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

SECRET

FILE TITLE/NUMBER/VOLUME: Zambunardi, Robert M.

INCLUSIVE DATES: 6 July 1956 - 15 Sept 1965

CUSTODIAL UNIT/LOCATION: OP

ROOM: 5E13

DELETIONS, IF ANY: _____

DATE RECEIVED	DATE RETURNED	REVIEWED BY (PRINT NAME)	SIGNATURE OF REVIEWING OFFICIAL

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SECRET

REPRODUCTION MASTERS

BIOGRAPHIC PROFILE

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

SECRET

ORIGINAL - Biographic Profile

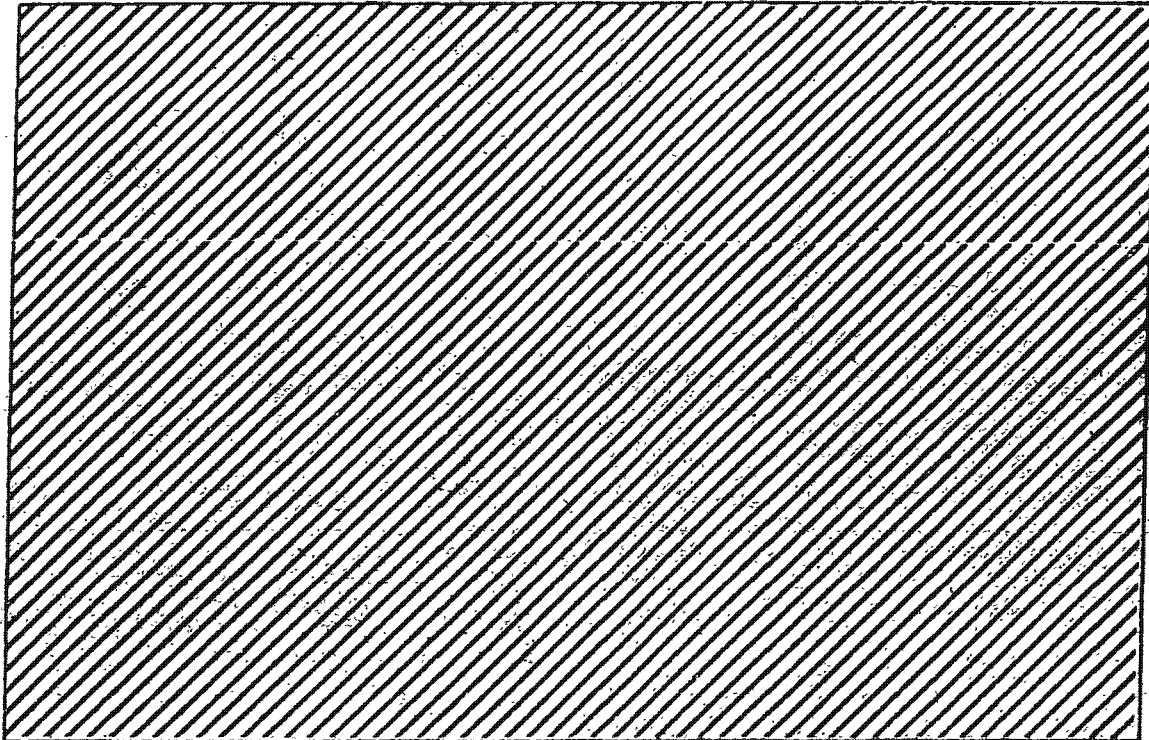
- see summarized copy in slot

Personnel Actions concerning
Period After Mexico City
Assignment

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 15 June 1964	
1. SERIAL NUMBER 022592		2. NAME (Last-First-Middle) ZAMBERNARDI, Robert					
3. NATURE OF PERSONNEL ACTION TRANSFER TO VOUCHERED FUNDS & REASSIGNMENT				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 07 05 64		5. CATEGORY OF EMPLOYMENT REGULAR	
6. FUNDS X		V TO V CF TO V		V TO CF CF TO CF		7. COST CENTER NO. CHANGE-ABLE 5225-0079 <i>1000</i>	
8. LEGAL AUTHORITY (Completed by Office of Personnel)				9. ORGANIZATIONAL DESIGNATIONS DDP/TSD OPERATIONAL AIDS PHOTOGRAPHIC OPERATIONS BRANCH AREA DESKS SECTION			
10. LOCATION OF OFFICIAL STATION WASHINGTON, D. C.				11. POSITION TITLE PHOTO GEN		12. POSITION NUMBER 0113	
13. CAREER SERVICE DESIGNATION D		14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS <i>(OH)</i>		15. OCCUPATIONAL SERIES 1060.02		16. GRADE AND STEP 10 (3)	
17. SALARY OR RATE \$8200		18. REMARKS FROM: DDP/TSD FOREIGN FIELD MEXICO CITY Security Approval Granted by Pers. SA/OS <i>6/23/64</i> <i>Big 7/1/64</i> CC: Security & Vouchered Payroll <div style="float: right; border: 1px solid black; padding: 2px;">Recorded by CDD <i>DW</i></div>					
DATE SIGNED				DATE SIGNED <i>6/23/64</i>			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE 16		20. EMPLOY CODE 10		21. OFFICE CODE NUMERIC ALPHABETIC 41200 <i>72</i>		22. POSITION CODE 75013	
23. DATE OF BIRTH MO DA YR 1 05 109 35		24. DATE OF GRADE MO DA YR		25. DATE OF LEAVE MO DA YR		26. DATE OF RESIGNATION MO DA YR	
27. SECURITY REG. NO.		28. SEX		29. SPECIAL REFERENCE		30. RETIREMENT DATA 1 - CSC 3 - FICA 5 - NONE	
31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. FEEDBACK / HEALTH INSURANCE		34. SOCIAL SECURITY NO.	
35. VET. PREFERENCE		36. SERV. COMP. DATE		37. LONG. LEAVE DATE		38. CAREER CATEGORY	
39. FEDERAL TAX DATA		40. STATE TAX DATA		41. FORM EXEMPTED		42. FORM EXEMPTED	
43. PREVIOUS GOVERNMENT SERVICE DATA		44. LEAVE CAT. CODE		45. FEDERAL TAX DATA		46. STATE TAX DATA	
47. POSITION CONTROL CERTIFICATION		48. DATE APPROVED <i>6/30/64</i>					

SECRET
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
Zambenardi, Robert M.	Philip Edward - son	64-184

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 Log burn - 28 December 1963

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

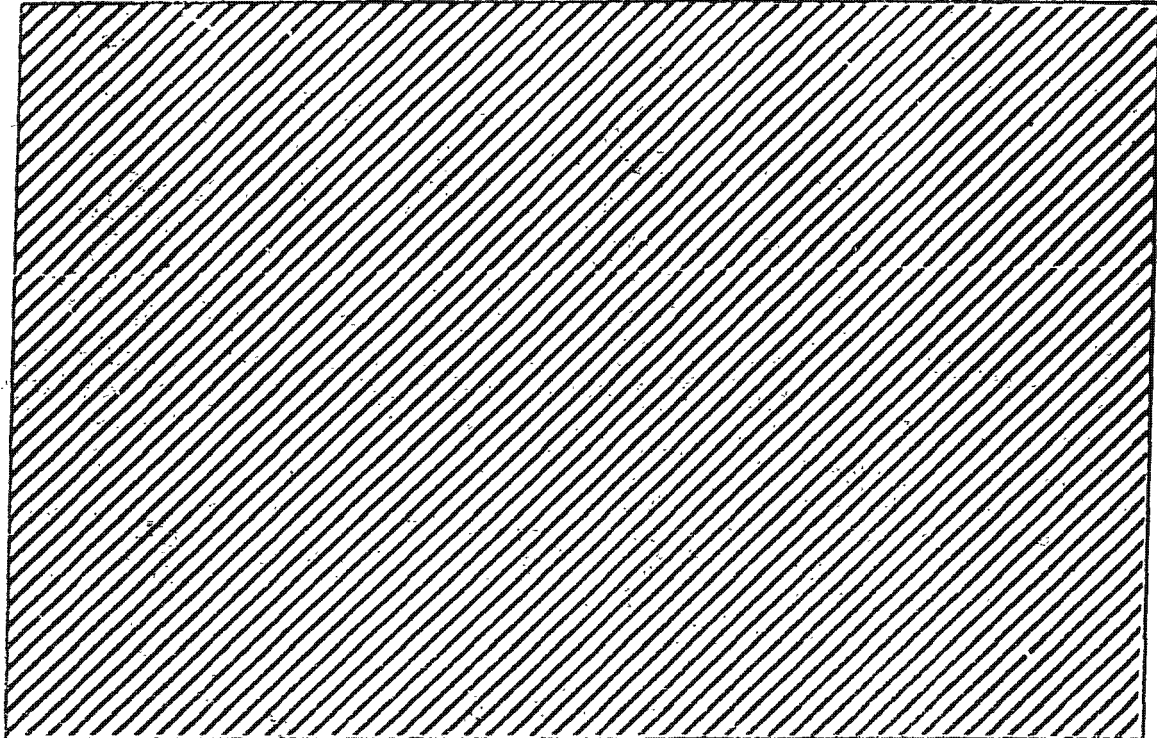
DATE OF NOTICE 20 FEB 1964		
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NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 2 April 1963		
1. SERIAL NUMBER 022592		2. NAME (Last-First-Middle) ZAMBERNARDI, ROBERT						
3. NATURE OF PERSONNEL ACTION PROMOTION				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 01 14 63		5. CATEGORY OF EMPLOYMENT REGULAR		
6. FINDS V TO V CP TO V		X V TO CP CP TO CP		7. COST CENTER NO. CHARGE-ADMF 3125-5700-3007		8. LEGAL AUTHORITY (Completed by Office of Personnel)		
9. ORGANIZATIONAL DESIGNATIONS DDP/TSD Foreign Field Western Hemisphere Mexico				10. LOCATION OF OFFICIAL STATION Mexico City, Mexico				
11. POSITION TITLE IC TECH AIDS				12. POSITION NUMBER 0575		13. CAREER SERVICE DESIGNATION D		
14. CLASSIFICATION SCHEDULE (GS, LP, #10.) GS		15. OCCUPATIONAL SERIES 0136. AT 63		16. GRADE AND STEP 10 (2)		17. SALARY OR RATE 7535		
18. REMARKS FWD M: GS-9 (2) P.A.A. <div style="float: right; border: 1px solid black; padding: 5px;">Recorded by CSPD <i>JM</i></div>								
DATE SIGNED				DATE SIGNED				
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL								
19. ACTION CODE 22	20. EMP. CT. CODE 10	21. OFFICE CODE 46575 TS	22. STATION CODE 45015	23. INTER. REF. CODE	24. NO. OF MONTHS 3	25. DATE OF BIRTH 05/09/35	26. DATE OF DEATH	27. RATE OF LEI
28. AGE EXP. REF.	29. SPECIAL REFERENCE 80	30. RETIREMENT DATA 1 - LSC 3 - FICA 5 - NONE	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA	END DATA →		33. SECURITY REG. NO.	34. PFR
35. VET. PREFERENCE	36. SERV. COMP. DATE	37. LEAVE COMP. DATE	38. MIL. SER. CRED. CODE	39. FEED. / HEALTH INSURANCE	40. SOCIAL SECURITY NO.			
41. PREVIOUS GOVERNMENT SERVICE DATA		42. LEAVE CAT. CODE	43. FEDERAL TAX DATA		44. STATE TAX DATA			
45. POSITION CONTROL CERTIFICATION 5 APR 1963 <i>Paulo</i>		DATE APPROVED 5 Apr 63						

SECRET
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
Zamberardi, Robert M	Paul - SON	63-460

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 22 February 63 Industrial Accidents.

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	
8 January 1963	

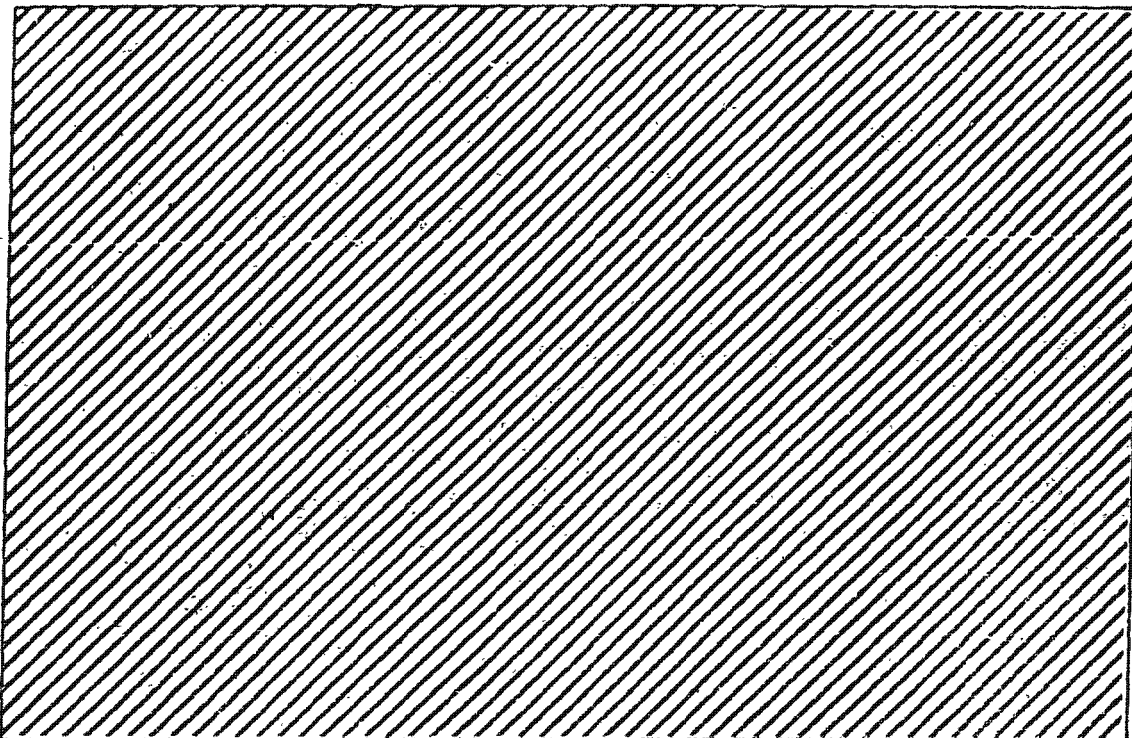
NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 16 January 1962	
1. SERIAL NUMBER 022592 ✓		2. NAME (Last-First-Middle) ZAMBERNARDI, Robert					
3. NATURE OF PERSONNEL ACTION PROMOTION				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 01 21 62		5. CATEGORY OF EMPLOYMENT REGULAR XXXXXXXX	
6. FUNDS ▶		V TO V CF TO V		V TO CF X= CF TO CF		7. COST CENTER NO. CHARGE-ABLE 2:25-5700-3007	
8. LEGAL AUTHORITY (Completed by Office of Personnel)				9. ORGANIZATIONAL DESIGNATIONS DDP/TSD - Foreign Field Western Hemisphere Mexico			
10. LOCATION OF OFFICIAL STATION Mexico City, Mexico				11. POSITION TITLE IO TECH AIDS		12. POSITION NUMBER 0575	
13. CAREER SERVICE DESIGNATION D				14. CLASSIFICATION SCHEDULE (GS, LD, etc.) GS		15. OCCUPATIONAL SERIES 0136.63	
16. GRADE AND STEP # 9 (1)				17. SALARY OR RATE \$ 6435 ✓			
18. REMARKS FROM: GS-8 (1)							
DATE SIGNED				DATE SIGNED			
SPACE BELOW FOR INCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE 22		20. EMPLOY CODE 10		21. OFFICE CODING NUMERIC ALPHABETIC 46575 TS		22. STATION CODE 45025	
23. DATE OF BIRTH 3		24. DATE OF DEATH 05/29/35		25. DATE OF DEATH 1/21/62		26. DATE OF DEATH 1/21/62	
27. NICE LAPINES MO. DA. TH.		28. SPECIAL REFERENCE 1 - CSC 2 - FICA 3 - RUMI		29. SEPARATION DATA CODE		30. SEPARATION DATA CODE	
31. VET. PREFERENCE CODE		32. SERV. COMP. DATE MO. DA. YR.		33. SERV. COMP. DATE MO. DA. YR.		34. SOCIAL SECURITY NO.	
35. PREVIOUS GOVERNMENT SERVICE DATA CODE		36. FEDERAL TAX DATA FORM 1041 CODE		37. STATE TAX DATA FORM 1041 CODE		38. SOCIAL SECURITY NO.	
43. POSITION CONTROL CERTIFICATION WA 1-29-62				44. DATE APPROVED 1/27/62			

RECEIVED
CSPD
18

SECRET
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle) ZAMBERNARDI, Robert	NAME AND RELATIONSHIP OF DEPENDENT* Wife - Martha Cecilia	CLAIM NUMBER 61-286
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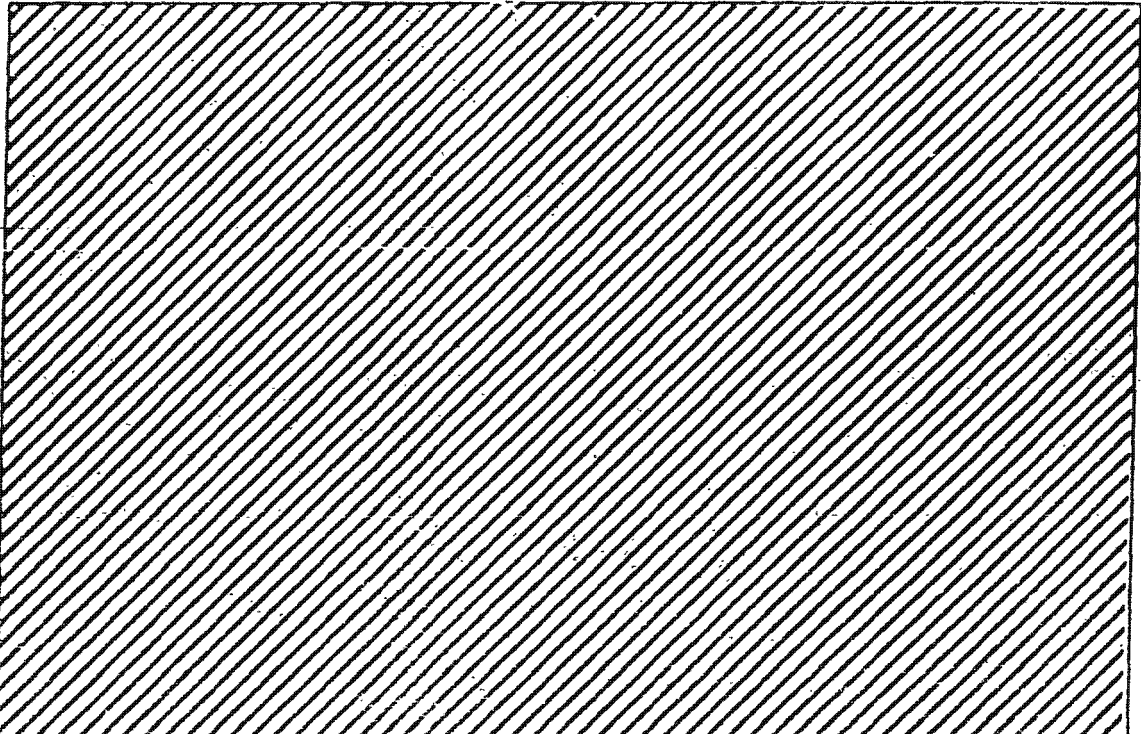
There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on 3 March 1961 - Leiomia of Uterus

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

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET
(When Filled In)



NAME OF EMPLOYEE (LAST-FIRST-MIDDLE)	POLICY/CLAIM Dependent	CASE OR CLAIM NUMBER
Eumbernardi, Robert M.	Wife Martha	56-226

There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on 16 February 1960.

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		
8 April 1960		

NOTICE C OFFICIAL DISABILITY CLAIM FILE

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION		DATE PREPARED 15 Dec 1960	
1. SERIAL NUMBER 522592	2. NAME (Last-First-Middle) ZAMBERNARDI, Robert		
3. NATURE OF PERSONNEL ACTION PROMOTION		4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 12 25 60	5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS 	V TO V	N TO CP	8. LEGAL AUTHORITY (Completed by Office of Personnel)
	CP TO V	X CP TO CP	7. COST CENTER NO. CHARGEABLE 1125-5700-3007
9. ORGANIZATIONAL DESIGNATIONS DDP/TSD Western Hemisphere MEXICO		10. LOCATION OF OFFICIAL STATION Mexico, City, Mexico	
11. POSITION TITLE IO TECH AIDS		12. POSITION NUMBER 575	13. CAREER SERVICE DESIGNATION D3
14. CLASSIFICATION SCHEDULE (GS, LP, etc.) GS-9	15. OCCUPATIONAL SERIES 0136.63	16. GRADE AND STEP 08 01	17. SALARY OR RATE \$ 5885
18. REMARKS <div style="text-align: right;"></div>			
19. RECOMMENDING OFFICIAL		20. APPROVING OFFICIAL	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
21. ACTION CODE	22. EMPLOY CODE	23. OFFICE CODE	24. STATION CODE
		46575	75
25. DATE OF REQ	26. REFERENCE	27. SET REMOVAL DATA	28. STRATEGIC RELIEF DATA
			3 05109135
29. INT. PREFERENCE	30. LONG. COMM. DAT.	31. REG. / MIA	32. SECURITY
33. PREVIOUS GOVERNMENT SER. DATA	34. MILITARY DATA	35. FED. EMP. DATA	36. STATE EMP. DATA
45. POSITION CONTROL CERTIFICATION			
12-21-60			

Personnel Actions Committee
Room 77 Personnel Mexico City

SECRET

NOTIFICATION OF ESTABLISHMENT OF MILITARY COVER BACKSTOP		DATE 19 August 1965
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, PERSONNEL OPERATIONS DIVISION	ESTABLISHED FOR ZAMBERNARDI, Robert M.
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) TSD	
ATTN:	Personnel	FILE NO. 4054
REF:	Resignee Backstop debriefing	ID CARD NO.
MILITARY COVER BACKSTOP ESTABLISHED Technical Services Group, Provisional		EMPLOYEE NO.

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

Block Records; (OPMEMO 20-800-11) Resignation effective 20 Aug 65

- a. Temporarily for _____ days, effective _____
- b. Continuing, effective EOD Jul 56

NA Submit Form 642 to change limitation category. (HIB 20-7)

NA Ascertain that Army W-2 being issued. (HB 20-561.1)

NA Submit Form 1322 for any change affecting this cover. (R 240-310)

NA Submit Form 1323 for transferring cover responsibility. (R 240-350)

[Redacted area]

Forwarding Address:
c/o American Embassy
Mexico City, Mexico
Employment Address:
Unknown

[Redacted area]

DISTRIBUTION: Copy 1-POB, Copy 2-Operating Component, Copy 3-AM B OS, Copy 4-UL/TLS/SL, Copy 5-PSD/CS, Copy 6-File

SECRET
(When Filled In)

NIM: 25 AUG 65

NOTIFICATION OF PERSONNEL ACTION																	
OEF																	
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)															
022592		ZAMBERNARDI ROBERT															
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT										
RESIGNATION					08 20 65		REGULAR										
6. FUNDS				7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY											
<table border="1"> <tr> <td>V TO V</td> <td>V TO CF</td> </tr> <tr> <td>CF TO V</td> <td>CF TO CF</td> </tr> </table>				V TO V	V TO CF	CF TO V	CF TO CF	6125 0079 0000									
V TO V	V TO CF																
CF TO V	CF TO CF																
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION												
DDP/TSD OPERATIONAL AIDS PHOTO OPERATIONS BRANCH AREA DESKS SECTION					WASH., D. C.												
11. POSITION TITLE					12. POSITION NUMBER		13. SERVICE DESIGNATION										
PHOTOG GEN					0113		D										
14. CLASSIFICATION SCHEDULE (GS, GS, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE										
GS			1060.02		11 3		9240										
18. REMARKS																	
COMMUNICATIONS - C/O AMERICAN EMBASSY MEXICO D.F. MEXICO CHECKS, BONDS - UNION TRUST COMPANY, 1500 H ST. NW WASHINGTON, D. C.																	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																	
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INITIATOR CODE		24. HOURS CODE		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI	
45		10										05 09 35					
28. N/A CAPITIES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA		32. CANCELLATION DATA		33. SECURITY		34. SEX					
						3AC004				EOD DATA							
35. NET PREFERENCE		36. SERV COMP DATE		37. LONG COMP DATE		38. SERVICE CATEGORY		39. FEET/HEALTH INSURABLE		40. SOCIAL SECURITY NO							
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT		43. FEDERAL TAX DATA				44. STATE TAX DATA							
<table border="1"> <tr> <td>1. NO PREVIOUS SERVICE</td> </tr> <tr> <td>2. 90 DAYS TO SERVICE</td> </tr> <tr> <td>3. ENTER IN SERVICE (YES, 1; NO, 2)</td> </tr> <tr> <td>4. 90 DAYS IN SERVICE (YES, 1; NO, 2)</td> </tr> </table>				1. NO PREVIOUS SERVICE	2. 90 DAYS TO SERVICE	3. ENTER IN SERVICE (YES, 1; NO, 2)	4. 90 DAYS IN SERVICE (YES, 1; NO, 2)										
1. NO PREVIOUS SERVICE																	
2. 90 DAYS TO SERVICE																	
3. ENTER IN SERVICE (YES, 1; NO, 2)																	
4. 90 DAYS IN SERVICE (YES, 1; NO, 2)																	
SIGNATURE OR OTHER AUTHENTICATION										<i>all 8/26/65</i>							

FORM 1150 11 67

Use Previous Edition

SECRET

Jga

GROUP 1
Excluded from automatic
downgrading and
declassification

(When Filled In)

1. Serial No 022592		2. Name ZAMBERNARDI ROBERT		3. Cost Center Number 41 575 CF <i>1145</i>		4. LWOP Hours				
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last PM Date	Grade	Step	Salary	Effective Date	PM	LM	ADI
GS 10	2	\$ 7,945	04/14/63	GS 10	3	\$ 8,200	04/12/64			
8. Remarks and Authorization										
/ / NO EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD / / LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS AUDITED BY										
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.										
SIGNATURE				<div style="border: 1px solid black; width: 150px; height: 20px; margin: 0 auto;"></div>				DATE: <i>6 March 1964</i>		
PAY CHANGE NOTIFICATION										

Form 560
9-61

Obsolete Previous Edition

(4 21)

SECRET
(When Filled In)

ARM: 15 APR 63

NOTIFICATION OF PERSONNEL ACTION															
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)													
022502		ZAMBERNARDI ROBERT													
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT								
PROMOTION (CORRECTION)*					04 14 63		REGULAR								
6. FUNDS		V TO W		W TO V		7. COST CENTER NO (CHARGEAGE)		8. GAC OR OTHER LEGAL AUTHORITY							
CF TO V		X		CF TO CF		3125 5700 2007		50 USC 403							
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION										
DDP TSD FOREIGN FIELD WESTERN HEMISPHERE MEXICO					MEXICO CITY, MEXICO										
11. POSITION TITLE					12. POSITION NUMBER		13. SERVICE DESIGNATION								
10 TECH A105					0575		D								
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE								
GS			0136.63		10 2		7535								
18. REMARKS															
*THIS CORRECTS FORM 1150, EFFECTIVE 04/14/63, ITEM #15, OCCUPATIONAL SERIES, WHICH READ "0136.01" TO READ "0136.63."															
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL															
19. ACTION CODE		21. OFFICE CODING		22. STATION CODE		23. INTEROFFICE CODE		24. HOURS CODE		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI	
		ALPHABETIC		ALPHABETIC						MO DA YA		MO DA YA		MO DA YA	
										04 14 63					
28. HRG EFFRNGS		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATE		33. SECURITY REQ NO		34. SEX			
NO DA YA								TYPE MO DA YA		LOD DATA					
35. VET PREFERENCE		36. SERV COMP DATE		37. LONG COMP DATE		38. EARLIER CATEGORY		39. FEES/HEALTH INSURANCE		40. SOCIAL SECURITY NO					
CODE		MO DA YA		MO DA YA		CODE		D - BELIEVED HEALTHY COUR							
								1 YES							
								2 NO							
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA							
CODE				CODE		CODE		CODE		CODE		CODE		CODE	
1. NO. PREVIOUS SERVICE				1. YES		1. YES		1. YES		1. YES		1. YES		1. YES	
2. BREAK IN SERVICE				2. NO		2. NO		2. NO		2. NO		2. NO		2. NO	
3. BREAK IN SERVICE LESS THAN 3 YRS															
4. BREAK IN SERVICE MORE THAN 3 YRS															
SIGNATURE OR OTHER AUTHENTICATION										POSTED 15 APR 1963 <i>[Signature]</i>					

FORM 1150-107 1963
117 119

Use Previous Edition

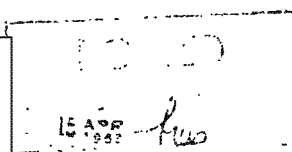
SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC
DOWNGRADING AND
DECLASSIFICATION

14-811
(When Filled In)

SECRET
(When Filled In)

APM: 11 APR 63

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)									
022592		ZAMBERNARDI ROBERT									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
PROMOTION						MO. DA. YR. 04 14 63		REGULAR			
A. FUNDS		V TO V		V TO CP		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY			
CF TO V		X		CF TO CP		3125 5700 3007		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP TSO FOREIGN FIELD WESTERN HEMISPHERE MEXICO						MEXICO CITY, MEXICO					
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
10 TECH AIDS						0575		D			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP		17. SALARY OR RATE			
GS			0130.01			10 2		7535			
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 LET
22	10	NUMERIC ALPHABETIC 48-75 75		48075	3	3	MO DA YR 05 04 63		MO DA YR 04 14 63		MO DA YR 04 14 63
28. NTC EMPLOY		29. SPECIAL REFERENCE	30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA		33. SECURITY		34. SER 216 NO	
NO DA YR		NO	1. CSC 2. PICA 3. OTHER		CODE	TYPE NO DA YR		EOD DATA		NO	
35. VET. PREFERENCE		36. SERV COMP DATE		37. LONG COMP. DATE		38. CAREER CATEGORY		39. FEGLI/HEALTH INSURANCE		40. SOCIAL SECURITY NO	
COFF 1. NONE 2. 50 PER 3. 10 PER		MO DA YR		MO DA YR		CODE		CODE 1. YES 2. NO		HEALTH INS CODE	
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT. 43		FEDERAL TAX DATA		44. STATE TAX DATA			
CODE 1. NO PREVIOUS SERVICE 2. BRIVE IN SERVICE CLASS (FROM - 1952) 3. AREA IN SERVICE (FROM - 1952)				CODE		FORMER EMPLOYER CODE NO. (AL. DISPOSITION)		FORM EXCLUDED 1. YES 2. NO		CODE NO. (STATE CODE) 1. YES 2. NO	
SIGNATURE OR OTHER AUTHENTICATION											
											

FORM 1150

11 APR 1963

Use Previous Edition

SECRET

FORM 1150-1
11 APR 1963
HOWARD

(When Filled In)

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI MEMORANDUM DATED 1 AUGUST 1966, SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 9 JANUARY 1969.

NAME	SERIAL	ORGN	FUNDS	GR-ST	OLD SALARY	NEW SALARY
ZAMBERNARDI ROBERT	022592	41	575 CF	GS 10 2	\$ 7,535	\$ 7,945

BWS: 19 JAN 62

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION														
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)												
022592		ZAMBERNARDI ROBERT												
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE					5. CATEGORY OF EMPLOYMENT				
PROMOTION					01 21 62					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		2125 5700 3007			50 USC 403 J					
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION									
DDP 7SD FOREIGN FIELD WESTERN HEMISPHERE MEXICO					MEXICO CITY, MEXICO									
11. POSITION TITLE					12. POSITION NUMBER			13. CAREER SERVICE DESIGNATION						
10 TECH AIDS					0575			D						
14. CLASSIFICATION SCHEDULE (GS 18, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE							
GS			0136.01		09 1		6435							
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			
22	10	41575 TS		415075		3	05 09 35		01 21 62		01 21 62			
28. HTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. FORFEITURE-CANCELLATION DATA			33. SECURITY REG NO	34. SEX		
								EOD DATA						
35. VET PREFERENCE		36. SERV COMP DATE		37. LONG COMP DATE		38. MIL SERV CREDIT/CD		39. FECLY / HEALTH INSURANCE			40. SOCIAL SECURITY NO			
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT		43. FEDERAL TAX DATA			44. STATE TAX DATA					
SIGNATURE OR OTHER AUTHENTICATION														
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p style="text-align: center; margin: 0;">POSTED</p> <p style="text-align: center; margin: 0;"><i>1/25/62 OM</i></p> </div>														

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87 - 723 AND
 DCI MEMORANDUM DATED 1 AUGUST 1954, SALARY IS ADJUSTED AS FOLLOWS,
 EFFECTIVE 16 OCTOBER 1962

NAME SERIAL ORGN FUNDS OLD OLD NEW NEW
 GR-ST SALARY GR-ST SALARY
 ZAMBERNARDI ROBERT 022592 46575 CF 09 1 \$ 6435 09 1 \$ 6675

1. Serial No		2. Name		3. Cost Center Number		4. LWOP Hours				
022592		ZAMBERNARDI ROBERT		46 575 CF 10						
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADI
GS 09		\$ 6,675	01/21/62	GS 09	23	\$ 6,900	01/20/63			
8. Remarks and Authentication										
/ / NO EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD / / LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS AUDITED BY										
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.										
SIGNATURE: 						DATE				
PAY CHANGE NOTIFICATION										

Form 560

Obsolete Previous Edition

(4-51)

SECRET
 (When Filled In)

1. Serial No		2. Name		3. Cost Center Number		4. LWOP Hours				
22592		ZAMBERNARDI ROBERT		DIP/TSD 10 UV						
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADI
GS 08	1	\$ 5,885	12/25/61	GS 08	2	\$ 6,050	12/24/61			
8. Remarks and Authentication										
/ / IN LWOP STATUS AT END OF WAITING PERIOD / / NO EXCESS LWOP / / IN PAY STATUS										
PAY CHANGE NOTIFICATION										

Form 560

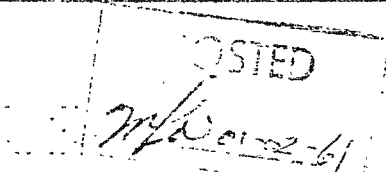
Obsolete Previous Edition

SECRET

(4-51)

BLT: ²³ 28 DEC 1960

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION													
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)											
022592		ZAMBERNARDI ROBERT											
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE			5. CATEGORY OF EMPLOYMENT				
PROMOTION						MO DA YR 12 25 60			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		1125 5700 3007			50 USC 303 d				
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION							
DDP TSD WESTERN HEMISPHERE MEXICO						MEXICO CITY, MEXICO							
11. POSITION TITLE						12. POSITION NUMBER			13. CAREER SERVICE DESIGNATION				
10 TECH AIDS						0575			D				
14. CLASSIFICATION SCHEDULE (GS, WB, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE					
by				0136.63		08 1		5885					
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. Hdqrs. Code	25. DATE OF BIRTH			26. DATE OF GRADE		27. DATE OF LEI	
22	10	46575 TS		45075		3	MO DA YR 05 09 35			MO DA YR 12 25 60		MO DA YR 12 25 60	
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA			33. SECURITY RLO NO.	34. SEX	
NO DA YR				1. CAL 2. FIVE 3. NONE				EOD DATA					
35. NET PREFERENCE		36. SERV COMP DATE		37. LONG. COMP DATE		38. MIL. SERV. CREDIT/LCO		39. FEGLI / HEALTH INSURANCE			40. SOCIAL SECURITY NO.		
CODE		MO DA YR		MO DA YR		1. YES 2. NO		CODE CODE U. WAIVER HEALTH INS. CODE					
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA			44. STATE TAX DATA				
CODE				CODE		FORM EXECUTED CODE NO. TAX EXEMPTIONS			FORM EXECUTED CODE NO. TAX EXEMP STATE CODE				
0. NO PREVIOUS SERVICE 1. NO BREAK IN SERVICE 2. BREAK IN SERVICE (LESS THAN 12 MOS) 3. BREAK IN SERVICE (MORE THAN 12 MOS)				1. YES 2. NO		1. YES 2. NO			1. YES 2. NO				
SIGNATURE OR OTHER AUTHENTICATION													
													

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

AES: 17 APRIL 1959

1. Serial No.		2. Name (Last-First-Middle)			3. Date Of Birth			4. Vac. Prof.		5. Sex		6. CS - FOD		
522592		ZAMBERNARDI ROBERT			Mo. Da. Yr.	Non-O 5 Pr-1 10 Pr-2		Code		M 1		Mo. Da. Yr.	07 30 56	
7. SCD		8. CSC Retmt.		9. CSC Or Other Legal Authority			10. Apmt. Allid. Yr.		11. FEGLI		12. TCD		13. Ann. Serv. Cte	
Mo. Da. Yr.	Yes-1 No-2	Code		50 USCA 403 J			Mo. Da. Yr.	Yes-1 No-2		Code		Mo. Da. Yr.	Yes-1 No-2	Code
08 02 54	1	1						1		07 30 56			1	2

PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code		
DDP TSS TECHNICAL AIDS PHOTOGRAPHIC DIV OPERATIONAL PHOTOGRAPHY BR				4448		WASH. D.C.				75013		
16. Dept. - Field		17. Position Title				18. Position Fls.		19. Serv.		20. Occup. Series		
Dept - 1 USfld - 3 Frgn - 5	Code		PHOTOG GEN				0513		GS		1060.02	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. Pst. Due		26. Appropriation Number		
07 1		\$ 4980		DT		Mo. Da. Yr.	Mo. Da. Yr.	9 2500 25 007				
						12 28 58	12 27 59					

ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
REASSIGNMENT & TRANSFER TO CONFIDENTIAL FUNDS*		05		04 19 59		REGULAR		01			

PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code		
DDP TSS FOREIGN FIELD WESTERN HEMISPHERE MEXICO				4455		MEXICO				45000		
33. Dept. - Field		34. Position Title				35. Position Fls.		36. Serv.		37. Occup. Series		
Dept - 1 USfld - 3 Frgn - 5	Code		10 TECH AIDS				0575		GS		0136.63	
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. Pst. Due		43. Appropriation Number		
07 1		\$ 4980		DT		Mo. Da. Yr.	Mo. Da. Yr.	9 2500 75 007				
						12 28 58	12 27 59					

44. Remarks

*SUBJECT TO APPROVED MEDICAL CLEARANCE PRIOR TO BEING SENT OVERSEAS.

POSTED

24 APR 1959

RW

NOV 1961

SECRET
(When Filled In)

FITNESS REPORT

EMPLOYEE SERIAL NUMBER
22592

SECTION A GENERAL

1. NAME (Last) (First) (Middle)
ZAMBERNARDI, Robert M.

2. DATE OF BIRTH
9 May 1935

3. SEA
M

4. GRADE
GS-8

5. SERVICE DESIGNATION
KURIOT

6. OFFICIAL POSITION TITLE
IO TECH AIDS

7. OFF/DIV/BR OF ASSIGNMENT
WH/III/MEXI

8. CAREER STAFF STATUS
 NOT ELIGIBLE
 MEMBER
 DELETED
 DENIED
 PENDING
 DECLINED

9. TYPE OF REPORT
 ANNUAL
 REASSIGNMENT/SUPERVISOR
 REASSIGNMENT/EMPLOYEE

10. DATE REPORT DUE IN O.P.
31 AUGUST 1961

11. REPORTING PERIOD
 From **7/1/60 - 6/30/61**
 To

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

RATING NO.	SPECIFIC DUTY NO. 6	RATING NO.
6		5
5		5
6		

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

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 on basis for determining future personnel actions.

2 01 PM '61

This officer is willing, and has become much more effective and sure of himself during the past year. He is an excellent photographer and this with his increasing resourcefulness in support of operations, has resulted in some unusually good work of the ops support type.

This officer has a pleasant personality, is well liked, gets along well with his fellow employees, works overtime without question, and is well adjusted to overseas life in Mexico. The Station is very pleased to have him for another tour as he is most definitely a part of our operational capabilities.

[Empty rectangular box]

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 13 September 1961 SIGNATURE OF EMPLOYEE /s/ Robert M. Zambernardi

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 12 months IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

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

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

DATE 13 September 1961 OFFICIAL TITLE OF SUPERVISOR Deputy Chief of Station 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 13 September 1961 OFFICIAL TITLE OF REVIEWING OFFICIAL Chief of Station TYPED OR PRINTED NAME AND SIGNATURE

SECRET

00000

Fitness Reports for period After, and
Personnel Actions for period prior to —
Assignment Mexico City

SECRET
(When Filled In)

29 Pts
1965
FITNESS REPORT

EMPLOYEE SERIAL NUMBER
22592

SECTION A				GENERAL			
1. NAME (Last)		(First) (Middle)		2. DATE OF BIRTH		3. SEX	4. GRADE
ZAMBERNARDI		Robert		9 May 1935		M	GS-7
5. SERVICE DESIGNATION		6. OFFICIAL POSITION TITLE		7. OFF/DIV/BR OF ASSIGNMENT			
KURIOT		IO TECH AIDS		KURIOT/Mexico			
8. CAREER STAFF STATUS				9. TYPE OF REPORT			
<input type="checkbox"/> NOT ELIGIBLE	<input type="checkbox"/> MEMBER	<input type="checkbox"/> DEFERRED	<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT/SUPERVISOR	<input type="checkbox"/> REASSIGNMENT/SUPERVISOR	<input type="checkbox"/> REASSIGNMENT/SUPERVISOR	<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	<input type="checkbox"/> REASSIGNMENT/EMPLOYEE	<input type="checkbox"/> REASSIGNMENT/EMPLOYEE	<input type="checkbox"/> REASSIGNMENT/EMPLOYEE
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD		12. SPECIAL (Specify)			
		From To					

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
		RATING NO. 5				RATING NO. 4
		RATING NO. 6				RATING NO. 4
		RATING NO. 5				RATING NO. 6

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.

<ul style="list-style-type: none"> 1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding. 	<table border="1"> <tr><td>RATING NO.</td></tr> <tr><td>4</td></tr> </table>	RATING NO.	4
RATING NO.			
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 - 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

19601/229

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.

Dec 20 11 04 AM '60
MAIL ROOM

This young officer is conscientious and willing. He is an excellent photographer and fulfills duties related to photography (which is his principal duty) in completely satisfactory fashion.

He is willing to take on any assignments given him; is willing to put in any amount of overtime needed to get assignments completed within the prescribed time.

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: 27 Oct 1960
SIGNATURE OF EMPLOYEE: Subject signed form 45a in pseudo.

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

DATE: 27 Oct 1960
OFFICIAL TITLE OF SUPERVISOR: _____
TYPED OR PRINTED NAME AND SIGNATURE: Winston Scott

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: _____

SECRET

SECRET
(When Filled In)

12556 16
13 AUG 1958
11

FITNESS REPORT	EMPLOYEE SERIAL NUMBER 122592
-----------------------	---

SECTION A GENERAL			
1. NAME (Last) (First) (Middle) ZAMBERNARDI Robert M.	2. DATE OF BIRTH 9 May 1935	3. SEX M	4. GRADE GS-7
5. SERVICE DESIGNATION DT	6. OFFICIAL POSITION TITLE PHOTOG GEN	7. OFF/DIV/BR OF ASSIGNMENT DDP/TSS/TA/PSD	
8. CAREER STAFF STATUS		9. TYPE OF REPORT	
<input type="checkbox"/> NOT ELIGIBLE	<input type="checkbox"/> MEMBER	<input type="checkbox"/> DEFERRED	<input type="checkbox"/> INITIAL
<input checked="" type="checkbox"/> PENDING	<input type="checkbox"/> DECLINED	<input type="checkbox"/> DENIED	<input checked="" type="checkbox"/> ANNUAL
10. DATE REPORT DUE IN O.P. 30 June 1959		11. REPORTING PERIOD Dec 1958 to Jun 1959	

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														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50px;">RATING NO.</td><td style="width:50px;">4</td></tr> <tr><td>RATING NO.</td><td>5</td></tr> <tr><td>RATING NO.</td><td>4</td></tr> </table>			RATING NO.	4	RATING NO.	5	RATING NO.	4	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50px;">RATING NO.</td><td style="width:50px;">4</td></tr> <tr><td>T.I.C.</td><td></td></tr> <tr><td>RATING NO.</td><td>5</td></tr> <tr><td>RATING NO.</td><td>3</td></tr> </table>				RATING NO.	4	T.I.C.		RATING NO.	5	RATING NO.	3
RATING NO.	4																			
RATING NO.	5																			
RATING NO.	4																			
RATING NO.	4																			
T.I.C.																				
RATING NO.	5																			
RATING NO.	3																			

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.			
<ul style="list-style-type: none"> 1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding. 	<table border="1" style="width:50px; height:50px; border-collapse: collapse;"> <tr><td style="text-align:center;">RATING NO.</td></tr> <tr><td style="text-align:center;">4</td></tr> </table>	RATING NO.	4
RATING NO.			
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 - 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							XX			
RESOURCEFUL							XX			
ACCEPTS RESPONSIBILITIES								XX		
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES							XX			
DOES HIS JOB WITHOUT STRONG SUPPORT							XX			
FACILITATES SMOOTH OPERATION OF HIS OFFICE							XX			
WRITES EFFECTIVELY			XX							
SECURITY CONSCIOUS								XX		
THINKS CLEARLY							XX			
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS			XX							
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.

SUBJECT'S KNOWLEDGE OF PHOTOGRAPHY IS INCREASING AT A STEADY PACE. HE IS VERY ATTENTIVE TO HIS ON-THE-JOB TRAINING AND APPLIES IT VERY WELL. CONSIDERABLE INITIATIVE HAS BEEN SHOWN BY LEARNING NEW METHODS AND TECHNIQUES. THIS IS PARTLY DUE TO THE CORRESPONDENCE COURSE, IN PHOTOGRAPHY, IN WHICH HE IS CURRENTLY ENGAGED.

SUBJECT LACKS SOME CONFIDENCE IN HIS ABILITY TO PRODUCE PHOTOGRAPHIC PRINTS, HOWEVER, IT IS FELT BY THE RATER THAT THIS IS DUE TO HIS LIMITED EXPERIENCE IN DARKROOM TECHNIQUES AND PROCEDURES. THE RATER FEELS CONFIDENT THAT SUBJECT WILL OVERCOME THIS LACK OF CONFIDENCE SOON.

SECTION F CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

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

DATE SIGNATURE OF EMPLOYEE

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

12

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

SUBJECT LEFT PCS, MEXICO CITY JUNE 20, 1959.

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

25 JUNE 1959

C/TSS/PSD/OSL

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

25 JUNE 1959

I. O. TECH. AIDS

SECRET

SECRET
(When Filled In)

FITNESS REPORT					EMPLOYEE SERIAL NUMBER 122592						
SECTION A GENERAL											
1. NAME (Last) (First) (Middle) ZAMBERNARDI Robert			2. DATE OF BIRTH 5 Sept 1935		3. SEX M		4. GRADE GS-5				
5. SERVICE DESIGNATION DT		6. OFFICIAL POSITION TITLE PHOTOG GEN			7. OFF/DIV/BR OF ASSIGNMENT DDP/TSS/TA/PD						
8. CAREER STAFF STATUS					9. TYPE OF REPORT						
<input checked="" type="checkbox"/> NOT ELIGIBLE		<input type="checkbox"/> MEMBER		<input type="checkbox"/> DEFERRED			<input type="checkbox"/> INITIAL		<input type="checkbox"/> REASSIGNMENT/SUPERVISOR		
<input type="checkbox"/> PENDING		<input type="checkbox"/> DECLINED		<input type="checkbox"/> DENIED			<input checked="" type="checkbox"/> ANNUAL		<input type="checkbox"/> REASSIGNMENT/EMPLOYEE		
10. DATE REPORT DUE IN O.P. December 1958			11. REPORTING PERIOD Dec 1957 to Dec 1958		SPECIAL (Specify) Also Promotion						
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
				RATING NO. 5				RATING NO.		4	
				RATING NO. 3				RATING NO.		4	
				RATING NO. 4				RATING NO.		4	
				RATING NO. 3		SPECIFIC DUTY NO. 6		RATING NO.		3	
SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION											
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.											
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.								RATING NO. 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 - Least possible degree		2 - Limited degree		3 - Normal degree		4 - Above average degree		5 - Outstanding degree			
CHARACTERISTICS						NOT APPLICABLE		NOT OBSERVED		RATING	
GETS THINGS DONE										X	
RESOURCEFUL										X	
ACCEPTS RESPONSIBILITIES										X	
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES										X	
DOES HIS JOB WITHOUT STRONG SUPPORT										X	
FACILITATES SMOOTH OPERATION OF HIS OFFICE										X	
WRITES EFFECTIVELY						X					
SECURITY CONSCIOUS										X	
THINKS CLEARLY										X	
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS						X					
OTHER (Specify):											

SEE SECTION "E" ON REVERSE SIDE

SECRET

(When Filled In)

SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

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

MR. ZAMBERNARDI JOINED THE PHOTOGRAPHIC SUPPORT DIVISION IN JANUARY 1958 WITH NO PHOTOGRAPHIC EXPERIENCE. MR. ZAMBERNARDI HAS PROGRESSED VERY RAPIDLY IN HIS NEWLY CHOSEN FIELD DURING THE PAST YEAR BY TAKING AN ACTIVE INTEREST IN HIS ON THE JOB TRAINING AND BY DISPLAYING CONSIDERABLE INITIATIVE IN LEARNING NEW METHODS AND TECHNIQUES. MR. ZAMBERNARDI IS SUPPLEMENTING HIS AGENCY TRAINING BY COMPLETING A CORRESPONDENCE COURSE IN PHOTOGRAPHY GIVEN BY THE NEW YORK INSTITUTE OF PHOTOGRAPHY. IN RELATIVELY SHORT TIME, MR. ZAMBERNARDI HAS DEVELOPED INTO A VALUED ASSET TO THIS DIVISION.

BECAUSE OF HIS BRIEF BACKGROUND IN PHOTOGRAPHY, MR. ZAMBERNARDI LACKS SOME CONFIDENCE IN PERFORMING HIS DUTIES. THE UNDERSIGNED FEELS CONFIDENT THAT THIS WILL REMEDY ITSELF AS MORE EXPERIENCE IS GAINED.

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
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2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION
2	Subject on leave, will be shown to him later

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
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DATE	OFFICIAL TITLE OF SUPERVISOR
23/12/58	DC/TSS/PSD/CSC

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

MR. ZAMBERNARDI IS PRESENTLY PERFORMING THE DUTIES OF A GS-7 PHOTOGRAPHER WITH THIS DIVISION IN A MOST COMPETENT MANNER. IT IS RECOMMENDED THAT HE BE FAVORABLY CONSIDERED FOR AN INCREASE FROM GS-5 TO GS-7.

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL
23 DECEMBER 1958	DC/TSS/PSD

4-00000

Fitness Reports and other
Personnel Documents DURING PERIOD
PRIOR HIS ASSIGNMENT TO MEXICO CITY