bleed-through from the reverse side of the page, located along the left edge of the frame.

CONFIDENTIAL  
(When Filled In)

| RESIDENCE AND DEPENDENCY REPORT  |                         |   |  |
|--|-------------------------|---|--|
| <p><b>INSTRUCTIONS:</b> Submit in duplicate when ordered overseas or whenever designated place of residence, marital or dependency status changes. This information is important in determining travel expenses allowable in connection with leave at Government expense, overseas duty, return to residence upon separation, and in determining transportation expenses allowable in connection with shipment of remains of employee or member of family.</p> |                         |   |  |
| 1. NAME OF EMPLOYEE  |                         | (Last) <b>RANDALL</b> (First) <b>FREDERICK</b> (Mid) <b>E</b>     |  |
| 2. RESIDENCE DATA  |                         |   |  |
| PLACE OF RESIDENCE WHEN APPOINTED  |                         | LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (if appointed abroad) |  |
| <b>MD.</b>   |                         |   |  |
| PLACE IN CONTINENTAL U.S. DESIGNATED PERMANENT OR LEGAL RESIDENCE  |                         |   |  |
| <b>Nebraska</b>  |                         |   |  |
| 3. MARITAL STATUS  |                         |   |  |
| <input type="checkbox"/> SINGLE  | PLACE OF MARRIAGE       | DATE OF MARRIAGE  |  |
| <input checked="" type="checkbox"/> MARRIED  | <b>Nebraska</b>         | <b>3 June 1950</b>  |  |
| <input type="checkbox"/> DIVORCED  | PLACE OF DIVORCE DECREE | DATE OF DIVORCE DECREE  |  |
| <input type="checkbox"/> DIVORCED  |                         |   |  |
| <input type="checkbox"/> DECEASED  | PLACE SPOUSE DIED       | DATE SPOUSE DIED  |  |
| <input type="checkbox"/> DECEASED  |                         |   |  |
| 4. MEMBERS OF FAMILY   |                         |   |  |
| NAME OF SPOUSE   |                         | ADDRESS (Number) (Street) (City) (State) TELEPHONE                |  |
| <b>Irma</b>  |                         | <b>Will accompany</b>   |  |
| NAME OF CHILDREN   |                         | ADDRESS (Number) (Street) (City) (State) SEX AGE                  |  |
| <b>Randall</b>   |                         | <b>Will accompany</b>   |  |
| <b>Randall</b>   |                         | <b>M 2 1/2</b>  |  |
| NAME (Guardian)  |                         | ADDRESS (Number) (Street) (City) (State) TELEPHONE                |  |
| <b>Randall</b>   |                         | <b>Nebr.</b>  |  |
| NAME (Special Guardian)  |                         | ADDRESS (Number) (Street) (City) (State) TELEPHONE                |  |
| <b>Randall</b>   |                         | <b>" " " "</b>  |  |
| 5. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY  |                         |   |  |
| NAME   |                         | RELATIONSHIP  |  |
| <b>Randall</b>   |                         | <b>Father</b>   |  |
| ADDRESS  |                         | TELEPHONE   |  |
| <b>Nebraska</b>  |                         |   |  |
| THE PERSONS NAMED IN ITEM 4 ABOVE WILL ALSO BE NOTIFIED IN CASE OF EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE, DUE TO HEALTH OR OTHER PERTINENT REASONS, PLEASE SO STATE UNDER "REMARKS."  |                         |   |  |
| VOLUNTARY ENTRIES  |                         |   |  |
| THE FOLLOWING AGENCY ENGAGED LIFE AND HOSPITALIZATION INSURANCE POLICIES ARE IN FORCE IN MY NAME. THE "POLICY NO." SHOULD BE ENTERED IF POSSIBLE, SINCE THIS INFORMATION WILL ASSIST IN EXPEDITING ACTION BY THE INSURANCE COMPANY SHOULD A CLAIM BECOME PAYABLE.  |                         |   |  |
| 6. FULL NAME OF COMPANY  |                         | ADDRESS OF HOME OFFICE  |  |
|  |                         |   |  |
|  |                         | POLICY NO.  |  |
|  |                         |   |  |
| 7. HAVE I ACQUIRED THE FOLLOWING: BILL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO POLICY OF ATTACHMENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |                         |   |  |
| 8. REMARKS   |                         |   |  |
|  |                         |   |  |
| SIGNED AT <b>Washington D.C.</b>   |                         | DATE <b>26 May 1951</b> BY <b>Frederick P. Randall</b>            |  |

SECRET

| CAREER SERVICE QUESTIONNAIRE   |                    |   |                              |                    |                               |                    |
|--|--------------------|---|------------------------------|--------------------|-------------------------------|--------------------|
| SECTION I (To be completed by employee)  |                    |   |                              |                    |                               |                    |
| NAME (Last)  | First              | Middle  | AGE                          | GRADE              | NO. OF MOS. IN GRADE          | CAREER DESIGNATION |
| Randall  | Frederick          | C   | 27                           | GS-11              | 7                             | FI                 |
| STAFF OR DIVISION  | BRANCH             |   | POSITION TITLE               |                    |                               |                    |
| FS   | 5                  |   | I. O. (FI)                   |                    | FI Desk Officer               |                    |
| NO. OF MOS. IN PRESENT POSITION  | NO. OF MOS. IN OSB | NO. OF MOS. IN CIG  |                              | NO. OF MOS. IN CIA |                               |                    |
| 1  | 0                  | 0   |                              | 34                 |                               |                    |
| DATA ON ALL PERMANENT DUTY OVERSEAS OR IN U.S. FIELD (Include any YDY during last two years)                         |                    |   |                              |                    |                               |                    |
| APPROXIMATE DATES OF SERVICE   |                    | LOCATION  |                              |                    | TDY                           | PCS                |
| FROM   | TO                 | COUNTRY   | STATION                      |                    |                               | COMMENTS           |
| None   |                    |   |                              |                    |                               |                    |
| INDICATE WILLINGNESS TO SERVE TOUR OF DUTY OVERSEAS PCS  |                    |   |                              |                    |                               |                    |
| A <input type="checkbox"/> YES   |                    | B <input checked="" type="checkbox"/> ONLY UNDER CERTAIN CONDITIONS |                              |                    | C <input type="checkbox"/> NO |                    |
| INDICATE ASSIGNMENT PREFERENCE IF PRECEDING ANSWER IS "A" OR "B"   |                    |   |                              |                    |                               |                    |
| PREFERENCE   | COUNTRY            | STATION   | TYPE OF POSITION             |                    |                               |                    |
| 1ST  |                    |   | FI and PP Operations Officer |                    |                               |                    |
| 2ND  |                    |   | FI and PP Operations Officer |                    |                               |                    |
| 3RD  |                    |   | FI and PP Operations Officer |                    |                               |                    |
| IF ANSWER ABOVE IS "B" STATE CONDITIONS IF ANSWER ABOVE IS "C" EXPLAIN YOUR REASONS                                  |                    |   |                              |                    |                               |                    |
| Desire to take wife and children to any overseas post assigned. Desire to have adequate housing provided for family. |                    |   |                              |                    |                               |                    |
| INDICATE GEOGRAPHIC AREAS OVERSEAS IN WHICH YOU WILL NOT SERVE AND EXPLAIN REASONS                                   |                    |   |                              |                    |                               |                    |
| Do not desire to take family into excessively unhealthy conditions.  |                    |   |                              |                    |                               |                    |
| INDICATE RELATIONSHIP AND AGE OF EACH DEPENDENT TO BE MOVED OVERSEAS   |                    |   |                              |                    |                               |                    |
| Wife--27   |                    |   |                              |                    |                               |                    |
| Son--3   |                    |   |                              |                    |                               |                    |
| Son--18 mos.   |                    |   |                              |                    |                               |                    |
| INDICATE KNOWN MEDICAL RESTRICTIONS WHICH THE AGENCY HAS IMPOSED ON YOUR SERVICE                                     |                    |   |                              |                    |                               |                    |
| None   |                    |   |                              |                    |                               |                    |



SECRET

|   |  |
|---|--|
| <p>INDICATE ANY UNUSUAL CIRCUMSTANCES CONCERNING DEPENDENTS (old age, chronic illness, need for special educational facilities, etc.) OR ANY UNUSUAL PERSONAL SITUATION WHICH WOULD AFFECT YOUR OVERSEAS ASSIGNMENT</p> <p>If possible, desire have adequate schools for children when they reach school age.</p>   |  |
| <p>DESCRIBE TYPES OF HEADQUARTERS AND U.S. FIELD POSITIONS FOR WHICH YOU WOULD LIKE TO BE CONSIDERED AND THE ORGANIZATIONAL COMPONENT IN WHICH YOU WOULD LIKE TO SERVE</p> <p>Desire to remain in a DD/P Branch in headquarters as an operations officer doing both FI and PP work. Desire to continue FI and PP work in a fairly small DD/P field station.</p> |  |
| <p>REMARKS</p> <p>Desire to have overseas assignment by mid-1955.</p>   |  |
| <p>DATE</p> <p>16 July 1954</p>   | <p>SIGNATURE OF EMPLOYEE</p> <p><i>Frederick C. Randall</i></p>  |
| <p>SECTION II (To be completed by employee's supervisor)</p>  |  |
| <p>INDICATE APPROXIMATE TIME (MONTHS) WHEN EMPLOYEE CAN BE MADE AVAILABLE FOR OVERSEAS SERVICE</p> <p>15 mos.</p>   | <p>INDICATE APPROXIMATE TIME (MONTHS) WHEN EMPLOYEE CAN BE MADE AVAILABLE FOR ANOTHER HEADQUARTERS OR U.S. FIELD ASSIGNMENT Not prior to completion of field tour.</p> |
| <p>COMMENTS ON AVAILABILITY AND EMPLOYEE'S PREFERENCE FOR NEXT ASSIGNMENT</p> <p>Branch fully concurs in employees preferences as listed above.</p>   |  |
| <p>DATE</p> <p>16 July 1954</p>   | <p>SIGNATURE OF SUPERVISOR</p>   |
| <p>PERSONNEL OFFICER WILL FORWARD ORIGINAL TO OFFICE OF PERSONNEL AND FIRST COPY TO APPROPRIATE CAREER SERVICE BRANCH</p>   |  |

SECRET

FORM 88 (CONTINUED UNDER SERIALS)

SECRET  
Security Information

RANDALL FREDERICK [ ]  
Name: Last, First Middle

**CODED**

FOR

**QUALIFICATIONS**

DATE 1 DEC 1952

**TO:** All C. I. A. Personnel  
**FROM:** Personnel Director  
**SUBJECT:** PERSONNEL QUALIFICATION QUESTIONNAIRE

1. The Agency is currently revising the system for machine coding employee qualifications, thereby permitting more complete and accurate data on all personnel. The new system will aid in implementing Agency policies on promotion from within by facilitating the selection of personnel with desired education and experience for vacancies which may occur. It is also expected that the new system will provide readily accessible statistics for planning and management purposes.

2. The attached questionnaire is designed to cover adequately those factors in which the Agency is interested. Although the information is, in a large measure, already reflected in previous forms submitted by you, it is felt that your time within the organization may enable you to emphasize those qualifications pertinent to its needs. The questionnaire also serves to bring your education and qualifications record up to date.

3. Your cooperation is requested in completing the questionnaire as thoroughly and accurately as possible and returning it to your Administrative Officer within the time allotted.

[ ]  
George E. Melson  
Personnel Director

SECRET  
Security Information

**SECRET**  
Security Information

**PERSONNEL QUALIFICATION QUESTIONNAIRE**

|   |  |  |
|---|--|--|
| 1. Serial No.<br>(no entry)<br><b>82194</b>   | 2. NAME: (last) (first) (middle)<br><b>RANDALL      FREDERICK      [ ]</b>   | 3. Office<br><b>FL/TR</b>                      |
| 4. Date of Birth  | 5. Sex: <input checked="" type="checkbox"/> male (1)<br><input type="checkbox"/> female (2)  | 6. CIA Entry Date:<br><b>10 September 1951</b> |
| 7. Citizenship:<br><input checked="" type="checkbox"/> U.S.<br><input type="checkbox"/> Other | 8. Acquired By: (1) <input checked="" type="checkbox"/> Birth (2) <input type="checkbox"/> Marriage (3) <input type="checkbox"/> Naturalization<br>(4) <input type="checkbox"/> Other (specify)<br>Year U.S. citizenship acquired, if not by birth _____ |  |

**SEC. I. EDUCATION**

1. Extent: (circle one)

|  |  |                   |
|--|--|-------------------|
| 1. Less than high school                         | 4. Two years college, or less                | 8. Masters degree |
| 2. High school graduate                          | 5. Over two years, no degree                 | 9. Doctors degree |
| 3. Trade, Business or Commercial school graduate | 6. Bachelor degree                           |                   |
|  | 7. Post-graduate study (minimum 8 sem. hrs.) |                   |

2. College or University Study:

| Name and location of College or University | Major     | Minor | Dates att'd |        | Yrs Compl |       | Degree Recd               |        | Sem Hrs  |
|--|-----------|-------|-------------|--------|-----------|-------|---------------------------|--------|----------|
|  |           |       | From        | To     | Day       | Night | Title                     | Date   |          |
| Washington Un. St. Louis, Mo.              | Engy.     |       | June 44     | Dec 44 | 1         |       |                           |        | About 34 |
| So. Dak. State Col. Brookings, Dak.        | Engy.     |       | Dec 44      | Feb 45 | 1/2       |       |                           |        | About 14 |
| Un. of Omaha Omaha, Nebraska               | Govt.     |       | Jan 47      | Aug 48 | 2+        |       | AB                        | Aug 48 | About 80 |
| George Washington Un. Washington, D. C.    | For Affrs |       | Sept 50     | Pres.  | 1         |       | AM (To be recd June 1952) |        | 51       |

3. Trade, Commercial, and Specialized Training:

| School | Attendance Dates |    |           | Study or Specialization |
|--------|------------------|----|-----------|-------------------------|
|        | From             | To | Tot. mo's |                         |
|        |                  |    |           |                         |
|        |                  |    |           |                         |

4. Military or Intelligence Training (full time duty as a student in specialized schools such as intelligence, communications, ordnance disposal, command & staff, etc.)

| School | Attendance Dates |    |           | Study or Specialization |
|--------|------------------|----|-----------|-------------------------|
|        | From             | To | Tot. mo's |                         |
|        |                  |    |           |                         |
|        |                  |    |           |                         |

SECRET  
Security Information

SEC. II. WORK EXPERIENCE

1 CIA Experience: State the specific nature of duties performed with CIA and CIG, starting with your present position. Take position titles from your official personnel papers, if you have personal copies. Please do not request your Official Personnel Folder. Include geographic area and subject matter dealt with, if applicable. Position Title is your classification title such as Geographer, Intelligence Officer, etc. Duty Title indicates your organization position such as - Section Chief, Branch Chief, Administrative Assistant, etc. and is to be filled in only if different to the Position Title. Approximate dates (month and year) are sufficient. Use a continuation sheet, if necessary, to adequately describe your duties.

|   |   |
|---|---|
| From <u>10/9/51</u> To <u>Pres.</u> Tot. mos. <u>14</u> | Description of Duties: <u>Counter Espionage Officer for Branch of PR Division dealing with [redacted]</u>       |
| Grade <u>GS-7</u> Salary <u>\$4206</u>                  | <u>At present Head of the CR Section which is charged with the responsibility for CR coverage of [redacted]</u> |
| Office <u>PR</u>  |   |
| Position <u>Title: Intelligence Officer (CR)</u>        |   |
| Duty <u>Title: Chief CR Sec., Br. 5, PR Div</u>         | <u>Duty Station, if overseas:</u>   |
| From <u>    </u> To <u>    </u> Tot. mos. <u>    </u>   | Description of Duties:  |
| Grade <u>    </u> Salary <u>    </u>                    |   |
| Office <u>    </u>                                      |   |
| Position <u>Title:</u>                                  |   |
| Duty <u>Title:</u>                                      | <u>Duty Station, if overseas:</u>   |
| From <u>    </u> To <u>    </u> Tot. mos. <u>    </u>   | Description of Duties:  |
| Grade <u>    </u> Salary <u>    </u>                    |   |
| Office <u>    </u>                                      |   |
| Position <u>Title:</u>                                  |   |
| Duty <u>Title:</u>                                      | <u>Duty Station, if overseas:</u>   |
| From <u>    </u> To <u>    </u> Tot. mos. <u>    </u>   | Description of Duties:  |
| Grade <u>    </u> Salary <u>    </u>                    |   |
| Office <u>    </u>                                      |   |
| Position <u>Title:</u>                                  |   |
| Duty <u>Title:</u>                                      | <u>Duty Station, if overseas:</u>   |

**SECRET**

Security Information

**SEC. II. WORK EXPERIENCE (CONT'D.)**

2. Other than CIA: (Describe work experience for the last 15 years in sufficient detail to permit specific coding of your qualifications. Include military work experience. List last position first.)

|   |   |
|---|---|
| From <u>Aug. 48</u> To <u>Aug. 50</u> Tot. mo's <u>24</u><br>Classification Grade (if in Federal Service) _____ Salary <u>23600-2 Exp.</u><br>Number and Class of Employees Supervised: <u>None</u><br>Employer <u>C. A. Swanson &amp; Sons</u><br>Kind of Business or organization (i. e., paper products mfr, public utility) <u>Food Processor</u> | Exact Title of your position <u>Manufacturers Representative</u><br>Description of Duties: <u>Acted as travelling representative of Swansons. Contacted other food processors, U. S. Govt. agencies, and commercial outlets. Represented company at conventions, trade fairs, etc.</u><br>Duty Station if overseas: _____   |
| From <u>Dec. 45</u> To <u>Nov. 46</u> Tot. mo's <u>11</u><br>Classification Grade (if in Federal Service) <u>Pfc.</u> Salary <u>U. S. Air Force</u><br>Number and Class of Employees Supervised: <u>About 3 or 4.</u><br>Employer <u>U. S. Air Force</u><br>Kind of Business or organization (i. e., paper products mfr, public utility) _____        | Exact Title of your position <u>Message Center Chief MSG 667</u><br>Description of Duties: <u>Acted as chief of message center for Communications Section of Headquarters, Far Eastern Air Force (later called Pacific Air Service Command) at Manila, Philippine Islands. Supervised the handling and preparation of all types of communications.</u><br>Duty Station if overseas: _____ |
| From _____ To _____ Tot. mo's _____<br>Classification Grade (if in Federal Service) _____ Salary _____<br>Number and Class of Employees Supervised: _____<br>Employer _____<br>Kind of Business or organization (i. e., paper products mfr, public utility) _____   | Exact Title of your position _____<br>Description of Duties: _____<br>Duty Station if overseas: _____   |
| From _____ To _____ Tot. mo's _____<br>Classification Grade (if in Federal Service) _____ Salary _____<br>Number and Class of Employees Supervised: _____<br>Employer _____<br>Kind of Business or organization (i. e., paper products mfr, public utility) _____   | Exact Title of your position _____<br>Description of Duties: _____<br>Duty Station if overseas: _____   |
| From _____ To _____ Tot. mo's _____<br>Classification Grade (if in Federal Service) _____ Salary _____<br>Number and Class of Employees Supervised: _____<br>Employer _____<br>Kind of Business or organization (i. e., paper products mfr, public utility) _____   | Exact Title of your position _____<br>Description of Duties: _____<br>Duty Station if overseas: _____   |

**SECRET**

Security Information

**SEC. II. WORK EXPERIENCE (CONT'D)**

3. Special Work Experience: Check any of the following organizations by which you may have been employed.

- |  |  |
|--|--|
| 01 <input type="checkbox"/> U. S. Secret Service         | 24 <input type="checkbox"/> Air Force A-2                |
| 02 <input type="checkbox"/> Civil Police                 | 25 <input type="checkbox"/> Foreign Economic Admin.      |
| 03 <input type="checkbox"/> Military Police              | 26 <input type="checkbox"/> Counter Intelligence Corps   |
| 04 <input type="checkbox"/> U. S. Border Patrol          | 27 <input type="checkbox"/> Immigration & Naturalization |
| 05 <input type="checkbox"/> U. S. Narcotics Squad        | 28 <input type="checkbox"/> Strategic Services Unit      |
| 06 <input type="checkbox"/> FBI                          | 29 <input type="checkbox"/> Foreign Service, State Dept. |
| 07 <input type="checkbox"/> Criminal Investigation Div.  | 30 <input type="checkbox"/> Central Intelligence Group   |
| 21 <input type="checkbox"/> Office of Naval Intelligence | 31 <input type="checkbox"/> Armed Forces Security Agency |
| 22 <input type="checkbox"/> Office of War Information    | 32 <input type="checkbox"/> Coordinator of Information   |
| 23 <input type="checkbox"/> Army G-2                     | 33 <input type="checkbox"/> Office of Facts & Figures    |
| 20 <input type="checkbox"/> Office of Strategic Services | 34 <input type="checkbox"/> Board of Economic Warfare    |
|  | 35 <input type="checkbox"/> Federal Communications Comm. |

**SEC. III. FOREIGN LANGUAGES**

List below the foreign languages in which you have some competence. Be sure to include uncommon modern languages. Check (X) your competence and how acquired.

| LANGUAGE | COMPETENCE                     |                                |                          |                     |                   |  | HOW ACQUIRED      |                     |                         |                                    |
|----------|--------------------------------|--------------------------------|--------------------------|---------------------|-------------------|--|-------------------|---------------------|-------------------------|------------------------------------|
|          | Equivalent to Native Fluency * | Fluent but obviously Foreign * | Adequate for Research ** | Adequate for Travel | Limited Knowledge |  | Native of Country | Prolonged Residence | Contact (Parents, etc.) | Academic Study (Inc. CIA training) |
| Swedish  |                                |                                |                          |                     |                   |  |                   |                     |                         |                                    |
|          |                                |                                |                          |                     |                   |  |                   |                     |                         |                                    |
|          |                                |                                |                          |                     |                   |  |                   |                     |                         |                                    |
|          |                                |                                |                          |                     |                   |  |                   |                     |                         |                                    |

\* If you have checked 'Fluent' for a language that has significant difference in spoken and written form (e.g., Arabic), explain your competence herein \_\_\_\_\_

\*\* Specialized Language Competence: Describe ability to do specialized language work involving vocabularies and terminology in the scientific, engineering, telecommunications, and military fields. List the language with the type of speciality. \_\_\_\_\_

**SECRET**  
Security Information

**SEC. IV. AREA KNOWLEDGE**

1. List below any foreign countries or regions of which you have knowledge gained as a result of residence, travel or study. Study can mean either academic study, or study of a foreign country resulting from an intelligence, military, commercial or professional work assignment.

| Country or Region | Dates of Residence, Study Etc. | Manner in Which Knowledge Was Acquired (check (X) one) |        |       |
|-------------------|--------------------------------|--|--------|-------|
|                   |                                | Residence  | Travel | Study |
| Philippines       | 1946                           |  | X      |       |
|                   | 1951-1952                      |  |        | X     |
|                   | 1951-1952                      |  |        | X     |
|                   |                                |  |        |       |

2. Specialized Knowledge of Area

List specialized knowledge of foreign country such as knowledge of terrain, coasts and harbors, utilities, railroads, industries, political parties, etc., gained as a result of study or work assignment. Include name of employer or organization.

| Country | Type of Knowledge | How and When Gained                      |
|---------|-------------------|--|
|         | Political History | 1951-1952 research & study on [redacted] |
|         |                   |  |
|         |                   |  |

**SEC. V. TYPING AND STENOGRAPHIC SKILLS (PRESENT UTILIZATION)**

| Skill     | Per Cent of Time Used | Not Used | WPM (Approximate Proficiency) | Prefer Assignment Using Skill Oftener |
|-----------|-----------------------|----------|-------------------------------|---------------------------------------|
| Typing    | 1. 35                 | 2.       | 35                            | 1. Yes 2. (No)                        |
| Shorthand | 1.                    | 2.       |                               | 1. Yes 2. No                          |

Shorthand System: 1. Manual 2. Machine 3. Speedwriting.

**SEC. VI. LICENSES, HOBBIES, SPECIAL QUALIFICATIONS**

|   |  |
|---|--|
| 1. Licenses: List any licenses or certification such as teachers, pilot, marine, etc. | 2. Hobbies: List any hobbies such as sailing, skiing, writing, or other special qualifications.<br>Music (collection of recordings and study of subject) |
|   |  |

**SEC. VII. PROFESSIONAL AND ACADEMIC HONORS**

|  |
|--|
| List any professional or academic associations or honorary societies in which you hold membership. |
|  |
|  |

**SEC. VIII. PUBLICATIONS**

List below the type of writing (non-fiction: professional or scientific articles, general interest subjects, current events, etc; fiction: novels, short stories, etc.) of any published materials of which you were author or co-author.

|  |
|--|
|  |
|  |
|  |
|  |

**SEC. IX. INVENTIONS**

Describe any devices you have invented as to type of work for which intended and whether patented.

| Device | Patented |        |
|--------|----------|--------|
|        | (1) Yes  | (2) No |
|        | (1) Yes  | (2) No |
|        | (1) Yes  | (2) No |

**SEC. X. CIA TESTS**

Describe below the type of tests which you have taken in CIA:

| Type of Test | Date Taken |
|--------------|------------|
|              |            |
|              |            |

**SEC. XI. PHYSICAL HANDICAPS**

List any physical handicaps you may have.

|  |
|--|
|  |
|  |
|  |

**SEC. XII. OVERSEAS ASSIGNMENT**

Are you willing to accept periodic tour of duty overseas?

(1) 2 year Tour   x   (2) 4 year Tour    (3) Not interested   

**SEC. XIII. WORK ASSIGNMENT**

In view of your total experience and education, for what assignment in CIA do you think you are best qualified?

|  |
|--|
|  |
|  |
|  |
|  |
|  |

Feel qualified in present status which allows for normal growth and advancement. After completion of field assignment will reassess status. Do not desire to continue specialization in CE work, but desire to gradually work into straight covert operations work both in the field and at Washington headquarters.



SECRET  
Security Information

SEC. XIV. MILITARY STATUS

1. Present Draft Status  
Have you registered under the Selective Service Act of 1948?  Yes  No.  
If yes, indicate your present draft classification IV A

2. Present Reserve or National Guard Status  
Do you now have Reserve or National Guard Status  Yes  No.  
If yes, complete the following.

- National Guard
- Air National Guard
- Active Reserve Status (member of organized unit)
- Inactive Reserve Status

Service \_\_\_\_\_ Grade \_\_\_\_\_ Location \_\_\_\_\_

Reserve Unit with which currently affiliated \_\_\_\_\_

Service Mobilization Assignment, if any \_\_\_\_\_

Location of Service Records, if known \_\_\_\_\_

SEC. XV. CIA TRAINING

List the training courses or subjects you have taken while in the CIA.

| Course or Subject | (from) Dates (to)      | Hours |
|-------------------|------------------------|-------|
|                   | October 1951           |       |
|                   | November-December 1951 |       |
|                   | Jan-Feb 52             |       |
|                   | May 52                 |       |
|                   | Dec 1952               |       |

SEC. XVI. REMARKS

Use this space to indicate any other qualifications you may have which you do not describe above.

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

DATE 14 November 1952

SIGNATURE Frederick C. Randall



**RESIDENCE AND DEPENDENCY REPORT** *Sept. A, 1951*

**INSTRUCTIONS:** Submit in triplicate when ordered overseas and whenever designated place of residence or marital or dependency status changes. **IMPORTANT** in determining travel expenses allowable in connection with leave at government expense, return to residence upon separation, and in determining transportation expenses allowable in connection with shipment of remains of employee or member of family.

NAME OF EMPLOYEE *Fredrick C. Randall*

**RESIDENCE DATA**

PLACE OF RESIDENCE WHEN APPOINTED TO SERVICE *NO.* LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (IF APPOINTED ABROAD) *NO.*

PLACE IN CONTINENTAL U.S. DESIGNATED PERMANENT OR LEGAL RESIDENCE *Nebraska*

**MARITAL STATUS**

|   |                         |                 |                        |                     |
|---|-------------------------|-----------------|------------------------|---------------------|
| <input type="checkbox"/> SINGLE             | PLACE OF MAR            | <i>Nebraska</i> | DATE OF MARRIAGE       | <i>JUNE 3, 1950</i> |
| <input checked="" type="checkbox"/> MARRIED |                         |                 |                        |                     |
| <input type="checkbox"/> DIVORCED           | PLACE OF DIVORCE DECREE |                 | DATE OF DIVORCE DECREE |                     |
| <input type="checkbox"/> WIDOWED            | PLACE SPOUSE DIED       |                 | DATE SPOUSE DIED       |                     |

**MEMBERS OF FAMILY (DEPENDENTS ONLY)**

| IDENTIFICATION OF MEMBERS OF IMMEDIATE FAMILY | RELATIONSHIP | DATE OF BIRTH |
|---|--------------|---------------|
| <i>Mrs. Randall</i>                           | <i>Wife</i>  |               |
| <i>Randall</i>                                | <i>Son</i>   |               |
|   |              |               |
|   |              |               |
|   |              |               |

*Sept 11, 1951*

DATE

*Fredrick C. Randall*

SIGNATURE

## APPOINTMENT AFFIDAVITS

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

Central Intelligence Agency

(Department or Agency)

(Bureau or Division)

(Place of employment)

I, Frederick C. [ ] Randall do solemnly swear (or affirm) that—

### A. OATH OF OFFICE

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

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

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

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

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

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

I have not paid, or offered or promised to pay, any money or other thing of value to any person, firm or corporation for the use of influence to procure my 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.

September 10, 1951  
(Date of entrance to duty)

Frederick C. Randall  
(Signature of appointee)

Subscribed and sworn before me this 10 day of September, A. D. 1951.

at Washington, D. C.  
(City)

[SEAL]

(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. Any false statement in this declaration will be grounds for cancellation of application or dismissal after appointment. Impersonation is a criminal offense and will be prosecuted accordingly.

|   |  |  |                   |                                     |
|---|--|--|-------------------|-------------------------------------|
| 1. PRESENT RESIDENCE  |  | Md.  |                   |                                     |
| 2. (A) DATE OF BIRTH  | (B) PLACE OF BIRTH                               | Nebraska   |                   |                                     |
| 3. (A) IN CASE OF EMERGENCY PLEASE NOTIFY   | (B) RELATIONSHIP                                 | (C) STREET AND NUMBER, CITY AND STATE  | (D) TELEPHONE NO. |                                     |
| Mrs. Randall  | wife   |  | JO-9826           |                                     |
| 4. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS WITHIN YOUR LINE OR HAVE LIVED WITHIN THE PAST 12 MONTHS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br>If so, for each such relative fill in the blanks below. If additional space is necessary, complete under Item 10.   |  |  |                   |                                     |
| NAME  | POST OFFICE ADDRESS (Give street number, if any) | (1) POSITION (2) TEMPORARY OR NOT (3) DEPARTMENT OR AGENCY IN WHICH EMPLOYED | RELATIONSHIP      | MAILED (Check one)                  |
| Mr. Randall   |  | PERSONAL WORK T. G. P. O. P. S.  | Wife              | <input checked="" type="checkbox"/> |
| E. VERIFICATION BY THE APPOINTEE  |  |  |                   |                                     |
| I, the undersigned, do hereby declare that the foregoing is true and correct to the best of my knowledge and belief.  |  |  |                   |                                     |
| D. VERIFICATION BY THE APPOINTING OFFICER   |  |  |                   |                                     |
| I, the undersigned, do hereby declare that the foregoing is true and correct to the best of my knowledge and belief.  |  |  |                   |                                     |
| INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN   |  | YES  | NO                | ITEM NO.                            |
| 5. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?  |  | X  |                   |                                     |
| 6. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY?<br>If your answer is "Yes", give details in Item 10.   |  |  | X                 |                                     |
| 7. DO YOU RECEIVE ANY ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PERSON OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE?<br>If your answer is "Yes", give in Item 10 reasons for retirement, that is, age, optional disability, or by reason of voluntary or involuntary separation after 3 years' service, amount of retirement pay, and number of years' service, and state if retired from military or naval service.                         |  |  | X                 |                                     |
| 8. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT, HAVE YOU BEEN DISCHARGED, OR FORGED TO RESIGN, FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION?<br>If your answer is "Yes", give in Item 10 the name and address of employer, date and reason in each case.  |  |  | X                 |                                     |
| 9. HAVE YOU BEEN ARRESTED (NOT INCLUDING TRAFFIC VIOLATIONS FOR WHICH YOU WERE FINED 12. OR LESS, OR FOR WHICH YOU WERE FINED 12. OR LESS) SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT?<br>If your answer is "Yes", list all such cases under Item 10. Give in each case: (1) The date; (2) the nature of the offense or violation; (3) the name and location of the court; (4) the penalty imposed, if any, or other disposition of the case. If appointed, your fingerprints will be taken. |  |  | X                 |                                     |
| 10. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS   |  |  |                   |                                     |
| WRITE IN LEFT COLUMN NUMBERS OF ITEMS TO WHICH DETAILED ANSWERS APPLY   |  |  |                   |                                     |

### INSTRUCTIONS TO APPOINTING OFFICER

The appointing officer before whom the foregoing certificate is made shall determine to his own satisfaction that this appointment was made in conformance with the Civil Service Act, applicable Civil Service Rules and Regulations and Acts of Congress, pertaining to appointment.

This form should be checked for bearing of office, person, suitability in connection with any record of recent discharge or arrest, and particularly for the following:

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

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

(3) **Citizenship.** The appointing officer is responsible for observing the citizenship provisions of (1) the Civil Service Rules and (2) appropriation acts. Form 01 constitutes an affidavit for both purposes and is an acceptable proof of citizenship status in the absence of conflicting evidence. In doubtful cases the appointment should not be consummated until clearance has been secured from the certifying office of the Civil Service Commission.

(4) **Members of Family.**—Section 9 of the Civil Service Act provides that whenever there are already two or more members of a family serving under permanent or permanent appointment in the competitive service, no other member of such family is eligible for permanent or permanent appointment in the competitive service. The appointments of persons entitled to certain preferences are not subject to this requirement. The members of family provisions does not apply to temporary appointments. Doubtful cases may be referred to the appropriate office of the Civil Service Commission for decision.

DEC 1948

# REPORT OF PHYSICAL QUALIFICATIONS FOR DUTY

30 Sept 1952 1952

Randall, Frederick WAS GIVEN A PHYSICAL  
EXAMINATION ON THIS DATE AND FOUND QUALIFIED FOR

FULL DUTY OVERSEAS     LIMITED DUTY OVERSEAS     DUTY IN USA ONLY

PROFILE SERIAL (FOR ARMY EM ONLY)

DEFECTS NOTED:

None

FORM NO. 37-22  
DEC 1948

# REPORT OF QUALIFICATIONS

*Demasi*

NOTE: THIS REPORT MUST NOT BE DISCUSSED WITH APPLICANT OR EMPLOYEE.

NAME OF EMPLOYEE (OR APPLICANT):  
**RANDALL, Frederick C.**

THIS DATE:  
**2 April 1951**

## TEST RECORD

NOTE: PRINTED LINE REPRESENTS AVERAGE RANKINGS FOR PROFESSIONAL AND TECHNICAL PERSONNEL. COLORED LINE REPRESENTS SUBJECT'S RANKS.

|                                |            |                 | HEAD PROFILE |   |   |   |   |   |   |   |   |   |
|--------------------------------|------------|-----------------|--------------|---|---|---|---|---|---|---|---|---|
|                                |            |                 | T            | L | I | P | O | B | A | S | V | C |
| TYPING                         |            |                 |              |   |   |   |   |   |   |   |   |   |
| GEN TEST I                     |            |                 |              |   |   |   |   |   |   |   |   |   |
| WATSON-GLASER GENERALIZATIONS  |            |                 |              |   |   |   |   |   |   |   |   |   |
| INFERENCES                     |            |                 |              |   |   |   |   |   |   |   |   |   |
| DISC. ARGUMENTS                |            |                 |              |   |   |   |   |   |   |   |   |   |
| RECOG. ASSUMP.                 |            |                 |              |   |   |   |   |   |   |   |   |   |
| GEN. LOG. REAS.                |            |                 |              |   |   |   |   |   |   |   |   |   |
| CONSISTENCY                    |            |                 |              |   |   |   |   |   |   |   |   |   |
| APPL. LOG. REAS.               |            |                 |              |   |   |   |   |   |   |   |   |   |
| FURTHER TESTS                  |            |                 |              |   |   |   |   |   |   |   |   |   |
| FOREIGN LANGUAGE READING TESTS |            |                 |              |   |   |   |   |   |   |   |   |   |
| LANGUAGE                       | MEAN SCORE | SUBJECT'S SCORE |              |   |   |   |   |   |   |   |   |   |
| FRENCH LL                      | 40         |                 |              |   |   |   |   |   |   |   |   |   |
| FRENCH UL                      | 38         |                 |              |   |   |   |   |   |   |   |   |   |
| GERMAN                         | 30         |                 |              |   |   |   |   |   |   |   |   |   |
| ITALIAN                        | 37         |                 |              |   |   |   |   |   |   |   |   |   |
| SPANISH                        | 39         |                 |              |   |   |   |   |   |   |   |   |   |

### EVALUATION OF EDUCATION AND EXPERIENCE

| TYPE OF POSITION    | OUTSTANDING              | SUPERIOR                 | ADEQUATE                 | WEAK                     | INADEQUATE               |
|---------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| EDUCATION           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| DIRECT EXPERIENCE   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| INDIRECT EXPERIENCE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EDUCATION           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| DIRECT EXPERIENCE   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| INDIRECT EXPERIENCE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EDUCATION           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| DIRECT EXPERIENCE   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| INDIRECT EXPERIENCE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

QUALIFICATIONS TECHNICIAN

SECRET
  CONFIDENTIAL
  INTERNAL USE ONLY
  UNCLASSIFIED

**REQUEST FOR MEDICAL EVALUATION**

1. NAME (Last, First, Middle) **Randall, Frederick**

2. GRADE **GS-15**

3. SOCIAL SECURITY NO. **4571**

4. REQUEST DATE (DD/MY/YY) **09/03/78**

5. APPLICANT HAS APPLICANT PREVIOUSLY BEEN SEEN BY OMS  YES  NO

6. EMPLOYEE  YES  NO

7. DIRECTOR'S OFFICE SYMBOL **180/155**

8. POSITION TITLE **Ops Officer SAS**

9. DEPENDENT BASEN (Z-Code) **All**

10. DEPENDENT PREVIOUSLY SEEN BY OMS (Yes/No)

COMPLETE 13-18 FOR EACH DEPENDENT TO ACCOMPANY OR RETURN WITH EMPLOYEE (ONLY IF 3 IS CHECKED "DEP IDENTIFIED")

| 13. DEPENDENT NAME (Z-Code) | 14. SEX (M/F) | 15. SOC SEC NO. | 16. DOB (DD/YY) | 17. RELATIONSHIP | 18. DEPENDENT PREVIOUSLY SEEN BY OMS (Yes/No) |
|-----------------------------|---------------|-----------------|-----------------|------------------|---|
|                             |               |                 |                 |                  |   |

19. REQUESTED ACTION (Check one or more as appropriate)

|             |                 |                  |          |                  |  |
|-------------|-----------------|------------------|----------|------------------|--|
| APPLICANT   | PRE EMPLOYMENT  | STATION          | SOB      | STOBS (DD/MY/YY) | NO. OF DEPENDENTS TO ACCOMPANY OR RETURN |
| ASSIGNMENTS | OS PCS          | TYPE COVER       | POSITION |                  |  |
|             | OS TDY          | FITNESS FOR DUTY |          | OTHER (specify)  |  |
|             | OS RETURNEE     | RETURN TO DUTY   |          |                  |  |
|             | OS STDY/STANDBY | SPECIAL TRAINING |          |                  |  |
|             | OS PLANNING     | MOR/CARDS        |          | MOR/CSC          |  |
| SEPARATION  | RETIREMENT      | EXECUTIVE ANNUAL |          | MPT/PNE          |  |
| ROUTINE     | REGULAR ANNUAL  |                  |          |                  |  |

21. COMMENTS

22. REQUESTING DIRECTORATE/OFFICE/DIV **DCS/CSS/USC**

23. PCMBE/LOG **3-4735**

24. EXTENSION **7335**

25. SIGNATURE OF REQUESTING OFFICER

FOR APPLICANTS

APPROVE PROCESSING FOR SOB

HOLD PENDING RECEIPT OF ADDITIONAL MEDICAL INFORMATION (DD FORM 1001)

REQUEST PRE EMP MEDICAL EVALUATION

OTHER (specify)

DATE \_\_\_\_\_ OMS SIGNATURE \_\_\_\_\_

FOR OTHER ACTIONS

| REQUESTED ACTION | QUAL | COND. QUAL | DEFER | DISQUAL |
|------------------|------|------------|-------|---------|
| TDY-STUDY        | X    |            |       |         |

COMMENTS: **Qualified TDY STDBY until May '80**  
**8 May 1978**  
 OMS/PRO

UNCLASSIFIED
  INTERNAL USE ONLY
  CONFIDENTIAL
  SECRET



SECRET  
(When Filled In)

REQUEST FOR MEDICAL EVALUATION

1. DATE OF REQUEST

14 March 1973

2. NAME (Last, First, Middle)

Randall, Frederick C.

3. POSITION TITLE

Ops Officer

4. GRADE

BS-14

5. OFFICE, DIVISION, BRANCH

DDO/PRD/Branch I

6. EMPLOYEE'S ID.

7661

7. PURPOSE OF EVALUATION

PRE-EMPLOYMENT

ENTRANCE ON DUTY

TDY STANDBY **WH**

SPECIAL TRAINING

ANNUAL

RETURN TO DUTY

FITNESS FOR DUTY

MEDICAL RETIREMENT

HDQ/TDY

OVERSEAS ASSIGNMENT

ETO

STATION

TDY OR PCS

TYPE OF COVER

NO. OF DEPENDENTS TO ACCOMPANY

NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY ATTACHED

RETURN FROM OVERSEAS

STA.

STATION

NO. OF DEP. S

8. OVERSEAS PLANNING EVALUATION (One block must be checked)

YES

NO

3 A 30 Hqs.

7661

10. COMMENTS

11. REPORT OF EVALUATION

Qualified TDY Standby until 1 September 1974.

DATE

17 April 1973

SIGNATURE FOR CHIEF OF MEDICAL STAFF

CSB/PRO

SECRET  
(When Filled In)

MEDICAL ACTION REQUEST AND REPORT

|  |   |   |              |
|--|---|---|--------------|
| I. REQUEST FOR PHYSICAL EXAMINATION BY   |   |   |              |
| 1. NAME (Last)   | (First)   | (Initials)  | 2. DATE      |
| Randall  | Frederick   | Ca  | 13 July 1955 |
| 3. TO POSITION   | 4. OFFICE, DIVISION, BRANCH   |   | 5. GRADE     |
|  | DDP FE 5  |   | GS-13        |
| 6. TYPE OF POSITION  | 7. EVALUATE FOR   |   |              |
| <input type="checkbox"/> Departmental<br><input type="checkbox"/> U.S. Field<br><input checked="" type="checkbox"/> Overseas   | <input type="checkbox"/> COB<br><input checked="" type="checkbox"/> Overseas<br><input type="checkbox"/> Returnee<br><input type="checkbox"/> Pre-employment<br><input type="checkbox"/> Annual<br><input type="checkbox"/> Special (Specify) |   |              |
| 8. REPORT OF MEDICAL EVALUATION  |   |   |              |
| <input type="checkbox"/> Qualified for Full Duty (General)<br><input type="checkbox"/> Qualified for Departmental Duty Only  |   | <input type="checkbox"/> Qualified for Full Duty (Special)<br><input type="checkbox"/> Disqualified |              |
| Remarks: Qualified for proposed PCS o/s assignment. (7-21-55)  |   |   |              |
| <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">SECRET</div> <div style="border: 1px solid black; width: 150px; height: 50px;"></div> <div style="text-align: right;"> <p>7/21/55</p> </div> </div> |   |   |              |



E.T.D.  
OCT 1955  
PCS

7/21/55

SECRET  
(When Filled In)

BBG

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.<br>012170 | NAME (Last-First-Middle)<br>RANDALL, Frederick | DATE OF BIRTH | DD<br>D |
|-------------------------|--|---------------|---------|

SECTION II EDUCATION

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

COLLEGE OR UNIVERSITY STUDY

| NAME AND LOCATION OF COLLEGE OR UNIVERSITY | SUBJECT |       | YEARS ATTENDED FROM-TO | DEGREE RECEIVED | YEAR RECEIVED | NO. SEM/OTR. HRS. (30-30/72) |
|--|---------|-------|------------------------|-----------------|---------------|------------------------------|
|  | MAJOR   | MINOR |                        |                 |               |                              |
|  |         |       |                        |                 |               |                              |
|  |         |       |                        |                 |               |                              |

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

TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

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

OTHER NON-AGENCY EDUCATION OR TRAINING NOT INDICATED ABOVE

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

SECTION III MARITAL STATUS

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

2. NAME OF SPOUSE (Last) (First) (Middle) (Maiden)

3. DATE OF BIRTH

4. PLACE OF BIRTH (City, State, Country)

5. OCCUPATION

6. PRESENT EMPLOYER

7. CITIZENSHIP

8. FORMER CITIZENSHIP(S) COUNTRY(IES)

9. DATE U.S. CITIZENSHIP ACQUIRED

SECTION IV DEPENDENT CHILDREN AND DEPENDENTS OTHER THAN SPOUSE

| NAME                            | RELATIONSHIP | DATE AND PLACE OF BIRTH | CITIZENSHIP | PERMANENT ADDRESS |
|---------------------------------|--------------|-------------------------|-------------|-------------------|
| <input type="checkbox"/> ADD    |              |                         |             |                   |
| <input type="checkbox"/> DELETE |              |                         |             |                   |
| <input type="checkbox"/> ADD    |              |                         |             |                   |
| <input type="checkbox"/> DELETE |              |                         |             |                   |

**SECRET**  
(When Filled In)

| SECTION V. GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL  |                               |  |                       |   |        |                    |                 |
|--|-------------------------------|--|-----------------------|---|--------|--------------------|-----------------|
| NAME OF REGION OR COUNTRY  | TYPE OF SPECIALIZED KNOWLEDGE | DATES OF TRAVEL OR RESIDENCE                   | DATE & PLACE OF STUDY | KNOWLEDGE ACQUIRED BY - CHECK (X)                   |        |                    |                 |
|  |                               |  |                       | TEST SERIES   | TRAVEL | STUDY              | BOOK ASSIGNMENT |
|  |                               | JAN 11 9 23 AM '72                             |                       |   |        |                    |                 |
| SECTION VI. TYPING AND STENOGRAPHIC SKILLS   |                               |  |                       |   |        |                    |                 |
| 1. TYPING (PPH) 2. SHORTHAND (PPH) 3. INDICATE SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM  |                               |  |                       |   |        |                    |                 |
| <input checked="" type="checkbox"/> GREGG <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.  |                               |  |                       |   |        |                    |                 |
| SECTION VIII. MILITARY SERVICE   |                               |  |                       |   |        |                    |                 |
| CURRENT DRAFT STATUS   |                               |  |                       |   |        |                    |                 |
| 1. HAS YOUR SELECTIVE-SERVICE CLASSIFICATION CHANGED?    2. NEW CLASSIFICATION   |                               |  |                       |   |        |                    |                 |
| <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  |                               |  |                       |   |        |                    |                 |
| 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"/> NATIONAL GUARD<br><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   |                               |  |                       |   |        |                    |                 |
| 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"/> DISCHARGED                              |                               |  |                       |   |        |                    |                 |
| 5. MILITARY MOBILIZATION ASSIGNMENT    6. RESERVE UNIT TO WHICH ASSIGNED OR ATTACHED   |                               |  |                       |   |        |                    |                 |
| MILITARY SCHOOLS COMPLETED (Extended Active, Reserve Duty, or as Civilian)   |                               |  |                       |   |        |                    |                 |
| NAME AND ADDRESS OF SCHOOL   |                               |  |                       | STUDY OR SPECIALIZATION                             |        | DATE COMPLETED     |                 |
|  |                               |  |                       |   |        | RESIDENT           |                 |
|  |                               |  |                       |   |        | AGENCY-SPONSORED   |                 |
| SECTION IX. PROFESSIONAL SOCIETIES AND OTHER ORGANIZATIONS   |                               |  |                       |   |        |                    |                 |
| NAME AND CHAPTER   |                               | ADDRESS (Number, Street, City, State, Country) |                       |   |        | DATE OF MEMBERSHIP |                 |
|  |                               |  |                       |   |        | FROM    TO         |                 |
|  |                               |  |                       |   |        |                    |                 |
|  |                               |  |                       |   |        |                    |                 |
| SECTION X. REMARKS   |                               |  |                       |   |        |                    |                 |
|  |                               |  |                       |   |        |                    |                 |
| DATE 6/1/72  |                               |  |                       | SIGNATURE OF EMPLOYEE<br><i>Fredrick C. Randall</i> |        |                    |                 |

**SECRET**

**SECRET**  
(When Filled In)

**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 | SS |                              |  |
| 012170        | RANDALL, Frederick       |               | D  |                              |  |

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

| COLLEGE OR UNIVERSITY STUDY                |         |       |                        |                 |               |                            |
|--|---------|-------|------------------------|-----------------|---------------|----------------------------|
| NAME AND LOCATION OF COLLEGE OR UNIVERSITY | SUBJECT |       | YEARS ATTENDED FROM-TO | DEGREE RECEIVED | YEAR RECEIVED | NO. SEM/OTH HRS. (Specify) |
|  | MAJOR   | MINOR |                        |                 |               |                            |
|  |         |       |                        |                 |               |                            |
|  |         |       |                        |                 |               |                            |

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

| TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS |                         |      |    |               |
|---|-------------------------|------|----|---------------|
| NAME AND ADDRESS OF SCHOOL                | STUDY OR SPECIALIZATION | FROM | TO | NO. OF MONTHS |
|   |                         |      |    |               |

| OTHER NON-AGENCY EDUCATION OR TRAINING NOT INDICATED ABOVE |                         |      |    |               |
|--|-------------------------|------|----|---------------|
| NAME AND ADDRESS OF SCHOOL                                 | STUDY OR SPECIALIZATION | FROM | TO | NO. OF MONTHS |
|  |                         |      |    |               |

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

| SECTION IV |   |              |                         |             |                   | DEPENDENT CHILDREN AND DEPENDENTS OTHER THAN SPOUSE |  |
|------------|---|--------------|-------------------------|-------------|-------------------|---|--|
|            | NAME  | RELATIONSHIP | DATE AND PLACE OF BIRTH | CITIZENSHIP | PERMANENT ADDRESS |   |  |
| 1.         | <input type="checkbox"/> ADD<br><input type="checkbox"/> DELETE |              |                         |             |                   |   |  |
| 2.         | <input type="checkbox"/> ADD<br><input type="checkbox"/> DELETE |              |                         |             |                   |   |  |

SECRET

(When Filled In)

| SECTION V GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL |                               |                              |                       |                                   |        |       |                 |
|--|-------------------------------|------------------------------|-----------------------|-----------------------------------|--------|-------|-----------------|
| NAME OF REGION OR COUNTRY                              | TYPE OF SPECIALIZED KNOWLEDGE | DATES OF TRAVEL OR RESIDENCE | DATE & PLACE OF STUDY | KNOWLEDGE ACQUIRED BY - CHECK (X) |        |       |                 |
|  |                               |                              |                       | RESIDENCE                         | TRAVEL | STUDY | BOOK ASSIGNMENT |
|  |                               | MAR 29 9 19 76 '71           |                       |                                   |        |       |                 |
|  |                               |                              |                       |                                   |        |       |                 |

| SECTION VI TYPING AND STENOGRAPHIC SKILLS   |                    |
|---|--------------------|
| 1. TYPING (RPM)   | 2. SHORTHAND (RPM) |
| 3. INDICATE SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM  |                    |
| <input type="checkbox"/> GREGG <input type="checkbox"/> SPEEDY WRITING <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. |  |
|   |  |

| SECTION VIII MILITARY SERVICE  |   |                  |
|--|---|------------------|
| CURRENT DRAFT STATUS   |   |                  |
| 1. HAS YOUR SELECTIVE SERVICE CLASSIFICATION CHANGED?  | 2. NEW CLASSIFICATION                         |                  |
| <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  |   |                  |
| 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"/> NATIONAL GUARD<br><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   |   |                  |
|  |   |                  |
| 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"/> DISCHARGED  |   |                  |
| 5. MILITARY MOBILIZATION ASSIGNMENT  | 6. RESERVE UNIT TO WHICH ASSIGNED OR ATTACHED |                  |
|  |   |                  |
| MILITARY SCHOOLS COMPLETED (Extended Active, Reserve Duty, or as a Civilian)   |   |                  |
| NAME AND ADDRESS OF SCHOOL   | STUDY OR SPECIALIZATION                       | DATE COMPLETED   |
|  |   |                  |
|  |   | AGENCY SPONSORED |

| SECTION IX PROFESSIONAL SOCIETIES AND OTHER ORGANIZATIONS |  |                    |    |
|---|--|--------------------|----|
| NAME AND CHAPTER  | ADDRESS (Number, Street, City, State, Country) | DATE OF MEMBERSHIP |    |
|   |  | FROM               | TO |
| 1.  |  |                    |    |
| 2.  |  |                    |    |
| 3.  |  |                    |    |

| SECTION X OTHERS |                         |
|------------------|-------------------------|
|                  |                         |
| DATE             | SIGNATURE OF EMPLOYEE   |
|                  | <i>Richard L. Smith</i> |

SECRET

SECRET  
(When Filled In)

*She*

QUALIFICATIONS UPDATE

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

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 |                              |  |  |
| 012170        | Randall, Frederick       |               |                              |  |  |

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

| COLLEGE OR UNIVERSITY STUDY                |                |       |                        |                 |               |                            |
|--|----------------|-------|------------------------|-----------------|---------------|----------------------------|
| NAME AND LOCATION OF COLLEGE OR UNIVERSITY | SUBJECT        |       | YEARS ATTENDED FROM-TO | DEGREE RECEIVED | YEAR RECEIVED | NO. SEM/OTR HRS. (Specify) |
|  | MAJOR          | MINOR |                        |                 |               |                            |
| 1. American Un., Washington, D. C.         | Int. Relations |       | '66-present            | none            |               | 27 sem hrs.                |
| 2.   |                |       |                        |                 |               |                            |

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

| TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS |                         |      |    |               |  |
|---|-------------------------|------|----|---------------|--|
| NAME AND ADDRESS OF SCHOOL                | STUDY OR SPECIALIZATION | FROM | TO | NO. OF MONTHS |  |
|   |                         |      |    |               |  |

| OTHER NON-AGENCY EDUCATION OR TRAINING NOT INDICATED ABOVE |                         |      |    |               |  |
|--|-------------------------|------|----|---------------|--|
| NAME AND ADDRESS OF SCHOOL                                 | STUDY OR SPECIALIZATION | FROM | TO | NO. OF MONTHS |  |
|  |                         |      |    |               |  |

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

| SECTION IV |   |              |                         |             |                   | DEPENDENT CHILDREN AND DEPENDENTS OTHER THAN SPOUSE |  |  |  |  |
|------------|---|--------------|-------------------------|-------------|-------------------|---|--|--|--|--|
|            | NAME  | RELATIONSHIP | DATE AND PLACE OF BIRTH | CITIZENSHIP | PERMANENT ADDRESS |   |  |  |  |  |
| 1.         | <input type="checkbox"/> ADD<br><input type="checkbox"/> DELETE |              |                         |             |                   |   |  |  |  |  |
| 2.         | <input type="checkbox"/> ADD<br><input type="checkbox"/> DELETE |              |                         |             |                   |   |  |  |  |  |

FORM 444a

SECRET

18-000

SECRET

(When Filled In)

| SECTION V<br>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)        |                    |       |
|  |                               |  |   | APP. REPLY                               | TRAVEL             | STUDY |
|  |                               |  | APR 2 1969                                    |  |                    |       |
|  |                               |  |   |  |                    |       |
|  |                               |  |   |  |                    |       |
| SECTION VI<br>TYPING AND STENOGRAPHIC SKILLS   |                               |  |   |  |                    |       |
| 1. TYPING (PPM) 2. SHORTHAND (PPM) 3. INDICATE SHORTHAND SYSTEM USED--(CHECK IN) APPROPRIATE ITEM  |                               |  |   |  |                    |       |
| <input type="checkbox"/> GROSS <input type="checkbox"/> SPEEDWRITING <input type="checkbox"/> STENOTYPE <input type="checkbox"/> OTHER SPECIFY:  |                               |  |   |  |                    |       |
| SECTION VII<br>SPECIAL QUALIFICATIONS  |                               |  |   |  |                    |       |
| PROVIDE INFORMATION ON HOBBIES, SPORTS, LICENSES, PUBLISHED MATERIALS OR DEVICES WHICH YOU MAY HAVE INVENTED.  |                               |  |   |  |                    |       |
| SECTION VIII<br>MILITARY SERVICE   |                               |  |   |  |                    |       |
| CURRENT DRAFT STATUS   |                               |  |   |  |                    |       |
| 1. HAD YOUR SELECTIVE SERVICE CLASSIFICATION CHANGED?  |                               |  | 2. NEW CLASSIFICATION                         |  |                    |       |
| <input type="checkbox"/> YES <input type="checkbox"/> NO   |                               |  |   |  |                    |       |
| 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"/> NATIONAL GUARD<br><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 |                    |       |
|  |                               |  |   |  |                    |       |
| 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"/> DISCHARGED  |                               |  |   |  |                    |       |
| 5. MILITARY MOBILIZATION ASSIGNMENT  |                               |  | 6. RESERVE UNIT TO WHICH ASSIGNED OR ATTACHED |  |                    |       |
|  |                               |  |   |  |                    |       |
| MILITARY SCHOOLS COMPLETED (Extended Active Reserve Duty, or as Civilian)  |                               |  |   |  |                    |       |
| NAME AND ADDRESS OF SCHOOL   |                               | STUDY OR SPECIALIZATION                        |   | DATE COMPLETED                           |                    |       |
|  |                               |  |   |  |                    |       |
|  |                               |  |   |  |                    |       |
|  |                               |  |   |  |                    |       |
| SECTION IX<br>PROFESSIONAL SOCIETIES AND OTHER ORGANIZATIONS   |                               |  |   |  |                    |       |
| NAME AND CHAPTER   |                               | ADDRESS (Number, Street, City, State, Country) |   |  | DATE OF MEMBERSHIP |       |
|  |                               |  |   |  | FROM TO            |       |
|  |                               |  |   |  |                    |       |
|  |                               |  |   |  |                    |       |
| SECTION X<br>DENIALS   |                               |  |   |  |                    |       |
|  |                               |  |   |  |                    |       |
|  |                               |  |   |  |                    |       |
|  |                               |  |   |  |                    |       |
| DATE   |                               | SIGNATURE OF EMPLOYEE                          |   |  |                    |       |
| March 19, 1969   |                               | Frederick C. Lindell                           |   |  |                    |       |

SECRET



**SECRET**  
*When Filled In*

*File*  
OFFICIAL USE ONLY (used filled in)

**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 SER NO<br><b>012170</b> | 2 NAME (Last, First, Middle)<br><b>RANDALL FREDERICK</b> | 3 SEX<br><b>M</b>                    | 4 DATE OF BIRTH                                 | 5 SCHEDULE, GRADE/STEP<br><b>GS-14-04</b> |                              |  |  |  |  |
| 6 DO<br><b>D</b>              | 7 POSITION TITLE<br><b>OPS OFFICER</b>                   | 8 OFFICE OR ASSIGNMENT<br><b>DOD</b> | 9 LOCATION (County, City)<br><b>WASH., D.C.</b> |   |                              |  |  |  |  |

| SECTION II |                  |                      |                      |  | AGENCY OVERSEAS SERVICE |  |  |
|------------|------------------|----------------------|----------------------|--|-------------------------|--|--|
| AREA       | TYPE TOUR        | FROM                 | TO                   |  |                         |  |  |
|            | PCS-56<br>PCS-43 | 55/12/01<br>61/09/17 | 58/09/01<br>69/06/21 |  |                         |  |  |
|            |                  |                      |                      |  |                         |  |  |

**OVERSEAS DATA**  
**DATE:** 27 MAR 1959  
**INITIALS:** FG

| SECTION III  |  |   |          | EDUCATION |  |
|--------------|--|---|----------|-----------|--|
| DEGREE       | MA OR FIELD  | COLLEGE   | YEAR     |           |  |
| BACH<br>MSTR | AMERICAN GOVERNMENT, GENERAL INTERNATIONAL AFFAIRS | OMAHA MUN UNIV NEB<br>GEORGE WASHINGTON UNIV DC | 48<br>53 |           |  |

FORM 107 6441 489 2-57

**SECRET**

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

68 APR ENTD

SECRET

When Filled In

| SECTION III EDUCATION (Cont'd)  |                                |                         |                           |                    |  |                             |
|---|--------------------------------|-------------------------|---------------------------|--------------------|--|-----------------------------|
| HIGH SCHOOL   |                                |                         |                           |                    |  |                             |
| LAST HIGH SCHOOL ATTENDED   | ADDRESS (City, State, Country) |                         | YEARS ATTENDED (From-To)  |                    | GRADUATE<br><input type="checkbox"/> YES <input type="checkbox"/> NO |                             |
| COLLEGE OR UNIVERSITY STUDY   |                                |                         |                           |                    |  |                             |
| NAME AND LOCATION OF COLLEGE OR UNIVERSITY  | SUBJECT                        |                         | YEARS ATTENDED<br>FROM TO | DEGREE<br>RECEIVED | YEAR<br>RECEIVED   | NO SEM / QTR<br>HRS (See 4) |
|   | MAJOR                          | MINOR                   |                           |                    |  |                             |
| 1   |                                |                         |                           |                    |  |                             |
| 2   |                                |                         |                           |                    |  |                             |
| 3   |                                |                         |                           |                    |  |                             |
| 4   |                                |                         |                           |                    |  |                             |
| 5. 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.  |                                |                         |                           |                    |  |                             |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;">           Currently PhD candidate at American University, Washington, D. C.<br/>           On the M.A. level         </div> |                                |                         |                           |                    |  |                             |
| 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   |                                |                         |                           |                    |  |                             |
| 2   |                                |                         |                           |                    |  |                             |
| 3   |                                |                         |                           |                    |  |                             |
| 4   |                                |                         |                           |                    |  |                             |
| 5   |                                |                         |                           |                    |  |                             |

SECRET

**SECRET**

| SECTION IV<br>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 (X) |        |       |                 |
|  |                               |                              |                       | BEST DEVICE                       | TRAVEL | STUDY | WORK ASSIGNMENT |
|  |                               |                              |                       |                                   |        |       |                 |
|  |                               |                              |                       |                                   |        |       |                 |
|  |                               |                              |                       |                                   |        |       |                 |
|  |                               |                              |                       |                                   |        |       |                 |
|  |                               |                              |                       |                                   |        |       |                 |
|  |                               |                              |                       |                                   |        |       |                 |
|  |                               |                              |                       |                                   |        |       |                 |
|  |                               |                              |                       |                                   |        |       |                 |
|  |                               |                              |                       |                                   |        |       |                 |
|  |                               |                              |                       |                                   |        |       |                 |
|  |                               |                              |                       |                                   |        |       |                 |
|  |                               |                              |                       |                                   |        |       |                 |
|  |                               |                              |                       |                                   |        |       |                 |
|  |                               |                              |                       |                                   |        |       |                 |
|  |                               |                              |                       |                                   |        |       |                 |
|  |                               |                              |                       |                                   |        |       |                 |
|  |                               |                              |                       |                                   |        |       |                 |
|  |                               |                              |                       |                                   |        |       |                 |
|  |                               |                              |                       |                                   |        |       |                 |
|  |                               |                              |                       |                                   |        |       |                 |

**SECTION V** TYPING AND STENOGRAPHIC SKILLS

1. TYPING (WPM) 25      2. SHORTHAND (WPM) \_\_\_\_\_      3. INDICATE SHORTHAND SYSTEM USED - CHECK AN APPROPRIATE ITEM  
 GREGG       SPEEDWRITING       STENOTYPE       OTHER \_\_\_\_\_

4. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (computer, mimeograph, card punch, etc.)

**SECTION VI** SPECIAL QUALIFICATIONS

1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH.

2. EXCLUDING BUSINESS EQUIPMENT OR MACHINES WHICH YOU MAY HAVE LISTED IN ITEM 4, SECTION V, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT AND MACHINES SUCH AS OPERATION OF RADIO TRANSMITTERS (indicate CW speed, sending & receiving), CASSET PRESS, TURRET LATHE, ETC. AND OTHER SCIENTIFIC & PROFESSIONAL DEVICES.

3. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION, SUCH AS PILOT, ELECTRICIAN, RADIO OPERATOR, TEACHER, LAWYER, CPA, MEDICAL TECHNICIAN, PSYCHOLOGIST, PHYSICIAN, ETC.       YES       NO

4. IF YOU HAVE ANSWERED "YES" TO ITEM 3 ABOVE, INDICATE KIND OF LICENSE OR CERTIFICATION AND THE ISSUING STATE, TERRITORY, ETC. (Provide license registry number if known).

|   |
|---|
| 5. FIRST LICENSE/CERTIFICATE (year of issue)  |
| 6. LATEST LICENSE/CERTIFICATE (year of issue) |

7. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR (do not include courses 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 NOT THEY ARE PATENTED.

9. PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE.

SECRET

(When Filled In)

| SECTION VII<br>MILITARY SERVICE  |  |   |   |
|--|--|---|---|
| CURRENT DRAFT STATUS   |  |   |   |
| 1. ARE YOU REGISTERED FOR THE DRAFT <input type="checkbox"/> YES <input type="checkbox"/> NO   |  | 2. SELECTIVE SERVICE CLASSIFICATION                           |   |
| 3. LOCAL SELECTIVE SERVICE BOARD NUMBER AND ADDRESS  |  | 4. IF DEFERRED GIVE REASON                                    |   |
| MILITARY SERVICE RECORD (Active Duty Only)   |  |   |   |
| 1. MILITARY ORGANIZATION (Army, Navy, etc. - specify)  | 2. BRANCH OR CORPS                                     | 3. DATES OF SERVICE (extended active duty)<br>FROM ... TO ... |   |
| 4. STATUS (Regular, Reserve, etc. - specify)   | 5. RANK, GRADE OR RATE (at separation if past service) | 6. SERIAL, SERVICE OR PBE NUMBER                              |   |
| 7. CHECK TYPE OF SEPARATION: <input type="checkbox"/> HONORABLE DISCHARGE <input type="checkbox"/> RETIREMENT FOR SERVICE <input checked="" type="checkbox"/> UNDUPLICATE HARDSHIPS<br><input type="checkbox"/> RELEASE TO INACTIVE DUTY <input type="checkbox"/> RETIREMENT FOR COMBAT DISABILITY <input type="checkbox"/> OTHER (Specify)<br><input type="checkbox"/> RETIREMENT FOR AGE <input 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)   |  |   |   |
| 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<br><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 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"/> DISCHARGED   |  |   |   |
| 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"/> RESIDENT<br><input type="checkbox"/> CORRESPONDENCE<br><input type="checkbox"/> AGENCY SPONSORED |
| 2.   |  |   | <input type="checkbox"/> RESIDENT<br><input type="checkbox"/> CORRESPONDENCE<br><input type="checkbox"/> AGENCY SPONSORED |
| 3.   |  |   | <input type="checkbox"/> RESIDENT<br><input type="checkbox"/> CORRESPONDENCE<br><input type="checkbox"/> AGENCY SPONSORED |
| 4.   |  |   | <input type="checkbox"/> RESIDENT<br><input type="checkbox"/> CORRESPONDENCE<br><input type="checkbox"/> AGENCY SPONSORED |
| 5.   |  |   | <input type="checkbox"/> RESIDENT<br><input type="checkbox"/> CORRESPONDENCE<br><input type="checkbox"/> AGENCY SPONSORED |

SECRET

SECRET

(When Filled In)

| SECTION II   |  | MARITAL STATUS          |  |                   |
|--|--|-------------------------|--|-------------------|
| 1. PRESENT STATUS (Single Married Widowed Separated Divorced Annulled Remarried SPECIFY <i>No Change</i> ) |  |                         |  |                   |
| 2. NAME OF SPOUSE (Last)   |  | 3. Maiden               |  |                   |
| 4. DATE OF BIRTH   | 5. PLACE OF BIRTH (City, State, Country)       |                         |  |                   |
| 6. OCCUPATION  | 7. PRESENT EMPLOYER                            |                         |  |                   |
| 8. CITIZENSHIP   | 9. FORMER CITIZENSHIPS, COUNTRY(IES)           |                         | 10. DATE U. S. CITIZENSHIP ACQUIRED            |                   |
| SECTION III  |  |                         |  |                   |
| DEPENDENT CHILDREN AND DEPENDENTS OTHER THAN SPOUSE  |  |                         |  |                   |
| NAME   | RELATIONSHIP                                   | DATE AND PLACE OF BIRTH | CITIZENSHIP                                    | PERMANENT ADDRESS |
| <i>Randall</i>   | <i>SON</i>                                     |                         | <i>U. S</i>                                    |                   |
| <i>Randall</i>   | <i>SON</i>                                     |                         | <i>"</i>                                       | <i>" " " "</i>    |
| <i>Randall</i>   | <i>DAUGHTER</i>                                |                         | <i>"</i>                                       | <i>" " " "</i>    |
| <i>Randall</i>   |  |                         | <i>"</i>                                       | <i>" " " "</i>    |
|  |  |                         |  |                   |
|  |  |                         |  |                   |
|  |  |                         |  |                   |
|  |  |                         |  |                   |
|  |  |                         |  |                   |
|  |  |                         |  |                   |
|  |  |                         |  |                   |
|  |  |                         |  |                   |
|  |  |                         |  |                   |
|  |  |                         |  |                   |
|  |  |                         |  |                   |
| SECTION IV   |  |                         | PROFESSIONAL SOCIETIES AND OTHER ORGANIZATIONS |                   |
| NAME AND CHAPTER   | ADDRESS (Number, Street, City, State, Country) | DATE OF MEMBERSHIP      |  |                   |
|  |  | FROM                    | TO   |                   |
| <i>American Society of International Law</i>   | <i>Washington, D.C.</i>                        | <i>1967</i>             | <i>Present</i>                                 |                   |
|  |  |                         |  |                   |
|  |  |                         |  |                   |
|  |  |                         |  |                   |
|  |  |                         |  |                   |
|  |  |                         |  |                   |
|  |  |                         |  |                   |
|  |  |                         |  |                   |
| DATE   | SIGNATURE OF EMPLOYEE                          |                         |  |                   |
| <i>January 30, 1968</i>  | <i>Fredrick Randall</i>                        |                         |  |                   |

SECRET

SECRET  
(When Filled In)

|   |  |  |  |
|---|--|--|--|
| (1-8)   |  | LANGUAGE DATA RECORD   |  |
| 512 170   |  |  |  |
| PART I - GENERAL  |  |  |  |
| 1. NAME (Last-First-Middle) (7-24)  |  | 2. DATE OF BIRTH (20-30)   |  |
| Randall Frederick C.  |  |  |  |
| 3. LANGUAGE (31-38)   |  | 4. TODAY'S DATE (39-38)  |  |
|   |  | April 17 1959  |  |
|   |  | <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.   |  |  |  |
| 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 *OFFICE OF PERSONNEL*

SECTION D. Speaking (43)

- 1. I SPEAK FLUENTLY AND ACCURATELY IN ALL PRACTICAL AND SOCIAL SITUATIONS IN ALL FIELDS WITH WHICH I AM FAMILIAR. *ACB 21 11 01 All '59*
- 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 (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.
- 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. 28-715 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

17 April 1959

SIGNATURE

*Frederick Randall*

SECRET

c S AUG 1

| PERIODIC SUPPLEMENT<br>PERSONAL HISTORY STATEMENT   |  | THIS DATE<br>4 February 1959  |
|---|--|---|
| INSTRUCTIONS  |  |   |
| This form provides the means whereby your official personnel records will be kept current. Even though it duplicates information you have furnished previously, it will be necessary for you to complete Sections I through VI in their entirety. You need complete Sections VII through XIII only if there has been a change since you entered on duty with the organization or if you believe the item requires more complete coverage than you have previously reported. |  |   |
| SECTION I<br>GENERAL  |  |   |
| 1. FULL NAME (Last-First-Middle)<br>Randall, Frederick C  |  |   |
| 2. CURRENT ADDRESS (No., Street, City, Zone, State)<br>[Redacted] Va.   |  | 3. PERMANENT ADDRESS (No., Street, City, Zone, State)<br>Same as 2. |
| 4. HOME TELEPHONE NUMBER<br>TE 6-0118   | 5. STATE, TERRITORY, POSSESSION OR COUNTRY IN WHICH YOU NOW CLAIM RESIDENCE<br>Virginia                            |   |
| SECTION II<br>PERSON TO BE NOTIFIED IN CASE OF EMERGENCY  |  |   |
| 1. NAME (Last-First-Middle) (Residence in U.S.)<br>Randall,   |  | 2. RELATIONSHIP<br>Wife   |
| 3. HOME ADDRESS (No., Street, City, Zone, State, Country)<br>[Redacted] Va.   |  |   |
| 4. BUSINESS ADDRESS (No., Street, City, Zone, State, Country). INDICATE NAME OF FIRM OR EMPLOYER, IF APPLICABLE<br>None   |  |   |
| 5. HOME TELEPHONE NUMBER<br>TE 6-0118   | 6. BUSINESS TELEPHONE NUMBER<br>None   | 7. BUSINESS TELEPHONE EXTENSION<br>None                             |
| 8. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (Spouse, Mother, Father) MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE. No   |  |   |
| SECTION III<br>MARITAL STATUS   |  |   |
| 1. CHECK (X) ONE: <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> ANNULLED   |  |   |
| 2. FURNISH DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS<br>None   |  |   |
| SPOUSE: If you have been married more than once, including annulments, use a separate sheet for former wife or husband giving data below for all previous marriages. If marriage is contemplated, provide same data for fiancee.  |  |   |
| 3. NAME (First) (Middle) (Last)<br>[Redacted] Randall   |  |   |
| 4. DATE OF MARRIAGE   | 5. PLACE OF MARRIAGE (City, State, Country)<br>Nebraska  |   |
| 6. ADDRESS OF SPOUSE BEFORE MARRIAGE (No., Street, City, State, Country)<br>(Forgotten)   |  |   |
| 7. LIVING<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  | 8. DATE OF DEATH<br>--   | 9. CAUSE OF DEATH<br>--   |
| 10. CURRENT ADDRESS (Give last address, if deceased)<br>[Redacted] Alexandria, Va.  |  |   |
| 11. DATE OF BIRTH   | 12. PLACE OF BIRTH (City, State, Country)  |   |
| 13. IF BORN OUTSIDE U.S., DATE OF ENTRY<br>--   | 14. PLACE OF ENTRY<br>--   |   |
| 15. CITIZENSHIP (Country)<br>U.S.   | 16. DATE ACQUIRED<br>--  | 17. WHERE ACQUIRED (City, State, Country)<br>--                     |
| 18. OCCUPATION<br>Housewife   | 19. PRESENT EMPLOYER (Also give former employer, or if spouse is deceased or unemployed, list two employers)<br>-- |   |
| 20. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country)<br>--  |  |   |

SECTION III CONTINUED TO PAGE 2



**SECRET**  
(When Filled In)

| SECTION III CONTINUED FROM PAGE 1   |  |                         |
|---|--|-------------------------|
| 21. DATES OF MILITARY SERVICE OF SPOUSE (From and To) BY MONTH AND YEAR<br><p align="center"><b>None</b></p>  |  |                         |
| 22. BRANCH OF SERVICE   | 23. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED |                         |
| 24. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN<br><p align="center">---</p>   |  |                         |
| SECTION IV RELATIVES BY BLOOD, MARRIAGE OR ADOPTION LIVING ABROAD OR WHO ARE NOT U.S. CITIZENS  |  |                         |
| 1. FULL NAME (Last-First-Middle)<br><p align="center"><b>None</b></p>   | 2. RELATIONSHIP                                    | 3. AGE                  |
| 4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES   |  |                         |
| 5. CITIZENSHIP (Country)  | 6. FREQUENCY OF CONTACT                            | 7. DATE OF LAST CONTACT |
| 1. FULL NAME (Last-First-Middle)  | 2. RELATIONSHIP                                    | 3. AGE                  |
| 4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES   |  |                         |
| 5. CITIZENSHIP (Country)  | 6. FREQUENCY OF CONTACT                            | 7. DATE OF LAST CONTACT |
| 1. FULL NAME (Last-First-Middle)  | 2. RELATIONSHIP                                    | 3. AGE                  |
| 4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES   |  |                         |
| 5. CITIZENSHIP (Country)  | 6. FREQUENCY OF CONTACT                            | 7. DATE OF LAST CONTACT |
| 1. FULL NAME (Last-First-Middle)  | 2. RELATIONSHIP                                    | 3. AGE                  |
| 4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES   |  |                         |
| 5. CITIZENSHIP (Country)  | 6. FREQUENCY OF CONTACT                            | 7. DATE OF LAST CONTACT |
| 8. SPECIAL REMARKS, IF ANY, CONCERNING THESE RELATIVES  |  |                         |
|   |  |                         |
| SECTION V FINANCIAL STATUS  |  |                         |
| 1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   |  |                         |
| 2. DO YOU HAVE ANY FINANCIAL INTEREST IN, OR OFFICIAL CONNECTION WITH, NON-U.S. CORPORATIONS OR BUSINESSES OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YOU HAVE ANSWERED "YES," GIVE COMPLETE DETAILS ON A SEPARATE SHEET AND ATTACH IN A SEALED ENVELOPE. |  |                         |
| 3. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT, PENSION, OR COMPENSATION FOR MILITARY OR NAVAL SERVICE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |  |                         |
| 4. IF YOU HAVE ANSWERED "YES" TO QUESTION 2 ABOVE, GIVE COMPLETE DETAILS.   |  |                         |
|   |  |                         |
| 5. WITHOUT REFERENCE TO YOUR SALARY, STATE OTHER SOURCES OF RECURRENT INCOME NOT INDICATED BY PRECEDING ITEMS.<br><p align="center"><b>None</b></p>   |  |                         |
| SECTION V CONTINUED TO PAGE 1   |  |                         |

**SECRET**  
2

SECTION V CONTINUED FROM PAGE 2

|  |                                |
|--|--------------------------------|
| 8. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS   |                                |
| NAME OF INSTITUTION  | ADDRESS (City, State, Country) |
| Riggs National Bank  | Washington, D.C.               |
| 9. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |                                |
| 10. IF YOU HAVE ANSWERED "YES" TO QUESTION 9 ABOVE, GIVE PARTICULARS, INCLUDING COURT AND DATE(S)                            |                                |

**SECTION VI CITIZENSHIP**

|   |  |
|---|--|
| 1. COUNTRY OF CURRENT CITIZENSHIP<br><b>U.S.</b>  | 2. CITIZENSHIP ACQUIRED BY - CHECK (X) ONE:<br><input checked="" type="checkbox"/> BIRTH <input type="checkbox"/> MARRIAGE <input type="checkbox"/> Other (Specify): |
| 3. HAVE YOU TAKEN STEPS TO CHANGE YOUR PRESENT CITIZENSHIP? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 4. GIVE PARTICULARS: --  |
| 5. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, INDICATE PRESENT STATUS OF YOUR APPLICATION (File papers, etc.):                   |  |

**SECTION VII EDUCATION**

1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED:

|   |  |
|---|--|
| <input type="checkbox"/> LESS THAN HIGH SCHOOL GRADUATE                 | <input type="checkbox"/> 1-4 YEARS OF COLLEGE / NO DEGREE                                    |
| <input type="checkbox"/> HIGH SCHOOL GRADUATE                           | <input type="checkbox"/> BACHELOR'S DEGREE   |
| <input type="checkbox"/> TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE | <input type="checkbox"/> GRADUATE STUDY LEADING TO HIGHER DEGREE                             |
| <input type="checkbox"/> TWO YEARS COLLEGE OR LESS                      | <input checked="" type="checkbox"/> MASTER'S DEGREE <input type="checkbox"/> DOCTOR'S DEGREE |

2. COLLEGE OR UNIVERSITY STUDY

| NAME AND LOCATION OF COLLEGE OR UNIVERSITY | SUBJECT      |       | DATES ATTENDED |      | DEGREE REC'D | DATE REC'D | SEM/QUI. HRS. COMPLETED (Specify) |
|--|--------------|-------|----------------|------|--------------|------------|-----------------------------------|
|  | MAJOR        | MINOR | FROM           | TO   |              |            |                                   |
| University of Omaha                        | Govt         | --    | 1946           | 1948 | BA           | 1948       |                                   |
| George Washington University               | For. Affairs | --    | 1950           | 1953 | MA           | 1953       |                                   |
|  |              |       |                |      |              |            |                                   |

3. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

| NAME OF SCHOOL | STUDY OR SPECIALIZATION | DATES ATTENDED |    | TOTAL HOURS |
|----------------|-------------------------|----------------|----|-------------|
|                |                         | FROM           | TO |             |
| --             | --                      |                |    |             |
|                |                         |                |    |             |

4. MILITARY TRAINING (Full time duty in specialized schools such as Ordnance, Intelligence, Communications, etc.)

| NAME OF SCHOOL | STUDY OR SPECIALIZATION | DATES ATTENDED |    | TOTAL HOURS |
|----------------|-------------------------|----------------|----|-------------|
|                |                         | FROM           | TO |             |
| --             | --                      |                |    |             |
|                |                         |                |    |             |

5. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE

**SECRET**  
(When Filled In)

| SECTION VIII  |                               | GEOGRAPHIC AREA KNOWLEDGE        |                       |   |              |                 |
|---|-------------------------------|----------------------------------|-----------------------|---|--------------|-----------------|
| 1. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES OF WHICH YOU HAVE KNOWLEDGE GAINED AS A RESULT OF RESIDENCE, TRAVEL, STUDY OR WORK ASSIGNMENT OTHER THAN ORGANIZATION EXPERIENCE. UNDER COLUMN "TYPE OF SPECIALIZED KNOWLEDGE," INDICATE TYPE OF KNOWLEDGE SUCH AS TERRAIN, COASTS, HARBORS, UTILITIES, RAILROADS, INDUSTRIES, POLITICAL PARTIES, ETC. |                               |                                  |                       |   |              |                 |
| NAME OF REGION OR COUNTRY   | TYPE OF SPECIALIZED KNOWLEDGE | DATES OF RESIDENCE, TRAVEL, ETC. | KNOWLEDGE ACQUIRED BY |   |              |                 |
|   |                               |                                  | RESIDENCE             | TRAVEL  | STUDY        | WORK ASSIGNMENT |
|   |                               |                                  |                       |   |              |                 |
|   |                               |                                  |                       |   |              |                 |
|   |                               |                                  |                       |   |              |                 |
|   |                               |                                  |                       |   |              |                 |
|   |                               |                                  |                       |   |              |                 |
| 2. INDICATE THE PURPOSE OF VISIT, RESIDENCE OR TRAVEL FOR EACH OF THE REGIONS OR COUNTRIES LISTED ABOVE   |                               |                                  |                       |   |              |                 |
|   |                               |                                  |                       |   |              |                 |
| 3. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES OF WHICH YOU HAVE GAINED KNOWLEDGE AS A RESULT OF ORGANIZATION ASSIGNMENT OR ACTIVITY.   |                               |                                  |                       |   |              |                 |
| NAME OF REGION OR COUNTRY   | TYPE OF SPECIALIZED KNOWLEDGE | DATES OF RESIDENCE, TRAVEL, ETC. | KNOWLEDGE ACQUIRED BY |   |              |                 |
|   |                               |                                  | HOUS. ASSIGNMENT      | FIELD ASSIGNMENT                                      | TRAINING     |                 |
|   | Political life                | 1955-1958                        |                       | X   |              |                 |
|   |                               |                                  |                       |   |              |                 |
|   |                               |                                  |                       |   |              |                 |
|   |                               |                                  |                       |   |              |                 |
|   |                               |                                  |                       |   |              |                 |
| SECTION IX: TYPING AND STENOGRAPHIC SKILLS  |                               |                                  |                       |   |              |                 |
| 1. TYPING (P.P.M.)  |                               | 2. SHORTHAND (P.P.M.)            |                       | 3. SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM |              |                 |
| 25  |                               | ---                              |                       | GREG  | SPEEDWRITING | STENOTYPE       |
| OTHER (Specify):  |                               |                                  |                       |   |              |                 |
| 4. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (Comptometer, Memograph, Card Punch, etc.)   |                               |                                  |                       |   |              |                 |
| ---   |                               |                                  |                       |   |              |                 |
| SECTION X: SPECIAL QUALIFICATIONS   |                               |                                  |                       |   |              |                 |
| 1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH   |                               |                                  |                       |   |              |                 |
| ---   |                               |                                  |                       |   |              |                 |
| 2. INDICATE ANY SPECIAL QUALIFICATIONS, RESULTING FROM EXPERIENCE OR TRAINING, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION OR TYPE OF WORK  |                               |                                  |                       |   |              |                 |
| ---   |                               |                                  |                       |   |              |                 |
| 3. EXCLUDING EQUIPMENT NOTED IN SECTION A, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT OR MACHINES SUCH AS OPERATION OF SHORTWAVE RADIO, MULTILITH, THROT LATHE, SCIENTIFIC AND PROFESSIONAL DEVICES, ETC.  |                               |                                  |                       |   |              |                 |
| ---   |                               |                                  |                       |   |              |                 |
| 4. IF YOU ARE A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (Pilot, Electrician, Radio Operator, Teacher, Lawyer, CPA, Medical Technician, etc.), INDICATE THE KIND OF LICENSE OR CERTIFICATE, NAME OF ISSUING STATE, AND REGISTRY NUMBER, IF KNOWN.  |                               |                                  |                       |   |              |                 |
| ---   |                               |                                  |                       |   |              |                 |
| 5. FIRST LICENSE OR CERTIFICATE (Year of issue)   |                               |                                  |                       | 6. LATEST LICENSE OR CERTIFICATE (Year of issue)      |              |                 |

**SECRET**

SECRET

(When Filled In)

SECTION I CONTINUED FROM PAGE 8

7. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR (Do not submit copies unless requested). INDICATE TITLE, PUBLICATION DATE, AND TYPE OF WRITING (Non-fiction, scientific articles, general interest subjects, novels, short stories, etc.)

--

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

--

9. LIST ANY PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE

--

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

--

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

|   |  |   |
|---|--|---|
| 1. INCLUSIVE DATES (From and To)<br><b>Dec 1955 - May 1958</b>              | 2. GRADE<br><b>GS-12</b>                                   | 3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT<br><b>DDP/FE/</b> |
| 4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION<br><b>None</b>            | 5. OFFICIAL POSITION/TITLE<br><b>FI Field Case Officer</b> |   |
| 6. DESCRIPTION OF DUTIES<br><b>Field Case Officer for six FI Operations</b> |  |   |
| 1. INCLUSIVE DATES (From and To)<br><b>July 1958 - Present</b>              | 2. GRADE<br><b>GS-13</b>                                   | 3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT<br><b>DDP/FE/</b> |
| 4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION<br><b>15</b>              | 5. OFFICIAL POSITION/TITLE<br><b>Desk Chief</b>            |   |
| 6. DESCRIPTION OF DUTIES<br><b>In charge of Desk.</b>                       |  |   |
| 1. INCLUSIVE DATES (From and To)<br><b>--</b>                               | 2. GRADE<br><b>--</b>                                      | 3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT<br><b>--</b>      |
| 4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION<br><b>--</b>              | 5. OFFICIAL POSITION/TITLE<br><b>--</b>                    |   |
| 6. DESCRIPTION OF DUTIES<br><b>--</b>                                       |  |   |
| 1. INCLUSIVE DATES (From and To)<br><b>--</b>                               | 2. GRADE<br><b>--</b>                                      | 3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT<br><b>--</b>      |
| 4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION<br><b>--</b>              | 5. OFFICIAL POSITION/TITLE<br><b>--</b>                    |   |
| 6. DESCRIPTION OF DUTIES<br><b>--</b>                                       |  |   |
| 1. INCLUSIVE DATES (From and To)<br><b>--</b>                               | 2. GRADE<br><b>--</b>                                      | 3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT<br><b>--</b>      |
| 4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION<br><b>--</b>              | 5. OFFICIAL POSITION/TITLE<br><b>--</b>                    |   |
| 6. DESCRIPTION OF DUTIES<br><b>--</b>                                       |  |   |

(Use additional space if needed)

SECRET

SECRET

(When Filled In)

OFFICE OF PERSONNEL

SECTION III

CHILDREN AND OTHER DEPENDENTS

1. NUMBER OF CHILDREN (including stepchildren and adopted children) WHO ARE UNMARRIED, UNDER 21 YEARS OF AGE, AND ARE NOT SELF-SUPPORTING.

4

2. NUMBER OF OTHER DEPENDENTS (including spouse, parents, stepchildren, etc.) WHO DEPEND ON YOU FOR AT LEAST 50% OF THEIR SUPPORT, OR, CHILDREN 21 YEARS OF AGE WHO ARE NOT SELF-SUPPORTING.

1

2-48 PH '59

3. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS

| NAME               | RELATIONSHIP | YEAR OF BIRTH | SEX |   | CITIZENSHIP | ADDRESS        |
|--------------------|--------------|---------------|-----|---|-------------|----------------|
|                    |              |               | M   | F |             |                |
| [Redacted] Randall | Wife         | [Redacted]    |     | X | U.S.        | [Redacted] Va. |
| [Redacted] Randall | Son          | [Redacted]    | X   |   | U.S.        | Same as above  |
| [Redacted] Randall | Son          | [Redacted]    | X   |   | U.S.        | Same as above  |
| [Redacted] Randall | Daughter     | [Redacted]    |     | X | U.S.        | Same as above  |
| [Redacted] Randall | Daughter     | [Redacted]    |     | X | U.S.        | Same as above  |
|                    |              |               |     |   |             |                |
|                    |              |               |     |   |             |                |

ADDITIONAL COMMENT AND/OR CONTINUATION OF PRECEDING ITEMS

DATE COMPLETED: 7 February 1959 SIGNATURE OF EMPLOYEE: [Signature]

SECRET

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 (Yes or No)

Sec. 1. PERSONAL BACKGROUND

A. FULL NAME Mr. Frederick Randall Telephone: None Office: None Ext: Home: 10-7-8126

PRESENT ADDRESS [Redacted] Md. USA (City) (State) (Country)

PERMANENT ADDRESS Same (City) (State) (Country)

B. NICKNAME Fred WHAT OTHER NAMES HAVE YOU USED? None

UNDER WHAT CIRCUMSTANCES HAVE YOU EVER USED THESE NAMES? NA

HOW LONG? NA IF A LEGAL CHANGE, GIVE PARTICULARS NA

C. DATE OF BIRTH [Redacted] PLACE OF BIRTH [Redacted] Nebraska USA (City) (State) (Country)

D. PRESENT CITIZENSHIP USA BY BIRTH? Yes BY MARRIAGE? NA (Country)

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

AT NA (City) (State) (Country)

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

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

GIVE PARTICULARS

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

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

PORT OF ENTRY? \_\_\_\_\_ ON PASSPORT OF WHAT COUNTRY? \_\_\_\_\_

LAST U. S. VISA NA  
(Number) (Type) (Place of Issue) (Date of Issue)

SEC. 2. PHYSICAL DESCRIPTION

AGE  SEX Male HEIGHT 5' 10" WEIGHT 160 lbs.

EYES Blue HAIR Brown COMPLEXION Fair SCARS None

BUILD Medium OTHER DISTINGUISHING FEATURES None

SEC. 3. MARITAL STATUS

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

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

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  Randall  
(First) (Middle) (Maiden) (Last)

PLACE AND DATE OF MARRIAGE  Nebraska

HIS (OR HER) ADDRESS BEFORE MARRIAGE  Nebr., USA  
(St. and Number) (City) (State) (Country)

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

PRESENT, OR LAST, ADDRESS  Nebr., USA  
(St. and Number) (City) (State) (Country)

DATE OF BIRTH  PLACE OF BIRTH  USA  
(City) (State) (Country)

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

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

OCCUPATION Personnel clerk LAST EMPLOYER US Govt., Office of Price Stab.

EMPLOYER'S OR BUSINESS ADDRESS 6th & Jefferson Dr., S.W., Washington, D. C.  
(St. and Number) (City) (State) (Country)

MILITARY SERVICE FROM None TO \_\_\_\_\_ BRANCH OF SERVICE \_\_\_\_\_  
(Date) (Date)

COUNTRY \_\_\_\_\_ DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN  
None

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

1. NAME None (Expecting June, 1951) 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. 5. FATHER (Give the same information for stepfather and/or guardian on a separate sheet)

FULL NAME  Randall  
(First) (Middle) (Last)

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

PRESENT, OR LAST, ADDRESS  USA  
(St. and Number) (City) (State) (Country)

DATE OF BIRTH  PLACE OF BIRTH  USA  
(City) (State) (Country)

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

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

OCCUPATION Wire Chief LAST EMPLOYER Northwestern Bell Tel. Co.

EMPLOYER'S OR OWN BUSINESS ADDRESS  Nebraska  
(City) (State) (Country)

MILITARY SERVICE FROM None TO \_\_\_\_\_ BRANCH OF SERVICE \_\_\_\_\_  
(Date) (Date)

COUNTRY \_\_\_\_\_ DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN  
None

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

FULL NAME  Randall  
(First) (Middle) (Last)

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

PRESENT, OR LAST, ADDRESS  USA  
(St. and Number) (City) (State) (Country)

DATE OF BIRTH  PLACE OF BIRTH  \_\_\_\_\_  
(City) (State) (Country)

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

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



(4)

OCCUPATION Housewife LAST EMPLOYER NA  
 EMPLOYER'S OR OWN BUSINESS ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State) (Country)  
 MILITARY SERVICE FROM None TO \_\_\_\_\_ BRANCH OF SERVICE \_\_\_\_\_  
 COUNTRY \_\_\_\_\_ DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN \_\_\_\_\_

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

1. FULL NAME \_\_\_\_\_ Randall, Jr. AGE 58  
(First) (Middle) (Last)  
 PRESENT ADDRESS \_\_\_\_\_ USA USA  
(St. and Number) (City) (State) (Country) (Citizenship)  
 2. FULL NAME \_\_\_\_\_ Randall AGE 52  
(First) (Middle) (Last)  
 PRESENT ADDRESS \_\_\_\_\_ USA USA  
(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 \_\_\_\_\_  
(First) (Middle) (Last)  
 LIVING OR DECEASED Living DATE OF DECEASE \_\_\_\_\_ NA CAUSE \_\_\_\_\_  
 PRESENT, OR LAST, ADDRESS \_\_\_\_\_ UDA  
(St. and Number) (City) (State) (Country)  
 DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
 IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY \_\_\_\_\_ NA  
 CITIZENSHIP USA WHEN ACQUIRED? Birth WHERE? \_\_\_\_\_  
(City) (State) (Country)  
 OCCUPATION Blacksmith LAST EMPLOYER Union Pacific Railroad

SEC. 9. MOTHER-IN-LAW

FULL NAME \_\_\_\_\_  
(First) (Middle) (Last)  
LIVING OR DECEASED Living DATE OF DECEASE \_\_\_\_\_ CAUSE \_\_\_\_\_  
PRESENT, OR LAST, ADDRESS \_\_\_\_\_ USA  
(St. and Number) (City) (State) (Country)  
DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY NA  
CITIZENSHIP USA WHEN ACQUIRED? Birth WHERE? \_\_\_\_\_  
(City) (State) (Country)  
OCCUPATION Housewife LAST EMPLOYER \_\_\_\_\_

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

1. NAME None 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:

1. NAME None 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 .....

B. WHAT IS THE LOWEST ANNUAL ENTRANCE SALARY YOU WILL ACCEPT? \$ 5825 .....

(You Will Not Be Considered For Any Position With A Lower Entrance Salary.)

C. IF YOU ARE WILLING TO TRAVEL, SPECIFY: OCCASIONALLY Yes .....FREQUENTLY No ....., CONSTANTLY No .....D. CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED: IN WASHINGTON, D. C. Yes .....ANYWHERE IN THE UNITED STATES No ....., OUTSIDE THE UNITED STATES Yes .....

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

Either in the greater Washington area, or in some foreign areas.

## Sec. 13. EDUCATION

ELEMENTARY SCHOOL Olifton Hill ADDRESS Omaha, Nebraska USA .....

(City) (State) (Country)

DATES ATTENDED 1930-1939 ....., GRADUATE? Yes .....HIGH SCHOOL Parson High ADDRESS Omaha, Nebraska USA .....

(City) (State) (Country)

DATES ATTENDED 1940-1944 ....., GRADUATE? Yes .....COLLEGE Washington University ADDRESS St. Louis, Missouri USA .....

(City) (State) (Country)

COLLEGE South Dakota State Coll. ADDRESS Brookings, South Dakota USA .....

(City) (State) (Country)

MAJOR AND SPECIALTY Pre-engineering YEARS COMPLETED One-half .....DATES ATTENDED January 1944 - Dec., 1944 ....., DEGREE B.S. .....COLLEGE University of Omaha ADDRESS Omaha, Nebraska USA .....

(City) (State) (Country)

MAJOR AND SPECIALTY Foreign Affairs YEARS COMPLETED Two and one-half .....DATES ATTENDED January 1947 - Aug. 1949 ....., DEGREE AB .....COLLEGE George Washington U. ADDRESS Washington, D. C. USA .....

(City) (State) (Country)

CHIEF UNDERGRADUATE COLLEGE SUBJECTS Government, History, Mathematics, .....Chemistry, Political Science, Economics .....CHIEF GRADUATE COLLEGE SUBJECTS International Politics, International .....Organization, Latin American Politics, International Law .....

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

USA (Country) Army Air Forces (Service) PFC (Rank) 5/16/45-11/28/46 (Date of Service)  
 Pacific Air Service Command, Manila, P. I. (Last Station) 17149257 (Serial Number) Honorable (Type of Discharge)

REMARKS:

SELECTIVE SERVICE BOARD NUMBER 50 ADDRESS Omaha, Nebraska

IF DEFERRED GIVE REASON Veteran

INDICATE MEMBERSHIP IN MILITARY RESERVE ORGANIZATIONS None

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 Oct. 1950 TO Present CLASSIFICATION GRADE (IF IN FEDERAL SERVICE) None

EMPLOYING FIRM OR AGENCY Student, George Washington University

ADDRESS Washington, D. C. USA  
(St. and Number) (City) (State) (Country)

KIND OF BUSINESS Student NAME OF SUPERVISOR NA

TITLE OF JOB NA SALARY \$ 105 PER Mo. subsist.

YOUR DUTIES Graduate student

REASONS FOR LEAVING Desire position in my field of knowledge.

FROM Oct. 1948 TO Sept. 1950 CLASSIFICATION GRADE (IF IN FEDERAL SERVICE) None

EMPLOYING FIRM OR AGENCY G. A. Swanson & Sons

ADDRESS 1202 Douglas St., Omaha, Nebraska USA  
(St. and Number) (City) (State) (Country)

KIND OF BUSINESS Food Manufacture NAME OF SUPERVISOR Mr. Clarke Swanson

TITLE OF JOB Manufacturer's Rep. SALARY \$ 275 plus PER Mo. expenses

YOUR DUTIES I represent my firm to various wholesalers and retailers

handling Swanson merchandise, promoting and facilitating the distribution

of the firm's products, and aided in the enlargement and development

of the sales and distribution department of the firm.

REASONS FOR LEAVING Desired to obtain AM degree

(8)

FROM Jan. 1947 TO August 1948 CLASSIFICATION GRADE (IF IN FEDERAL SERVICE) None

EMPLOYING FIRM OR AGENCY Student, University of Omaha

ADDRESS Omaha, Nebraska, USA  
(St. and Number) (City) (State) (Country)

KIND OF BUSINESS Student NAME OF SUPERVISOR NA

TITLE OF JOB Student SALARY \$ 75 PER Mo. subseqt.

YOUR DUTIES NA

REASONS FOR LEAVING Graduated with BS degree

FROM March 1945 TO November 1946 CLASSIFICATION GRADE (IF IN FEDERAL SERVICE) None

EMPLOYING FIRM OR AGENCY Served in U. S. Army Air Forces

ADDRESS Washington, D. C., USA  
(St. and Number) (City) (State) (Country)

KIND OF BUSINESS NA NAME OF SUPERVISOR Capt. Harold Joyce

TITLE OF JOB Communications Chief SALARY \$ 63 PER Mo.

YOUR DUTIES I was responsible for all incoming and outgoing communications

in the Communications Section, Pacific Air Service Command, Manila, P.I.

I supervised three civilian clerks in the performance of my duties.

REASONS FOR LEAVING Discharged from service.

FROM Dec. 1944 TO March 1945 CLASSIFICATION GRADE (IF IN FEDERAL SERVICE) None

EMPLOYING FIRM OR AGENCY Student, South Dakota State College

ADDRESS Brookings, South Dakota, USA  
(St. and Number) (City) (State) (Country)

KIND OF BUSINESS Student NAME OF SUPERVISOR

TITLE OF JOB Student SALARY \$ None PER

YOUR DUTIES Attended the University under the ASTEP program.

REASONS FOR LEAVING Entered Air Forces

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:

None

Sec. 17. GENERAL QUALIFICATIONS

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

LANGUAGE Spanish SPEAK Slight READ Fair WRITE Slight

LANGUAGE French SPEAK Slight READ Slight WRITE Slight

LANGUAGE SPEAK READ WRITE

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

Music - collecting recordings

Golf - fair

Swimming - good

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

None that are not previously listed

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:

None

APPROXIMATE NUMBER OF WORDS PER MINUTE IN TYPING 35 SHORTHAND none

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

Honor Roll three times - University of Omaha

Rotary Selection - Boy Most Likely to Succeed

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

No

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. |                   |                    |                   |
|    | BUS. ADD.         | Dept. of Interior, | Washington, D. C. |
|    | RES. ADD.         |                    |                   |
| 2. |                   |                    |                   |
|    | BUS. ADD.         | Unk.               |                   |
|    | RES. ADD.         |                    |                   |
| 3. |                   |                    |                   |
|    | BUS. ADD.         | Unk.               |                   |
|    | RES. ADD.         |                    |                   |
| 4. |                   |                    |                   |
|    | BUS. ADD.         |                    |                   |
|    | RES. ADD.         | Unk.               |                   |
| 5. |                   |                    |                   |
|    | BUS. ADD.         | Unk.               |                   |
|    | 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.         | Unk.                |                  |
|    | RES. ADD.         |                     |                  |
| 2. |                   |                     |                  |
|    | BUS. ADD.         | University of Mich. | Ann Arbor, Mich. |
|    | RES. ADD.         |                     |                  |
| 3. |                   |                     |                  |
|    | BUS. ADD.         | Iowa State College, | Ames, Iowa       |
|    | RES. ADD.         |                     |                  |
| 4. |                   |                     |                  |
|    | BUS. ADD.         | Unk.                |                  |
|    | RES. ADD.         |                     |                  |
| 5. |                   |                     |                  |
|    | BUS. ADD.         | Brandeis, Inc.,     | Omaha, Nebraska  |
|    | RES. ADD.         |                     |                  |

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.         | Unk. |       |
|    | RES. ADD.         |      |       |
| 2. |                   |      |       |
|    | BUS. ADD.         |      |       |
|    | RES. ADD.         |      |       |
| 3. |                   |      |       |
|    | BUS. ADD.         |      |       |
|    | RES. ADD.         |      |       |

SEC. 21. FINANCIAL BACKGROUND

- A. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? ...Yea..... IF NOT, STATE SOURCES OF OTHER INCOME .....None.....
- B. NAMES AND ADDRESSES OF BANKS WITH WHICH YOU HAVE ACCOUNTS .....

\_\_\_\_\_



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 |  |
| 2. NAME |  |
| 3. NAME |  |

SEC. 22. RESIDENCES FOR THE PAST 15 YEARS

|                       |                     |                  |        |         |           |                              |
|-----------------------|---------------------|------------------|--------|---------|-----------|------------------------------|
| FROM <u>May 1951</u>  | TO <u>Present</u>   | (St. and number) | (City) | (State) | (Country) | <u>USA</u>                   |
| FROM <u>Feb 1951</u>  | TO <u>May 1951</u>  |                  |        |         |           | <u>USA</u>                   |
| FROM <u>Sept 1950</u> | TO <u>Feb 1951</u>  |                  |        |         |           | <u>Washington, D.C., USA</u> |
| FROM <u>June 1950</u> | TO <u>Sept 1950</u> |                  |        |         |           | <u>Nebraska, USA</u>         |
| FROM <u>1949</u>      | TO <u>June 1950</u> |                  |        |         |           | <u>Nebraska, USA</u>         |
| FROM <u>1926</u>      | TO <u>1949</u>      |                  |        |         |           | <u>Nebraska, USA</u>         |
| FROM _____            | TO _____            | (St. and number) | (City) | (State) | (Country) |                              |
| FROM _____            | TO _____            | (St. and number) | (City) | (State) | (Country) |                              |

SEC. 23. RESIDENCE OR TRAVEL OUTSIDE OF THE UNITED STATES

|                        |                    |                                   |                       |
|------------------------|--------------------|-----------------------------------|-----------------------|
| A. FROM <u>Nov '45</u> | TO <u>Sept '46</u> | <u>Manila, Philippine Islands</u> | <u>Air Force duty</u> |
| FROM _____             | TO _____           | (City or section)                 | (Country) (Purpose)   |
| FROM _____             | TO _____           | (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:

- Omaha Post #1, The American Legion, 20th & Dodge Sts., Omaha, Nebraska  
(Name and Chapter) (St. and Number) (City) (State) (Country)

DATES OF MEMBERSHIP: 1947-1950
- \_\_\_\_\_  
(Name and Chapter) (St. and Number) (City) (State) (Country)

DATES OF MEMBERSHIP: \_\_\_\_\_
- \_\_\_\_\_  
(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:** \_\_\_\_\_

S

(14)

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:

None

**SEC. 26. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:**

NAME Mrs. [ ] Randall RELATIONSHIP Wife  
ADDRESS [ ] Md. USA  
(St. and Number) (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 [ ] Maryland DATE May 4, 1951

[ ] Randall  
(Name)

[Signature]  
(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.