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STANDARD FORM 64
MAY 1962 EDITION
GSA FPMR (41 CFR) 101-11.6
5010-108

SECRET

Official Personnel Folder

SECRET

FORM 100-1

SECRET

Form 1200 (Part 1)

1. PERS. SERIAL NO. 22502		BIOGRAPHIC PROFILE (PART I) CCD: 2 Sep 1946			
					3. LONGEVITY EMP. DATE 8 Mar 1948
4. MARITAL STATUS Married	5. DEPENDENTS (Include own spouse)	6. YEAR OF BIRTH 3 1927	7. US NATURALIZATION DATES 1955, 1955	8. SECURE NA	9. NA
10. CANCELED STATE STATUS D	MEMBERSHIP 5-1 1954	OTHER STATUS	11. LAST REG. EMP. DURABLE FOR 1 1941 1945	12. FROM FED	13. TO FED
14. CURRENT RESERV. STATUS D X	15. GRADE	16. RELEASED TO MIL. SER. CAT. 1	17. TO BE DEFERRED CAT. 2	18. TO BE DEFERRED CAT. 3	
19. ASSESSMENT DATE Jul 1947	20. PROFESSIONAL TEST DATE None	21. LANGUAGE APTITUDE TEST DATE None			

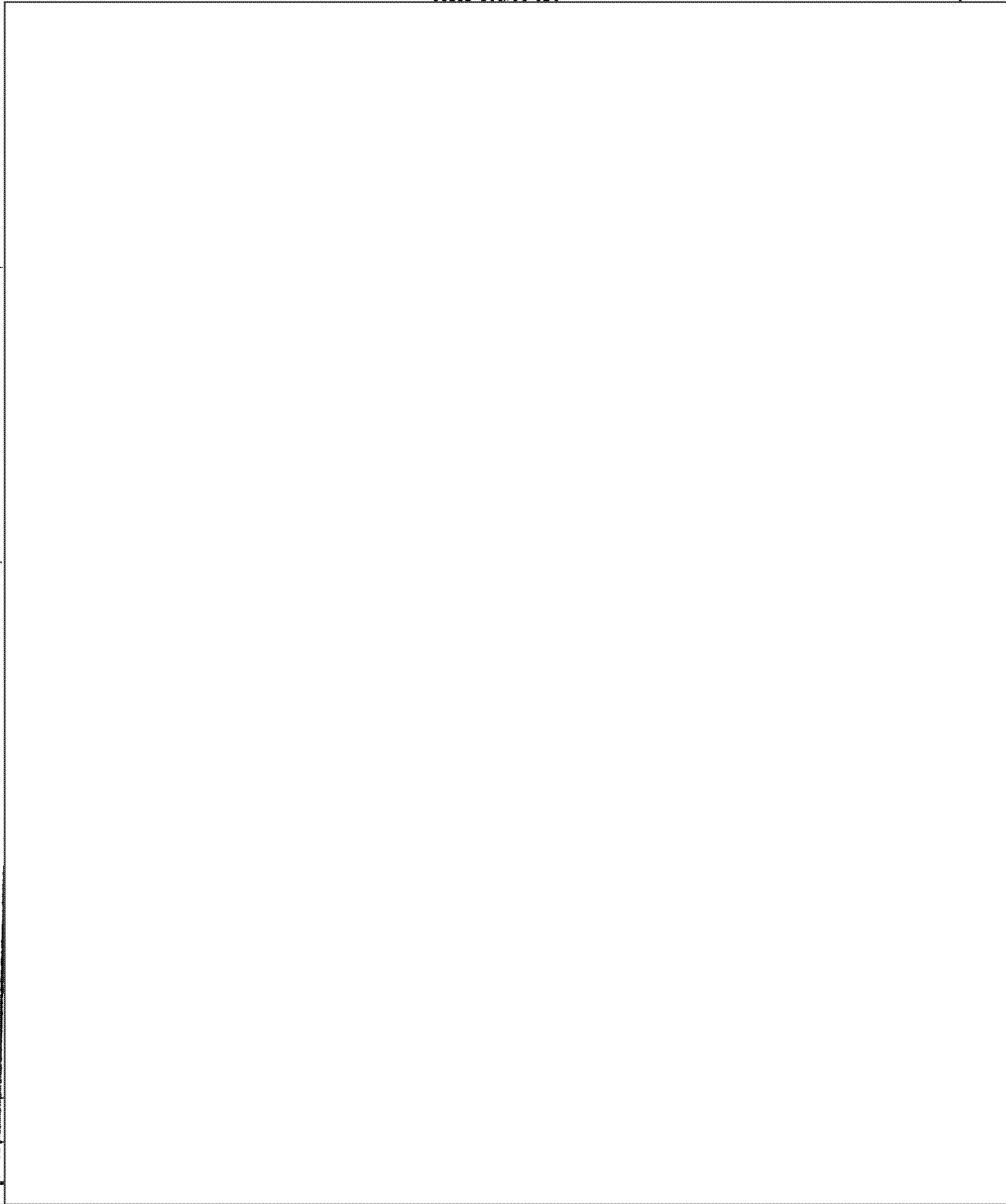
[Empty profile content area]

22. DATE REVIEWED 20 Jan 1976	23. PROFILE REVIEWED BY hms' cml	24. PROFILE IS TO BE REVIEWED & VERIFIED BY EMPLOYEE ()	25. DATE REVIEWED 31 Aug 1959
----------------------------------	-------------------------------------	---	----------------------------------

SECRET
(When Filled In)

PERS. SERIAL NO.		BIOGRAPHIC PROFILE (Continuation Sheet)			DATE OF BIRTH												
052105																	
<p>18. CURRENT ASSIGNMENT AND TOWNSHIP CODE</p> <p>1974-2222 OF 052105</p>																	
<p>19. CIA EMPLOYMENT HISTORY SINCE 16 SEPT. 1947 (Personnel Actions, Military Orders, and Principal Details) (Cont'd.)</p> <table border="1"> <thead> <tr> <th>EMPLOYMENT DATE</th> <th>POSITION TITLE & OCCUPATIONAL CODE</th> <th>GRADE</th> <th>SO</th> <th>ORGANIZATION & ORGAN. TITLE (if any)</th> <th>LOCATION</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						EMPLOYMENT DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	SO	ORGANIZATION & ORGAN. TITLE (if any)	LOCATION						
EMPLOYMENT DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	SO	ORGANIZATION & ORGAN. TITLE (if any)	LOCATION												
DATE REVIEWED		PROFILE REVIEWED BY															
30 Jan 1976		hmc/al															

SECRET



SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		DATE 19 March 1973	FILE NO. 734
X TO: (Check)	X CHIEF, CONTROL DIVISION, OP	SS NUMBER 269-28-0199	
	CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER 055495	
	X CHIEF, OPERATING COMPONENT (For action) WH	ID CARD NUMBER	
ATTN:	Chief Support Staff	OFFICIAL COVER	<input checked="" type="checkbox"/> ESTABLISHED <input type="checkbox"/> DISCONTINUED
REF:	Form 1322 dated 12 Mar 73		

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

<input checked="" type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS	CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS EFFECTIVE DATE:
<input checked="" type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE <u>EOD</u>	SUBMIT FORM 3254 _____ W-2 TO BE ISSUED. (HNB 20-11)
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR _____ TDY _____ OTHER (Specify)	SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)
<input checked="" type="checkbox"/> SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)	EAA: CATEGORY I CATEGORY II
	RETURN ALL OFFICIAL DOCUMENTATION TO CCS
<input checked="" type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (NR 240-20)	SUBMIT FORM 2688 FOR HOSPITALIZATION CARD.
<input checked="" type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (NR 240-20)	DO NOT WRITE IN THIS BLOCK
<input checked="" type="checkbox"/> EAA: CATEGORY I CATEGORY II <input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> SUBMIT FORM 2688 FOR AOE HOSPITALIZATION CARD	

SECRET

SECRET

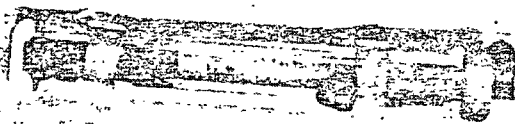
REPRODUCTION MASTERS

BIOGRAPHIC PROFILE

BIOGRAPHIC PROFILE

SECRET

Handle With Care

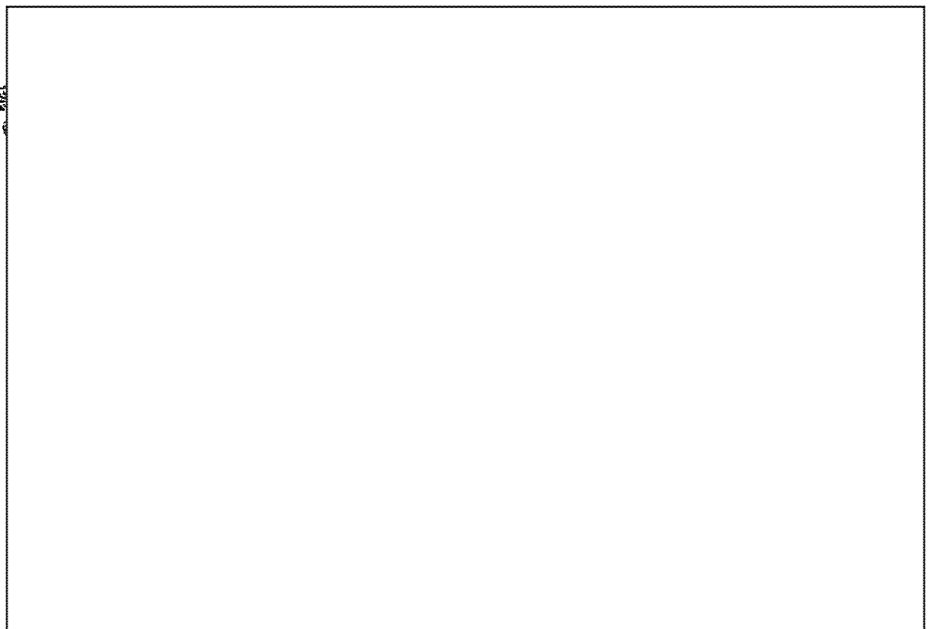
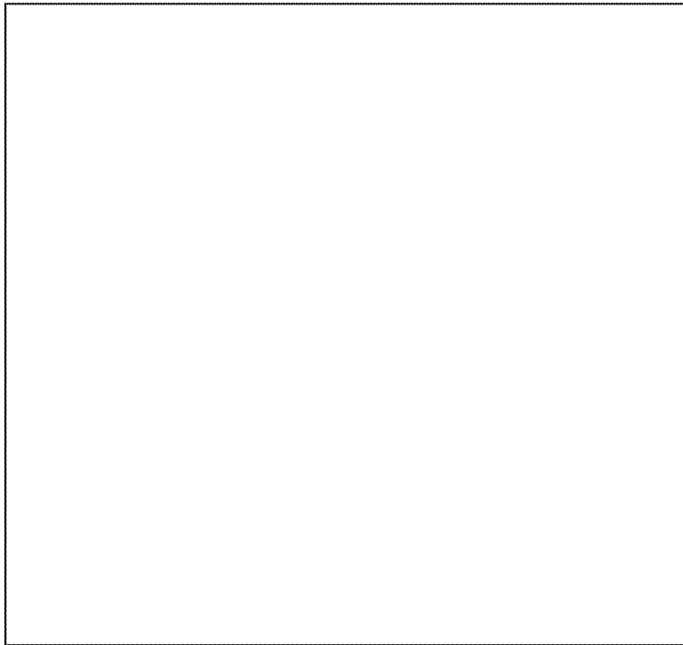


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Pre 1963 Requests
for Personnel Action

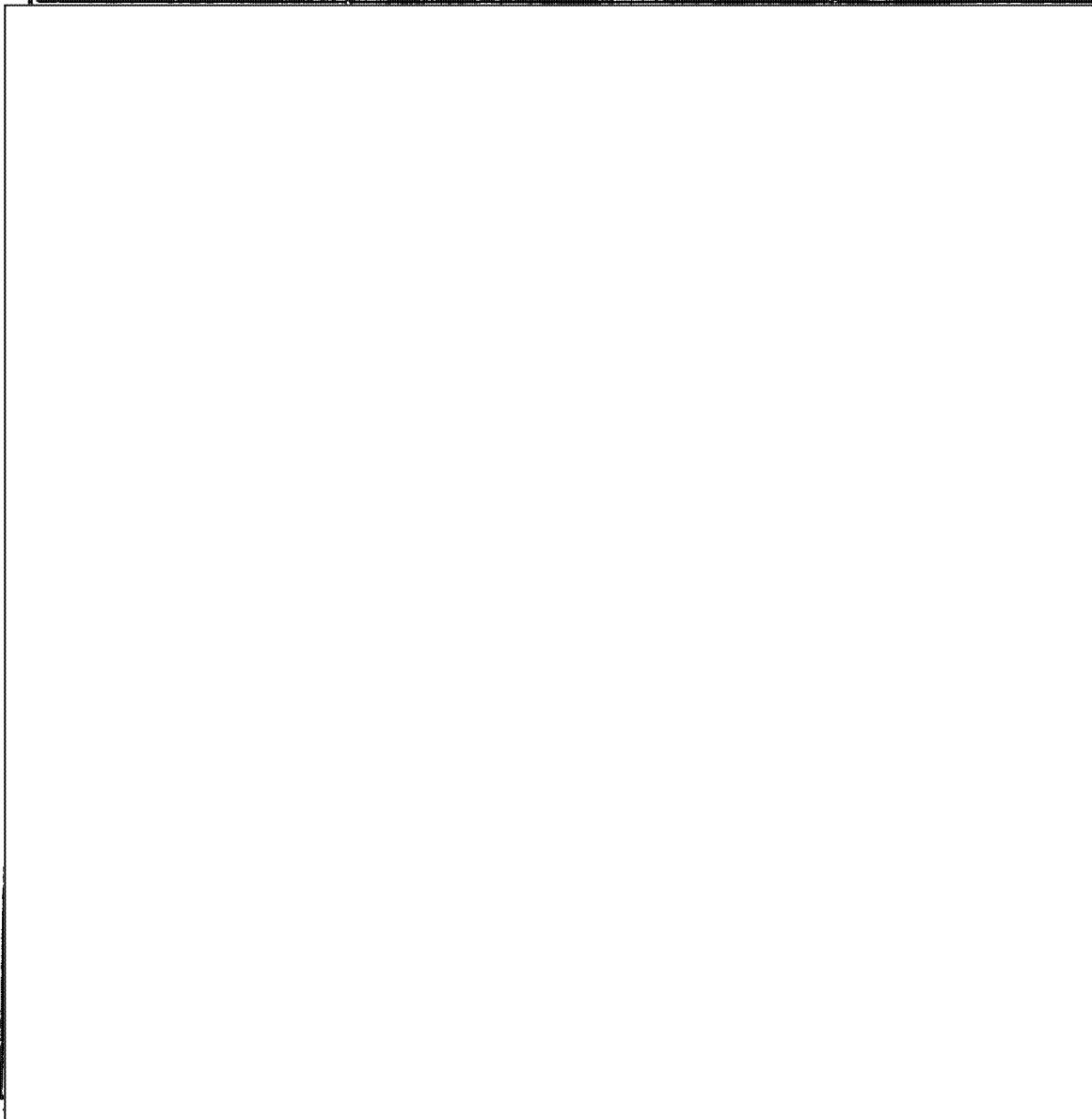
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Post 1966 Requests for
of Personal Action
and other memos



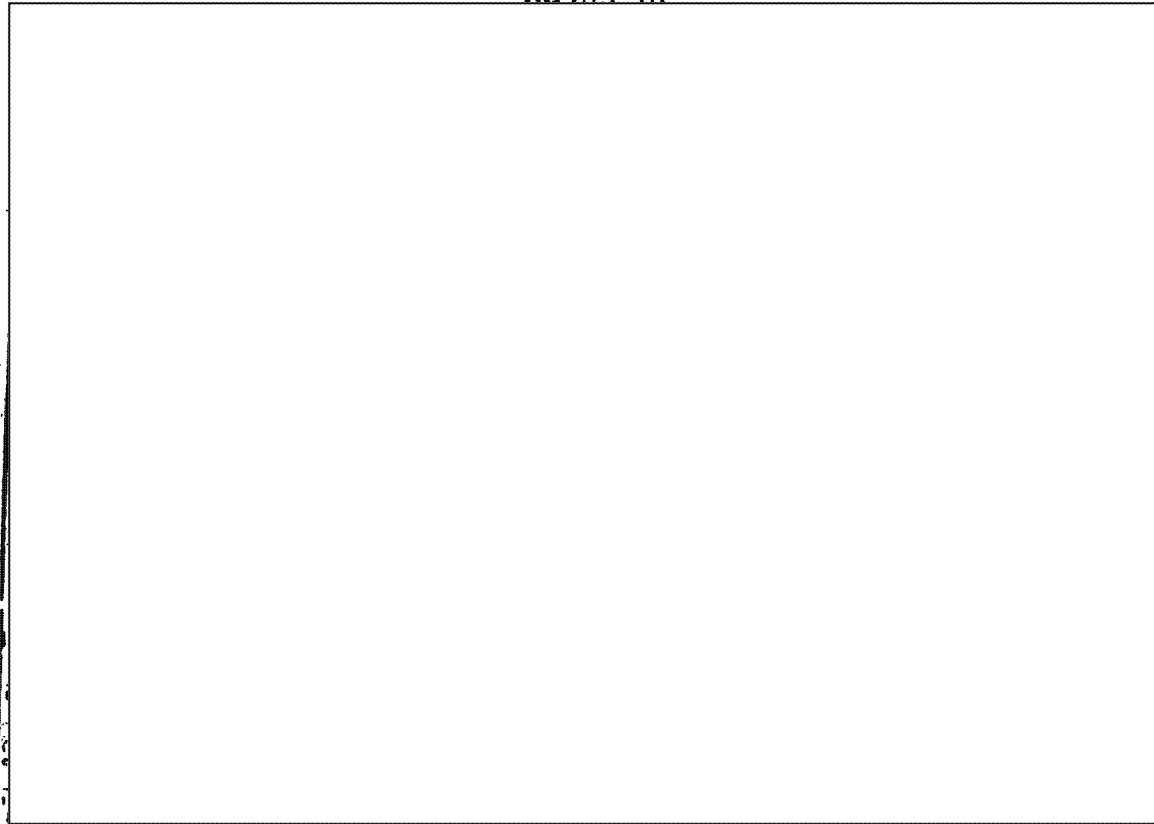
SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		DATE	FILE NO.
X TO: (CPCOP)	X CHIEF, CONTROL DIVISION, OP	19 March 1973	734
	CHIEF, CONTRACT PERSONNEL DIVISION, OP	SS NUMBER 269-23-7199	
	X CHIEF, OPERATING COMPONENT (For action) VII	EMPLOYEE NUMBER 055495	ID CARD NUMBER
ATTN:	Chief Support Staff	OFFICIAL COVER	<input checked="" type="checkbox"/> ESTABLISHED
REF:	Form 1322 dated 12 Mar 73		<input type="checkbox"/> DISCONTINUED



14-00000

SECRET



1965 COS Sec

(Continued)

19. CIA EMPLOYMENT HISTORY SINCE 30 SEPT 1947 (Personnel actions, Military Orders, and Principal Details)

EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE: 30	ORGANIZATION & ORGAN. TITLE (if any)	LOCATION
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]



20. DATE REVIEWED 21. PROFILE REVIEWED BY 2. INITIALS 3. DATE REVIEWED BY 4. VERIFIED BY EMPLOYEE 5. DATE
30 Jan 1970 [REDACTED] [REDACTED] 31 Aug 1959

SECRET

SECRET

SECRET
(When Filled In)

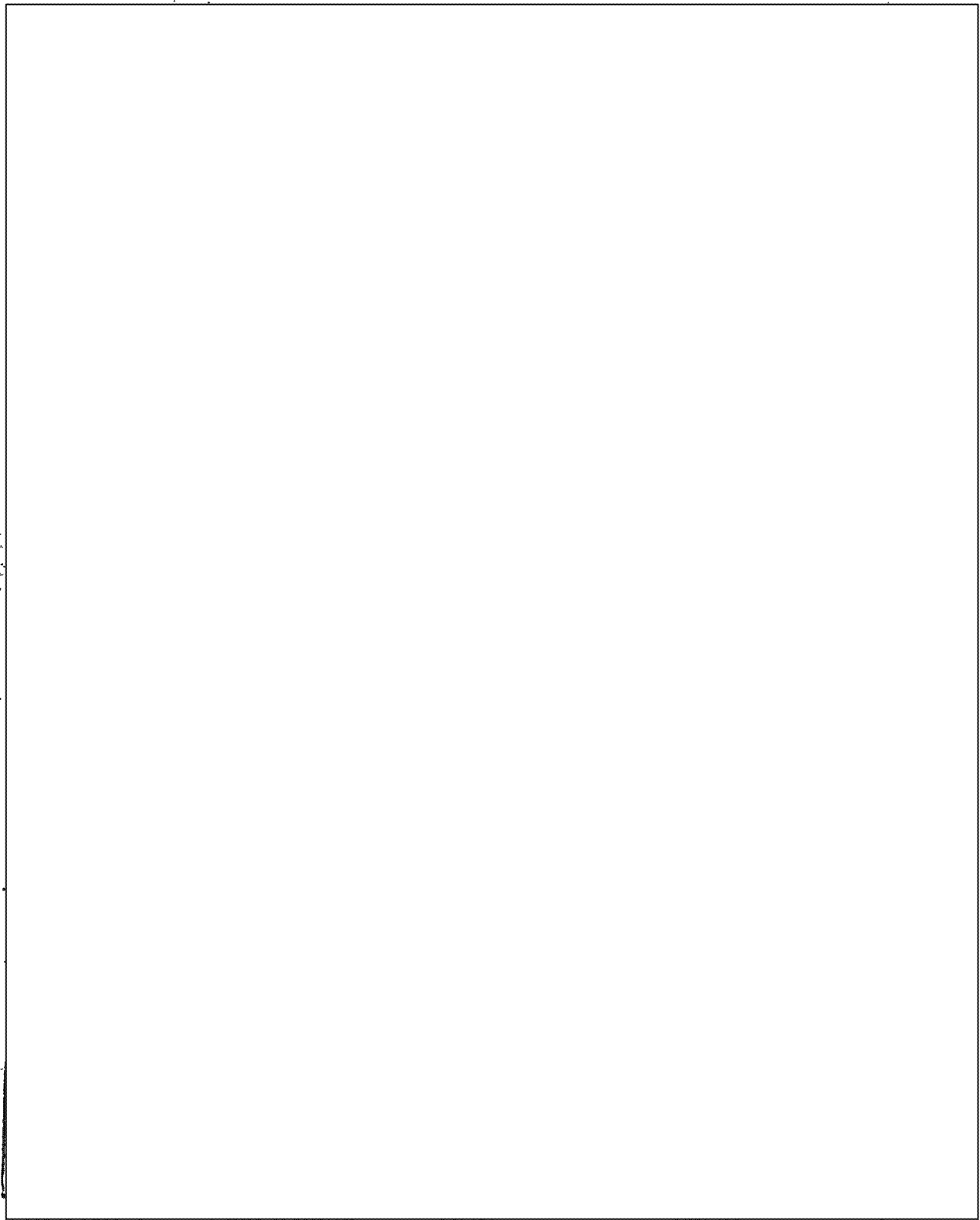
19. CIA EMPLOYMENT HISTORY SINCE 10 SEPT. 1947 (Personnel Actions, Military Orders, and Principal Details) (Cont'd.)					
RESPECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	NO.	ORGANIZATION & ORGAN TITLE (If Any)	LOCATION
Apr 1975	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Aug 1975	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

DATE REVIEWED: 20 Jan 1976

PROFILE REVIEWED BY: [REDACTED]

SECRET

PROFILE



Date: 1/2/77

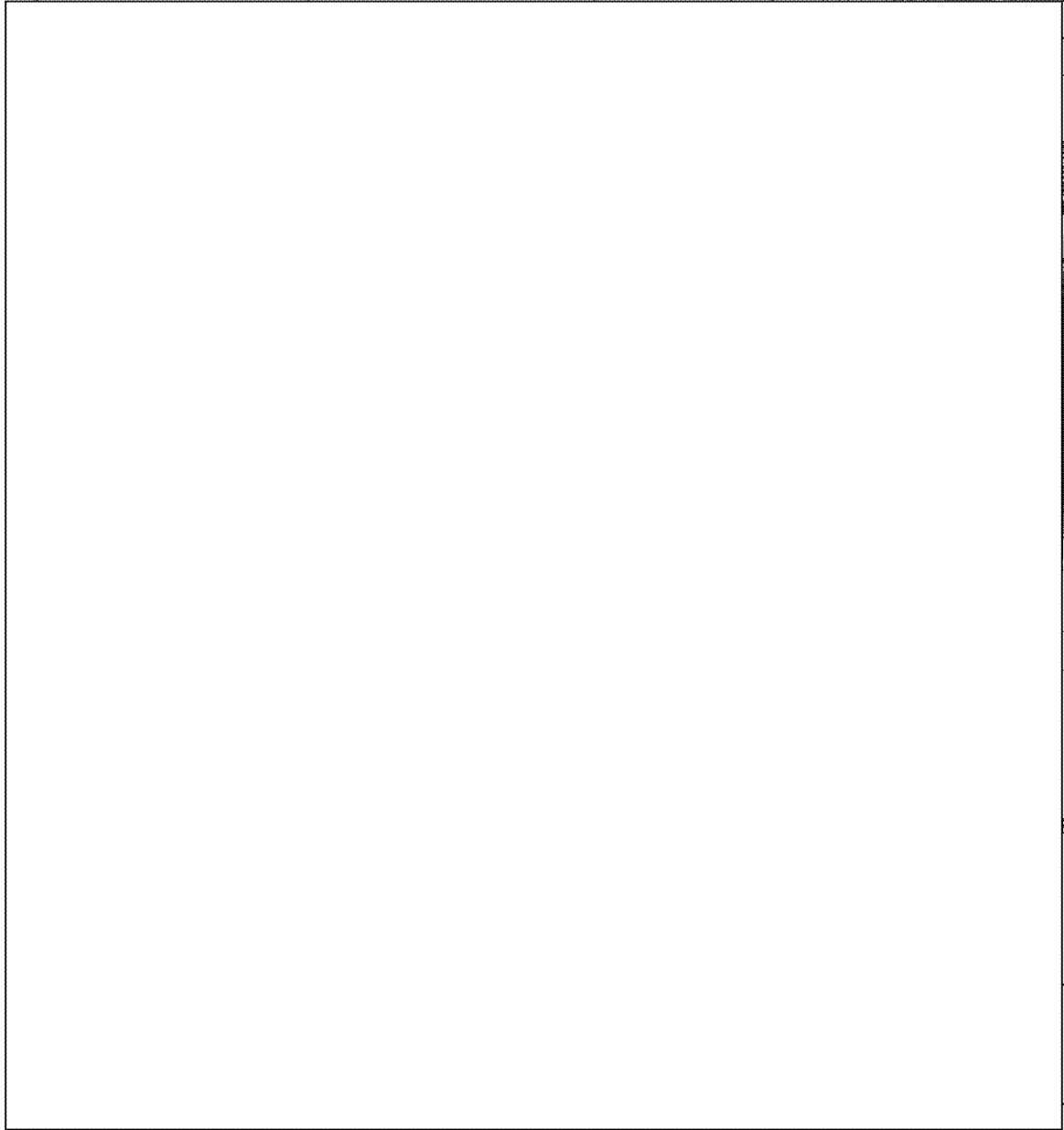
MEMORANDUM FOR: [redacted], ROB
SUBJECT : Request for Estimate of Annuities

1. Please provide estimate of annuities for:

57-20

CONFIDENTIAL (when filled in)

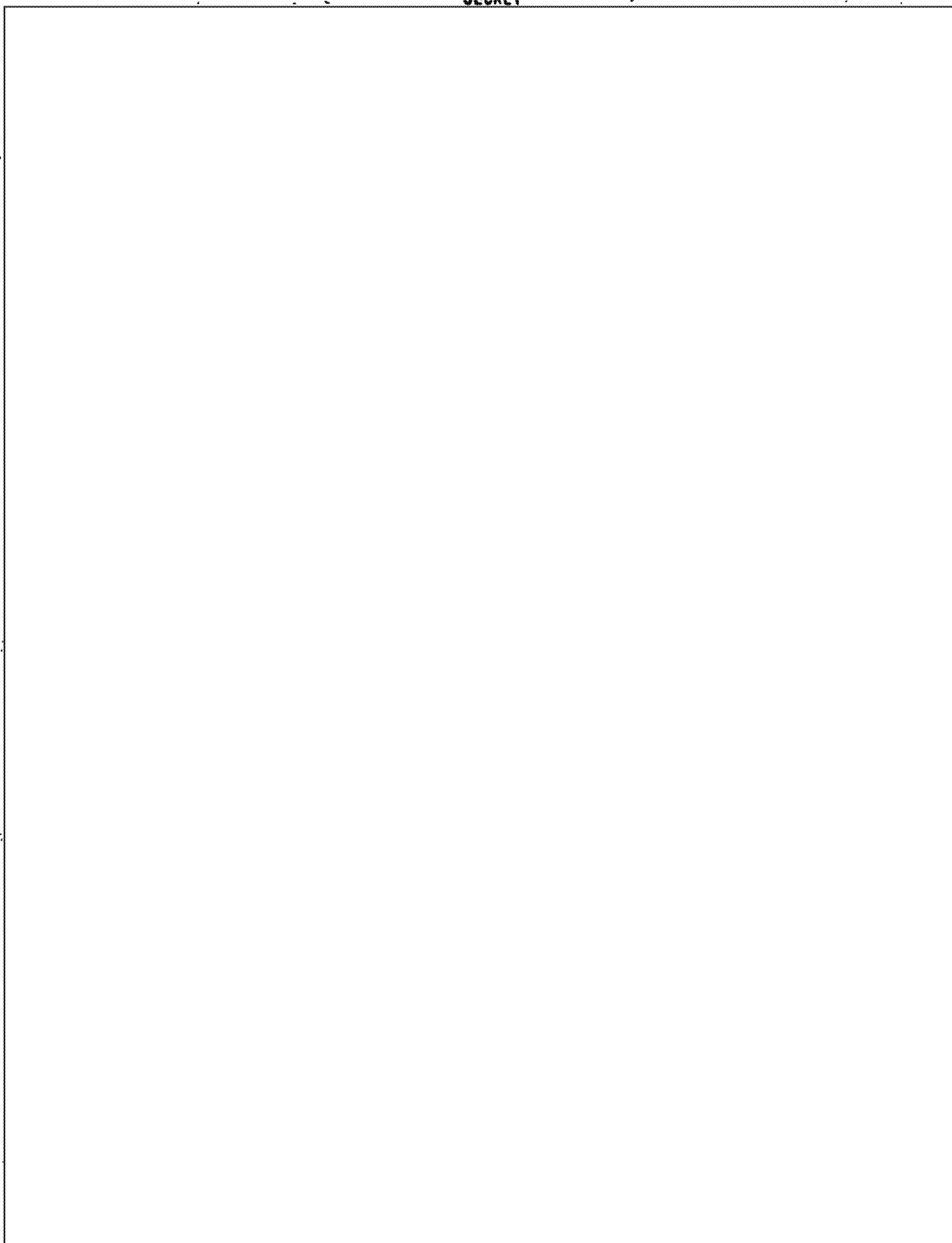
		18 OCT 78	734
TO: (Check)	<input checked="" type="checkbox"/>	CHIEF, CONTROL DIVISION, OP	AS NUMBER 268-28-0199
	<input type="checkbox"/>	CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER 055495
	<input checked="" type="checkbox"/>	CHIEF, (OPERATING COMPONENT FOR ACTION) ATTN: IG	ID CARD NUMBER
REF.			ESTABLISHED



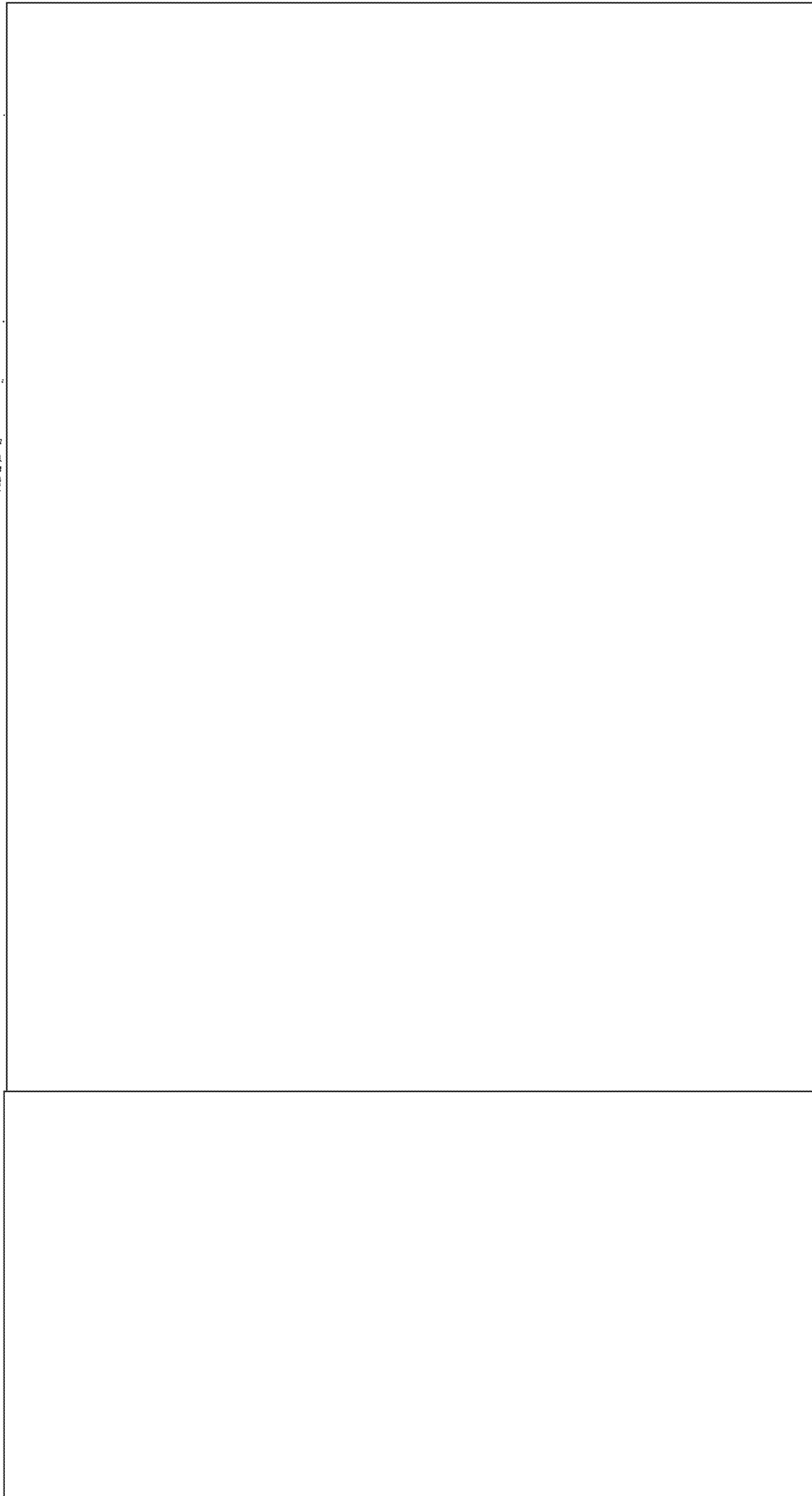
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*Not in file at time of review
by HSCA staff*

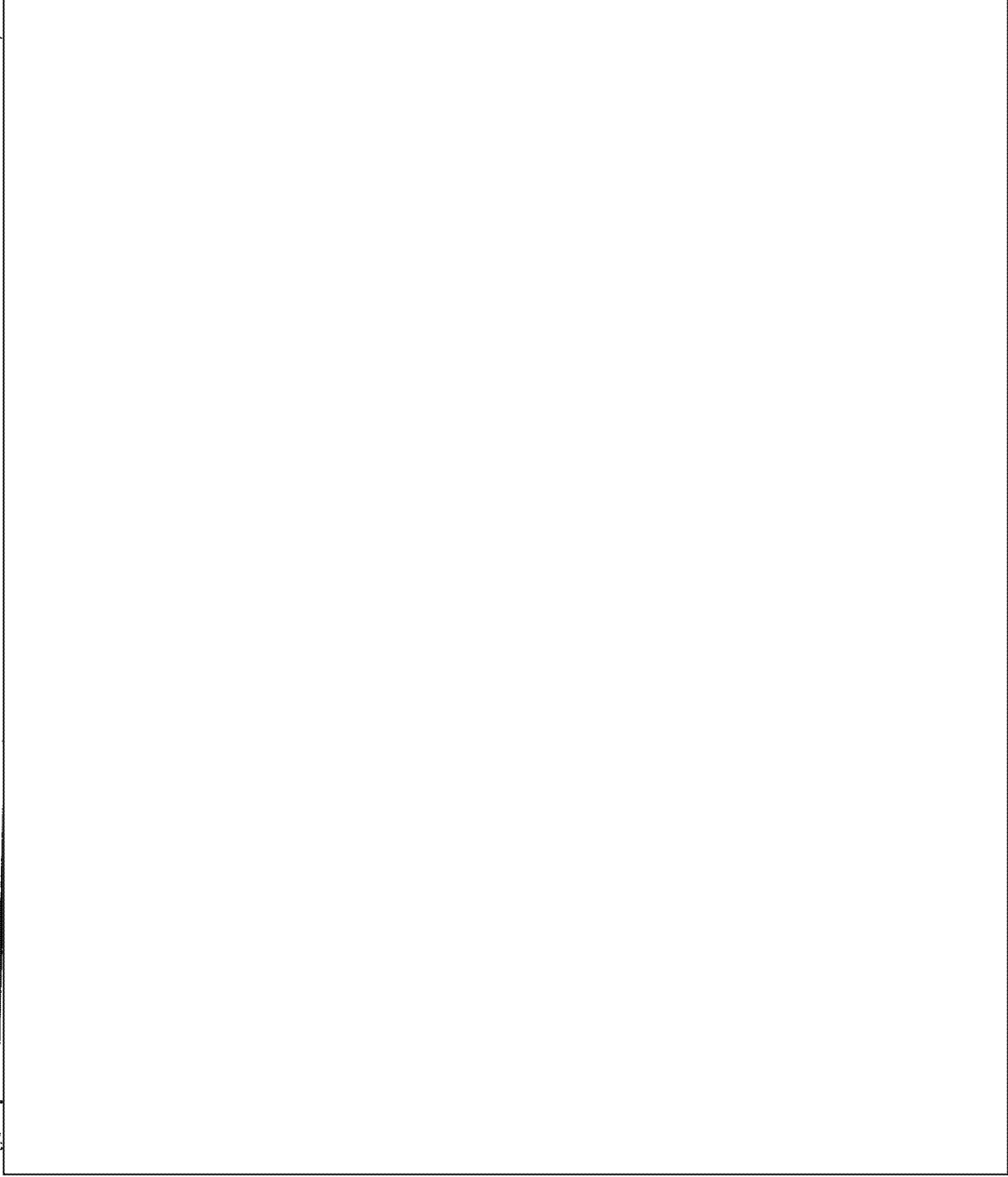
SECRET

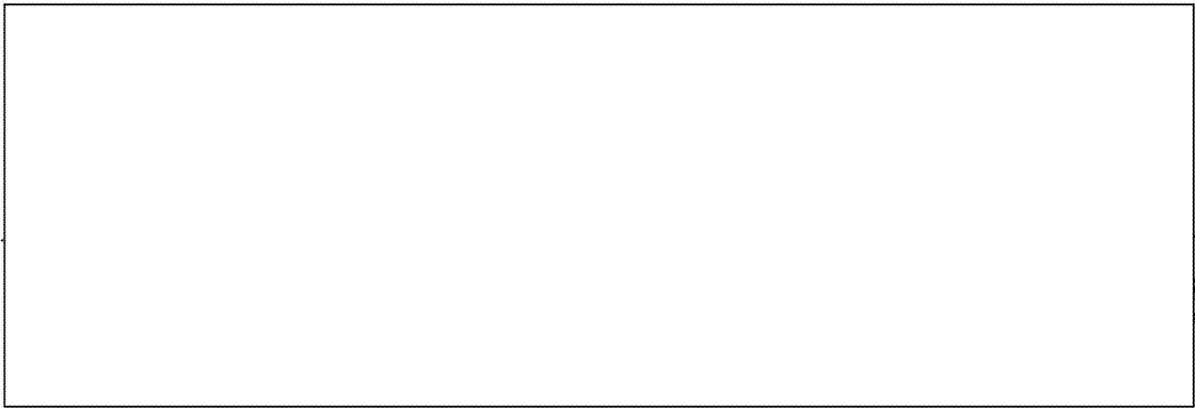
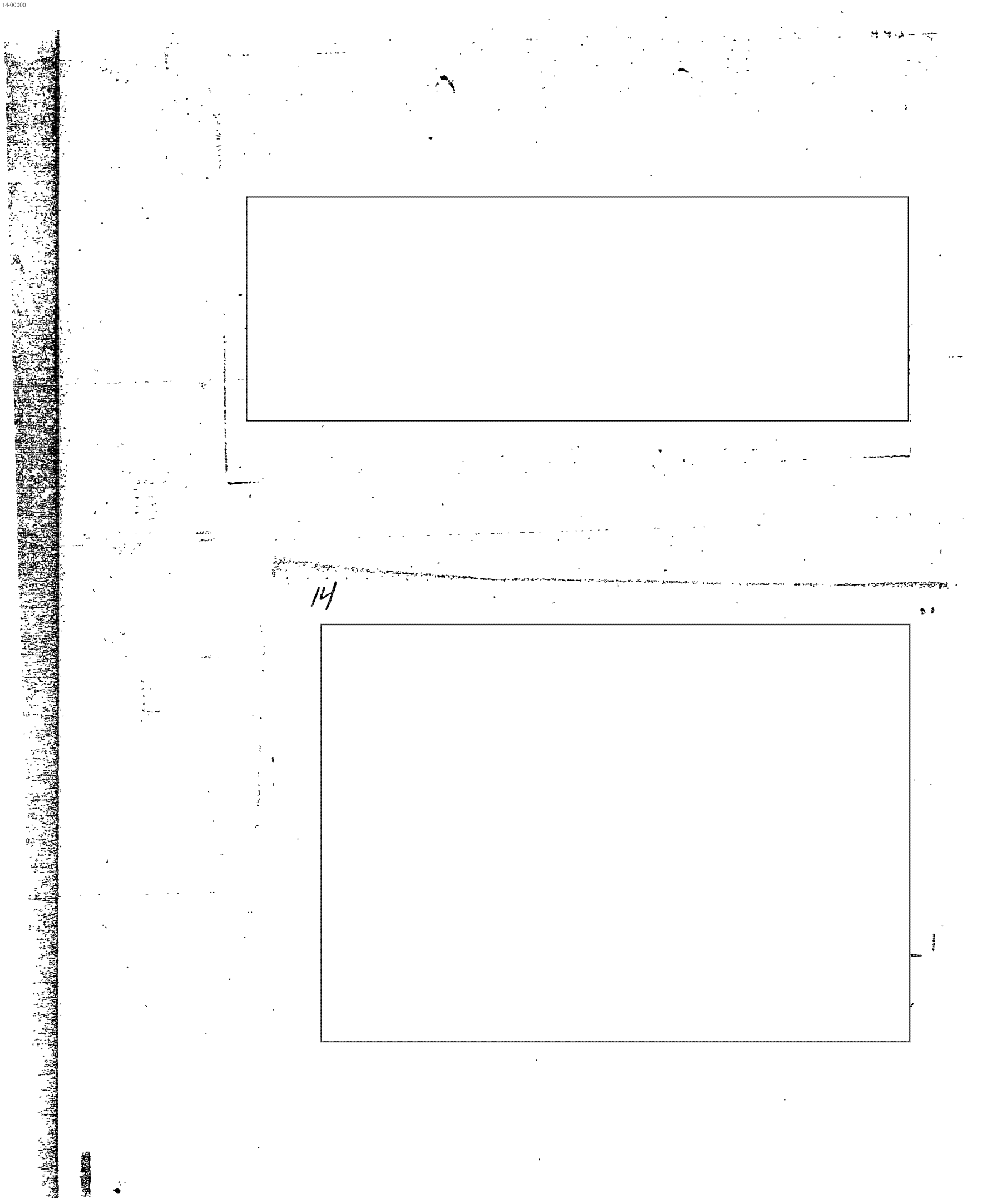


Post 1966 Notifications
of Personnel Action

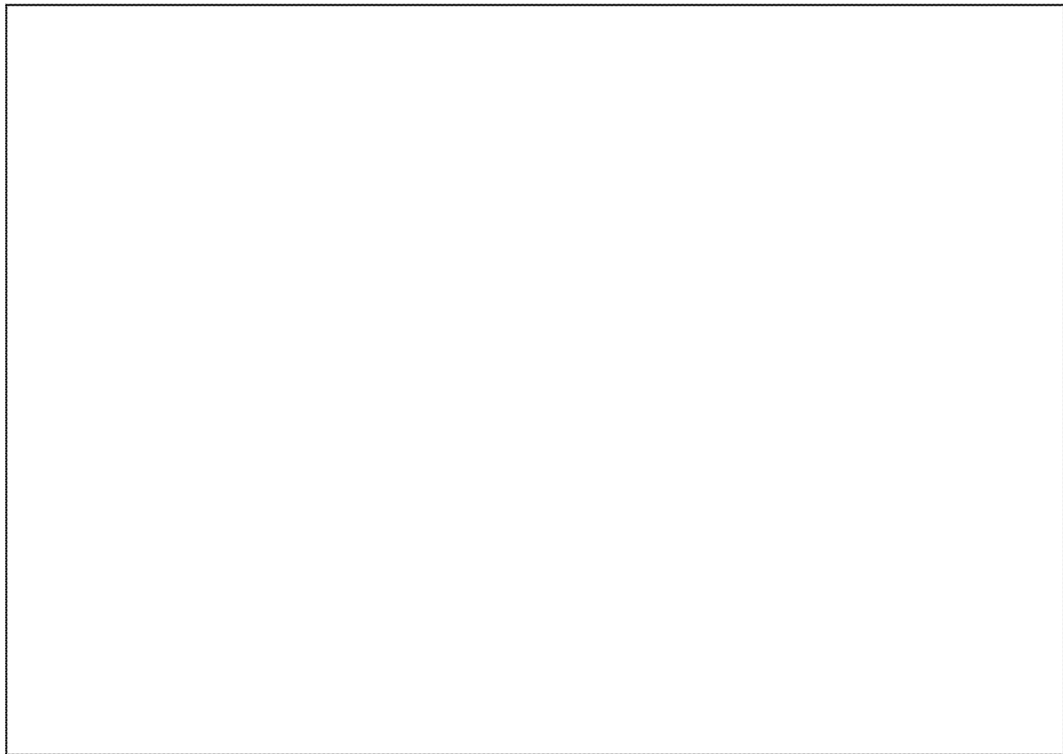


SECRET
 CONFIDENTIAL

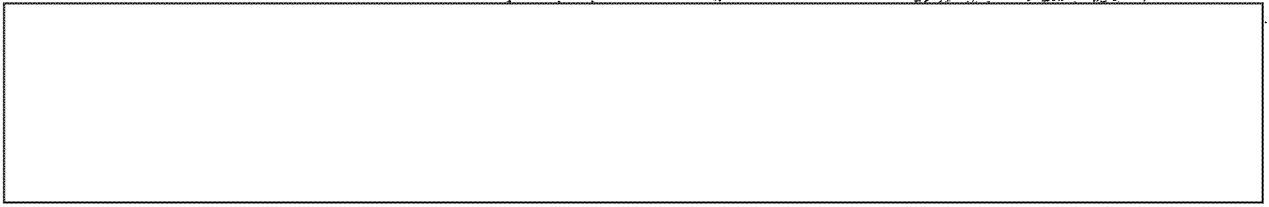




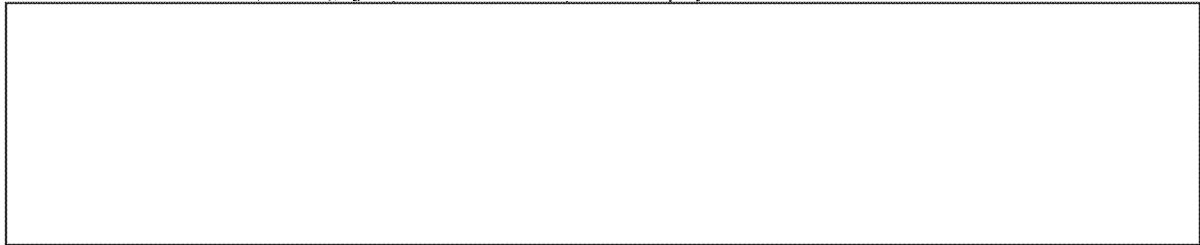
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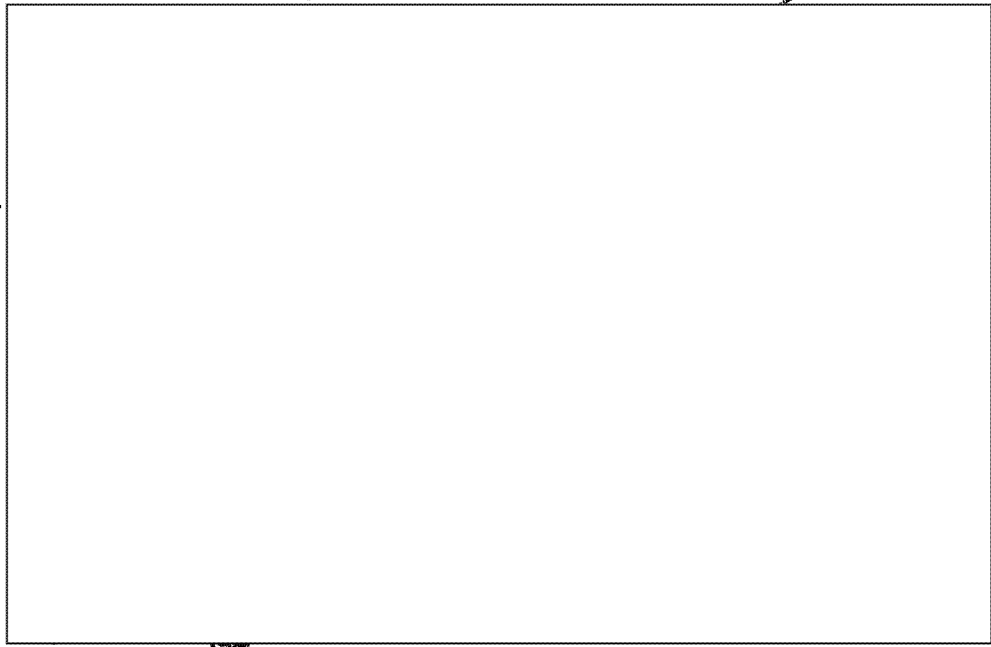
14-00000
IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-791 AND DCI
MEMORANDUM DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS,
EFFECTIVE 9 JANUARY 1964.

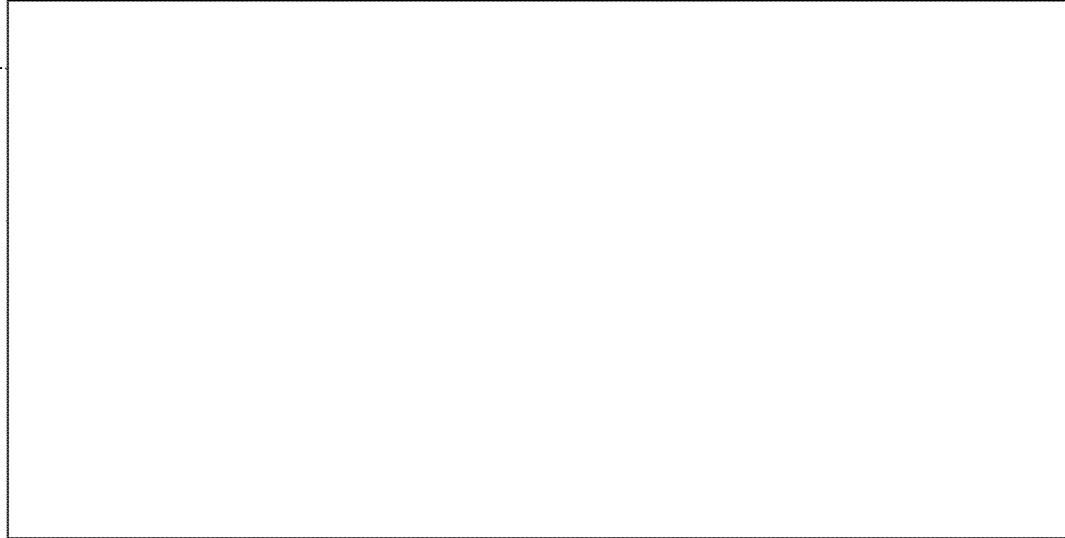


IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-791 AND
DCI MEMORANDUM DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS,
EFFECTIVE 14 OCTOBER 1962



275-251





SECRET
(When Filled In)

ABM: 30 APR 63

NOTIFICATION OF PERSONNEL ACTION															
1. SERIAL NUMBER: 055495															
3. NATURE OF PERSONNEL ACTION REASSIGNMENT						5. CATEGORY OF EMPLOYMENT REGULAR			6. DATE OF ACTION 04 30 63						
4. FUNDS		7. COST CENTER NO. CHARGEABLE 3135 5700 1000		8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J											
9. ORGANIZATIONAL DESIGNATION DDP WH BRANCH 3 MEXICO CITY, MEXICO STATION						10. LOCATION OF OFFICIAL STATION MEXICO CITY, MEXICO									
12. POSITION NUMBER 0340				13. SERVICE DESIGNATION D											
14. GRADE AND STEP GS		15. PAY RATE 0136.01		16. GRADE AND STEP GS 0 14 2		17. SALARY OR RATE 11880 13270									
18. REMARKS MEXICO CITY, MEXICO															
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL															
19. ACTION CODE 37	20. EMPLOY CODE 10	21. GRADE AND STEP GS 0 14 2	22. STATION CODE 45075	23. CATEGORY CODE 1	24. GRADE 3	25. DATE OF BIRTH 06 19 25	26. DATE OF GRADE 	27. DATE OF LEI 	28. DATE EXPIRES 	29. SPECIAL REFERENCE 	30. ASSIGNMENT DATA 	31. SEPARATION DATA CODE 	32. CORRECTION/CANCELLATION DATA 	33. SECURITY REF NO 	34. SEX
35. VET PREFERENCE 		36. SERV COMP DATE 		37. LEAVE COMP DATE 		38. LEAVE CATEGORY 		39. FEELS / HEALTH INSURANCE 		40. SOCIAL SECURITY NO 					
41. PREVIOUS GOVERNMENT SERVICE DATA 				42. LEAVE LTD 		43. FEDERAL TAX DATA 		44. STATE TAX DATA 							
SIGNATURE OR OTHER AUTHENTICATION															
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RZR: 29 MAR 63

SECRET
(When Filled In)

DDP NOTIFICATION OF PERSONNEL ACTION											
DDP/WH BRANCH 3 MEXICO CITY, MEXICO STATION						MEXICO CITY, MEXICO					
11. POSITION TITLE CONSULAR OF, CONSUL WC OPS OFFICER				12. POSITION NUMBER 0418		13. SERVICE DESIGNATION D					
14. CLASSIFICATION SCHEDULE (EA, EB, EC)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP			17. SALARY OR RATE		
FSR GS			0136.01			04 0 14 2			11880 13270		
55. CODE		10. CODE		NUMERIC		ALPHABETIC		CODE		CODE	
55		10		64700		WH		45075		1	
56. RATE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REG. NO.	
MO DA YR				1 - CAC 2 - FICA 3 - NONE		CODE		TYPE MO DA YR		34. SEE	
								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		CAG SEVA PROV TEMP		CODE CODE		O - YES F - YES	
0 - NONE 1 - 5 PP 2 - 10 PP											
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA	
CODE						FORM EXECUTED CODE		NO TAX EXEMPTIONS		FORM EXECUTED	
0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 1 YR) 3 - BREAK IN SERVICE (MORE THAN 1 YR)						1 - YES 2 - NO				1 - YES 2 - NO	
										CODE NO TAX EXEMP STATE CODE	
SIGNATURE OR OTHER AUTHENTICATION											
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FORM 1150 11-62

Use Previous Edition

29 MAR 1963

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC
DOWNGRADING AND
DECLASSIFICATION

(When Filled In)

BAB: 15 FEB 63

SECRET
(When Filled In)

OCF
NOTIFICATION OF PERSONNEL ACTION

REASSIGNMENT AND TRANSFER TO CONFIDENTIAL FUNDS
NO. DA. YR. 02 | 17 | 63
REGULAR

4. FUNDS
V TO V X
CF TO V
7. COST-CENTER NO. CHARGEABLE 3135 5700 1000
8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J

9. ORGANIZATIONAL DESIGNATIONS
DDP * WH
BRANCH 3
MEXICO CITY, MEXICO STATION
10. LOCATION OF OFFICIAL STATION
MEXICO CITY, MEXICO

11. POSITION TITLE
OPS OFFICER
12. POSITION NUMBER
0418
13. CAREER SERVICE DESIGNATION
D

14. CLASSIFICATION SCHEDULE (GS, LO, etc.) GS
15. OCCUPATIONAL SERIES 0136.01
16. GRADE AND STEP 14 2
17. SALARY OR RATE 13270

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	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC 64700 WH	22. STATION CODE 45075	23. INTEGREE CODE	24. Hdqtrs Code 3	25. DATE OF BIRTH MO DA YR 06 18 25	26. DATE OF GRADE MO. DA. YR.	27. DATE OF LBL MO. DA. YR.
28. NTE EXPIRES NO. DA. YR.	29. SPECIAL REFERENCE 80	30. RETIREMENT DATA 1 - CSC 2 - FICA 3 - NONE	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE NO. DA. YR.	EOD DATA →		33. SECURITY REG NO.	34. SER.
35. VET. PREFERENCE CODE 0 - NONE 1 - 5 PT 2 - 10 PT	36. SERV COM. DATE NO DA YR	37. LONG COM. DATE NO DA YR	38. CAREER CATEGORY CAR DESV CODE PROJ TEMP	39. FEGLI / HEALTH INSURANCE CODE 0 - WAIVED 1 - YES	HEALTH INS CODE		40. SOCIAL SECURITY NO.	
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)			42. LEAVE CAT CODE	43. FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS 1 - YES 2 - NO		44. STATE TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS 1 - YES 2 - NO		

SIGNATURE OR OTHER AUTHENTICATION
POSTED
02/16/63 JK

LLG: 4 JAN. 63

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION													
OCF													
A. FUNDS		X		V TO V		V TO V		7. COST CENTER NO. CHARGABLE		8. CSC OR OTHER LEGAL AUTHORITY			
		OF TO V		OF TO V				3232 1000 1000		50 USC 403 J			
9. ORGANIZATIONAL DESCRIPTIONS						10. LOCATION OF OFFICIAL STATION							
						WASH., D.C.							
11. POSITION TITLE						12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION					
OPS OFFICER						0678		0					
14. CLASSIFICATION SCHEDULE (GS, LA, etc.)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP		17. SALARY OR RATE					
GS			0136.01			14 2		13270					
18. REMARKS													
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL													
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE/CODING		22. STATION CODE	23. INTEGRAL CODE	24. HOURS CODE	25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI		
37	10	61300 TFW		75013		1	MO	DA	YR	MO	DA	YR	
28. BTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REG. NO.		34. SER	
								EOD DATA					
35. VET. PREFERENCE		36. SERV. COMP. DATE		37. LONG COMP. DATE		38. CAREER CATEGORY		39. FEGLI/HEALTH INSURANCE		40. SOCIAL SECURITY NO.			
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT. CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA			
SIGNATURE OR OTHER AUTHENTICATION													
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FORM 1150
6-62

Use Previous Edition

4 JAN 1963

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC
DOWNGRADING AND
DECLASSIFICATION

16-011

(When Filled In)

Pte 1963 Notification
of Personnel Action

Post 1966
Fetters Rpt

SECRET
(When Filled In)

FITNESS REPORT	EMPLOYEE SERIAL NUMBER 055495
-----------------------	---

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 major or special duty must be described, if applicable.

[Empty box for narrative comments]

SECTION D

CERTIFICATION AND COMMENTS

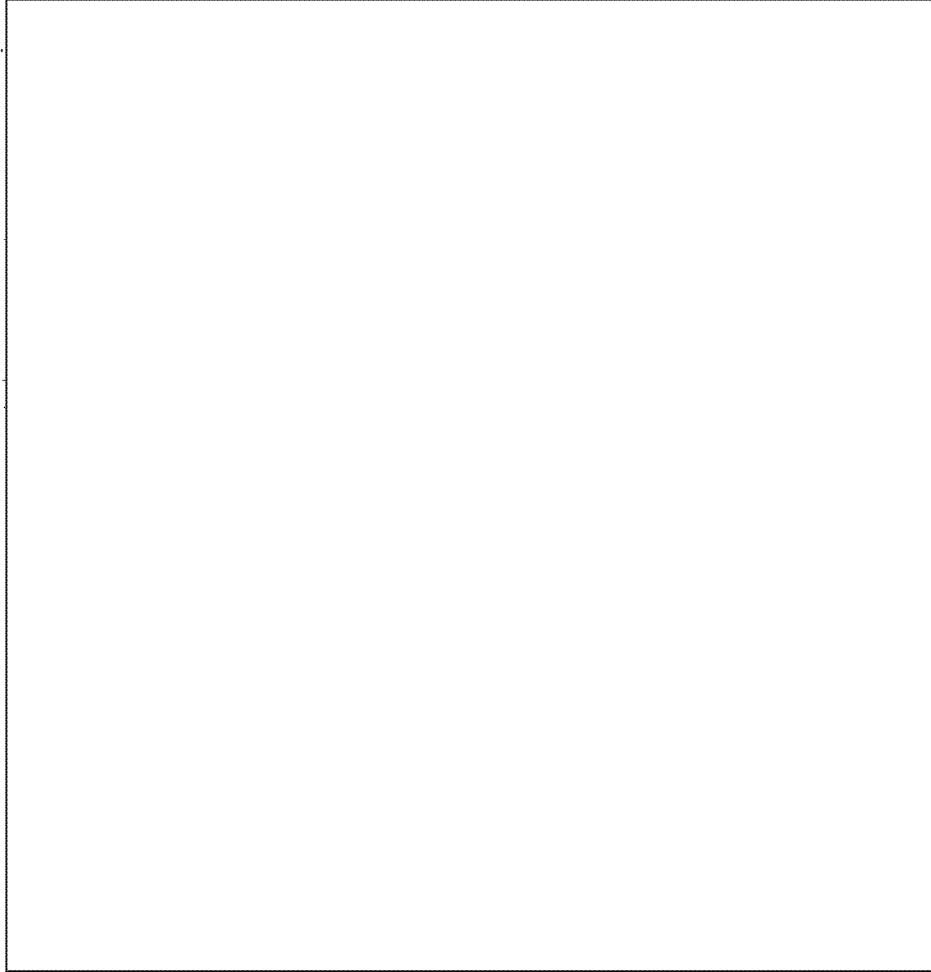
1. BY EMPLOYEE		
I CERTIFY THAT I HAVE REVIEWED SECTIONS A, B, AND C OF THIS REPORT		
DATE		
3 June 65		
2. MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION		
DATE		
3 June 65		
3. COMMENTS OF REVIEWING OFFICIAL		
[Empty box for reviewing official comments]		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
3 June 65	SOS	Winston M. Scott /s/

SECRET

No Reply

6 September 1966

SUBJECT: Memorandum in Lieu of Final Fitness Report on



62

SECRET
(When Filled In)

FITNESS REPORT		EMPLOYEE SERIAL NUMBER
		055495
SECTION A	GENERAL	

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 and 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

OFFICE OF PERSONNEL

SECRET

Section C (Continued)

Overall, this officer is still turning in a performance of high quality under difficult conditions and is a distinct asset to the Station.

SECRET

SECRET
(When Filled In)

EYES ONLY

FITNESS REPORT

EMPLOYEE SERIAL NUMBER

055495

SECTION A

GENERAL

SECRET

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.

[Empty box for narrative comments]

SECRET

Pre 1963 Fitness Rpts

Post 1966 Training
at insurance loss.



DEPARTMENT OF STATE
FOREIGN SERVICE INSTITUTE
WASHINGTON

June 28, 1966

[Redacted]
Friday we received your grade from the United States Department of Agriculture Graduate School in Modern Supervisory Practice.

✓ We wish to congratulate you on making an A+ in the course. To my knowledge, this is the first A+ received in any correspondence study course to be taken by Department personnel.

We trust that the course will be useful to you--and again congratulations.

Sincerely,

Evert T. Little

Evert T. Little
Chief

Extension Training Division

[Redacted]

[Redacted]

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	

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	OMIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1 - PCS (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39		
2 - CORRECTION									
3 - CANCELLATION									
	1	07	20	66					

TDY DATES OF SERVICE

TYPE OF DATA	CODE	DEPARTURE			RETURN			AREAS	OMIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
2 - TDY (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39	40-42	
4 - CORRECTION									
5 - CANCELLATION									

SOURCE OF RECORD DOCUMENT

<input type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input checked="" type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify)	

DOCUMENT IDENTIFICATION NO. <i>IN 94956</i>	DOCUMENT DATE/PERIOD <i>9/20/66</i>
--	--

REMARKS

PREPARED BY	<input checked="" type="checkbox"/> REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
C & L DIVISION	DATE <i>9/22/66</i>	SIGNATURE
<input checked="" type="checkbox"/> C & T DIVISION		

SECRET

4. OFFICE, DIVISION, BRANCH (Of overseas station and existing cover if lateral assignment)		5. PRESENT POSITION		6. EMPLOYEE EXTENSION	
16. COMMENTS					
17. DATE OF REQUEST		19. ROOM NUMBER AND BUILDING		20. EXTENSION	
9 MAY 1966		GH-56, Hqs.		6825	
21. EVALUATION AND SIGNATURE OF APPROVING OFFICIAL					
<p style="text-align: center;">8 July 66 75617 W. H. BLOOM 707 55 10 52 VII, 66</p>					
REQUEST FOR PCS OVERSEAS EVALUATION					

U. S. DEPARTMENT OF AGRICULTURE
GRADUATE SCHOOL
WASHINGTON, D. C. 20250

Information Record

To whom it may concern: **c/o American Embassy
Mexico City, Mexico**

has taken the following courses in the Graduate School and has received the grades shown.

This is an information record and not an official transcript. The student was admitted on the basis of his own statement of previous education and experience, subject to the approval of the instructor.

For certification of academic credit, an official transcript should be requested. Students desiring academic credit must meet qualifications for admission to any standard college on the level of the courses for which they are registering.

COURSE NO.	COURSE TITLE	SEMESTER	GRADE	NO. CREDITS
205 c	Modern Supervisory Practice	6/7/66	A+	2

Correspondence Program

A — 90-100 EXCELLENT
B — 80-89 GOOD
C — 70-79 FAIR
D — 60-69 PASSABLE
F — BELOW 60 FAILURE
7 — AUDITOR
8 — INCOMPLETE
9 — WITHDRAWN

Helen Kempfer

Helen Kempfer, Head
Correspondence Program

AMERICAN EMBASSY
MEXICO, D. F.

June 3, 1965

EMBASSY MEMORANDUM

TO : All FBOs, FSSs and FSRs in Mexico City

FROM : Ralph Scarritt, ^{Personnel} Administrative Officer

SUBJECT: FOREIGN SERVICE INSTITUTE: Correspondence Course in Modern Supervisory Practice, Number 205C

REF. : CA-12771 dated May 28, 1965

Following is the text of the referenced communication:

The Extension Training Division of the Foreign Service Institute is offering for the first time a correspondence course MODERN SUPERVISORY PRACTICE.

The course is recommended for supervisors at all levels. It has been developed by W. R. Van Dersal, N.A. Erg and J. B. Rogers of the United States Department of Agriculture Graduate School. Dr. Van Dersal is a regular lecturer and discussion leader for management classes at the Foreign Service Institute and is highly recommended by FSI as a valued contributor to their programs and ... id.

The authors have conducted supervisory training all over the United States for thousands of employees. They are experienced with the Correspondence method.

The average student will devote a total of 160 hours to the course, which consists of 16 units and for which 2 credits are given. The course should be completed within twelve months of receipt of the first lesson.

The following is quoted from the course brochure, giving brief contents of each unit:

1. WORKING WITH PEOPLE. Basic Principles.
2. ORGANIZATION. The organization chart. Supervisory ratios. Span of control. Line and staff. Handling rapid expansion. Basic principles. How to judge a good organization.
3. COMMUNICATIONS I. Conferences: Planning and uses. Effective use of speech and discussion. Making one's own talk more persuasive. Problem solving. Efficient listening.

4. COMMUNICATIONS

4. COMMUNICATIONS 2. Formal and informal communication channels. The grapevine. How to read better and faster. How to write more effectively. Testing your own writing.
5. MOTIVATION. Basic principles. Drives, motives, and incentives. Selecting responses to reinforce. The pattern of successful motivation. Testing effectiveness of programs.
6. SUPERVISION--BASIC PRINCIPLES FOR LINE OPERATORS AND MANAGERS. Inducting new employees. Seven principles of supervision. The Scanlon Plan. Using authority constructively. Praise versus punishment.
7. GENERAL PRINCIPLES FOR STAFF OPERATORS. Staff functions. Line-staff relationships. Gaining acceptance. Getting the most value from staff officers. Effective consulting.
8. SUPERVISORY TECHNIQUES. Handling problem employees. What to do when personal problems affect work.
9. TRAINING. Training responsibilities of supervisors. How to plan training programs. Training new employees. The supervisor's own career development program. Handling training during rapid expansion. Justifying training time.
10. PARTICIPATION. When and how to use participation in planning and decision making. Setting guideposts and limits.
11. THE DECISION MAKING PROCESS. Eight steps to better decisions. Decisions making as a learned skill. How to train yourself to make better decisions.
12. WORKLOAD AND ITS RELATION TO STAFFING. Workload analyses. Work plans. Short and long term schedules. Work-improvement studies. Staffing patterns and workload.
13. PLANNING, SCHEDULING, ORGANIZING. Basic principles. Steps in planning. Making and using schedules. Evaluation for better time-use.
14. QUALITY AND QUANTITY CONTROL--INCLUDING INSPECTIONS. Purpose and importance. Theories. How standards control function. Constructive inspection.
15. BOOK REVIEW AND ANALYSIS. To help student integrate thinking and develop an independent approach.

16. SOLVING

16. SOLVING PROBLEM CASES. Student pulls together all he has learned in the course and uses it in solving a job problem.

The course will be offered on a first come, first served basis. It is hoped that a number of applications will be received in time for enrollment during June.

Students who fail, receive an incomplete, or withdraw from this course for other than officially approved reasons will be expected to reimburse FSI for the course cost of \$58.00. If a student fails to complete the course for official reasons, no record is sent to his Personnel File. If he fails to complete the course for other than official and approved reasons and reimburses FSI for the costs of his course, no record is sent to his Personnel File. However a record of "incomplete" or "failure" is sent to his file if he drops or fails the course for reasons not approved and fails to reimburse FSI. This record is then taken into consideration if training is requested at a later date.

All interested officers are requested to submit their applications to the Department on form DG-1131 Field Training Application in accordance with the instructions set forth in 2 FAM 551, 552.

Further information on the course may be obtained by writing to the Extension Training Division, Foreign Service Institute, Department of State, Washington, D. C. 20520.

NOTE: Application forms may be obtained in the Personnel Office.

U. S. DEPARTMENT OF AGRICULTURE
GRADUATE SCHOOL
WASHINGTON, D. C. 20250

Information Record

To whom it may concern:
c/o American Embassy
Mexico City, Mexico

has taken the following courses in the Graduate School and has received the grades shown.

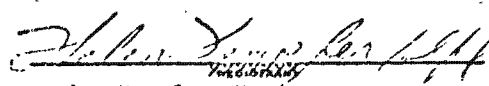
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Correspondence Program

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B -- 80-89 GOOD	7 -- AUDITOR
C -- 70-79 FAIR	8 -- INCOMPLETE
D -- 60-69 PASSABLE	9 -- WITHDRAWN


Helen Kempfer, Head
Correspondence Program

AMERICAN EMBASSY
MEXICO, D. F.

June 3, 1965

EMBASSY MEMORANDUM

TO : All FSOs, FSSs and FSRs in Mexico City

FROM : Ralph Scarritt, Administrative Officer

SUBJECT: FOREIGN SERVICE INSTITUTE: Correspondence Course in Modern Supervisory Practice, Number 295C

REF. : CA-12771 dated May 28, 1965

Following is the text of the referenced communication:

The Extension Training Division of the Foreign Service Institute is offering for the first time a correspondence course MODERN SUPERVISORY PRACTICE.

The course is recommended for supervisors at all levels. It has been developed by W. R. Van Dersal, M.A. Berg and J. B. Rogers of the United States Department of Agriculture Graduate School. Dr. Van Dersal is a regular lecturer and discussion leader for management classes at the Foreign Service Institute and is highly recommended by FSI as a valued contributor to their programs and to the world.

The authors have conducted supervisory training all over the United States for thousands of employees. They are experienced with the Correspondence method.

The average student will devote a total of 160 hours to the course, which consists of 16 units and for which 2 credits are given. The course should be completed within twelve months of receipt of the first lesson.

The following is quoted from the course brochure, giving brief contents of each unit:

1. WORKING WITH PEOPLE. Basic Principles.
2. ORGANIZATION. The organization chart. Supervisory ratios. Span of control. Line and staff. Handling rapid expansion. Basic principles. How to judge a good organization.
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4. COMMUNICATIONS

4. COMMUNICATIONS 2. Formal and informal communication channels. The grapevine. How to read better and faster. How to write more effectively. Testing your own writing.
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6. SUPERVISION--BASIC PRINCIPLES FOR LINE OPERATORS AND MANAGERS. Inducting new employees. Seven principles of supervision. The Scanlon Plan. Using authority constructively. Praise versus punishment.
7. GENERAL PRINCIPLES FOR STAFF OPERATORS. Staff functions. Line-staff relationships. Gaining acceptance. Getting the most value from staff officers. Effective consulting.
8. SUPERVISORY TECHNIQUES. Handling problem employees. What to do when personal problems affect work.
9. TRAINING. Training responsibilities of supervisors. How to plan training programs. Training new employees. The supervisor's own career development program. Handling training during rapid expansion. Justifying training time.
10. PARTICIPATION. When and how to use participation in planning and decision making. Setting guideposts and limits.
11. THE DECISION MAKING PROCESS. Eight steps to better decisions. Decisions making as a learned skill. How to train yourself to make better decisions.
12. WORKLOAD AND ITS RELATION TO STAFFING. Workload analyses. Work plans. Short and long term schedules. Work-improvement studies. Staffing patterns and workload.
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Students who fail, receive an incomplete, or withdraw from this course for other than officially approved reasons will be expected to reimburse FSI for the course cost of \$58.00. If a student fails to complete the course for official reasons, no record is sent to his Personnel File. If he fails to complete the course for other than official and approved reasons and reimburses FSI for the costs of his course, no record is sent to his Personnel File. However a record of "incomplete" or "failure" is sent to his file if he drops or fails the course for reasons not approved and fails to reimburse FSI. This record is then taken into consideration if training is requested at a later date.

All interested officers are requested to submit their applications to the Department on form DS-1131 Field Training Application in accordance with the instructions set forth in 2 FAM 551, 552.

Further information on the course may be obtained by writing to the Extension Training Division, Foreign Service Institute, Department of State, Washington, D. C. 20520.

NOTE: Application forms may be obtained in the Personnel Office.

SECRET

FIELD REASSIGNMENT QUESTIONNAIRE			
DO NOT COMPLETE FOR HEADQUARTERS USE ONLY			
DO NOT COMPLETE	AUTHENTICATION OF SIGNATURES AND VERIFICATION OF ITEMS 1 THROUGH 7, BELOW:		
			DATE (from item 3-2) 14 Aug 1964
DO NOT COMPLETE	NAME AND SIGNATURE OF OFFICIAL AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE SIGNATURES AND VERIFY DATA IN ITEMS NOS. 1 THROUGH 7, BELOW:		DATE 2 Sept 1964
TO BE COMPLETED BY EMPLOYEE			
1. DATE OF BIRTH	2. GRADE	3. CURRENT POSITION TITLE AND GRADE	7A. DATE OF PCS ARRIVAL IN FIELD ON THIS TOUR
18 June 25	GS-14	Operations Officer GS-14	24 April 1963
4. SERVICE DESIGNATION (if known)	5. CURRENT STATION OR FIELD BASE		7B. EXPECTED DATE OF DEPARTURE FROM FIELD
D	Mexico City		On leave - Summer 65
6. OTHER DUTY STATIONS OR FIELD BASES DURING CURRENT TOUR			7C. EXPECTED DATE OF ARRIVAL AT HEADQUARTERS PCS
None			
8. WRITE A DESCRIPTION OF YOUR MAJOR DUTIES DURING THE CURRENT TOUR OF DUTY (see special note on Transmittal Form):			
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.			
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):			

SECRET

<p>9. PREFERENCE FOR NEXT ASSIGNMENT (continued)</p> <p>C. INDICATE YOUR PREFERENCE FOR NEXT ASSIGNMENT BY INSERTING NUMBERS 1, 2 AND 3 (for 1st, 2nd and 3rd choice) IN THE BOXES BELOW.</p> <p><input type="checkbox"/> RETURN TO MY CURRENT STATION THIS IS BY FAR FIRST CHOICE</p> <p><input checked="" type="checkbox"/> BE ASSIGNED TO HEADQUARTERS FOR A TOUR OF DUTY. WITH RESPECT TO POSSIBLE ASSIGNMENT IN HEADQUARTERS, INDICATE CHOICE OF COMPONENT: 1ST. CHOICE <u>ROD/Field</u> 2ND. CHOICE <u>OTR</u> 3RD. CHOICE <u>DCI/Staff</u></p> <p><input checked="" type="checkbox"/> 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 [] (COB) 2ND. CHOICE [] (DCOS) 3RD. CHOICE [] (COB)</p>	
<p>10. HOW MUCH LEAVE DO YOU DESIRE BETWEEN ASSIGNMENTS?</p> <p align="right">INDICATE NUMBER OF WORK DAYS <u>45</u></p>	
<p>11. INDICATE THE NUMBER AND AGE OF DEPENDENTS WHO WILL BE TRAVELLING OR MOVING WITH YOU:</p> <p>Wife 37 Total dependents = 4 Daughter 12 Twin sons 9</p>	
<p>11A. INDICATE ANY CHANGE IN YOUR PERSONAL OR FAMILY SITUATION WHICH SHOULD BE CONSIDERED IN DETERMINING YOUR NEXT ASSIGNMENT</p> <p>Children are all of school age. In case of transfer, would prefer assignment to Station having good schools.</p>	
<p>12. SIGNATURE: COMPLETE ITEM NO. 8-1, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF ABOVE PORTION OF THIS FORM.</p> <p align="center">TO BE COMPLETED BY SUPERVISOR AT FIELD STATION</p>	
<p>13. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE STATION, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:</p>	
<p align="center">TO BE COMPLETED BY APPROPRIATE CAREER SERVICE OFFICER OR PERSONNEL OFFICER AT HEADQUARTERS</p> <p>14. SIGNATURE: COMPLETE ITEM NO. 8-2, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF THIS PORTION OF THE FORM.</p>	
<p>15. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE COMPONENT TO WHICH HE IS CURRENTLY ASSIGNED, INDICATE YOUR RECOMMENDATIONS FOR HIS NEXT ASSIGNMENT AND TRAINING:</p> <p align="center">WH Division recommends that [] return for a second tour of duty in Mexico City following home leave in the summer of 1965.</p>	
<p>16.</p>	
<p align="center">FOR USE OF CAREER SERVICE</p>	
<p>17. EMPLOYEE <input type="checkbox"/> HAS <input type="checkbox"/> HAS NOT BEEN NOTIFIED OF PLANNED REASSIGNMENT</p>	<p>18. REFERENCE DISPATCH NO. <u>900053259</u> CABLE NO. _____</p>
<p>19. TYPED OR PRINTED IN</p>	
<p>21. TITLE <u>Officer Al CSPC</u></p>	<p>22. DATE <u>16/16/64</u></p>
<p>23. COMMENTS <u>New Tour after home leave in summer 65</u> <u>P. Hall</u></p>	

SECRET

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

TO:
Office of Personnel, Statistical Reporting Branch, ROOM 192 Curie Hall

EMPLOYEE SERIAL NO.	NAME OF EMPLOYEE			OFFICE/COMPONENT
	LAST	FIRST	MIDDLE	
1-6	(Print)	7-28		28-26

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	CWIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1 - PCS (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39	60-62	
2 - CORRECTION									
3 - CANCELLATION	1	04	23	63				MEXICO 450	

TDY DATES OF SERVICE

TYPE OF DATA	CODE	DEPARTURE			RETURN			AREA(S)	CWIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
2 - TDY (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39	45-62	
4 - CORRECTION									
5 - CANCELLATION									

SOURCE OF RECORD DOCUMENT

<input type="checkbox"/> TRAVEL VOUCHER	<input checked="" type="checkbox"/> DISPATCH
<input type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify)	

DOCUMENT IDENTIFICATION NO. HARR - 3681	DOCUMENT DATE/PERIOD 4/25/63
--	---------------------------------

REMARKS

PREPARED BY [Signature]	REPORT APPROVED BY SOURCE DOCUMENT DATE 5/11/63	ADDC DATA VERIFIED CORRECT BASED UPON SOURCE DOCUMENT CITED SIGNATURE [Signature]
----------------------------	--	---

SECRET

VERIFIED RECORD OF OVERSEAS SERVICE

35:233 JAN 25 63

TO:

Office of Personnel, Statistical Reporting Branch, ROOM 192 Curie Hall

EMPLOYEE SERIAL NO.	NAME OF EMPLOYEE			OFFICE/COMPONENT
	LAST	FIRST	MIDDLE	
1.0	(Print)	G. B.		24.28

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	OMIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1 - PCS (Basic)	26	27-28	28-30	31-30	33-36	38-38	37-38		39-41
3 - CORRECTION									
5 - CANCELLATION									

TDY DATES OF SERVICE

TYPE OF DATA	CODE	DEPARTURE			RETURN			AREA(S)	OMIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
2 - TDY (Basic)	26	27-28	29-30	31-32	33-34	35-36	37-38		39-41
4 - CORRECTION	2	27-28	09	62	33-34	19	62	60 #	811
6 - CANCELLATION									

SOURCE OF RECORD DOCUMENT

<input checked="" type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify)	

DOCUMENT IDENTIFICATION NO.	DOCUMENT DATE/PERIOD
-----------------------------	----------------------

REMARKS

PREPARED BY	<input checked="" type="checkbox"/> REPORT ASSOCIATED OR SOURCE FURNISHED	<input type="checkbox"/> ABOVE DATA VERIFIED CORRECTLY. SOURCE AND SOURCE DOCUMENT CITED
FISCAL DIVISION	DATE	SIGNATURE
FINANCE DIVISION		<i>Wm O. [Signature]</i>

1451a

SECRET

14-101

CONFIDENTIAL
(when filled in)

I M P O R T A N T

Central Processing Branch has been charged with responsibility (OPM 20-6-1 dated 12 October 1961) for ensuring that all employees processing PCS to the field have reviewed the field version of the Employee Conduct Handbook. You will not be checked out for your proposed travel until you sign the following statement and return it to CPB. Your Personnel Officer can provide you with a copy of the handbook.

M E M O R A N D U M O F U N D E R S T A N D I N G

I hereby acknowledge that I have read and understand the contents of Field Handbook 20-4, Employee Conduct, dated 30 July 1962.

14 February 1963
Date

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 THE BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.

[Empty space for voluntary entries]

4. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

[Empty space for additional data and/or continuation of preceding items]

SIGNED AT: NPS. DATE: 14 Feb 1963

CONFIDENTIAL

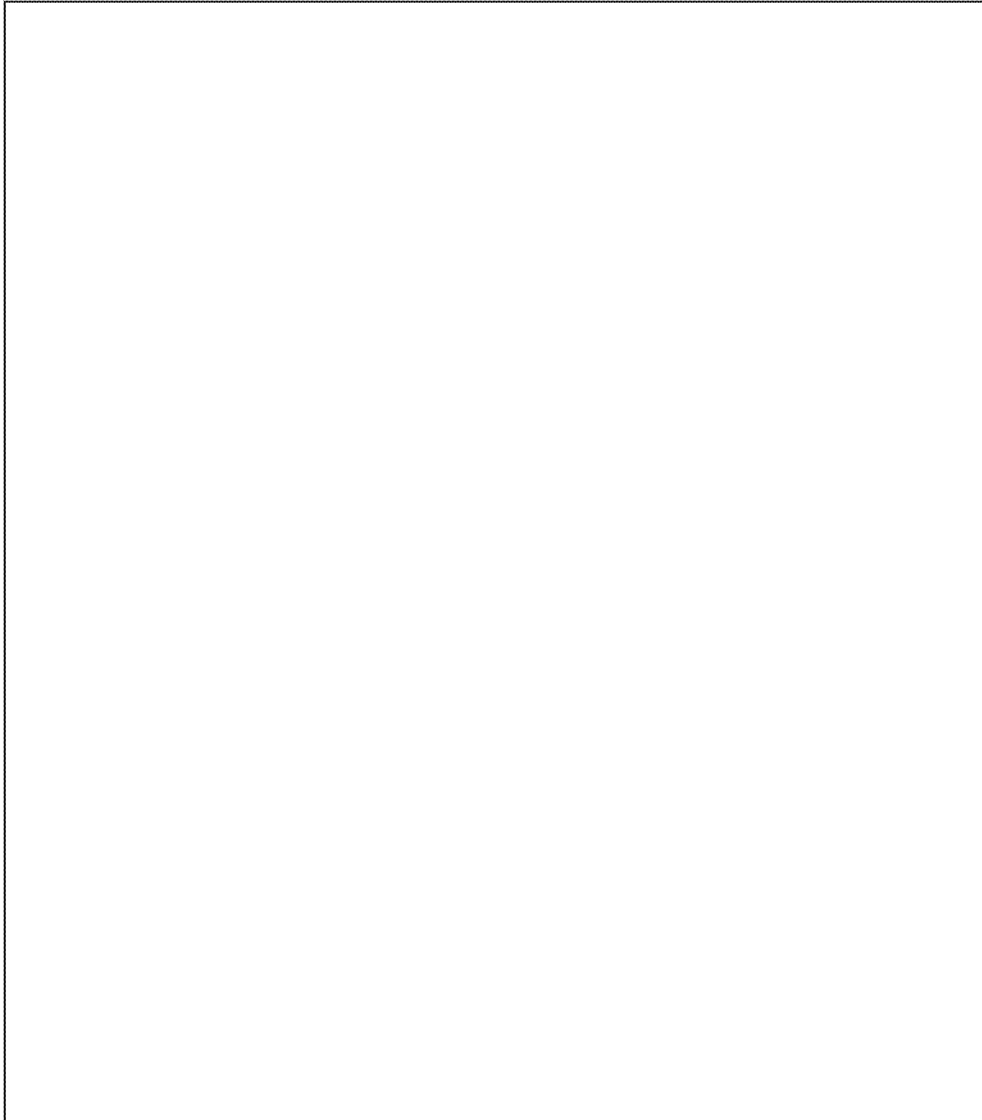
SECRET

ASD

Supplement to Staff Employee Personnel

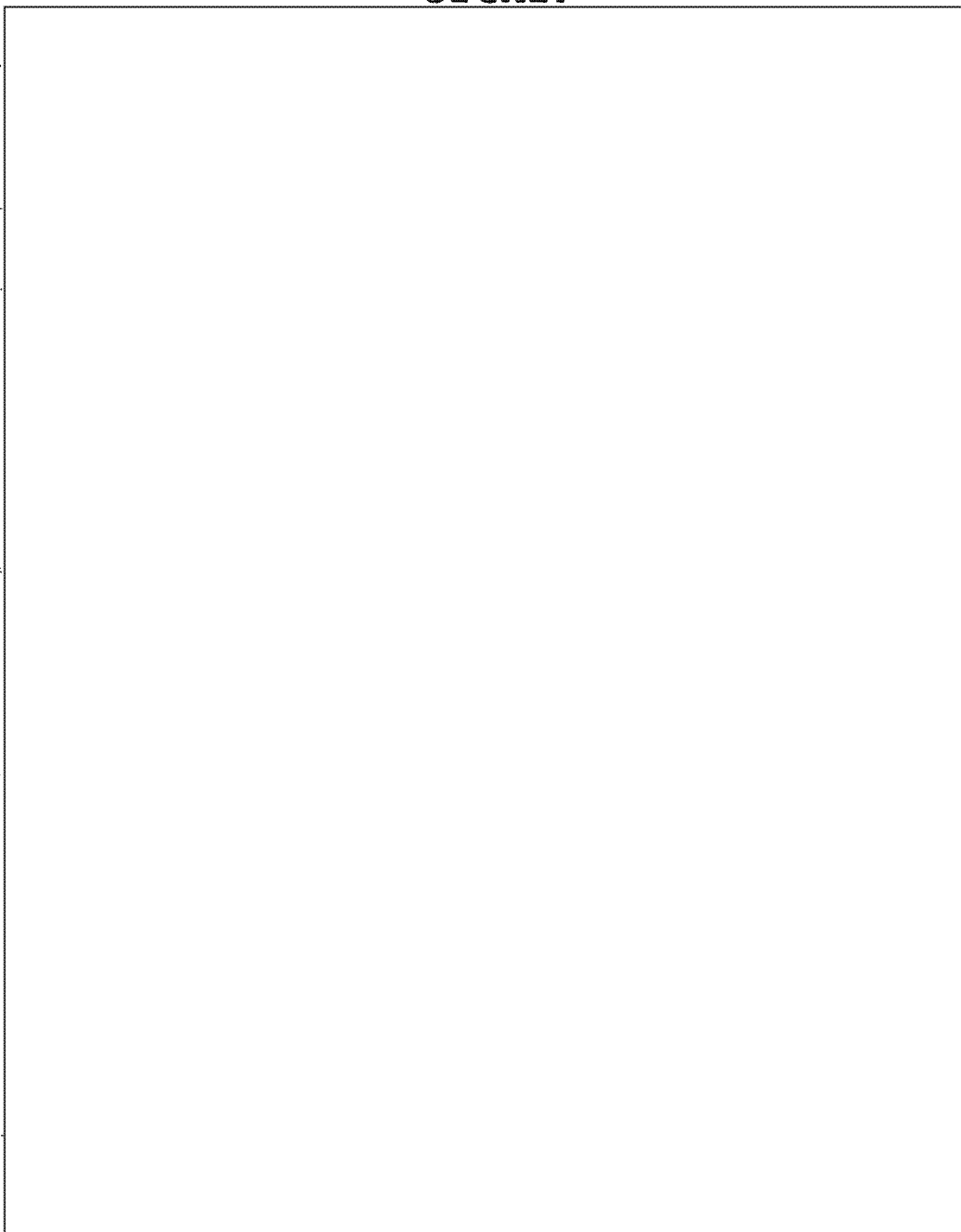
Action

Effective 27 March 1961



SECRET

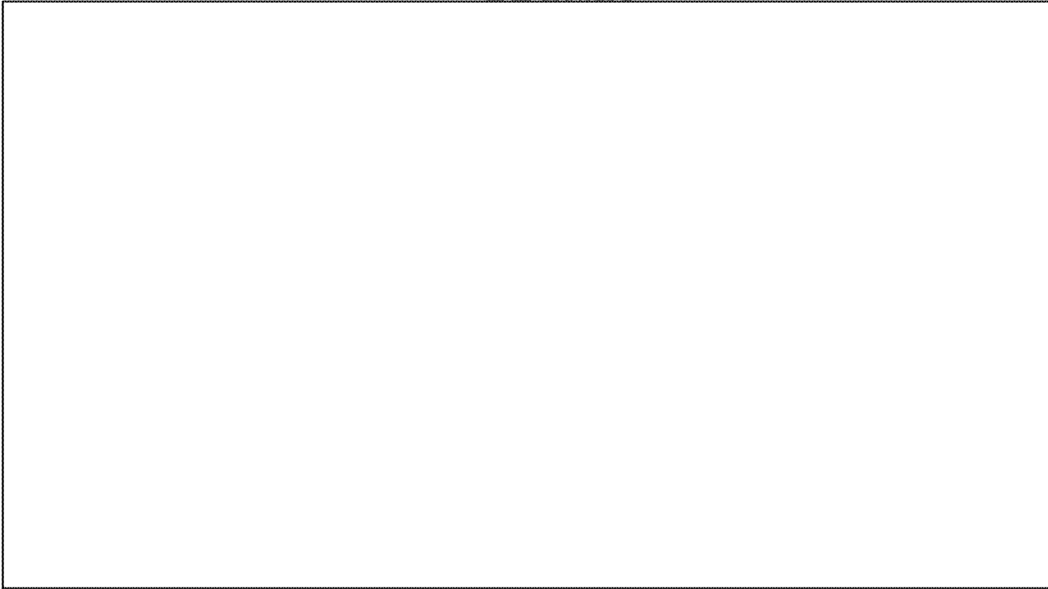
SECRET



2

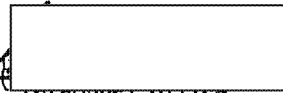
SECRET

SECRET



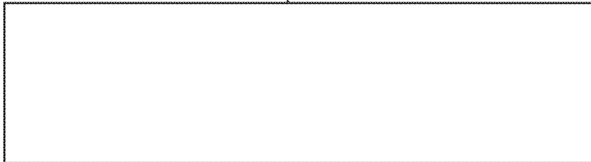
UNITED STATES GOVERNMENT

BY



FOR OFFICIAL USE ONLY

ACCEPTED:



3

Form 1535c Obsolete Previous
9-60 Edition

SECRET

(4-12)

Pre 1963 Training &
related loss.

Medical clearances

Pre 1963 Documents
(application forms,
awards, PHS supplements)

TELEPHONE REQUEST FOR RECORDS OR INFORMATION

NATIONAL PERSONNEL RECORDS CENTER, TCPE
111 Minnebago Street
St. Louis, MO 63118

DATE OF REQUEST

6-9-78

CLERK'S INITIALS

DATE OF BIRTH

MONTH

DAY

YEAR

6

18

25

SOCIAL SECURITY NUMBER

CAUTION: Complete all items

Former Federal Employee informed of Privacy Act compliance requirements per instructions in NPRC-1667.45.

NAME UNDER WHICH FORMERLY EMPLOYED FEDERALLY (if different than current name)

PREVIOUS FEDERAL EMPLOYMENT

AGENCY AND BUREAU

LOCATION

FROM

TO

GENERAL SERVICES ADMINISTRATION

GSA FORM 6895 (REV. 2-77)

PERSONNEL FILES SECTION, DEPARTMENT OF STATE.

Date: 1/23/79

MEMORANDUM FOR: Sup. Gp., ROB
SUBJECT : Request for Estimate of Annuities

JB
JB

1. Please provide estimate of annuities for:

2. Remarks: OP FILE ATTACHED PLEASE RETURN

COULD NOT FIND CORRESPONDING FILE

JOHN McBRIDE
Counselor, ROB/RAD

CONFIDENTIAL (when filled in)

NOTIFICATION OF PERSONNEL ACTION

[Empty rectangular box for personnel action details]

32 OFFICE MAINTAINING PERSONNEL RECORDS
33 CODE EMPLOYING DEPARTMENT OR AGENCY
ST00 DEPARTMENT OF STATE
ST00

[Empty rectangular box for additional information]

2 PERSONNEL FILES

Form 09 1951

(Supersedes Form 11 approved by
GPO and D. of P. July 1951)

REQUEST FOR PERSONNEL ACTION

1105

FM/PO

PART I. REQUESTING OFFICE

(To be completed by the requesting office in items 1 through 11)

1

2

3

PART II. TO BE COMPLETED BY PERSONNEL OFFICE

(To be completed by the Personnel Office in items 12 through 16)

12. CLEARANCE	INITIALS OR SIGNATURE	DATE	<input type="checkbox"/> ENTRANCE PERFORMANCE RATING SATISFACTORY	<input type="checkbox"/> IA	<input type="checkbox"/> NEW	<input type="checkbox"/> VICE	<input type="checkbox"/> REGRADED
13. CELL OR POS CONTROL	<i>BAR-1-5-1973</i>	<i>BAR-1-5-1973</i>	<input type="checkbox"/> SUBJECT TO COMPLETION OF 1-YEAR PROBATIONARY PERIOD COMMENCING				
14. CLASSIFICATION			<input type="checkbox"/> SERVICE COUNTING TOWARD CAREER TENURE FROM				
15. EMPLOYMENT			<input type="checkbox"/> SUCCESSOR POS MUST EMPLOYEE RETAINED IN THE COMPETITIVE SERVICE				
16. APPROVED BY			SEPARATION SHOW REASON BELOW CHECK IF APPLICABLE	<input type="checkbox"/> DISMISSAL	<input type="checkbox"/> REASSIGNMENT		

[Handwritten initials and signatures]

PART III. TO BE COMPLETED BY EMPLOYEE

[Empty rectangular box for employee completion]

112 775 '2) 1 07



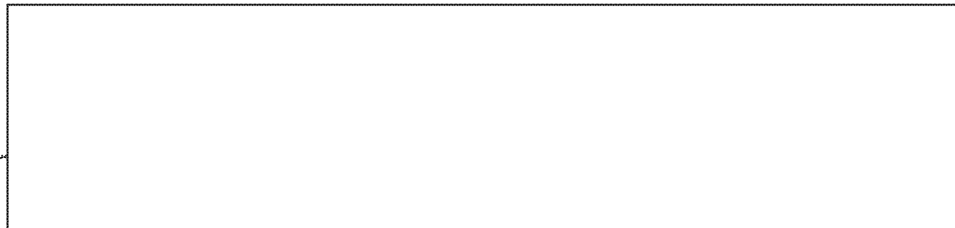
DEPARTMENT OF STATE

Washington, D.C. 20520

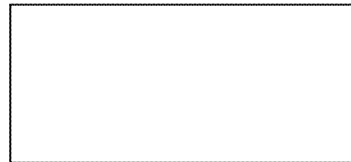
March 9, 1973

The Honorable William P. Rogers
The Secretary of State
Department of State
Washington, D.C. 20520

Dear Mr. Secretary:



Sincerely,



**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):

[Empty box for identifying information]

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



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



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



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.**

FOR EMPLOYING OFFICE USE ONLY

(official receiving date stamp)

February 9, 1968

ORIGINAL COPY—Retain in Official Personnel Folder

STANDARD FORM NO. 170-1
MAY 1962 EDITION
GSA GEN. REG. NO. 27
5010-108

HEALTH BENEFITS REGISTRATION FORM

Standard Form No. 1000
 (REVISED 1-18-77)
 GSA GEN. REG. NO. 27

FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959

6438716

Old Contract Coverage No.

TO EMPLOYING OFFICE: SHOW OLD CONTRACT NUMBER ON ONLY IF REGISTRATION IS TO
 CANCEL ENROLLMENT OR TO CHANGE OPTIONS OR TYPE OF COVERAGE IN THE SAME PLAN

EMPLOYEE INITIALS 1. DATE OF BIRTH 2. EMPLOYEE NUMBER

IMPORTANT

IT IS ESSENTIAL FOR AN EMPLOYEE OR A MEMBER OF HIS FAMILY TO BE COVERED UNDER MORE THAN ONE ENROLLMENT. IF YOU ARE ALREADY COVERED THROUGH THE ENROLLMENT OF ANOTHER FEDERAL OR DISTRICT OF COLUMBIA EMPLOYEE OR ANOTHER THE MOST EMPLOYEE SET TO ENROLL ON THE OTHER ENROLLMENT, MUST BE CANCELED. USUALLY IF A FAMILY MEMBER LISTED BY YOU IN PART B IS COVERED THROUGH HIS (OR HER) OWN ENROLLMENT YOU CANNOT LIST A FAMILY ENROLLMENT UNLESS THE FAMILY MEMBER CANCELS HIS OR HER ENROLLMENT.

PART B

FILL IN THIS PART IF YOU WISH TO ENROLL OR CHANGE YOUR ENROLLMENT IN A HEALTH BENEFITS PLAN.

If enrollment is for self only, answer item 1. If enrollment is for self and family, also answer item 2 and item 3 if it applies.

IF YOU ARE CHANGING YOUR ENROLLMENT, ALSO FILL IN PART D.

1. I wish to enroll in a health benefits plan as shown below. I authorize deductions from my salary, compensation or annuity to cover the share of the cost of the enrollment. (Copy the information requested below from inside cover of plan you select.)

NAME OF PLAN	COSTS (HIGH OR LOW)	ENROLLMENT CODE NUMBER

2. In space below list all eligible family members without exception. List your wife or husband first, then your unmarried children under age 18 (include the health, dependent children, step children and adopted children who live with you), a legally married child without the 18-year age limit, an adopted child over 18 who became disabled before age 18 and who, because of the disability, is incapable of self support. Attach a doctor's certificate for a disabled child age 18 or over, if one is not already on file.

NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)	NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)
Wife or Husband	1		6
	2		7
	3		8
	4		9
	5		10

3. If you are a female (employee or annuitant) does the family list above include a dependent who is incapable of employment by reason of mental or physical disability which can be reported to insurance for those cases that permit it? (If answer is "Yes" attach a doctor's certificate. If one is not already on file.)

YES NO

PART C

FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CANCEL YOUR ENROLLMENT.

PLEASE ANSWER IN ITEM 1 OR 2, WHICH EVER APPLIES.

1. I wish NOT to enroll in a plan under this form. **Small Employer Health Benefits Act**

2. I wish to cancel my present enrollment under this form. **Small Employer Health Benefits Act**

PART D

FILL IN THIS PART, AS WELL AS PART B, TO CHANGE YOUR ENROLLMENT.

1. ENROLLMENT NUMBER (If previously assigned)	2. DATE OF EVENT WHICH TRIGGERED CHANGE
	MONTH DAY YEAR

PART E

ALL WHO REGISTER MUST FILL IN THIS PAGE.

PART F

TO BE COMPLETED BY AGENCY.

REMARKS

NOTE: THIS COPY IS FOR AGENCY USE ONLY.

Standard Form No. 14
Revised April 1954
U. S. Civil Service Commission
F. P. M. Chapter XI
14 108

DESIGNATION OF BENEFICIAR
FEDERAL EMPLOYEES' GROUP LIFE
INSURANCE ACT OF 1954

IMPORTANT
Read instructions
on back of duplicate
before filling in this form

INFORMATION CONCERNING THE INSURED:

[Empty box for providing information concerning the insured]

SEE REVERSE SIDE OF DUPLICATE COPY FOR INSTRUCTIONS ON WHERE TO FILE THESE FORMS.
DO NOT FILE WITH YOU OFFICE OF FEDERAL EMPLOYEES' GROUP LIFE INSURANCE.

14-7214-4

14-00000

IMPORTANT.—The filing of this form will completely cancel any Designation of Beneficiary under the Federal Employees' Group Life Insurance Act you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any group life and accidental death insurance payable under that act at your death.

EXAMPLES OF DESIGNATIONS

HOW TO DESIGNATE ONE BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary



DESIGNATION OF BENEFICIARY
UNPAID COMPENSATION OF
DECEASED CIVILIAN EMPLOYEE

IMPORTANT
Read instructions
on back of duplicate
before filling in this form

INFORMATION CONCERNING THE EMPLOYEE:

[Empty box for employee information]

I, the employee identified above, carrying any and all previous designations of beneficiary heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any UNPAID COMPENSATION due and payable under existing law after my death. I understand that this Designation of Beneficiary relates solely to Unpaid Compensation as defined in section 2 of the act of August 8, 1950, Public Law 630, and in no wise will affect the disposition of any benefit which may become payable under the Retirement Act applicable to my Government service. I further understand that this Designation of Beneficiary will remain in full force and effect, unless or until canceled by me in writing, so long as I am continuously employed in the above department or agency.

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:

Type or print first name, middle initial, and last name	Share to be paid to

I hereby direct, unless otherwise indicated above, that, if more than one beneficiary is named, the share of any deceased beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.

I hereby specifically reserve the right to cancel or change any designation of beneficiary at any time in the manner and form prescribed by the Comptroller General of the United States, and without knowledge or consent of the beneficiary.

3-27-63

(Date of execution - month, day, year)

[Signature box]

WITNESSED TO SIGNATURE:

[Large empty box for witness signature]

IMPORTANT—The filing of this form will completely cancel any designation you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any unpaid compensation payable at your death.

EXAMPLES OF DESIGNATIONS

HOW TO DESIGNATE ONE BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary

Standard Form No. 2810
CHAPTER 1-5 FPM
O GAO 3430

HEALTH BENEFITS REGISTRATION FORM

EXECUTIVE EMPLOYEES HEALTH BENEFITS ACT OF 1959

(Print name on back of last page. Use only typewriter or ballpoint pen.)

CARRIER CONTRACT NO.

153281

1. EMPLOYEE INITIALS

2. DATE OF BIRTH

3. Are you now married?

PART B FILL IN THIS PART IF YOU WISH TO EN- ROLL IN A HEALTH BENEFITS PLAN.

If enrollment is for self only, answer item 1.
If enrollment is for self and family, also answer item 2 and item 3 if it applies.

THIS PART MUST
ALSO BE FILLED
IN IF YOU
CHOOSE YOUR
ENROLLMENT.

1. I elect to enroll in a health benefits plan as shown below. I authorize deductions to be made from my pay to cover my share of the cost of the premiums. (Copy the information requested below from inside cover of brochure of the plan you select.)

NAME OF PLAN	OPTION (HIGH OR LOW)	EMPLOYMENT (FULL-TIME)
--------------	----------------------	------------------------

2. In space below list all eligible family members without exception. List your wife or husband first, if on 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 dependent child over 17 who became disabled before age 19 and who, because of the disability, is incapable of self-support. (Attach a doctor's certificate for a disabled child age 19 or over.)

NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)	NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)
Wife or Husband	[6]		[6]
	[7]		[7]
	[8]		[8]
	[9]		[9]
	[10]		[10]

3. If you are a female (employee or contractor)—does the family listed above include a husband who is incapable of self-support by reason of a total or physical disability which can be expected to continue for more than one year? (If answer is "Yes," attach a doctor's certificate.)

YES
NO

PART C FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CANCEL 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.

2. I elect to cancel my present enrollment under the Health Benefits Act.

3. The reason for my election is (Place an "X" in proper box):
(a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent.
(b) I am covered by a health insurance plan which is not under the Health Benefits Act.
(c) Any other reason.

PART D FILL IN THIS PART IF YOU WISH TO CANCEL YOUR ENROLLMENT.

1. DATE OF CANCELLATION	2. DATE OF LAST PAYROLL CHECK	3. DATE OF EVENT WITH WHICH CANCELLATION IS RELATED
		MONTH DAY YEAR

PART E ALL WHO REGISTER MUST FILL IN THIS PART.

WARNING.—Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 3 years, or both. (18 U.S.C. 1001)

PART F TO BE COMPLETED BY AGENCY.

1. NAME AND ADDRESS OF EMPLOYING OFFICE	2. DATE RECEIVED BY EMPLOYER'S OFFICE	3. DATE TIME DATE OF RECEIPT
4. PAYROLL OFFICE NO.	5. PAYROLL ACTION (INITIALS AND DATE)	

REMARKS FOR USE ONLY BY ADMINISTRATOR AND AGENT.

REMARKS

Standard Form No. 2809 CHAPTER I-11 P.M. 6 GAO 3-59	HEALTH BENEFITS REGISTRATION FORM <small>FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959</small> <small>(Print) (Name on back of last page. Use only Department of the Interior.)</small>	LASTED STATE/TERMINAL NO. 153281																								
PART A ALL WHO REGISTER MUST FILL IN THIS PART.	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.)																									
PART B FILL IN THIS PART IF YOU WISH TO ENROLL IN A HEALTH BENEFITS PLAN.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">NAME OF PLAN</td> <td style="width:20%;">COSTS (HIGH OR LOW)</td> <td style="width:30%;">ENROLLMENT YEAR NUMBER</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>		NAME OF PLAN	COSTS (HIGH OR LOW)	ENROLLMENT YEAR NUMBER																					
NAME OF PLAN	COSTS (HIGH OR LOW)	ENROLLMENT YEAR NUMBER																								
If enrollment is for self only, answer item 1. If enrollment is for self and family, also answer item 2 and item 3 if it applies.	2. In space below list all of your family members without exception. List your wife or husband first, then your unmarried children under age 19, including legally adopted children, and dependent children who live with you in a regular permanent relationship. Include also any unmarried child over 19 who became disabled before age 19 and who, because of the disability, is unable of self-support. (Attach a doctor's certificate for a disabled child age 19 or over.)																									
THIS PART MUST ALSO BE FILLED IN IF YOU CHANGE YOUR ENROLLMENT.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:40%;">NAMES OF FAMILY MEMBERS</th> <th style="width:15%;">DATE OF BIRTH (Month, Day, Year)</th> <th style="width:40%;">NAMES OF FAMILY MEMBERS</th> <th style="width:5%;">DATE OF BIRTH (Month, Day, Year)</th> </tr> </thead> <tbody> <tr> <td>Wife or Husband</td> <td style="text-align: center;">1</td> <td> </td> <td style="text-align: center;">6</td> </tr> <tr> <td> </td> <td style="text-align: center;">2</td> <td> </td> <td style="text-align: center;">7</td> </tr> <tr> <td> </td> <td style="text-align: center;">3</td> <td> </td> <td style="text-align: center;">8</td> </tr> <tr> <td> </td> <td style="text-align: center;">4</td> <td> </td> <td style="text-align: center;">9</td> </tr> <tr> <td> </td> <td style="text-align: center;">5</td> <td> </td> <td style="text-align: center;">10</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	1		6		2		7		3		8		4		9		5		10
NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)	NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)																							
Wife or Husband	1		6																							
	2		7																							
	3		8																							
	4		9																							
	5		10																							
PART C FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CHANGE YOUR ENROLLMENT.	3. If you are a female (or physician 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.) YES <input type="checkbox"/> NO <input type="checkbox"/>																									
PART D FILL IN THIS PART IF YOU WISH TO CHANGE YOUR ENROLLMENT.	1. I elect not to enroll in any plan under the Health Benefits Act. <input checked="" type="checkbox"/>																									
PART E ALL WHO REGISTER MUST FILL IN THIS PART.	2. I elect to cancel my present enrollment under the Health Benefits Act. <input type="checkbox"/>																									
PART F TO BE COMPLETED BY AGENCY.	3. The reason for my election is (Circle one "A" in proper box): (a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. <input type="checkbox"/> (b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input checked="" type="checkbox"/> (c) Another reason: _____																									
REMARKS <small>FOR USE ONLY BY AGENTS AND SUBJECT.</small>	1. Enrollment costs (number of payrolls) _____ 2. Month of event which permits change (see table on back of brochure for payroll numbers) _____ 3. Date of event which permits change (Month, Day, Year) _____																									
WARNING.—Any intentional false statement in this application or willful misrepresentation of facts hereon is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001.)																										
1. NAME AND ADDRESS OF EMPLOYER (PLEASE PRINT) _____ _____ _____ _____ <small>(SIGNATURE OF AUTHORIZED AGENCY OFFICIAL)</small>		2. DATE RECEIVED BY EMPLOYER (PLEASE PRINT) _____ _____ 3. EFFECTIVE DATE OF ELECTION _____ _____ 4. PAYROLL OFFICE NO. _____ 5. PAYROLL OFFICER (PLEASE PRINT NAME AND DATE) _____																								

DESIGNATION OF BENEFICIARY
FEDERAL EMPLOYEES' GROUP LIFE
INSURANCE ACT OF 1954

IMPORTANT
Read instructions
on back of duplicate
before filling in this form

INFORMATION CONCERNING THE INSURED:

[Empty box for information concerning the insured]

I, the employee or annuitant identified above, canceling any and all previous Designations of Beneficiary under the Federal Employees' Group Life Insurance Act heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any amount of GROUP LIFE INSURANCE and GROUP ACCIDENTAL DEATH INSURANCE due and payable at my death. I understand that this Designation of Beneficiary will remain in full force and effect, with respect to any amount payable, unless or until canceled by me in writing, or until such time as I become insured in a department or agency other than the above, or until such time as I become insured as a retired employee, in which event this Designation of Beneficiary shall terminate.

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:

Name or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
[Empty]	[Empty]	[Empty]	[Empty]
[Empty]	[Empty]	[Empty]	[Empty]
[Empty]	[Empty]	[Empty]	[Empty]

I hereby direct, unless otherwise indicated above, that, if more than one beneficiary is named, the share of any deceased beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.

I hereby specifically reserve the right to cancel or change any Designation of Beneficiary at any time without knowledge or consent of the beneficiary.

MAY 17, 1956
(Date of execution of this form)

WITNESSES TO SIGNATURE (If witness is indicated to read)

[Empty box for witnesses to signature]

(Indicate date and by whom received) f

IMPORTANT—The filing of this form will completely cancel any Designation of Beneficiary under the Federal Employees' Group Life Insurance Act you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any group life and accidental death insurance payable under that act at your death.

EXAMPLES OF DESIGNATIONS

HOW TO DESIGNATE ONE BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary

*Do not write name as M. E. Brown or as Mrs. John H. Brown.
 **Be sure that the shares to be paid to the Federal Government do not up to 100 percent.



DEPARTMENT OF STATE
 PERSONNEL ACTION
 AND
 AUTHORIZATION OF OFFICIAL TRAVEL
 Applicable Regulations: 6 FAM 100 & FAM 510.4

You are hereby authorized to perform official travel at Government expense as indicated herein. Unless otherwise noted, all expenses and the maximum per diem under the regulations are authorized. Unless otherwise noted, shipment of effects is authorized from station of origin to station of destination if allowances are shown in item 11.

1. NAME, ADDRESS AND EMPLOYER TITLE 2. EMPLOYEE NUMBER 3. AUTHORIZATION NUMBER

--	--	--

FORM 05-1968
3309

DEPARTMENT OF STATE
PAY ROLL CHANGE SLIP

5288282199

[Empty rectangular box for data entry]

LWOP DATA USE in appropriate spaces covering LWOP during following periods

- No excess LWOP. TOTAL EXCESS LWOP _____
- (Check applicable box in case of excess LWOP)
- IN PAY STATUS AT END OF WAITING PERIOD.
- IN LWOP STATUS AT END OF WAITING PERIOD.

Other Step Increase _____

Pay Adjustment _____

Total of Ctr 4

REMARKS

Performance rating is satisfactory or better.

JOHN H BURNS

(Signature or other authentication)

PERSONNEL COPY

PAGE 8894

FEDERAL PAY COMPATIBILITY ACT OF 1970, PL 91-656

PREPARED ON 02/05/71
DATA AS OF 01/31/71

NAME	EMPLOYEE NUMBER	SEC NUMBER	PAY PLAN	GRADE	NEXT POST	OLD SALARY	NEW SALARY
[Empty table body]							

APPOINTMENT AFFIDAVITS

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

First Secretary and Consul

November 20, 1970

(Position to which appointed)

(Date of appointment)

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; and that I will well and faithfully discharge the duties of the office on which I am about to enter. **SO HELP ME GOD.**

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

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

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

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

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

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

Subscribed and sworn (or affirmed) before me this

(City)

[SEAL]

Commission expires _____
(If by a Notary Public, the date of expiration of his Commission should be shown)

NOTE.—The oath of office must be administered by a person specified in 5 U.S.C. 2903. The words "SO HELP ME GOD" in the oath and the word "swear" wherever it appears above should be stricken out when the appointee elects to affirm rather than swear to the affidavits; only these words may be stricken and only when the appointee elects to affirm the affidavits.

FORM DS 1532

11 63
3 copies - 1 to recipient
1 to submitter
1 to file

NOTIFICATION OF PERSONNEL ACTION

JOURNAL NUMBER

SERVICE

TO: [REDACTED]

FROM: [REDACTED]

Action
 Appointment
 Change
 Extension
 Promotion
 Reassignment
 Termination
 Transfer
 Other

SE 01 DEPARTMENT OF STATE

SUBMITTING OFFICE NO 2951

2 PERSONNEL FOLDER

1
 2
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Form 88 (Rev. 1-67)
(Exception to 47 U.S.C. 405 approved by
CSC and R. of P. July 1967)

REQUEST FOR PERSONNEL ACTION

46

PART I. REQUESTING OFFICE (fill in items except those on heavy lines)

PAS/PC 11-24-70, R.M.W.

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
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01-22-11
James [unclear]
1000-018 [unclear]
001

PART I. REMAINS BY REQUESTING OFFICE
PART I. (Continued)

FORWARD COMMUNICATIONS, INCLUDING SMART CHECKS AND BONDS, TO THE FOLLOWING ADDRESS:
PART IV. SEPARATION DATA

THE EFFECTIVE DATE OF HIS RESIGNATION WILL BE

RESIGN FOR THE FOLLOWING REASONS:

PART III. TO BE COMPLETED BY EMPLOYEE

RESIGNATION INFORMATION MUST BE ENTERED IN ARTICLE 15 AND 16 OF THE "PERSONAL HISTORY"

(Only required in certain cases)

Resd FSC
6-23-76

000001



DEPARTMENT OF STATE
PERSONNEL ACTION
AND
AUTHORIZATION OF OFFICIAL TRAVEL
Applicable Regulations: 6 FAM 100 & FM-1 510.4

You are hereby authorized to perform official travel of Government expense as indicated herein. Unless otherwise noted, all expenses and the maximum per diem under the regulations are authorized. Unless otherwise noted, shipment of effects is authorized from station of origin to station of destination if allowances are shown in item 13.

FORM DS-1042
3-3-69

DEPARTMENT OF STATE
PAY ROLL CHANGE SIIP

[Empty rectangular box for remarks or additional information]

Period(s) _____	<input type="checkbox"/> Other Step Increase _____
<input type="checkbox"/> NO EXCESS LWOP. TOTAL EXCESS LWOP _____	<input type="checkbox"/> Pay Adjustment _____
<small>(Check applicable box in case of excess LWOP)</small>	
<input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD	
<input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD	
Initials of Clerk _____	

REMARKS _____
Performance rating is satisfactory or better.
JOHN H BURNS

(Signature or other authentication)

PERSONNEL COPY

PAGE 304

FEDERAL SALARY ACT-1970, PL 90-235, DEC 27, 1967

PREPARED BY 05/01/70
DATA AS OF 04/25/70

NAME	EMPLOYEE NUMBER	SOC SEC NUMBER	PAY PLAN	GRADE	NEXT PSI	OLD SALARY	NEW SALARY

600

EMPLOYEE

PERSONNEL TRANSACTION REGISTER

--

EFFECTIVE DATE 07/13/69

Form 01-100
3-1-66

DEPARTMENT OF STATE
PAY ROLL CHANGE SLIP

[Empty rectangular box for form content]

Signature of labor representative

PERSONNEL COPY

1 1

FEDERAL EMPLOYEES SALARY ACT OF 1967

PUB. LAW 90-206

JULY 14 1968



FORM 05-1022
11-62
Replaces Form 10 approved by
GSA and GPO on 8 July 1962

NOTIFICATION OF PERSONNEL ACTION

JOURNAL NUMBER

[Empty rectangular box for notification content]

MI 3-5
P

2 PERSONNEL FOLDER

63 02 20

Form 1091
Approved by

REQUEST FOR PERSONNEL ACTION

FEDERAL EMPLOYEES SALARY ACT OF 1967

PUB. LAW 90-206

1-1-1967

[Empty rectangular box for employee information]

FEDERAL EMPLOYEES SALARY ACT OF 1966

PUB. LAW 89-504

1-JULY-1966

[Empty rectangular box for employee information]

FORM 05-1042
7-15-60

DEPARTMENT OF STATE
PAY ROLL CHANGE SLIP

[Large empty rectangular box for remarks or details]

TOTAL EXCESS LWOP
CHECK INCLUSIVE FOR IN CASE OF EXCESS (MOR)
IN PAY STATUS AT END OF WAITING PERIOD
IN LWOP STATUS AT END OF WAITING PERIOD.

Pay Adjustment

Initials of Clerk

Performance rating is satisfactory or better.

JOHN M. STEEVES

Signature of other Department Officer



DEPARTMENT OF STATE
PERSONNEL ACTION
AND
AUTHORIZATION OF OFFICIAL TRAVEL
Applicable Regulations: 6 FAM 100 & FM-1 510.4

You are hereby authorized to perform official travel at Government expense as indicated herein. Unless otherwise noted, all expenses and the maximum per diem under the regulations are authorized. Unless otherwise noted, shipment of effects is authorized from station of origin to station of destination if allowances are shown in item 19.

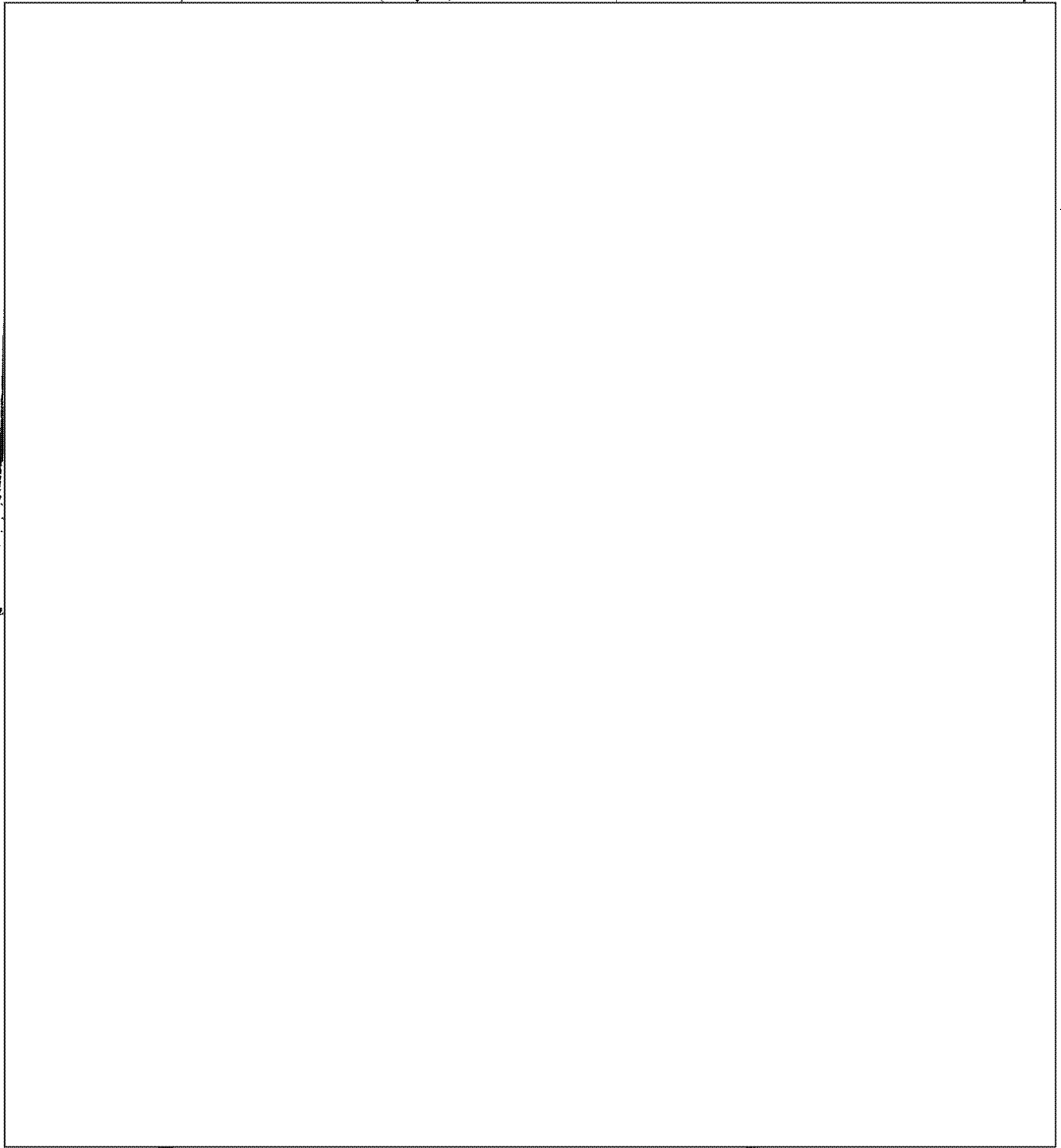
[Empty box for travel authorization details]

Form 05-1001
1-63
(Revised to 12-77 approval by
E.O. 12812 of 9/25/97)

REQUEST FOR PERSONNEL ACTION

PART I. REQUESTING OFFICE (Fill in items except those in heavy lines)

A. DATE OF REQUEST 7/5/66	B. PROPOSED EFFECTIVE DATE	C. REQUEST NUMBER	D. SERVICE CLASS ES	E. ROUTING 7/1/66 7/5	F. CD/CS 7/5/66	G.
1. NAME (CAPS, Last, First, Middle)		MR. MISS. MRS.		2. EMPLOYEE NO. & SEX	3. DUTY STATION	4. SOCIAL SECURITY NO.



FORM 05 1032
Department of the Army
GPO: 1964 O - 350-000

JOURNAL NUMBER

NOTIFICATION OF PERSONNEL ACTION

--	--

JL

2

PERSONNEL FOLDER

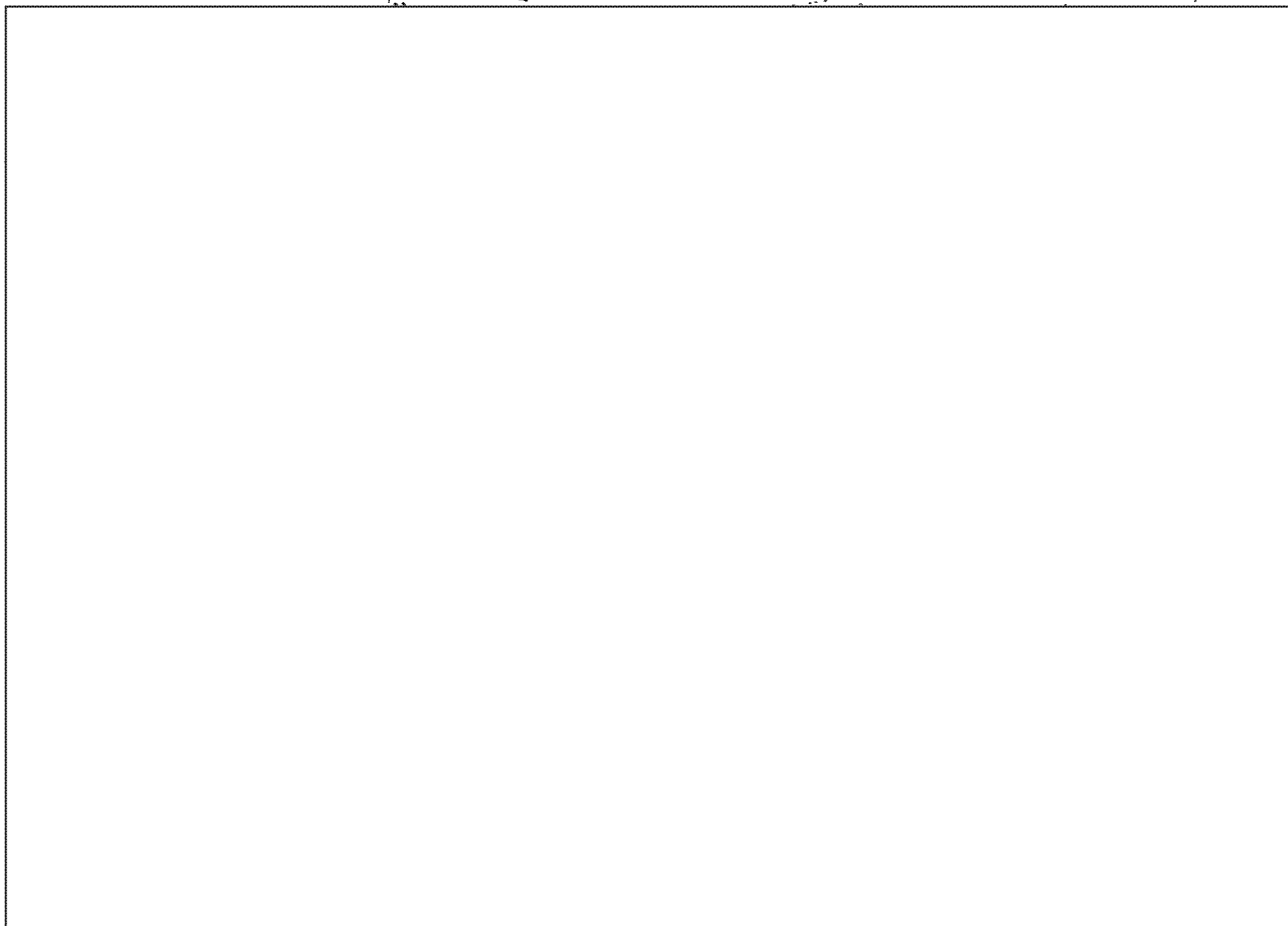
30 JUN 64

RAY INC. FFF. 7-5-54 DL BR-26

N A M E

PAY PLAN CLASS FROM SALARY TO SALARY STEP ORGAN

4 12.860 13.335 4 312601



(Signature or other authorization)

PERSONNEL COPY

8
L

NAME PAY PLAN CLASS FROM SALARY TO SALARY STEP ORGN

[Redacted] FR 04 \$ 11,880 \$ 12,495 03 312A01

STANDARD FORM NO. 618
 REVISED JUNE 1967
 APPROVED BY:
 COMP. GEN. U. S.
 MARCH 17, 1968
 U. S. CIVIL SERVICE COMMISSION
 F. P. M. CHAPTER 40

**CIVIL OFFICER
 APPOINTMENT AFFIDAVITS**

United Mexican States
 Federal District
 City of Mexico
 Embassy of the United
 States of America

[Redacted]

A. OATH OF OFFICE

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

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

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

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

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

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

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

[Redacted]

NOTE.—The oath of office must be administered by a person specified in 5 U. S. C. 18, or by a person designated to administer oaths under Section 208, Act of June 26, 1943, 5 U. S. C. 16a. If by a Notary Public, the date of expiration of his commission should be shown.

FORM DS-1032
1-63
Replaces DS-1032 approved by
E.O. and B of B July 1957

PERSONAL NUMBER

NOTIFICATION OF PERSONNEL ACTION

[Empty rectangular box for personnel action notification content]

STATE DEPARTMENT OF STATE

SUBMITTING OFFICE NO. 2321

CHP

2

PERSONNEL FOLDER

0 0 0 0

Form 06-1001
Revised 10/12 approved by
U.S. Civil Service Commission

REQUEST FOR PERSONNEL ACTION

[Empty form area for personnel action request]

**CIVIL OFFICER
APPOINTMENT AFFIDAVITS**
(As defined in 5 USC 21a and 21b)

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

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C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

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

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

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

NOTE.—The oath of office must be administered by a person specified in 5 U. S. C. 15, or by a person designated to administer oaths under Section 206, Act of June 28, 1943, 5 U. S. C. 16a. If by a Notary Public, the date of expiration of his commission should be shown.

Form DS-1022
Revisions as of 10 approved by
E.O. and B. of 8 July 1962

NOTIFICATION OF PERSONNEL ACTION

Submitting office use only
AN ENCL NUMBER

A large, empty rectangular box with a thin black border, occupying the central portion of the page. This box is intended for the recipient to provide details regarding the personnel action, such as the name of the employee, the nature of the action, and the effective date.

Form 09-1081

Replaces Form 1081 approved by
GPO: 1967 O - 348-1081

REQUEST FOR PERSONNEL ACTION

NOTIFICATION OF SECURITY CLEARANCE UNDER E. O. 10450

TO: Director, Office of Personnel
Attn: Mr. John Orway

DATE: February 1, 1963

SUBJECT:

APPLICANT. If subject is not appointed within 90 days of the date of this notification, this clearance must be revalidated by the Office of Security.

EMPLOYEE.

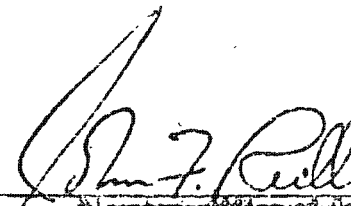
The case of above-named person has been reviewed in the Office of Security.

Investigative requirements of Executive Order 10450 have been complied with.

It has been determined that the employment or retention in employment of subject is clearly consistent with the interests of national security.

REMARKS:

Investigative reports are attached. Please return these reports to the Office of Security within 10 days together with the names of the individuals who have reviewed them listed on the extra copy of this form herewith furnished.



Director, Office of Security
Deputy Assistant Secretary for Security

ATTACHMENTS

O/SY:JFRellily:ec

This memorandum may be considered as **CONFIDENTIAL USE ONLY** upon removal of attachments.

UNCLASSIFIED/Mexico City

STANDARD FORM 144 REVISED SEPTEMBER 1974 U. S. GOVERNMENT PRINTING OFFICE FORM CHIEFS 1, 11, 12 AND 13		STATEMENT OF PRIOR FEDERAL CIVILIAN AND MILITARY SERVICE AND DETERMINATION OF COMPETITIVE STATUS	
IMPORTANT: The information on this form will be used (1) in determining creditable service for leave purposes and retirement credits for reduction in force, and (2) in recording agency determination of competitive status. The employee should complete Part I and the Personnel Office should complete Parts II through V.			
PART I—EMPLOYEE'S STATEMENT		PART II—THIS COLUMN IS FOR PERSONNEL OFFICE USE	
		7. DATE OF BIRTH	8. RETENTION GROUP

STANDARD FORM 57
REVISED MARCH 1961
U.S. CIVIL SERVICE COMMISSION

APPLICATION FOR FEDERAL EMPLOYMENT

L-10103

97-103

1. Kind of position applied for, or name of examination	Announcement No.	DO NOT WRITE IN THIS BLOCK	
			1st
			2nd
			3rd
			4th
			5th
			6th
			7th
			8th
			9th
			10th

A
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X
Y
Z

PLEASE BE SURE TO READ ATTACHED INSTRUCTIONS BEFORE COMPLETING ITEM 19

19 EXPERIENCE *(Start with your PRESENT position and work back.)*

**IF YOU NEED ADDITIONAL EXPERIENCE BLOCKS USE STANDARD FORM 57-A OR BLANK SHEETS
SEE INSTRUCTION SHEET**

STANDARD FORM 57A
MAY 1964—U.S. GOV.
SERVICE COMMISSION

CONTINUATION SHEET FOR STANDARD FORM 57
"Application for Federal Employment"

57-202

[Empty rectangular box for application content]

ATTACH SUPPLEMENTAL SHEETS OR FORMS HERE
• ANSWER ALL QUESTIONS CORRECTLY AND FULLY

20 SPECIAL QUALIFICATIONS AND SKILLS

A. Kind of License or Certificate (For example, pilot, teacher, registered nurse, lawyer, radio operator, C.P.A., etc.)	B. State or other licensing authority	C. Year of first license or certificate	D. Year of latest license or certificate

DATE OF EMPLOYMENT (month, year)

EXACT TITLE OF YOUR POSITION

ANSWER ALL QUESTIONS BY PLACING "X" IN PROPER COLUMN		YES	NO
25. Are you a citizen of the United States of America? If "No," give country of which you are a citizen?		X	
26. Are you now, or have you ever been, a member of the Communist Party, U.S.A., the Communist Political Association, the Young Communist League, or any Communist organization?			X
27. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group, or combination of persons which is totalitarian, fascist, Communist, or subversive, or which has adopted, or shows, a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means? <i>If your answer to 26 and/or 27 above is "Yes," state on a separate sheet attached to and made a part of this application the names of all such organizations, associations, movements, groups or combination of persons and date of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities. (See Instruction Sheet)</i>			X
28. Have you any physical handicap, chronic disease, or other disability?			X
29. Have you ever had a nervous breakdown?			X
30. Have you ever had tuberculosis? <i>If your answer to 28, 29, or 30 above is "Yes," give details in Item 39.</i>			X
31. Have you ever been barred by the U.S. Civil Service Commission from taking examinations or accepting civil service appointment? <i>If your answer is "Yes," give dates of and reasons for such debarment in Item 39.</i>			X
32. Does the United States Government employ in a civilian capacity any relative of yours (by blood or marriage) with whom you live or have lived within the past 24 months? <i>If your answer is "Yes," give in Item 39 for EACH such relative (1) full name; (2) present address; (3) relationship; (4) department or agency by which employed, and (5) kind of appointment.</i>			X
33. Do you receive or have you applied for an annuity from the United States or District of Columbia Government under any retirement act or any pension, or other compensation for military or naval service? <i>If your answer is "Yes," give details in Item 39.</i>			X
34. Are you an official or employee of any State, territory, county, or municipality? <i>If your answer is "Yes," give details in Item 39.</i>			X
35. Have you ever been discharged (fired) from employment for any reason?			X
36. Have you ever resigned (quit) after being informed that your employer intended to discharge (fire) you for any reason? <i>If your answer to 35 or 36 above is "Yes," give details in Item 39. Show the name and address of employer, approximate date, and reason, in each case. This information should agree with statements made in Item 19—Experience.</i>			X
37. Have you ever been arrested, taken into custody, held for investigation or questioning, or charged by any law enforcement authority? <i>(You may omit: (1) Traffic violations for which you paid a fine of \$30.00 or less, and (2) anything that happened before your 16th birthday. All other incidents must be included, even though they were dismissed or you merely forfeited collateral.)</i>			X
38. While in the military service were you ever arrested for an offense which resulted in a trial by deck court or by summary, special, or general court martial? <i>If your answer to 37 or 38 is "Yes," give details in Item 39, showing for each incident: (1) date, (2) charge, (3) place, (4) law enforcing authority or type of court or court-martial, and (5) action taken.</i>			X
39. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS. Indicate item numbers to which answers apply.			

ATTENTION: READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING THIS APPLICATION

A false or dishonest answer to any question in this application may be grounds for rating you ineligible for Federal employment, or for dismissing you after appointment, and may be punishable by fine or imprisonment (U.S. Code, Title 18, Sec. 1001). All statements made in the application are subject to investigation, including a check of your fingerprints, police records, and former employers. All information will be considered in determining your present fitness for Federal employment.

CERTIFICATION

I CERTIFY that all of the statements made herein are true and correct to the best of my knowledge and belief.

Signature of applicant

[Signature area]

FORM DS-1032
(Exception to SF 50
approved by CSC and

**NOTIFICATION OF
PERSONNEL ACTION**

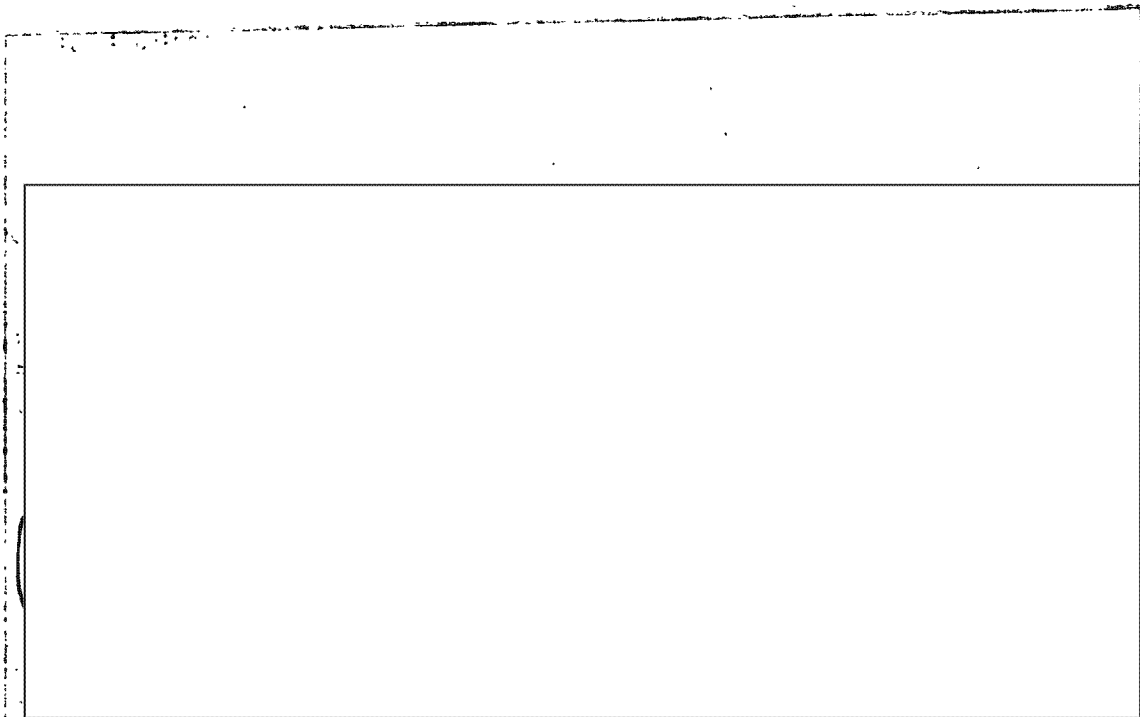
JOURNAL
NUMBER

16

[Empty box for notification details]

PERSONNEL FOLDER

FORM DS-1031 (Exception to SF 32 approved by CSC and B of B April 22, 1960) DEPARTMENT OF STATE REQUEST FOR PERSONNEL ACTION	REQUEST NO.	SERVICE	ROUTING		
			1 WF		
	DATE OF REQUEST	EX FS	2 LV		
	04/21/61	OP	3 TRANS		



RESIGNATION

SECTION FOR THE EMPLOYER'S USE

BY LAST WORKING DAY WILL BE

SEPARATION DATA

FORWARD INFORMATION INCLUDING SALARY CHECKS AND POINTS TO THE FOLLOWING ADDRESS:

(CITY) (STATE) (ZIP)

5333

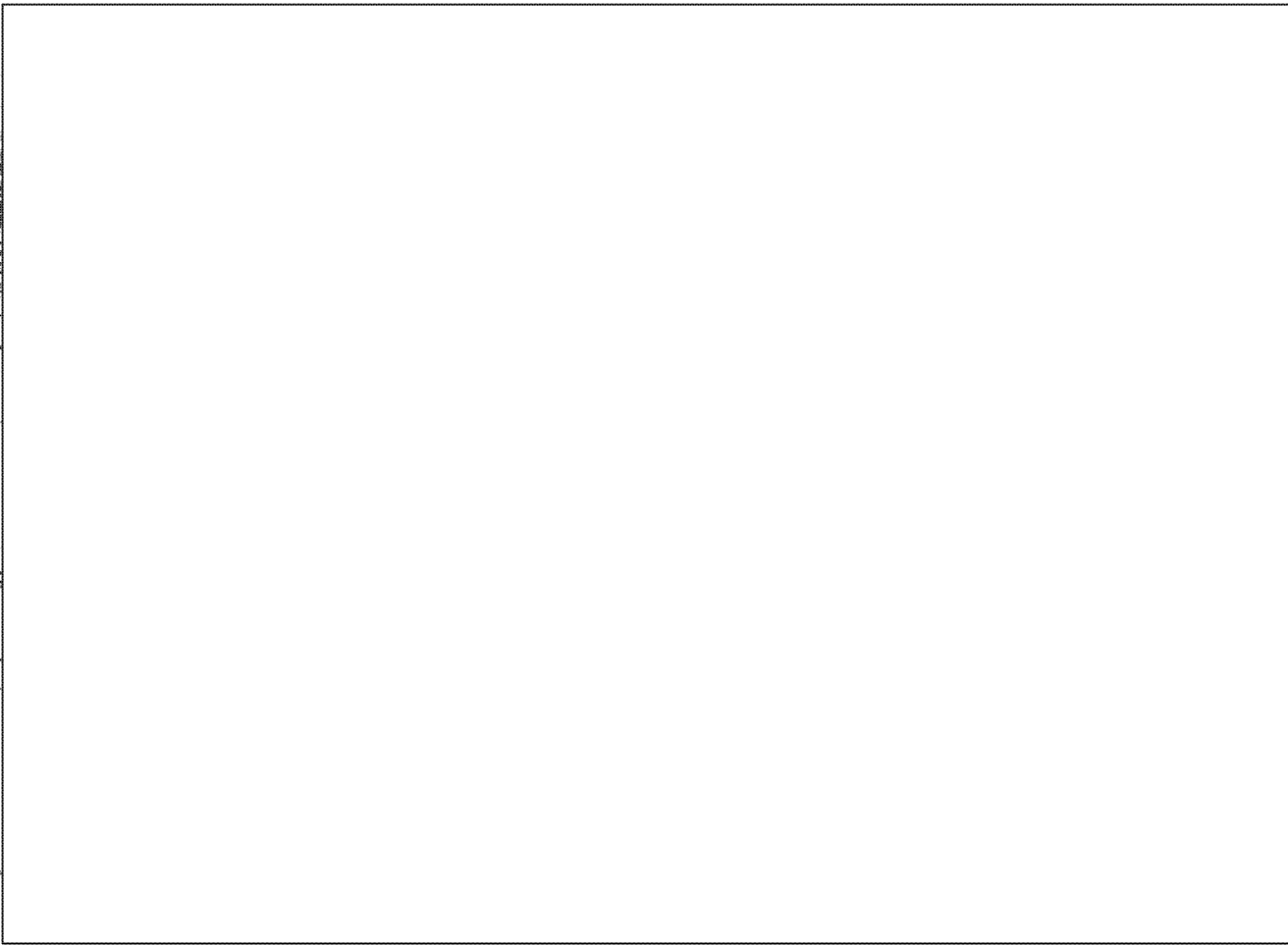
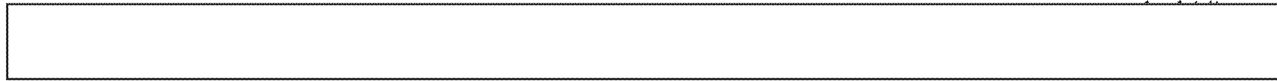
Washington, D.C.
April 20, 1961

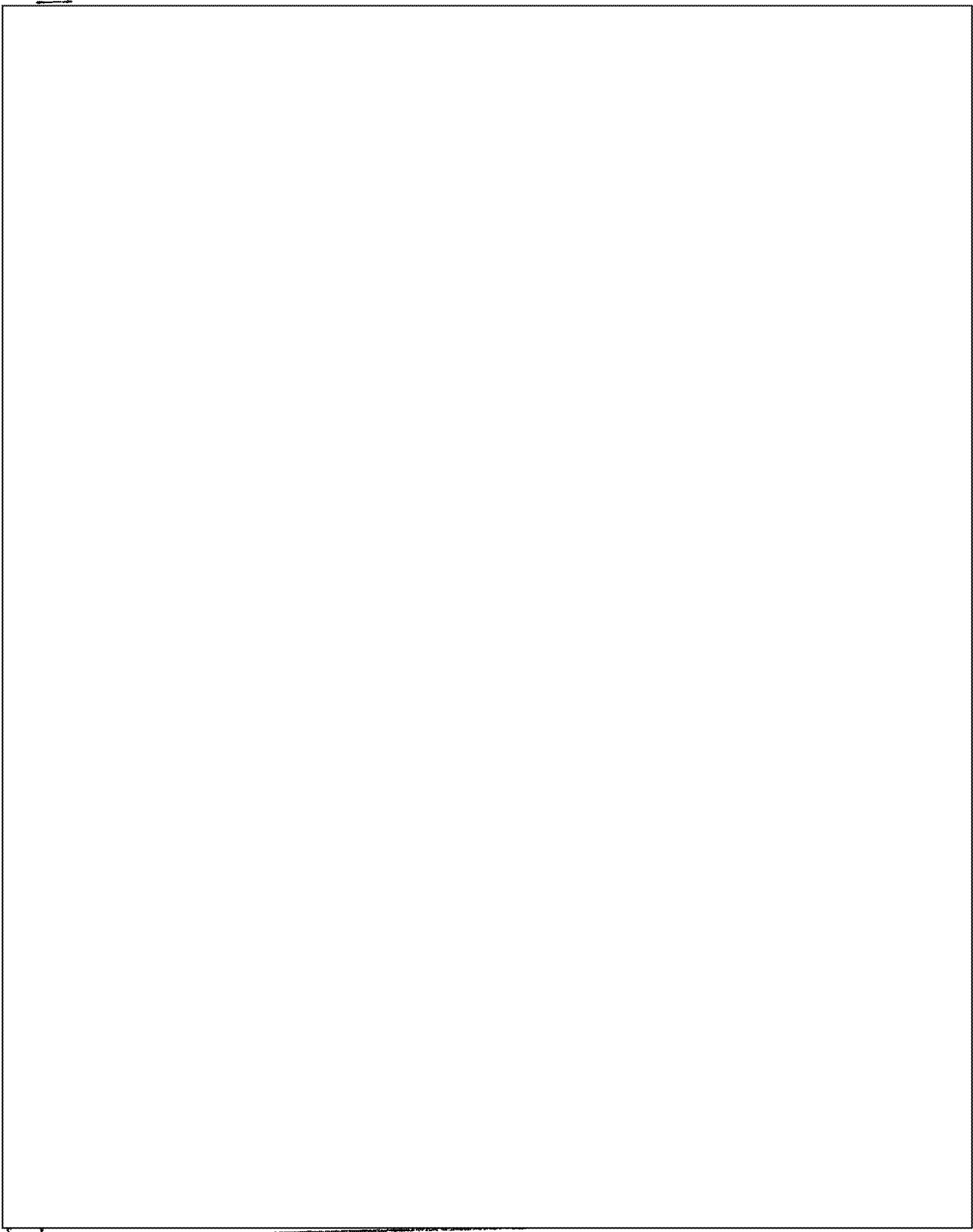
The Honorable
The Secretary of State
Washington, D.C.

Dear Mr. Secretary:



5-12-61





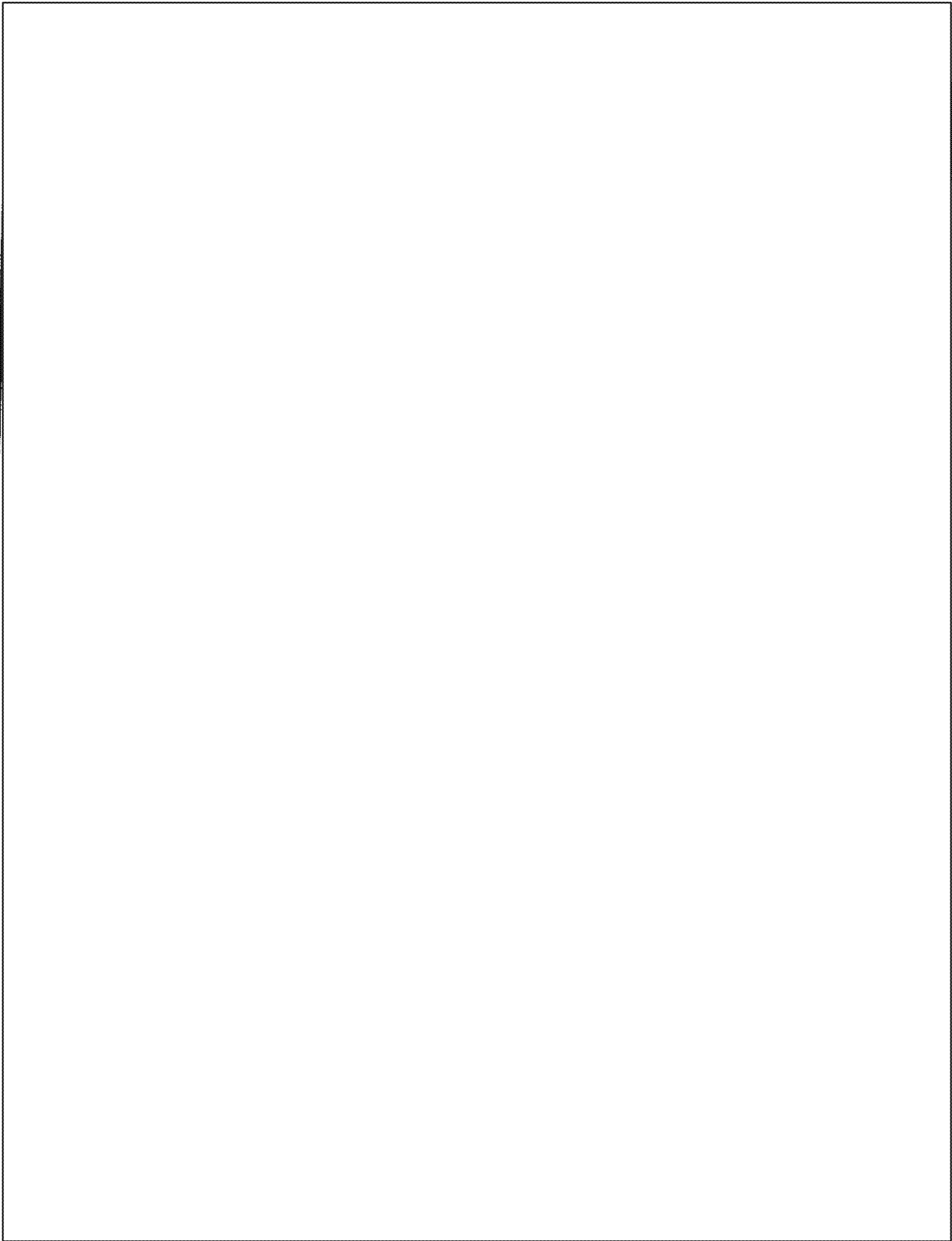
2.

PERSONNEL FOLDER

Form DB-1031 Exception to SF-52 Approved by the Bureau of the Budget May 1954 DEPARTMENT OF STATE REQUEST FOR PERSONNEL ACTION	ROUTING	1	T 2/2/54	2	SERVICE
	WROS	1	3	3	EXP.
	ARA	2	TRANS	10	<input type="checkbox"/> DPTL
	AAH	3		11	

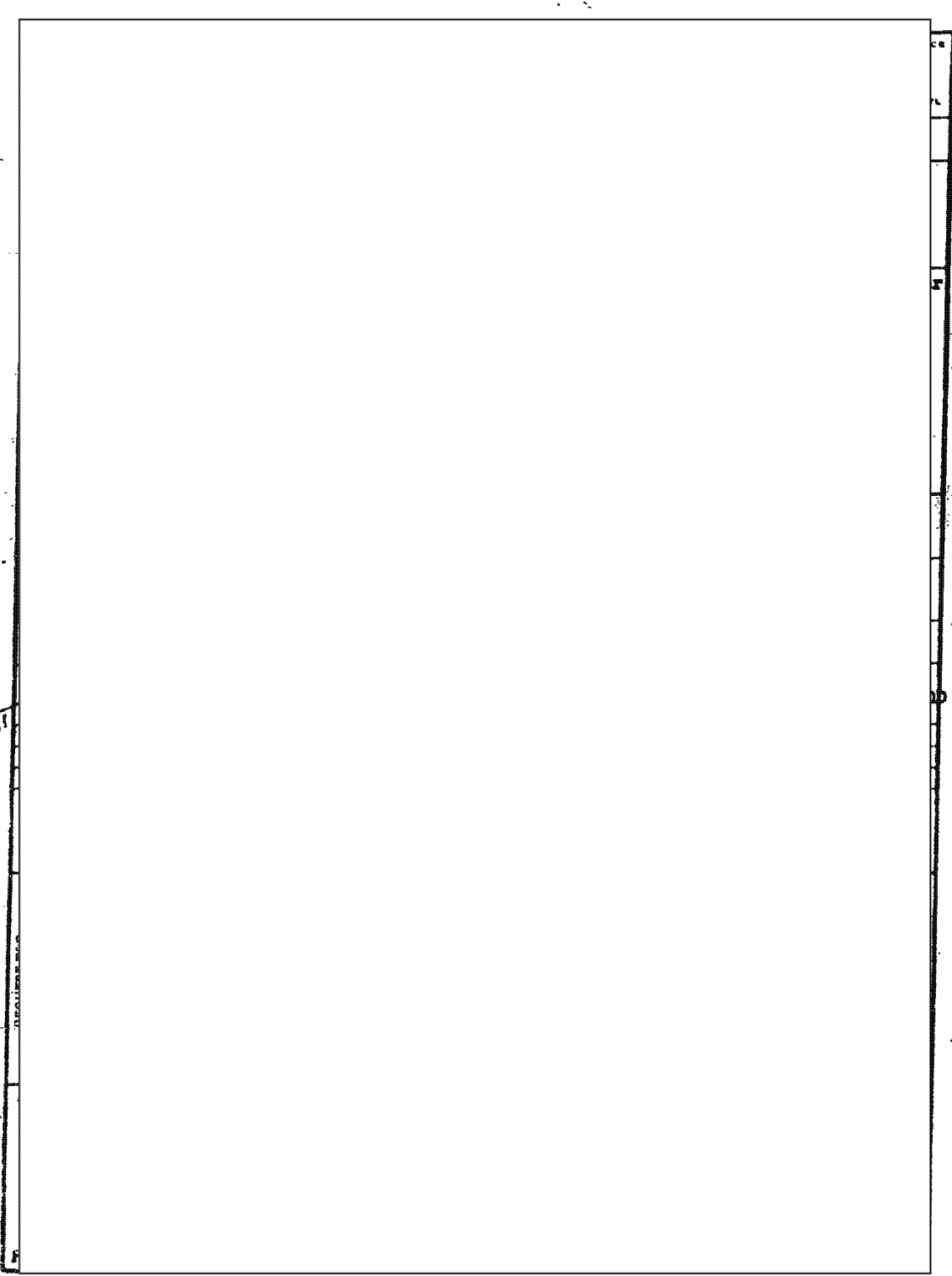
331

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2.

PERSONNEL FOLDER

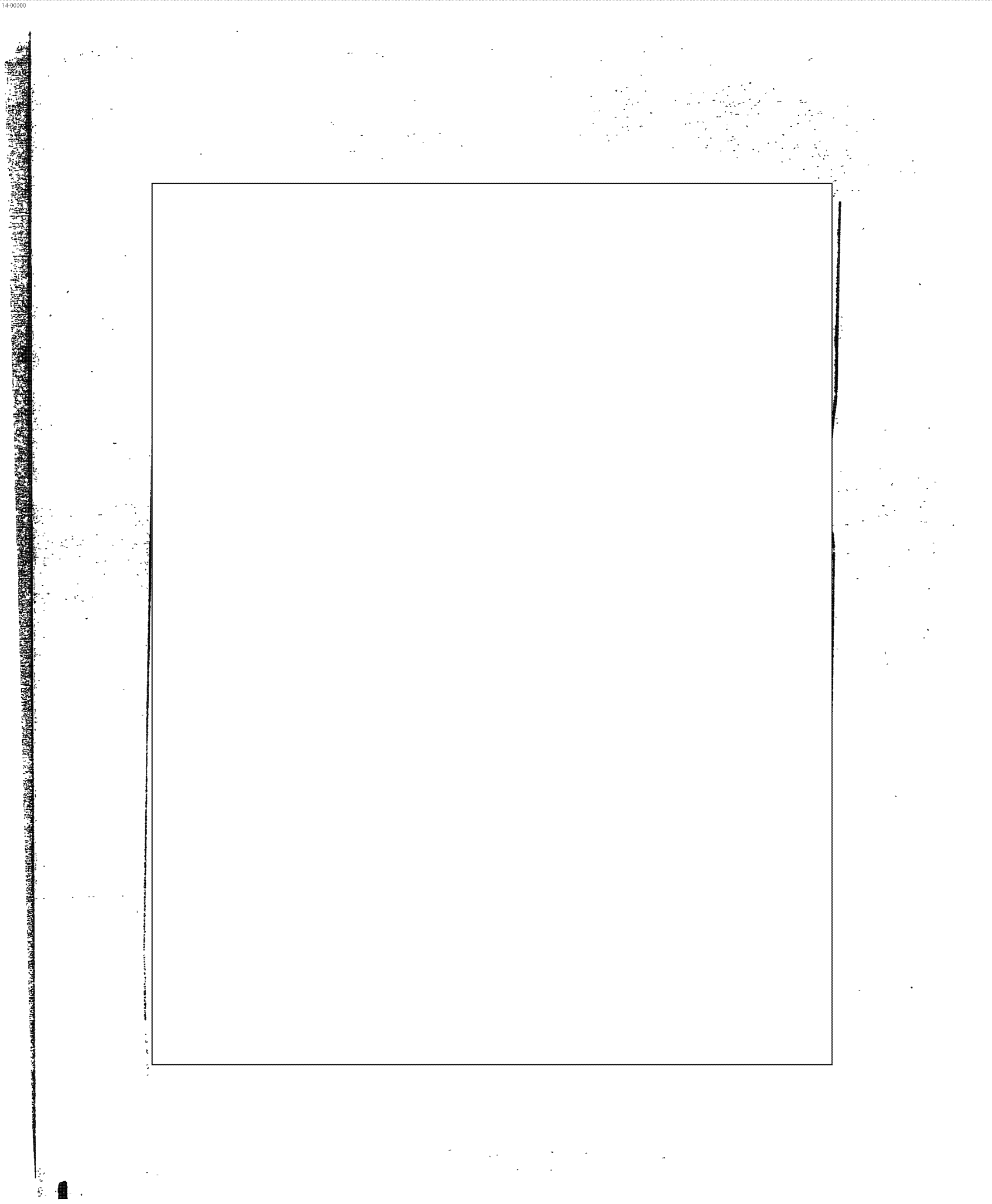


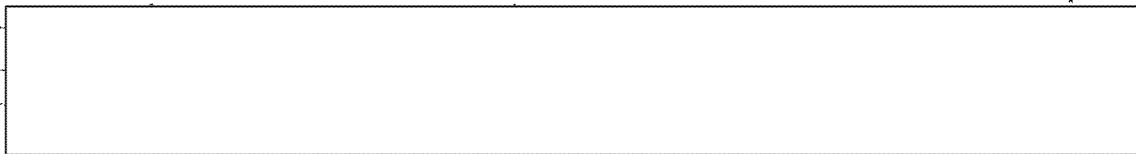
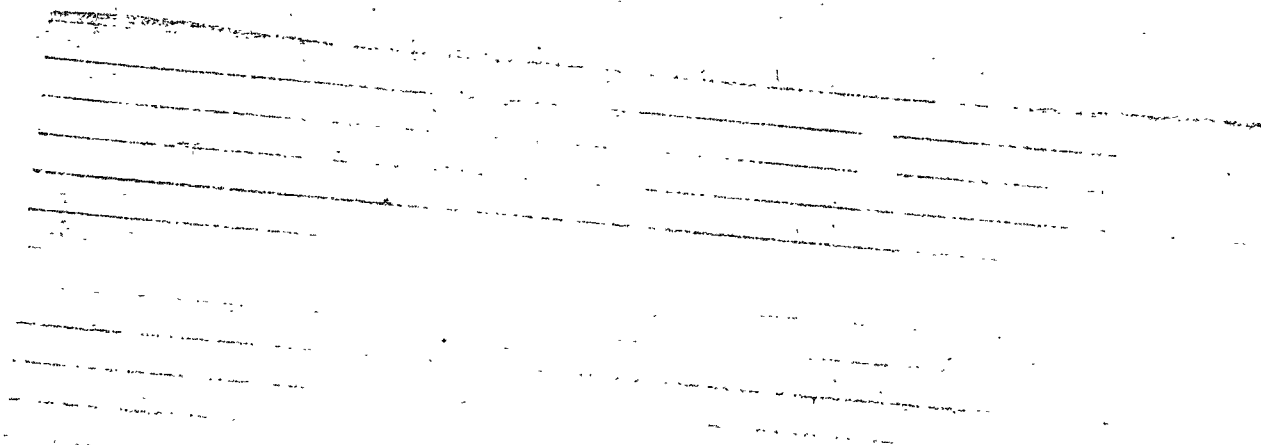
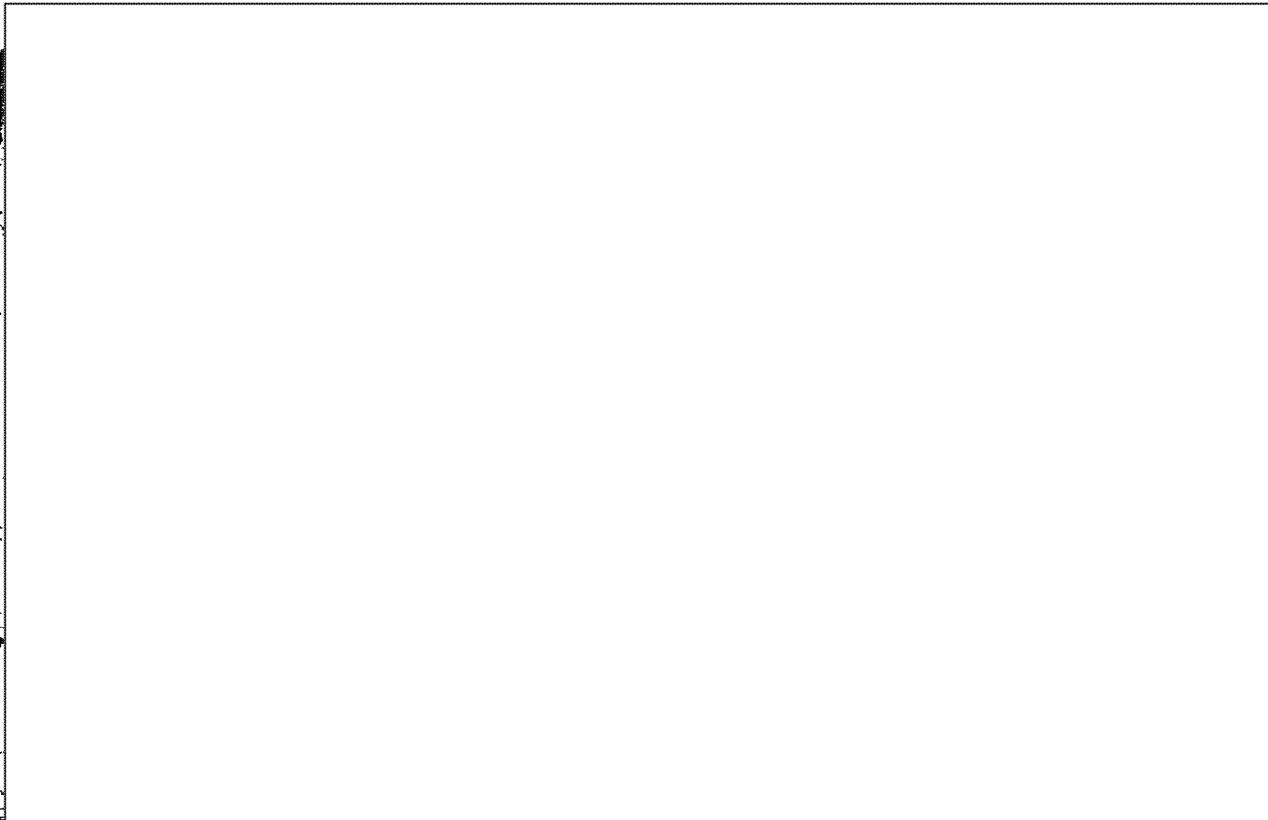
337

DECEMBER 2008

Printed on 100% Recycled Paper

17





STANDARD FORM NO 61a
REVISED MARCH 1976
APPROVED BY
COMP GEN U S
FEB 10, 1976
U S CIVIL SERVICE COMMISSIO
F P M CHAPTER 46

**CIVIL OFFICER
APPOINTMENT AFFIDAVITS**
(As defined in 5 USC 21a and 21b)

PERDILES

do solemnly swear (or affirm) that

A. OATH OF OFFICE

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

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

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

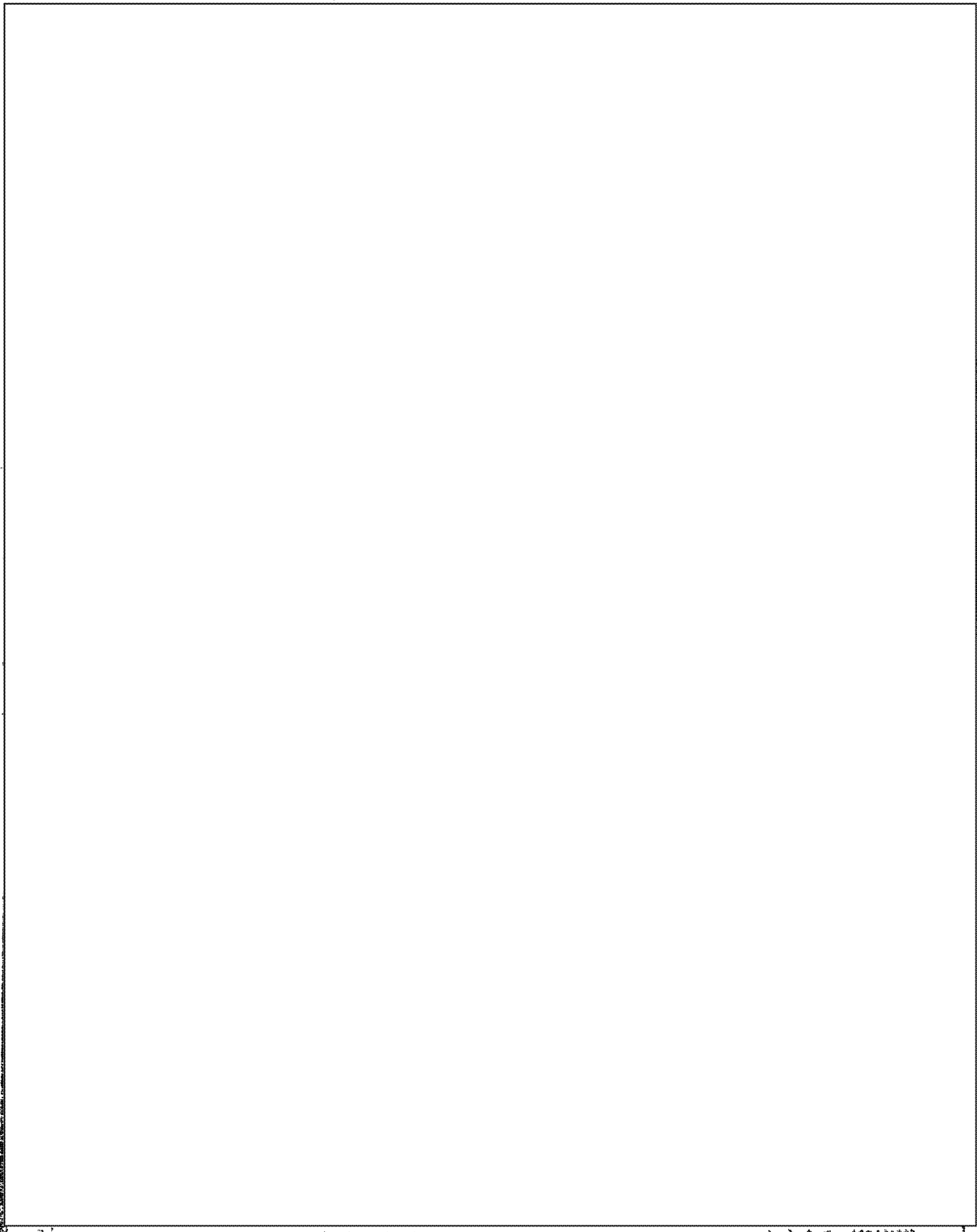
C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

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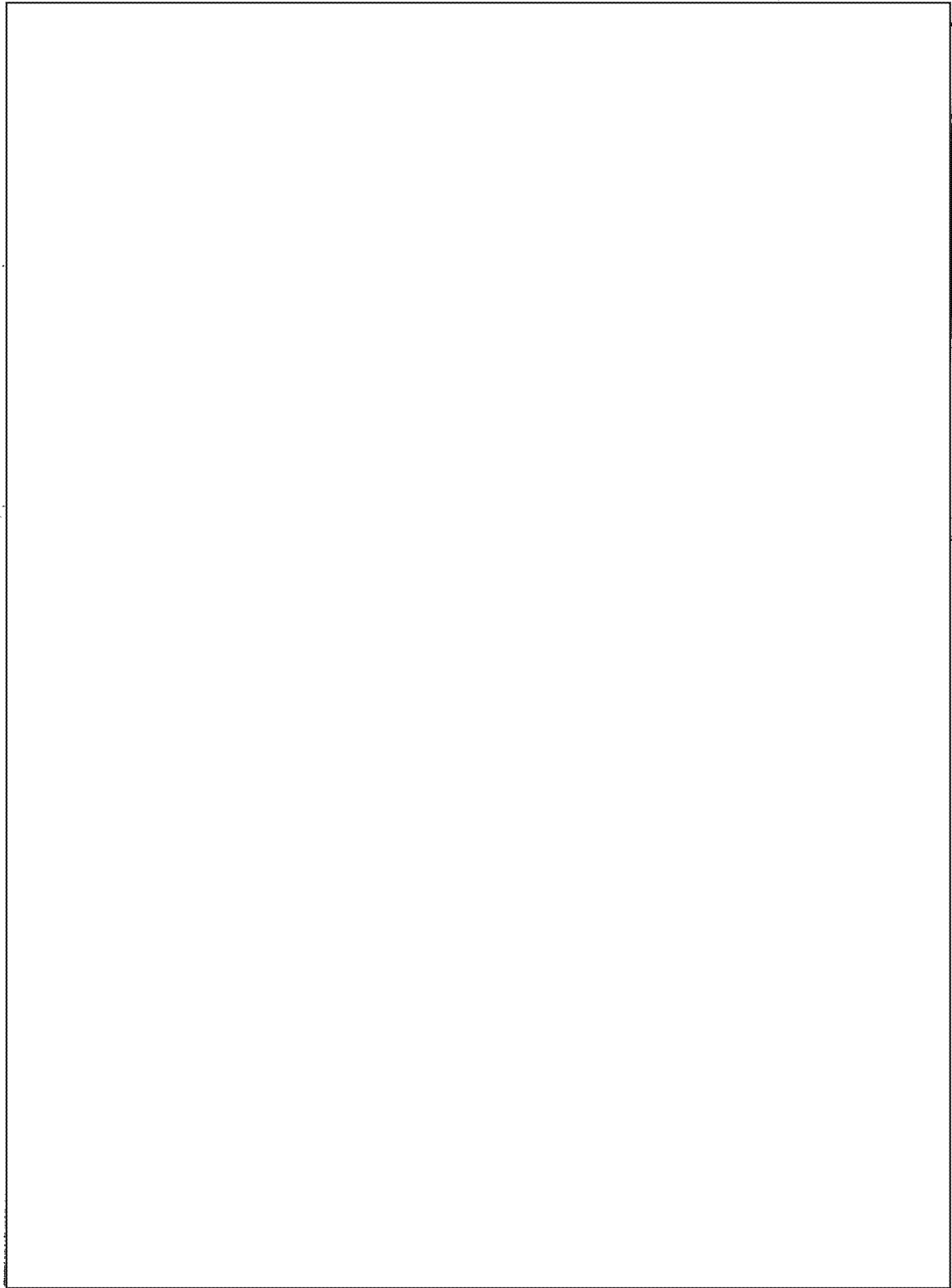
D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

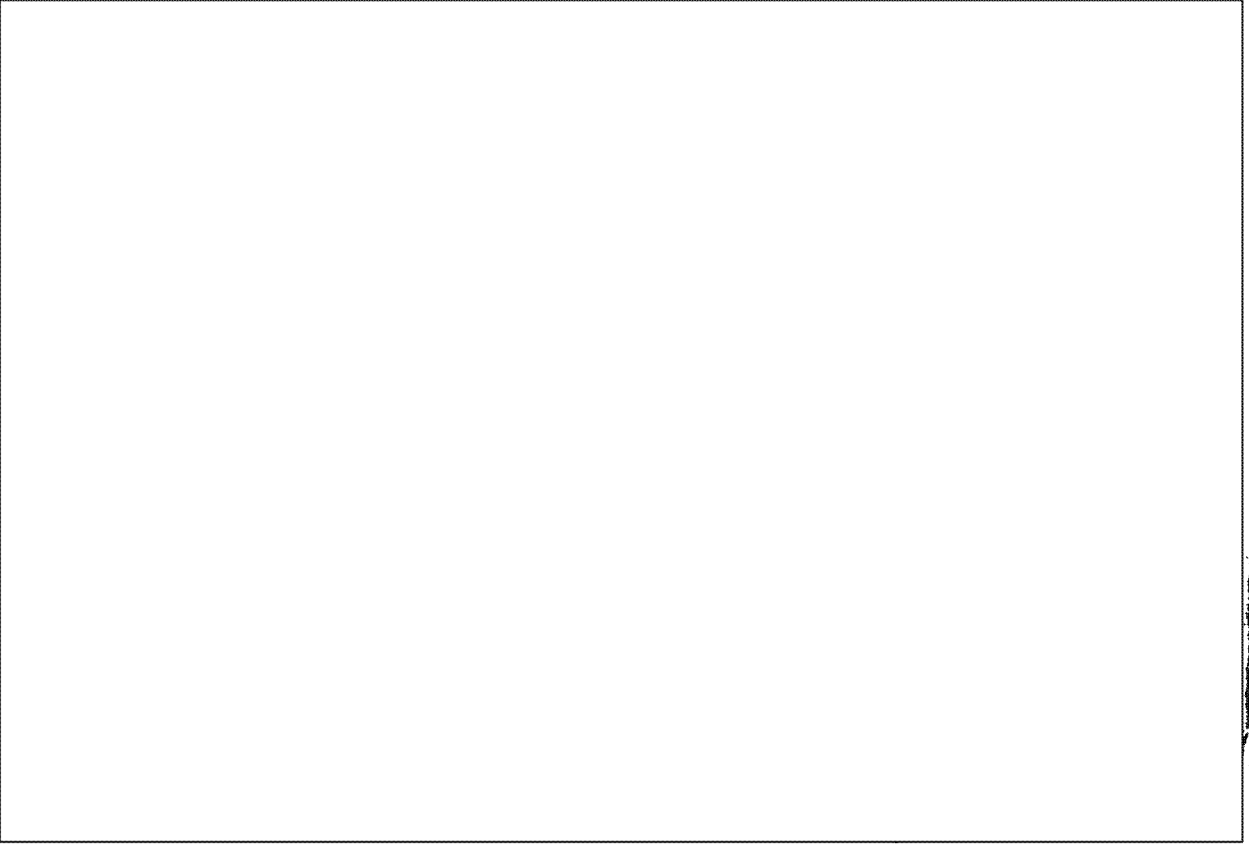
I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.

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



RESEARCH POLICE





SALARY ADJ EFF 7-28-56 PL028 CA 1166 8-7-56



STANDARD FORM #18
BUREAU OF THE BUDGET
FORM APPROVED BY THE COMP. GEN., U.S.
JUNE 15, 1910
U. S. CIVIL SERVICE COMMISSION
P. P. H. CHAPTER 46

**CIVIL OFFICER
APPOINTMENT AFFIDAVITS**

A. OATH OF OFFICE

PERSONNEL FILES

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.**

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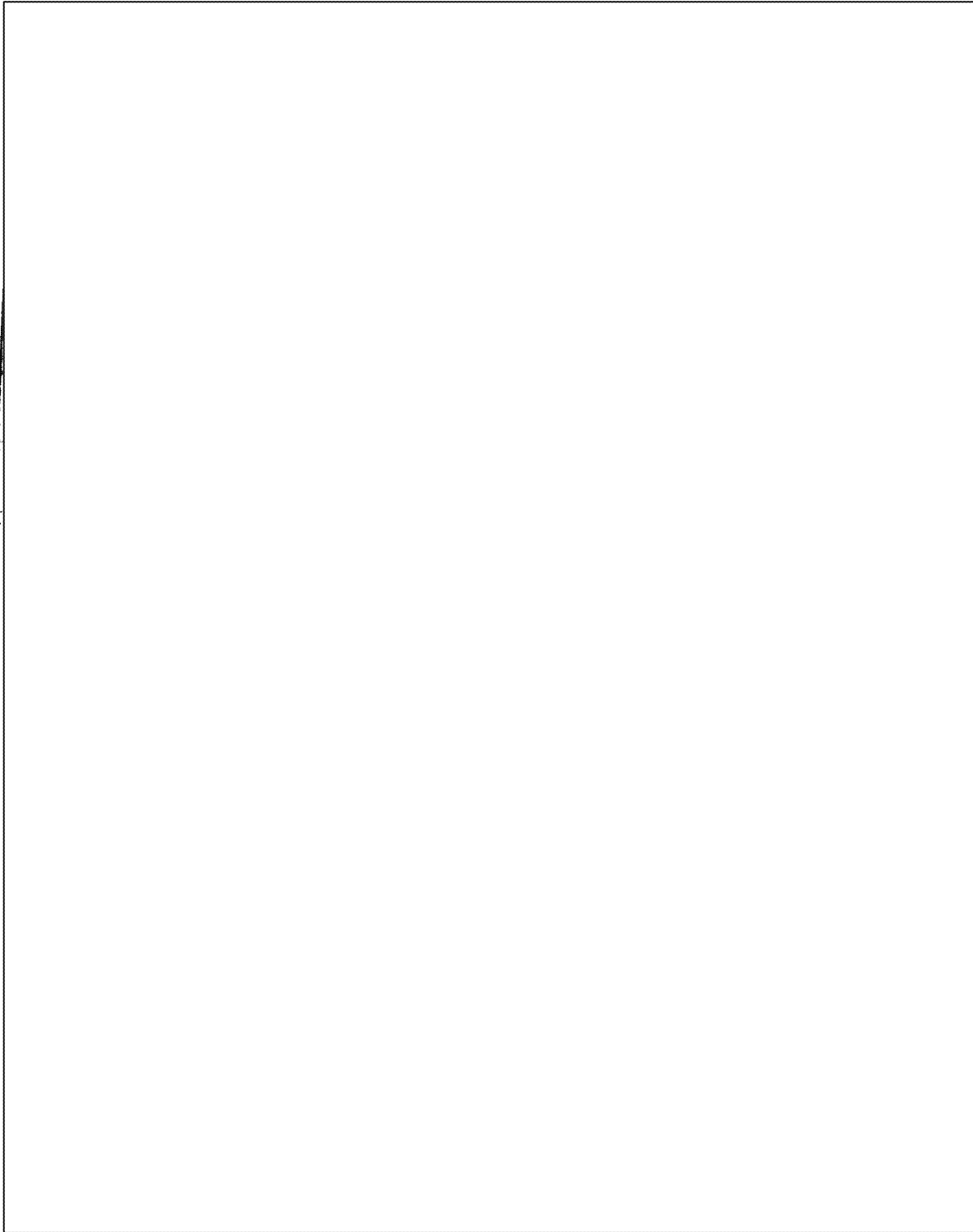
C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

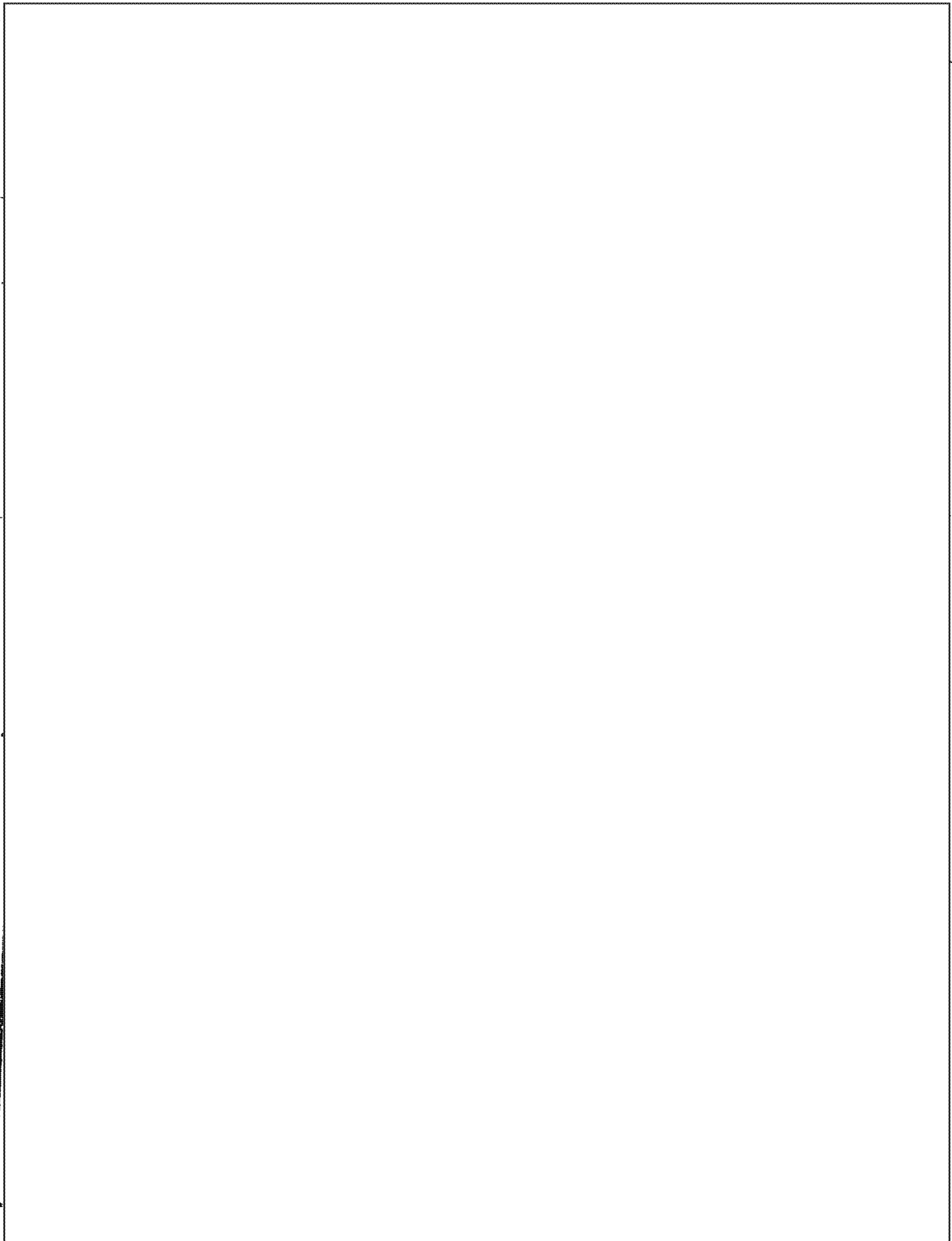
I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States,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

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**CIVIL OFFICER
APPOINTMENT AFFIDAVITS**

(As defined in 5 USC 31a and 31b)

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 a 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.

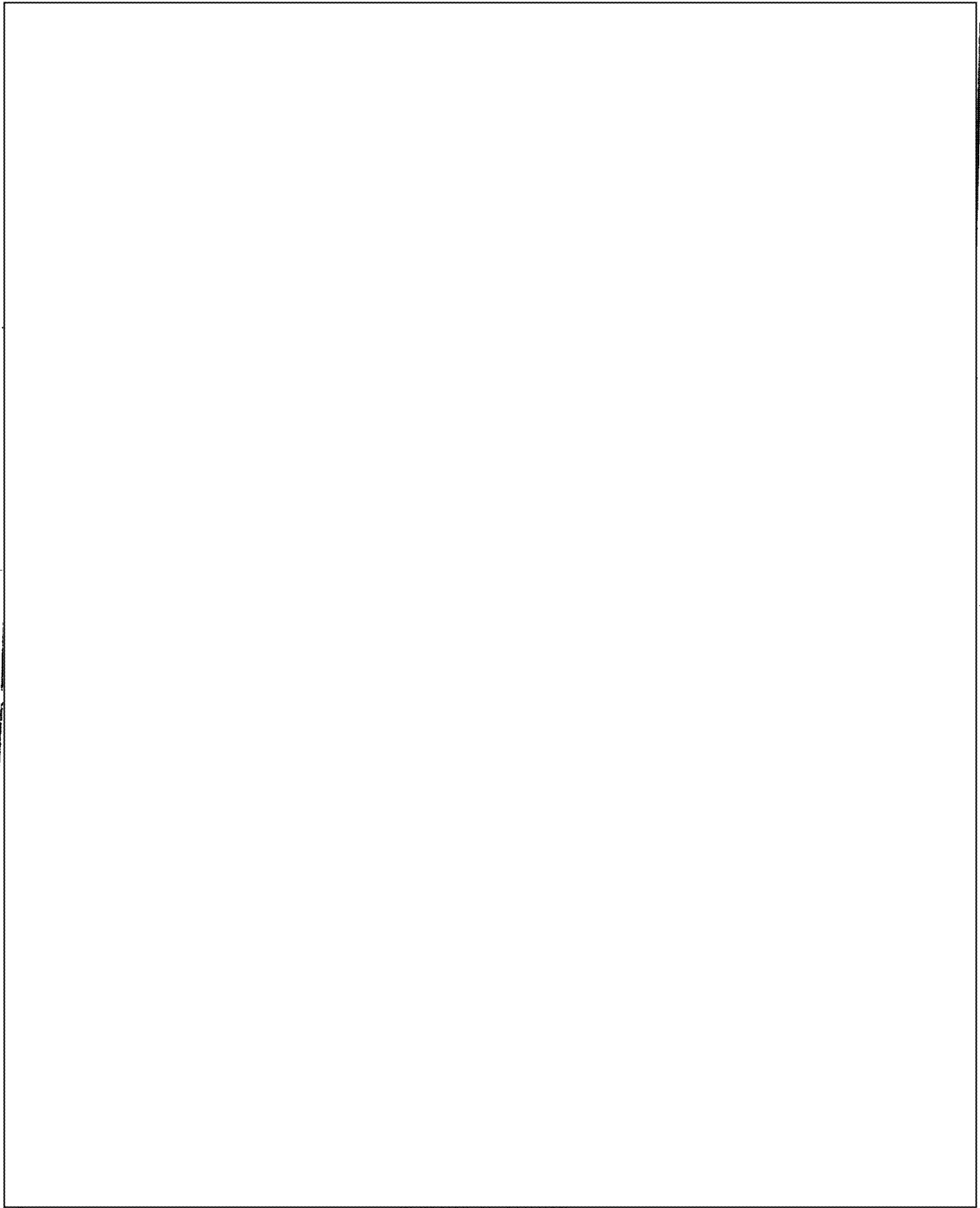
C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

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, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.

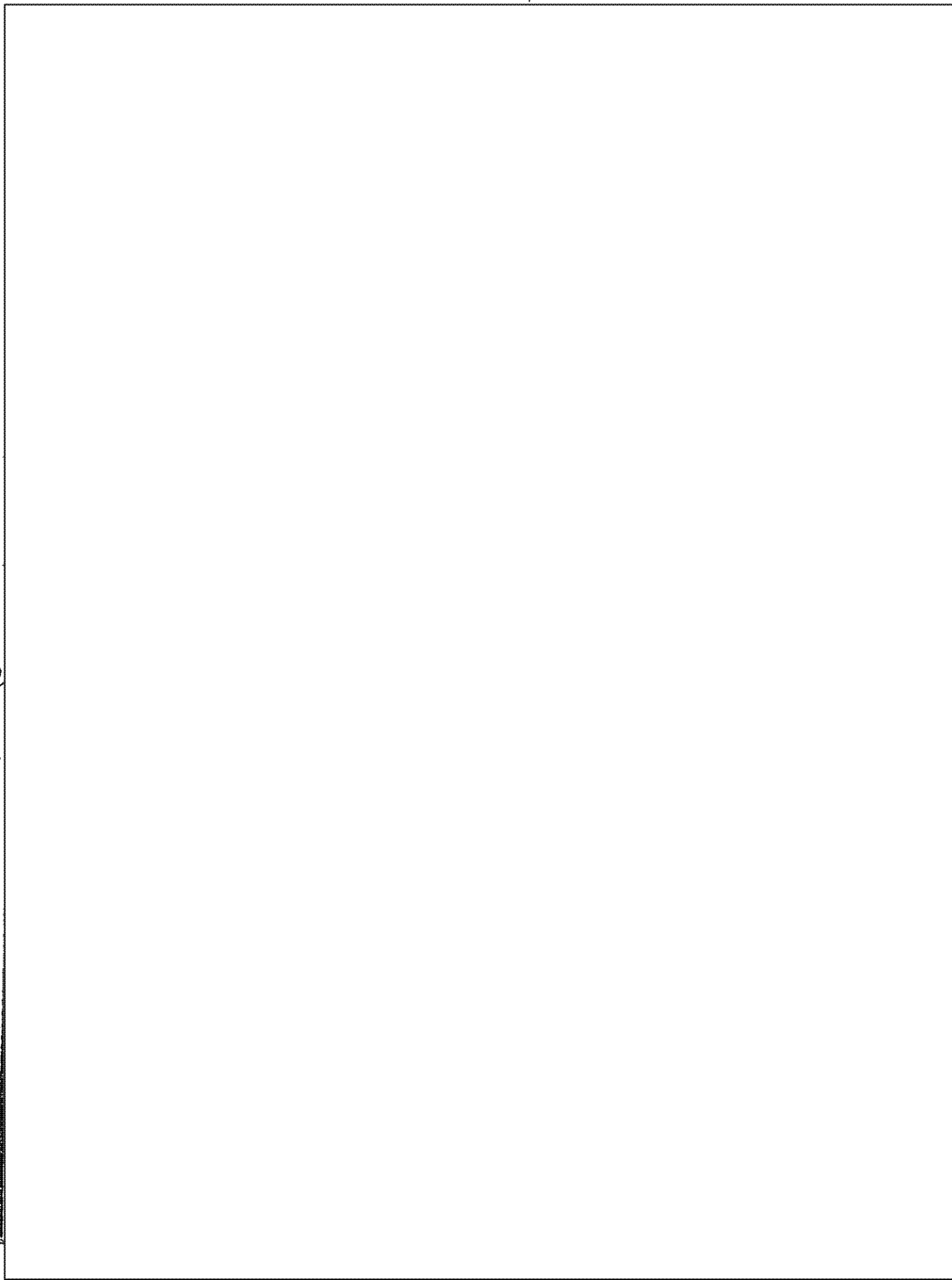
NOTE.—If the oath is taken before a Notary Public, the date of expiration of his commission should be shown.



2.

PERSONNEL FOLDER

080-100-2340



2/12/20

STANDARD FORM 104
REVISED SEPTEMBER 1954
U. S. CIVIL SERVICE COMMISSION
GPM CHAPTERS 11, 12, AND 21

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

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

NOTIFICATION OF SECURITY CLEARANCE UNDER E. O. 10450

TO: Director, Office of Personnel
Attention: Mr. Howard P. Mace

DATE: May 7, 1956

SUBJECT:

APPLICANT. If subject is not appointed within 90 days of the date of this notification, this clearance must be revalidated by the Office of Security.

EMPLOYEE.

The case of above-named person has been reviewed in the Office of Security.

Investigative requirements of Executive Order 10450 have been complied with.

REMARKS:

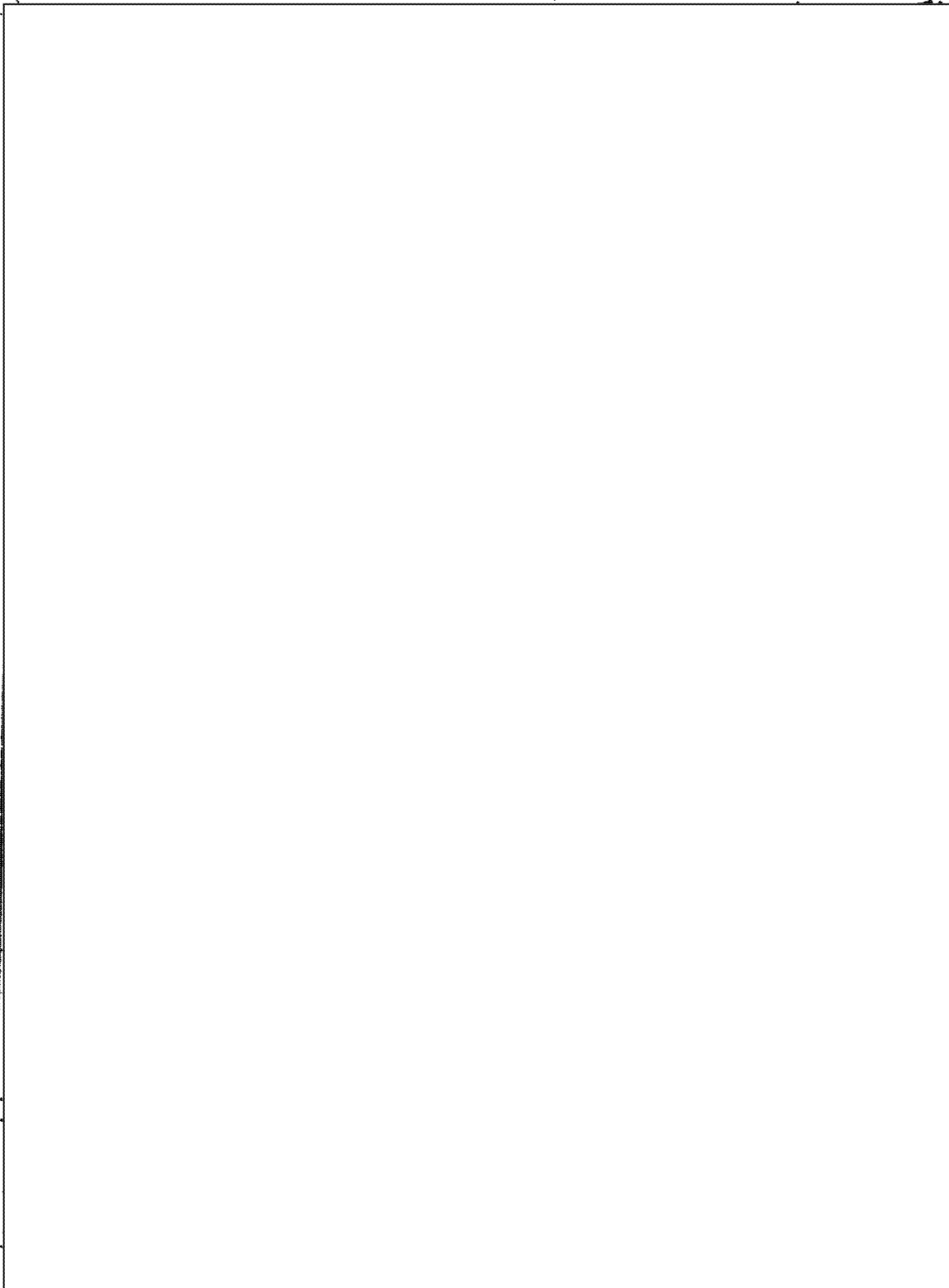
Investigative reports are attached. Please return these reports to the Office of Security within 10 days together with the names of the individuals who have reviewed them listed on the extra copy of this form herewith furnished.

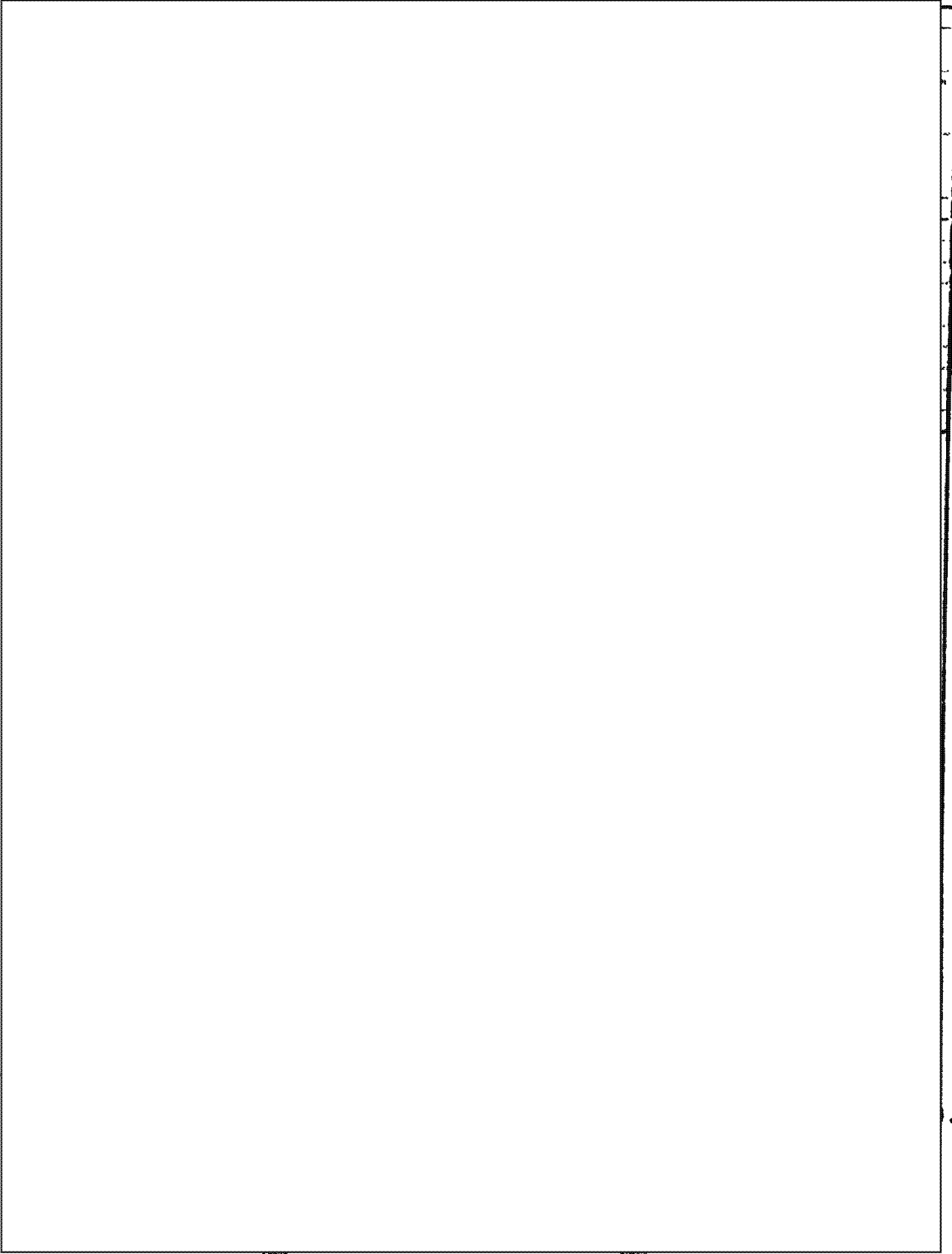
ATTACHMENTS

SCA:SY:WBds(Grace)abw

UNCLASSIFIED
Authorized by William O. Hall
Director General of the

This memorandum may be considered as ~~CONFIDENTIAL~~ ^{SECRET} ~~ONLY~~ ^{TOP SECRET} ~~Open~~ ^{Secret} ~~to~~ ^{to} ~~all~~ ^{all} ~~of~~ ^{of} ~~attachments.~~ ^{of attachments.}





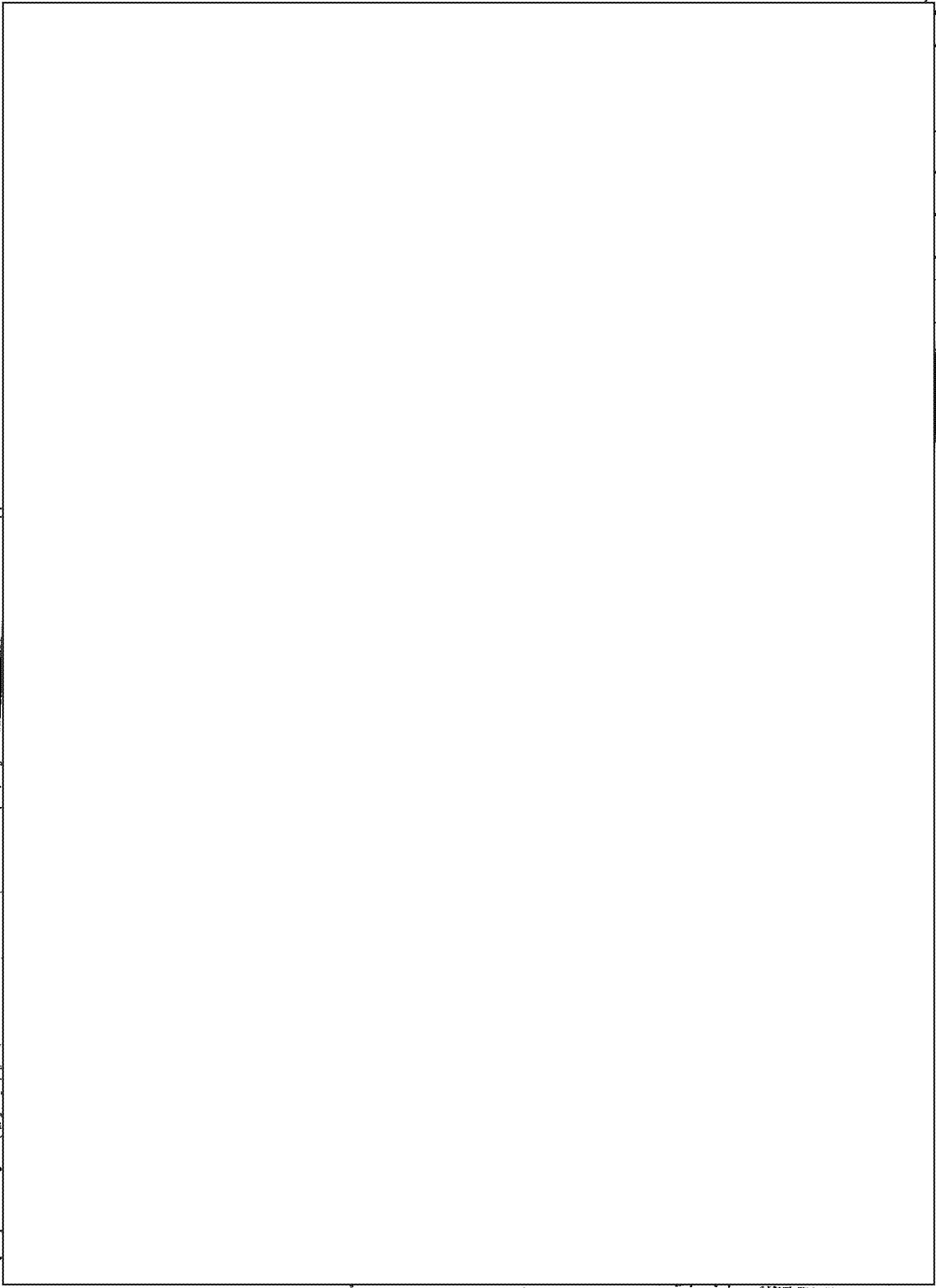
STANDARD FORM 57 - continuation
916
5.

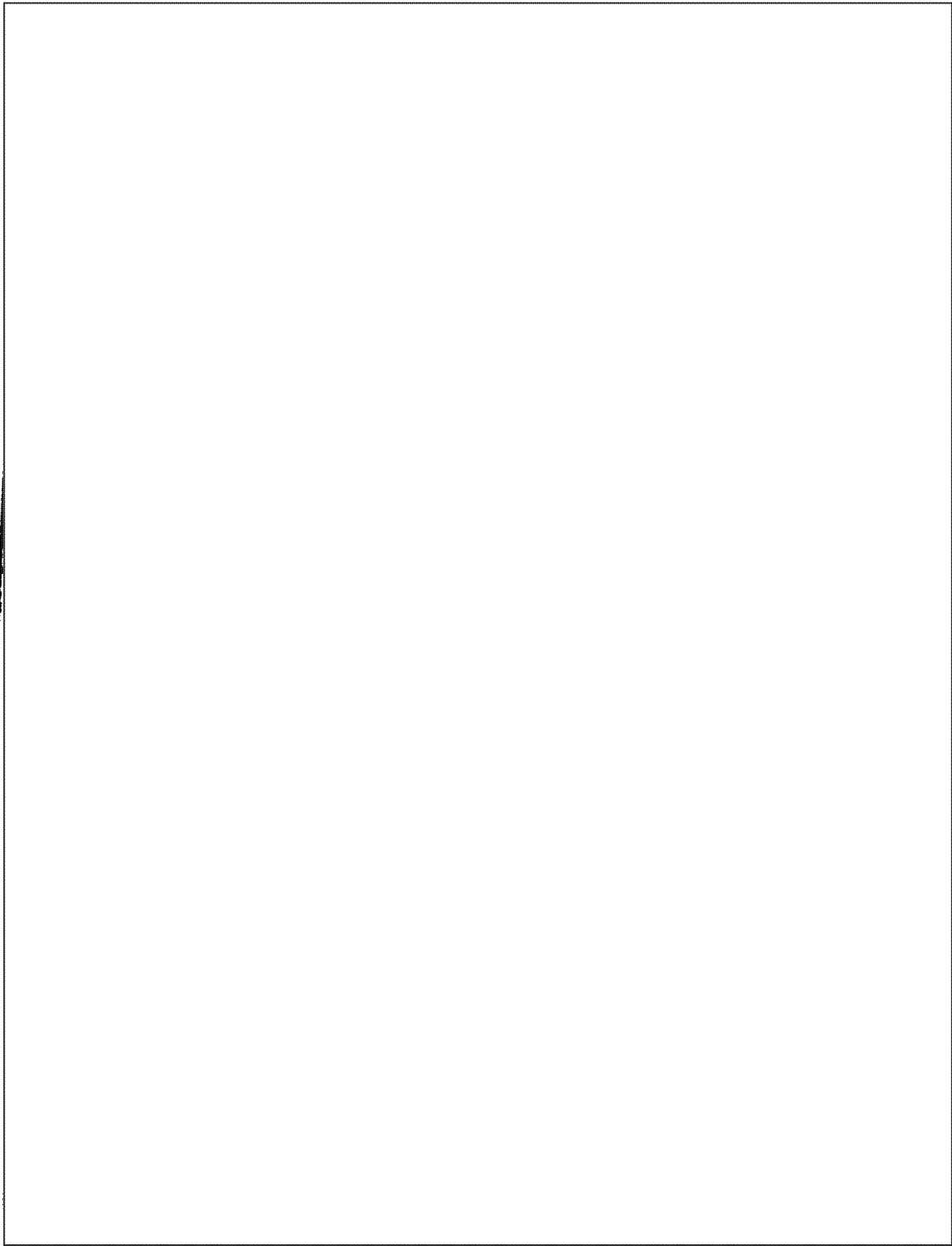
September 1943 - March 1945
Pfc
U. S. Army
United States
Honorable Discharge

Anti-Aircraft

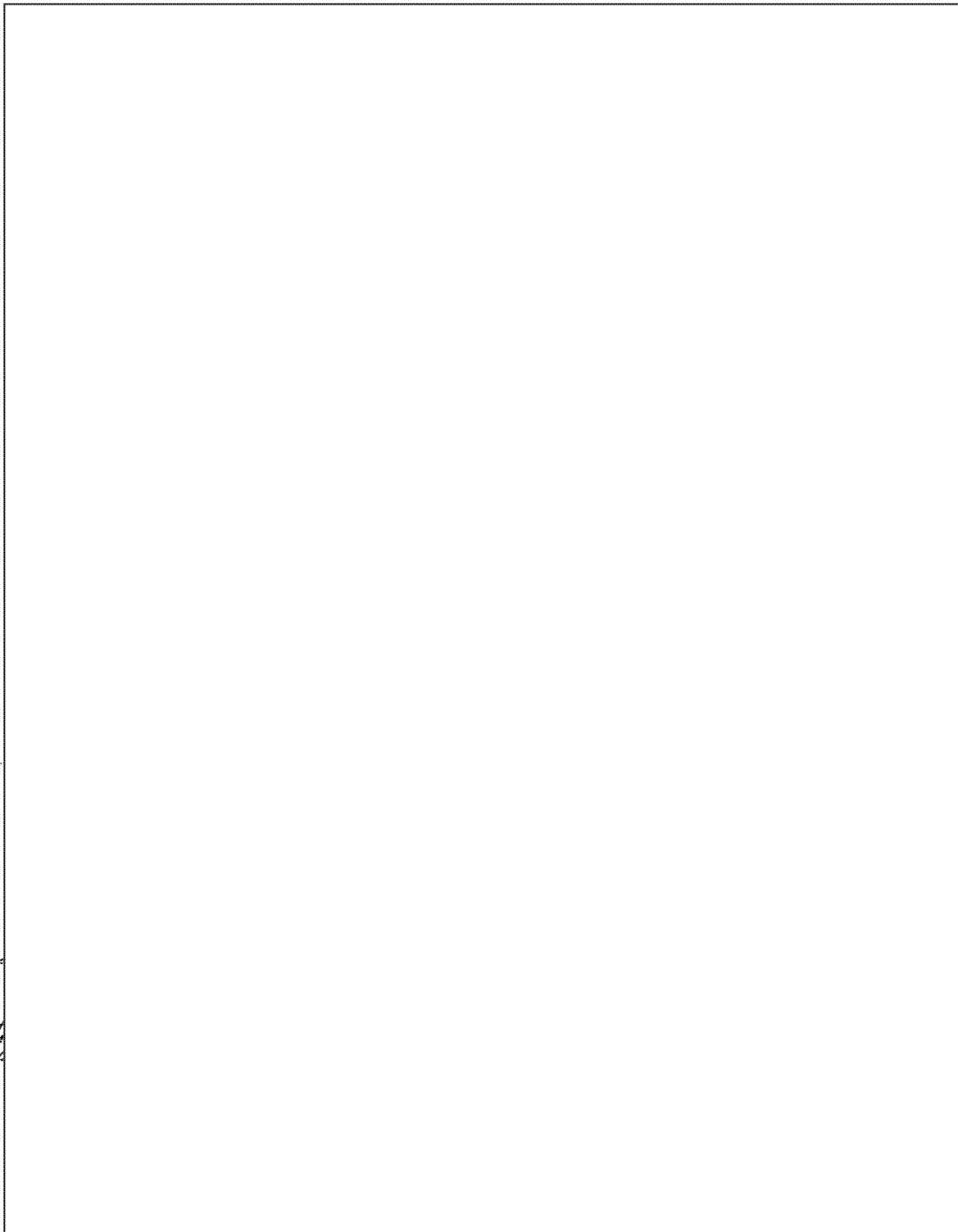
ATTACH SUPPLEMENTAL SHEETS OR FORMS HERE

The image shows a large, empty rectangular box with a thin black border. The box is intended for supplemental sheets or forms. On the right side of the box, there are some faint markings and a vertical line, possibly indicating a binding edge or a specific section. The text "ATTACH SUPPLEMENTAL SHEETS OR FORMS HERE" is printed at the top of the box. The overall appearance is that of a technical drawing or a form sheet.



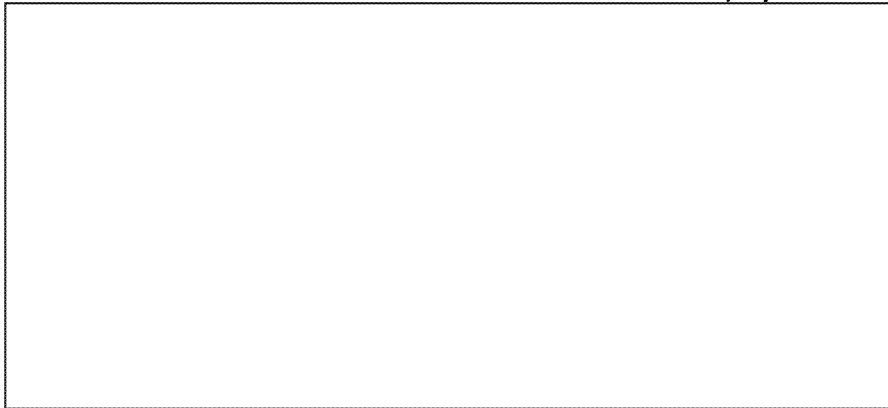


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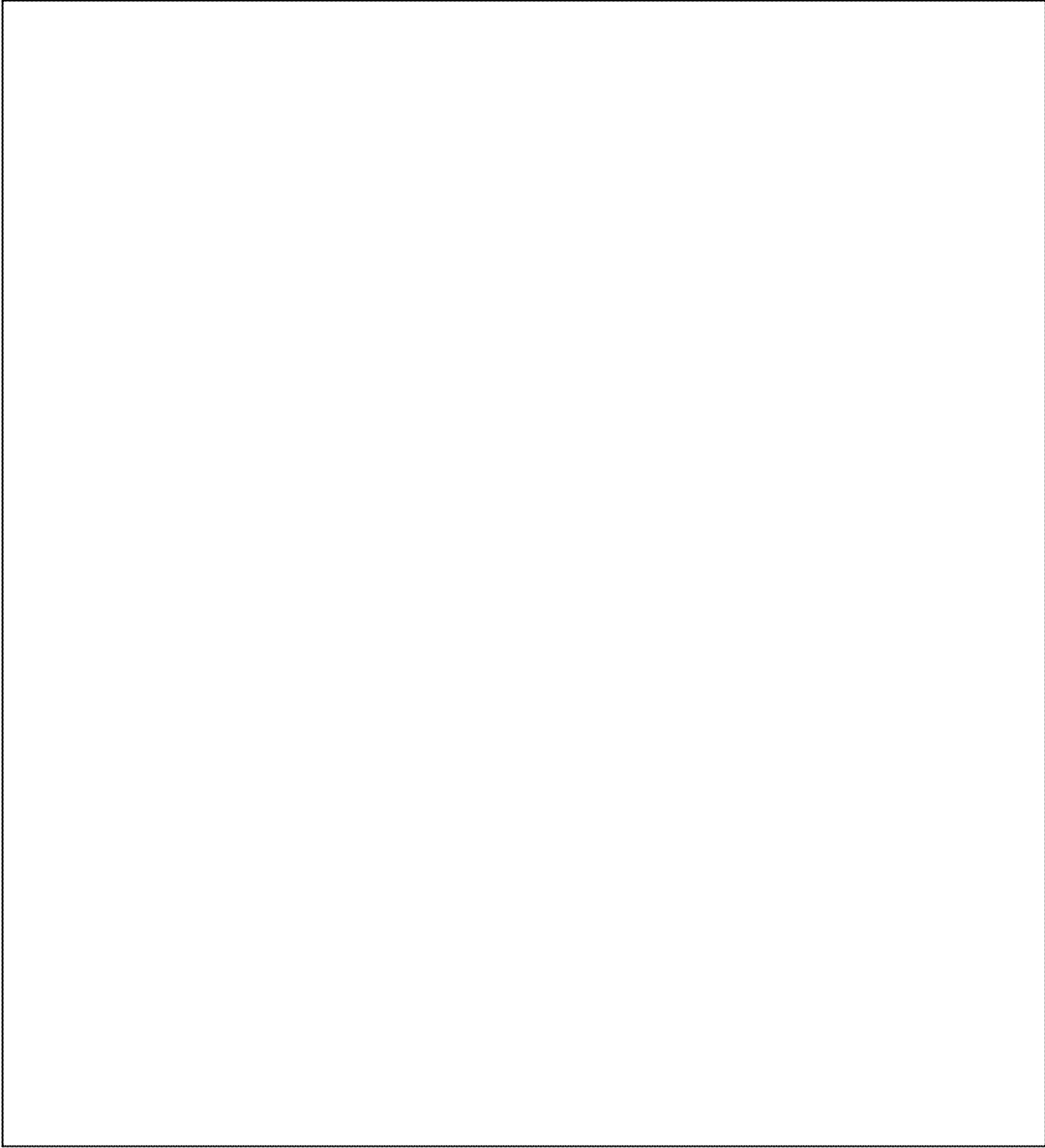


Handwritten mark

All le ve transferred. 1150 forwarded. COB 7/30/54



1954
JUL 30 1954
COMMUNICATIONS SECTION
U.S. AIR FORCE



NOTIFICATION OF SECURITY CLEARANCE UNDER E. O. 10450

TO: Director, Office of Personnel DATE: 6 July 1954
Attention: [redacted]

[redacted]

APPLICANT. If subject is not appointed within 90 days of the date of this notification, this clearance must be revalidated by the Office of Security.

EMPLOYEE.

The case of above-named person has been reviewed in the Office of Security.

Investigative requirements of Executive Order 10450 have been complied with.

It has been determined that the employment or retention in employment of subject is clearly consistent with the interests of national security.

[redacted]

REMARKS:

Investigative reports are attached. Please return these reports to the Office of Security within 10 days together with the names of the individuals who have reviewed them listed on the extra copy of this form herewith furnished.

William C. ...

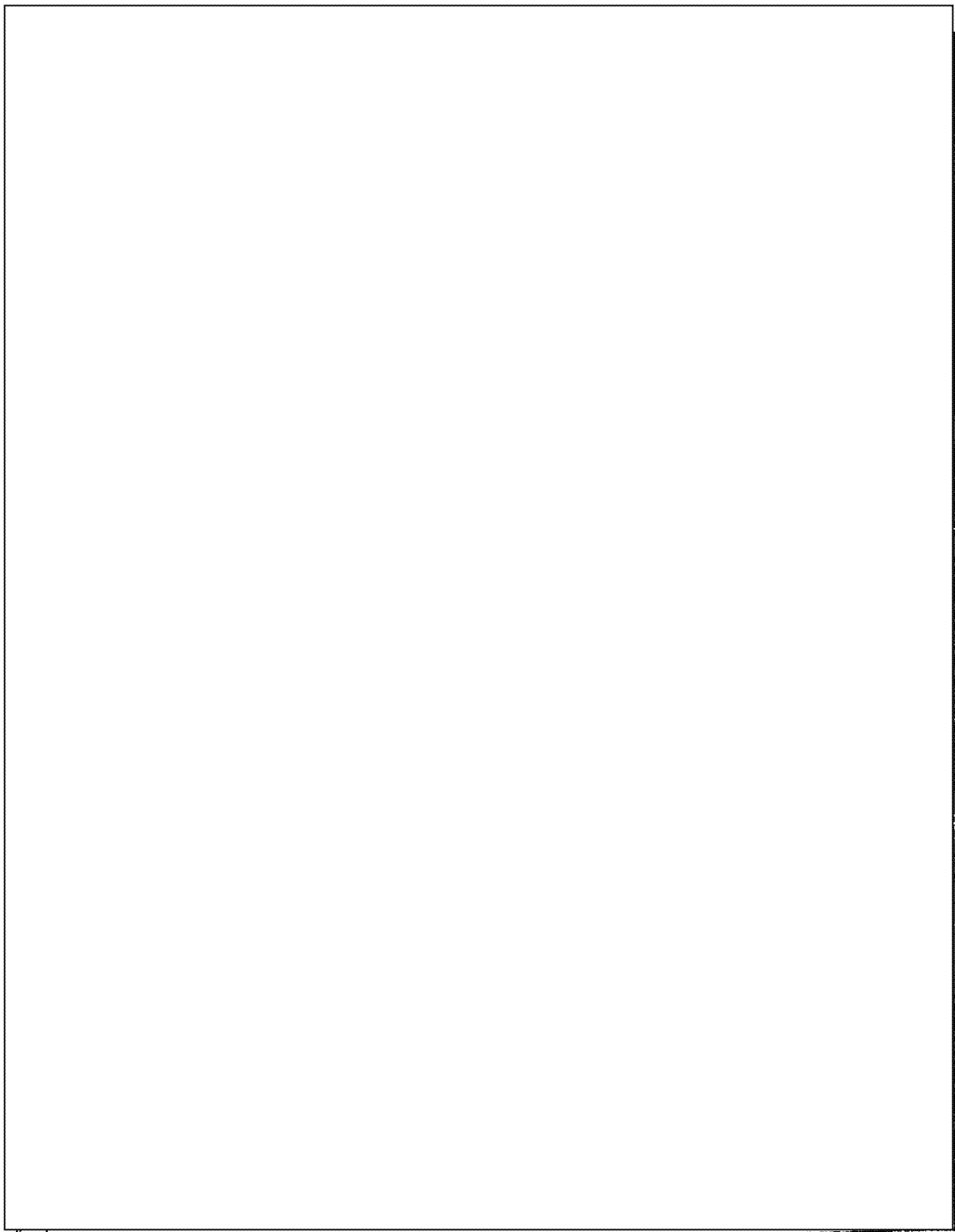
Director, Office of Security

ATTACHMENTS

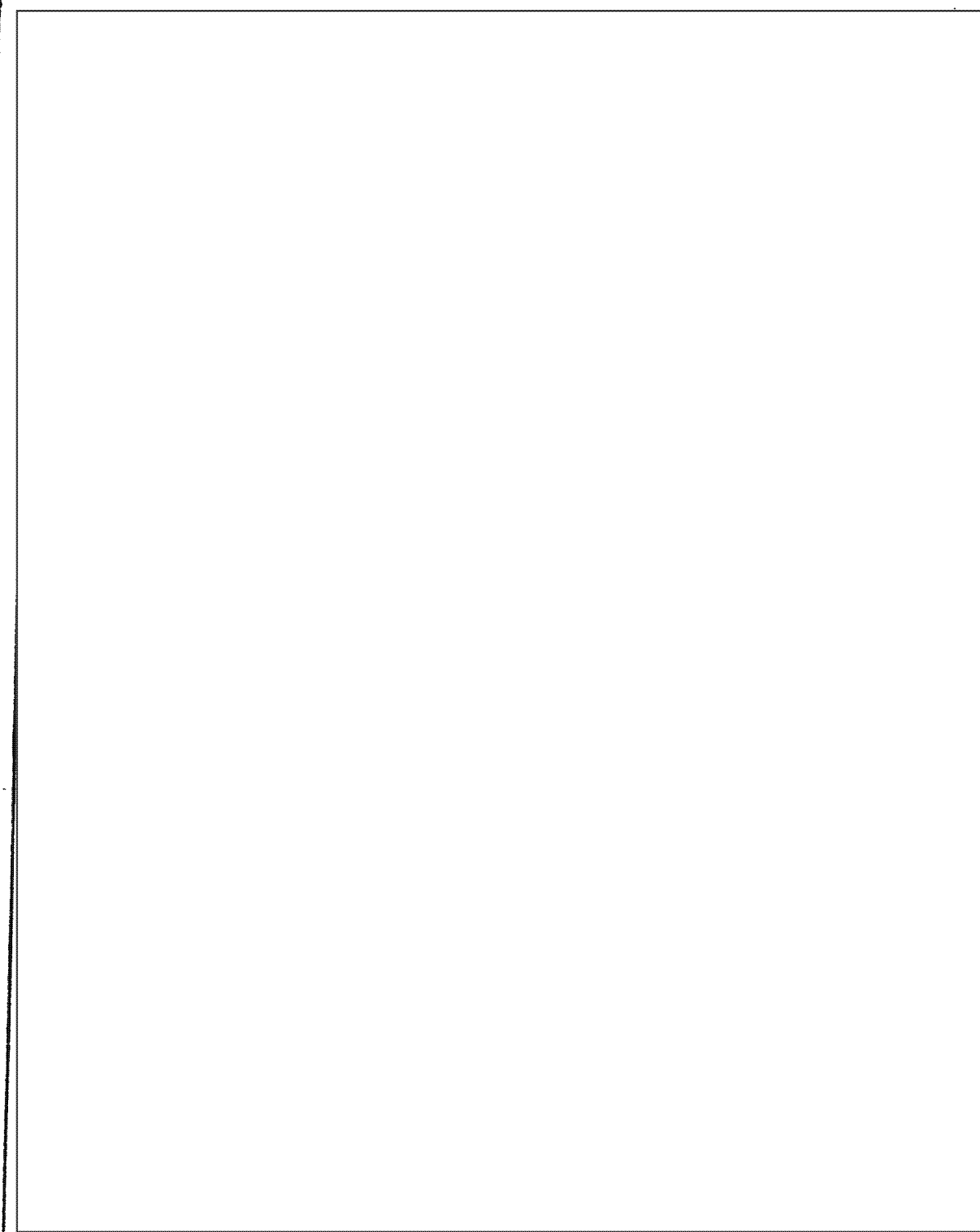
BY: W. L. FRANKLIN

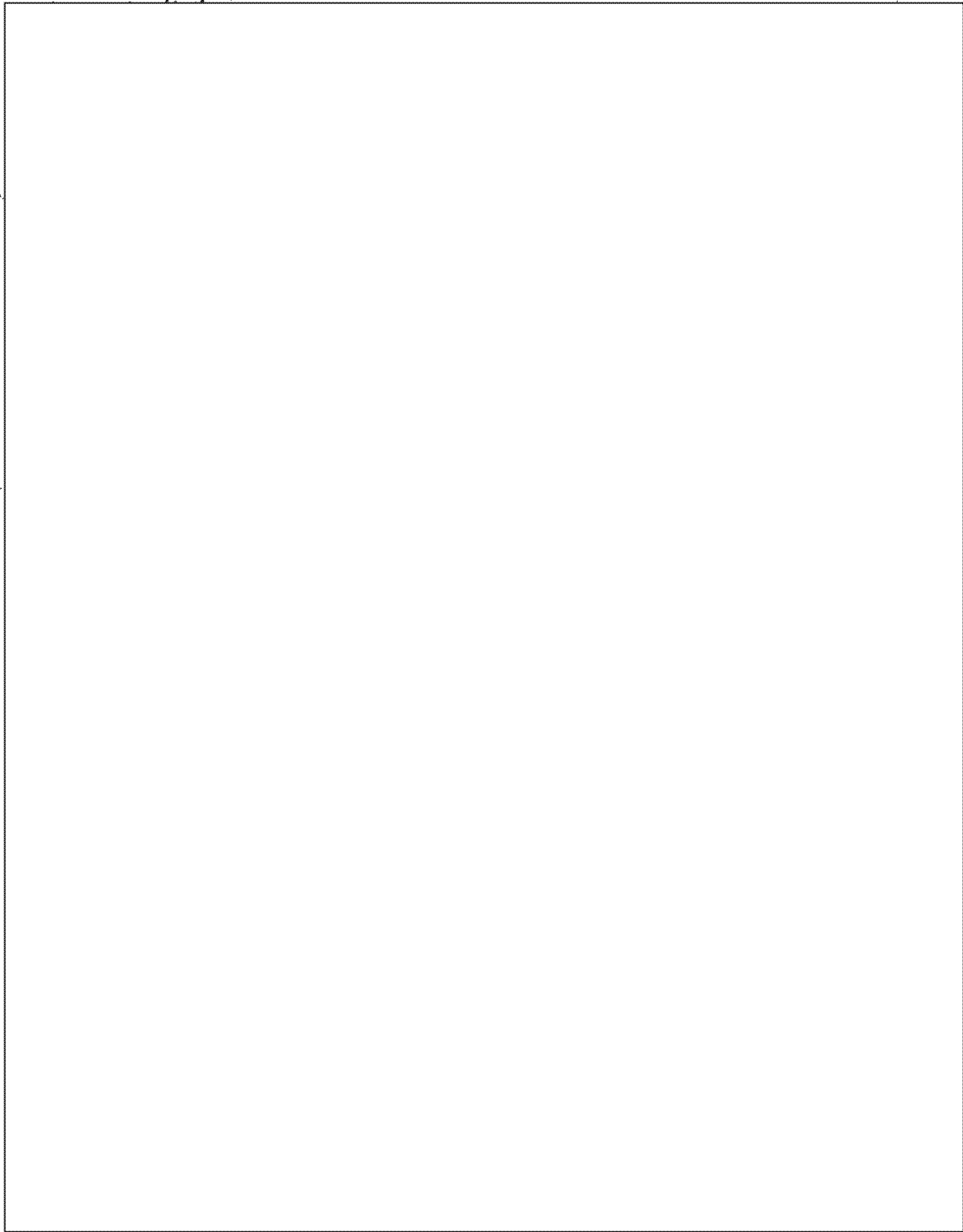
This memorandum may be considered as OFFICIAL USE ONLY upon removal of attachments.

<p>(Signature) _____ (Title) _____</p>



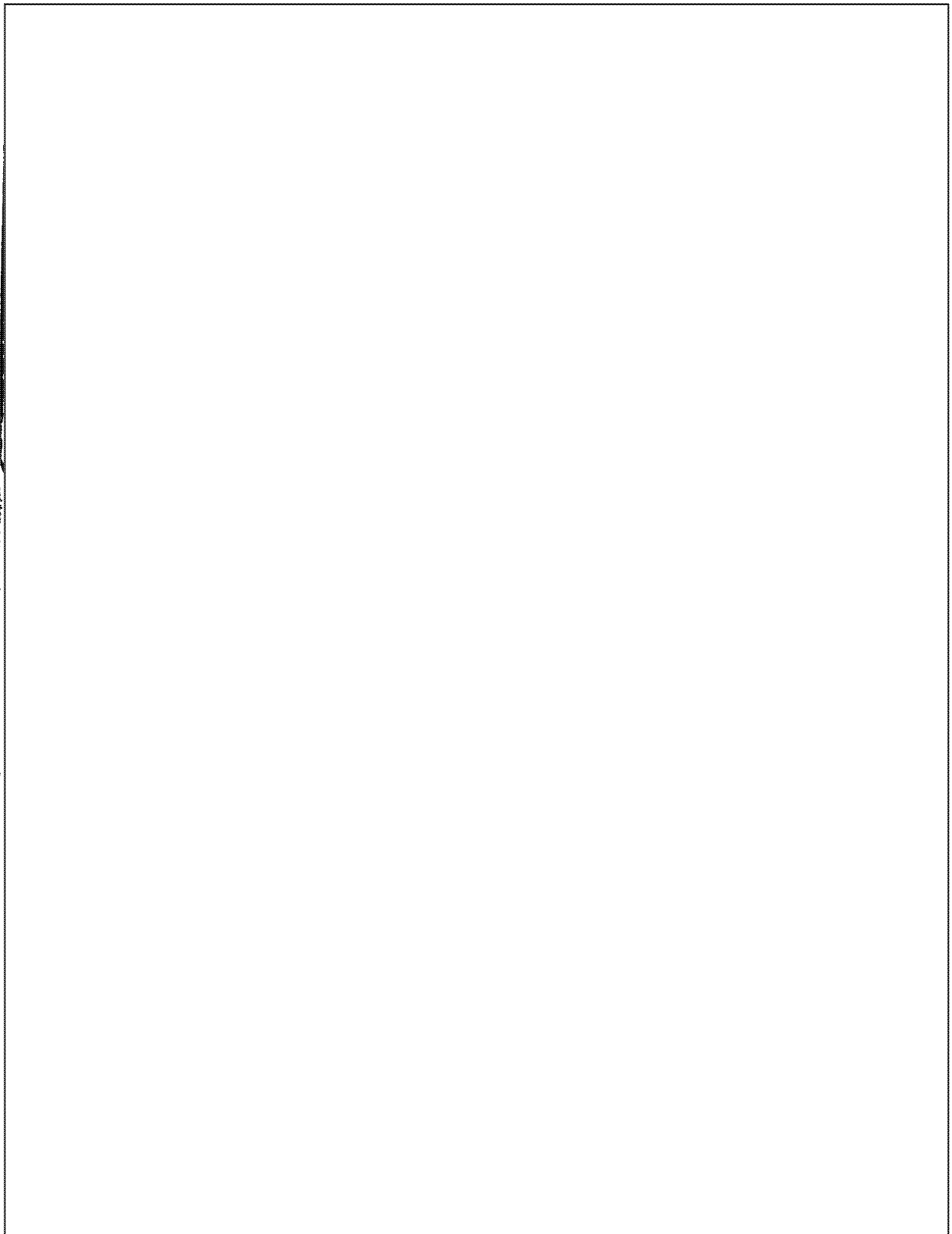
FOLDER





or

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FOLDER

STANDARD FORM 818
BUREAU OF THE BUDGET
FORM APPROVED BY THE COMP. GEN., U.S.
JUNE 15, 1957
U. S. CIVIL SERVICE COMMISSION
F. P. M. CHAPTER 46

CIVIL OFFICIAL
APPOINTMENT AFFIDAVITS
(As defined in 5 USC 21a and 21b)

A. OATH OF OFFICE

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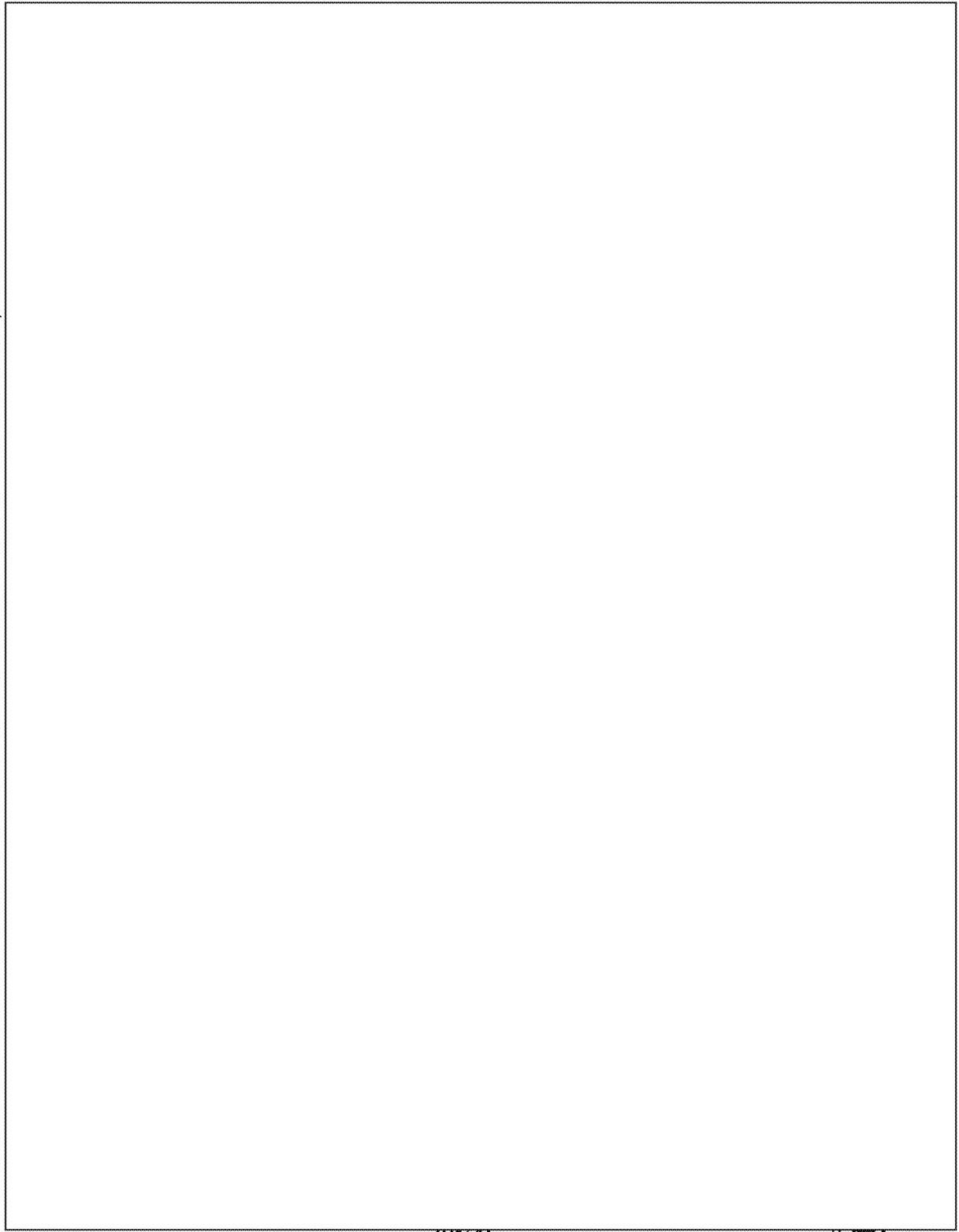
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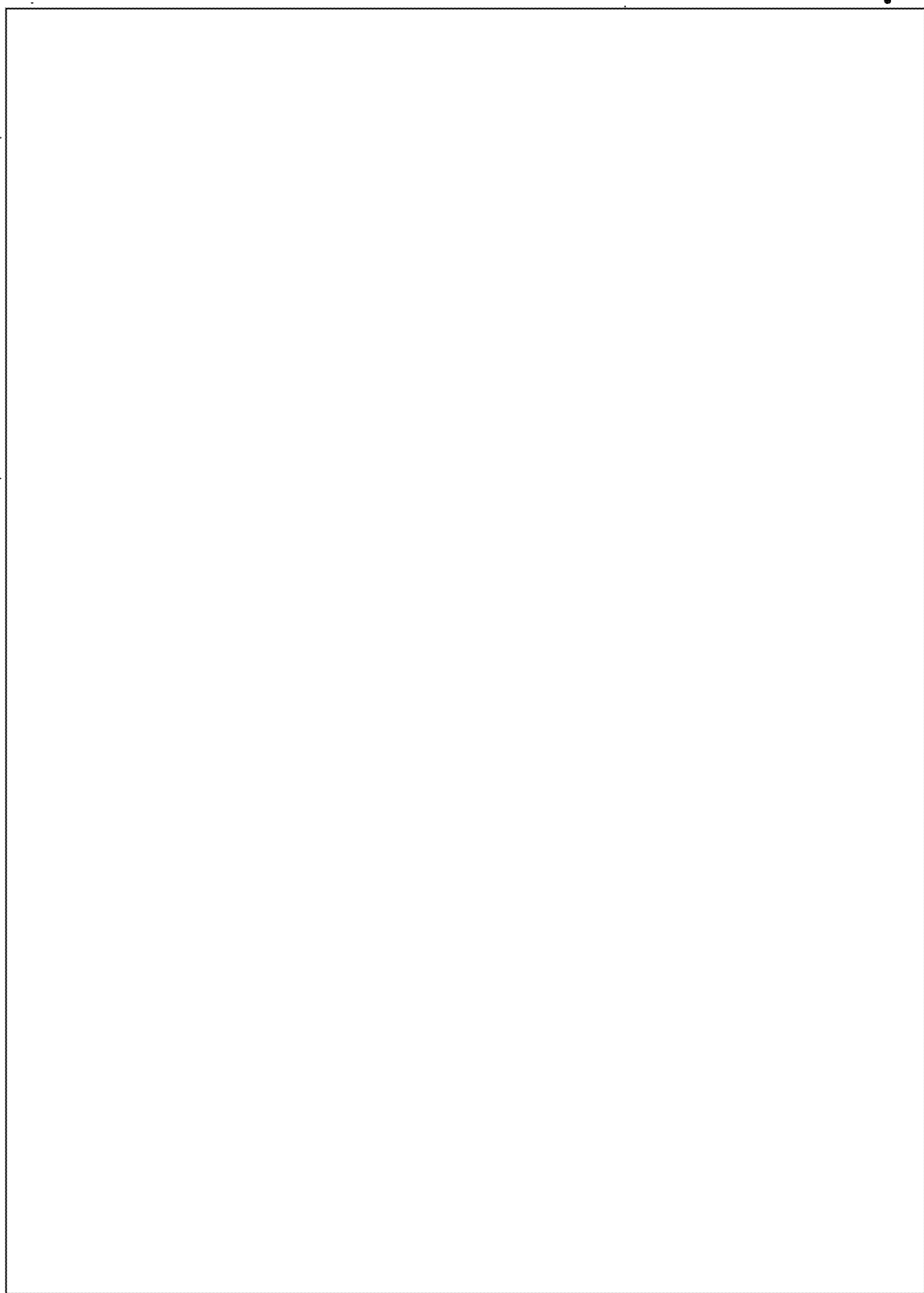
(12/24)

Office Memorandum • UNITED STATES GOVERNMENT

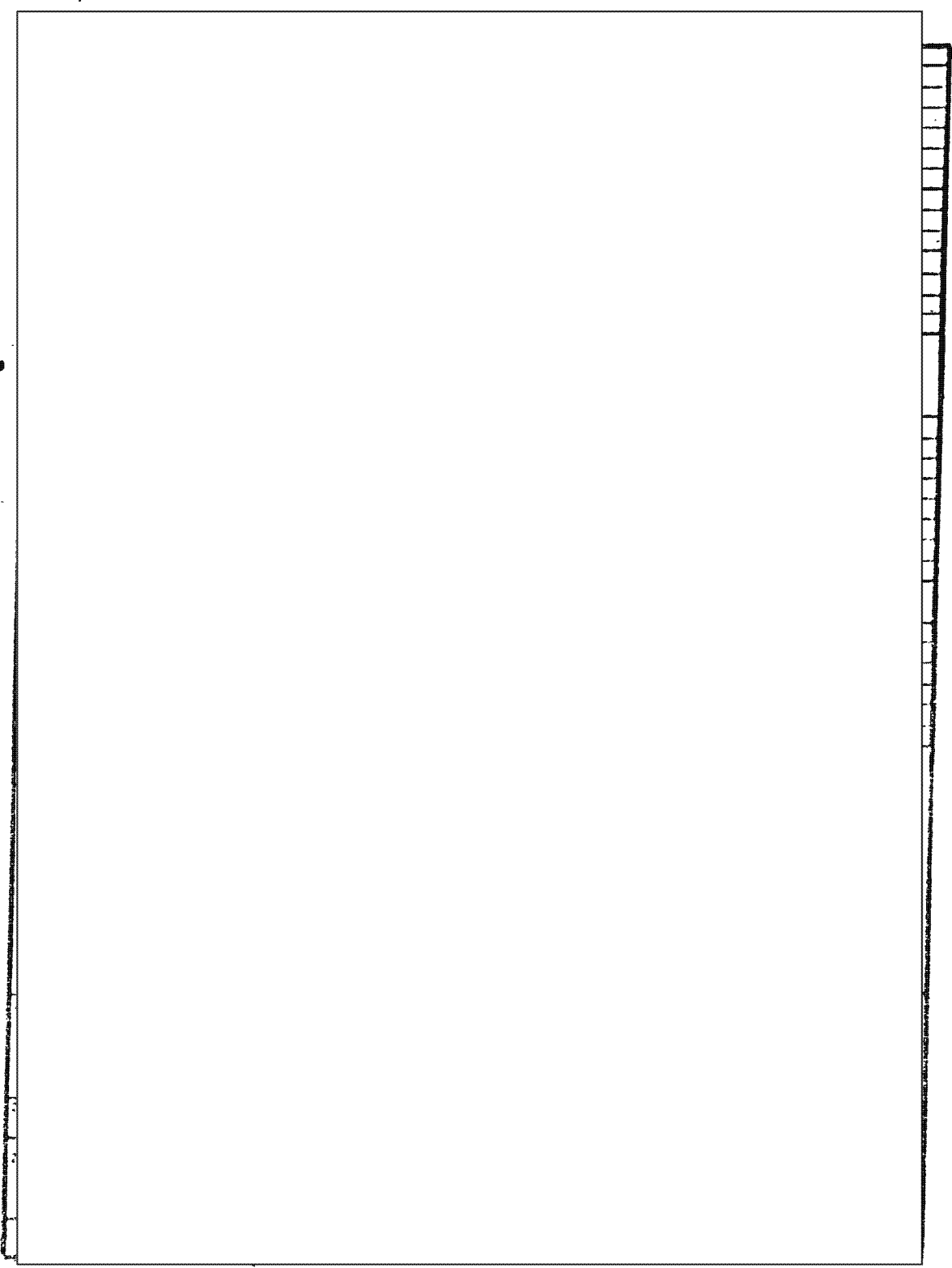


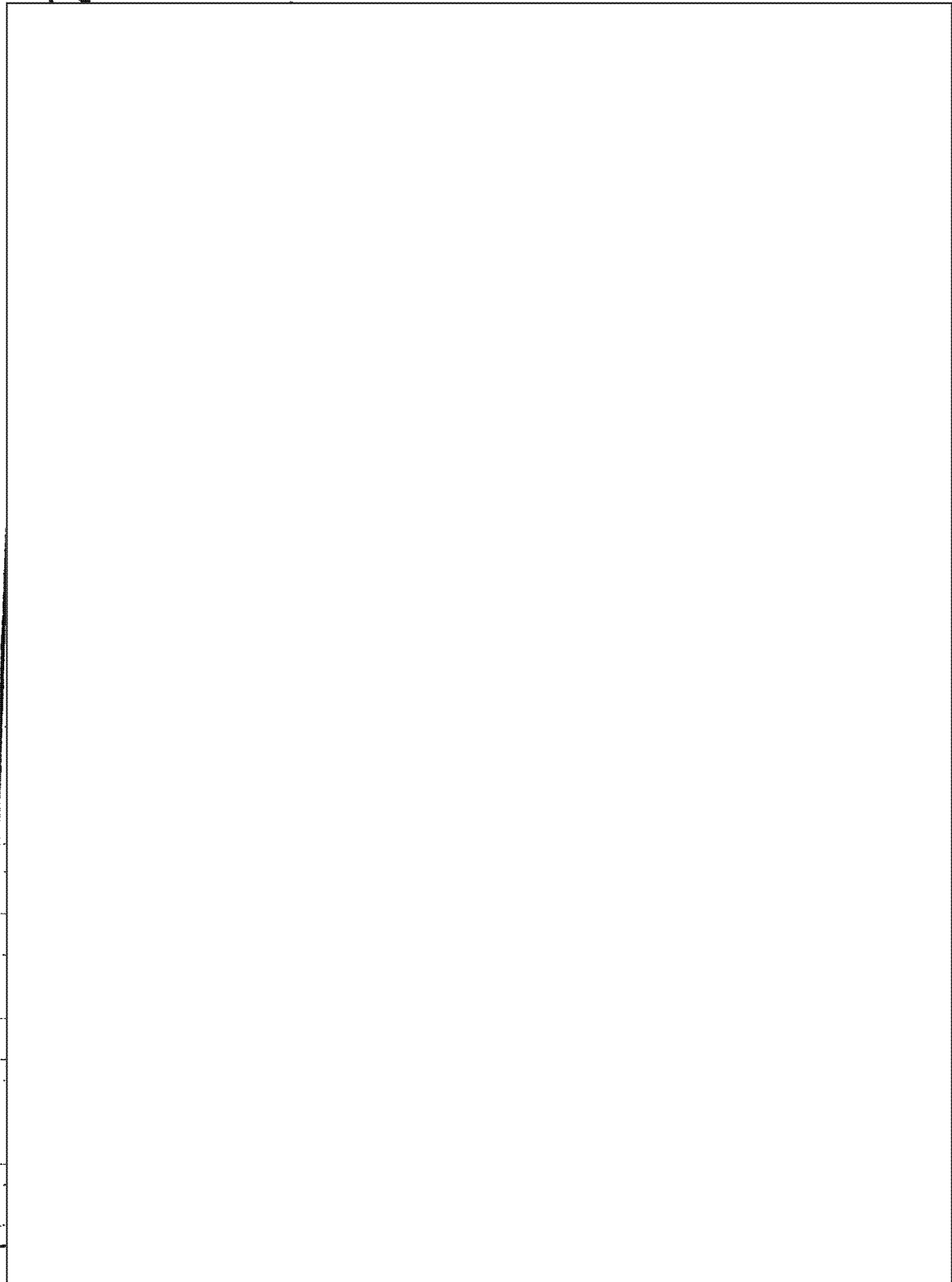
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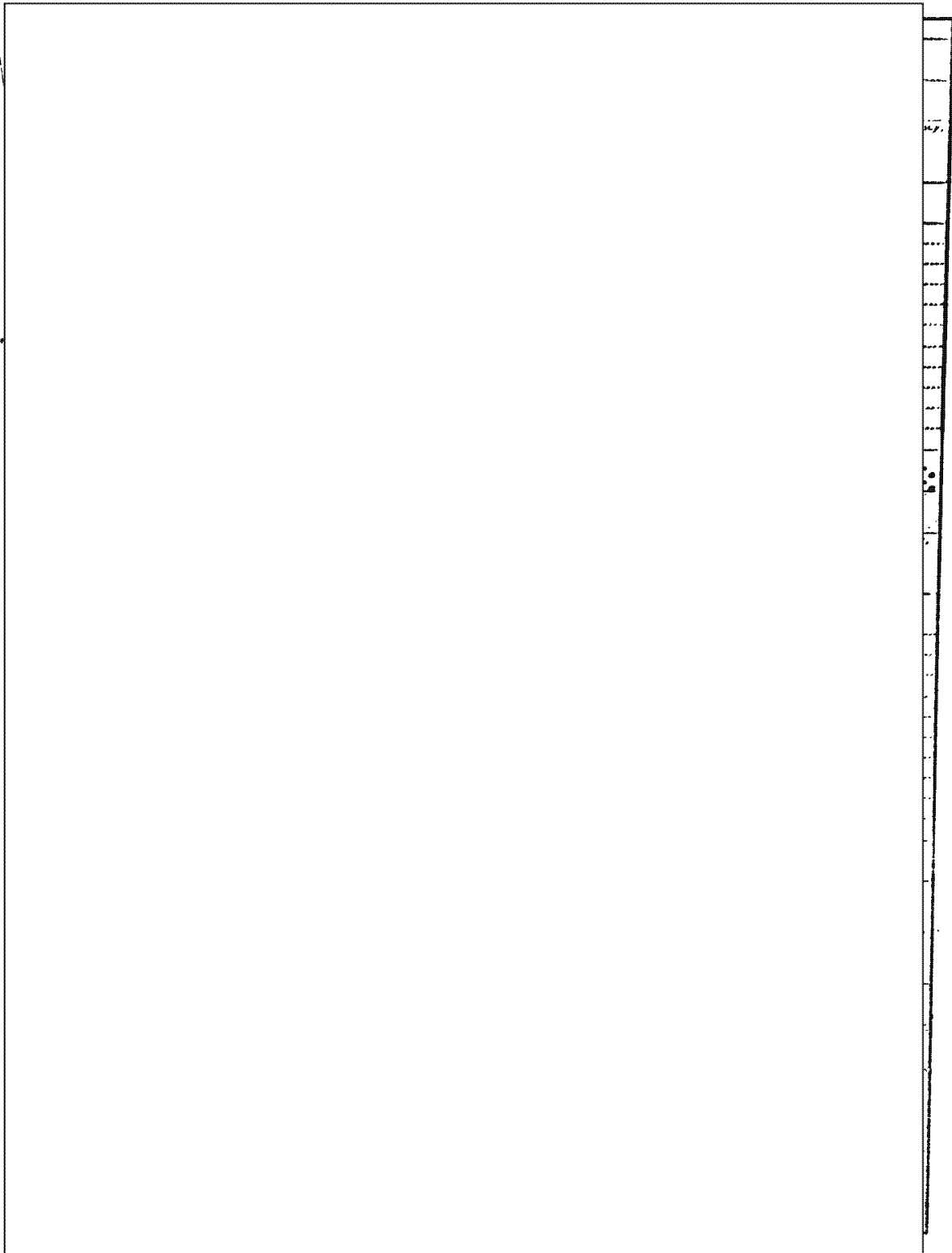
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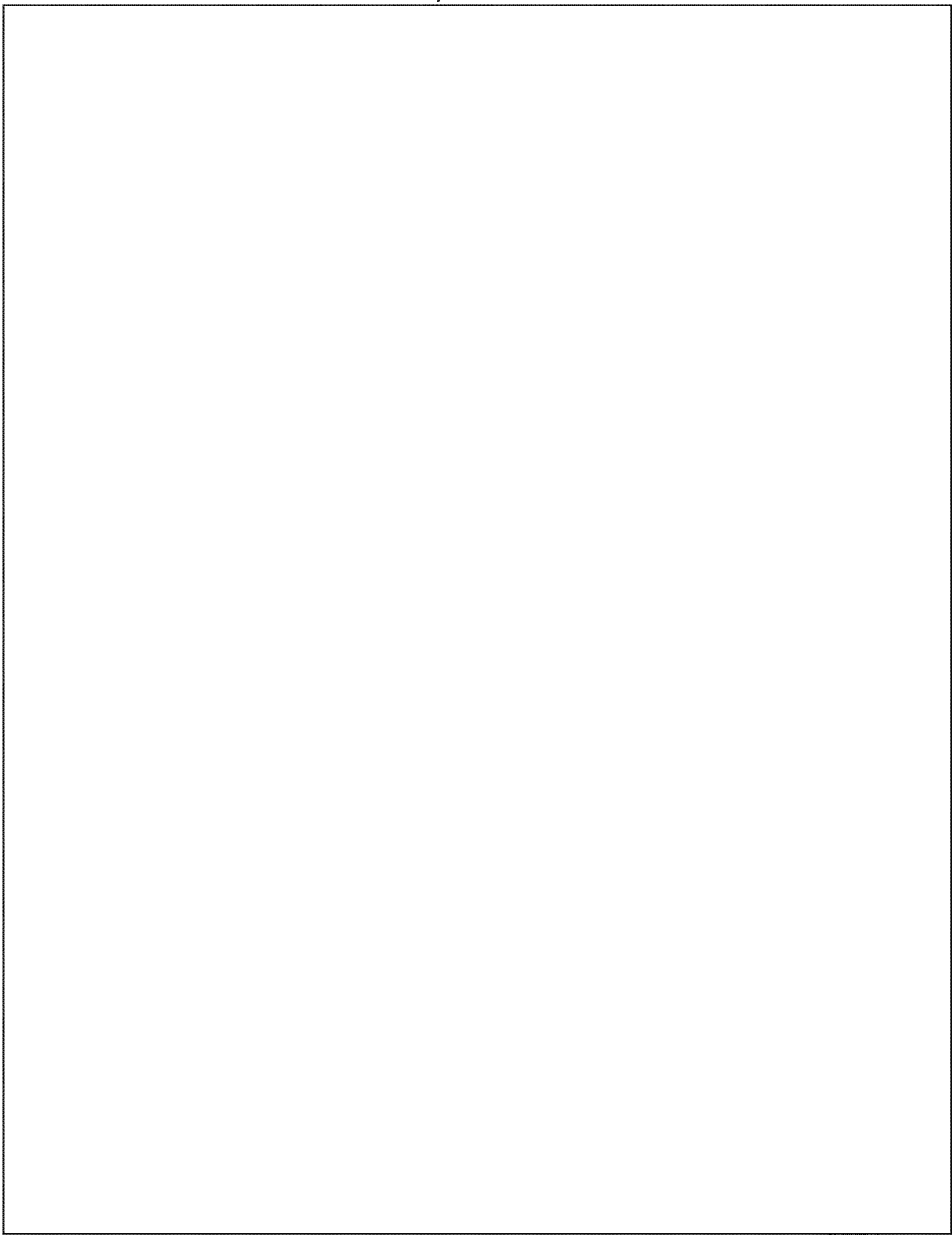


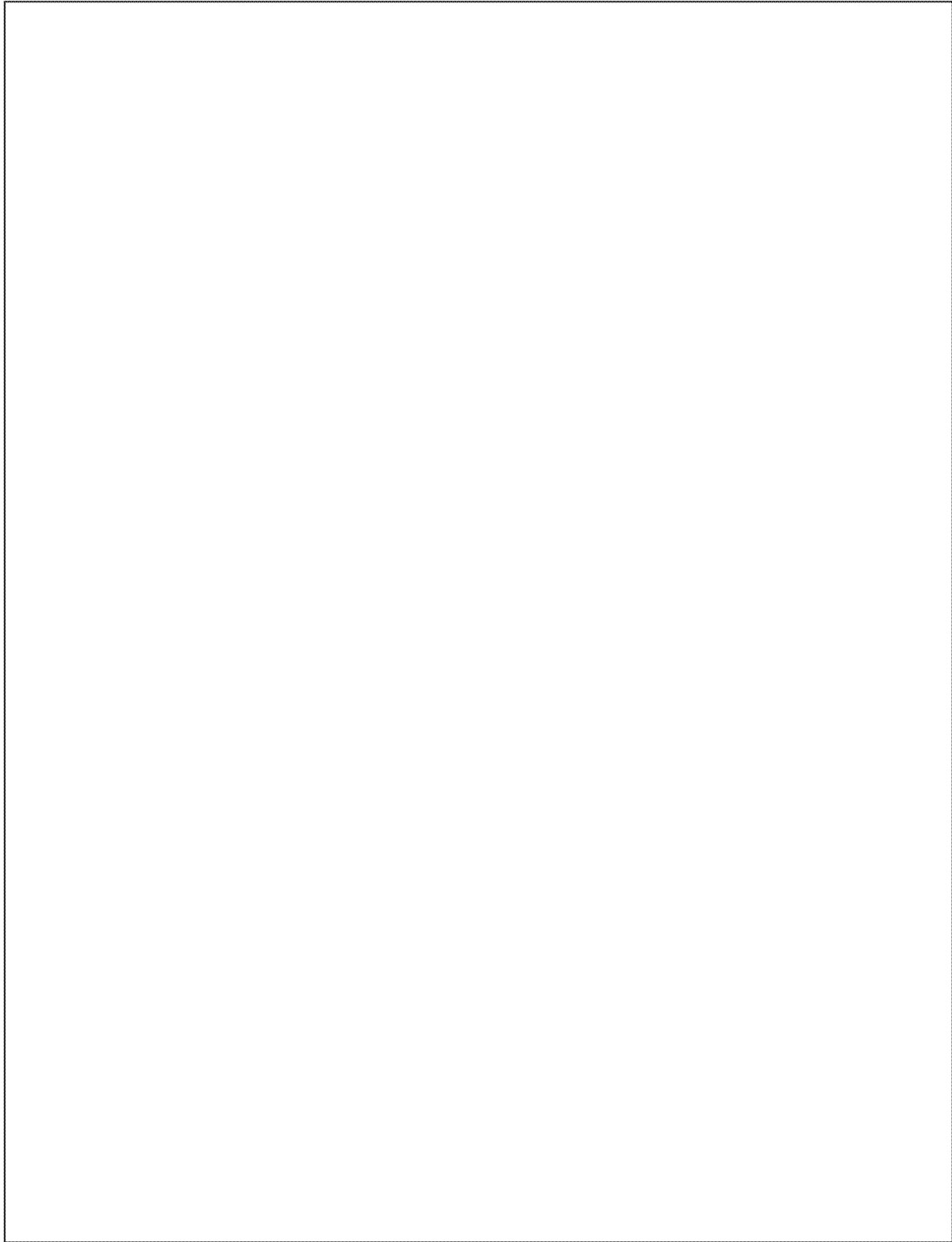
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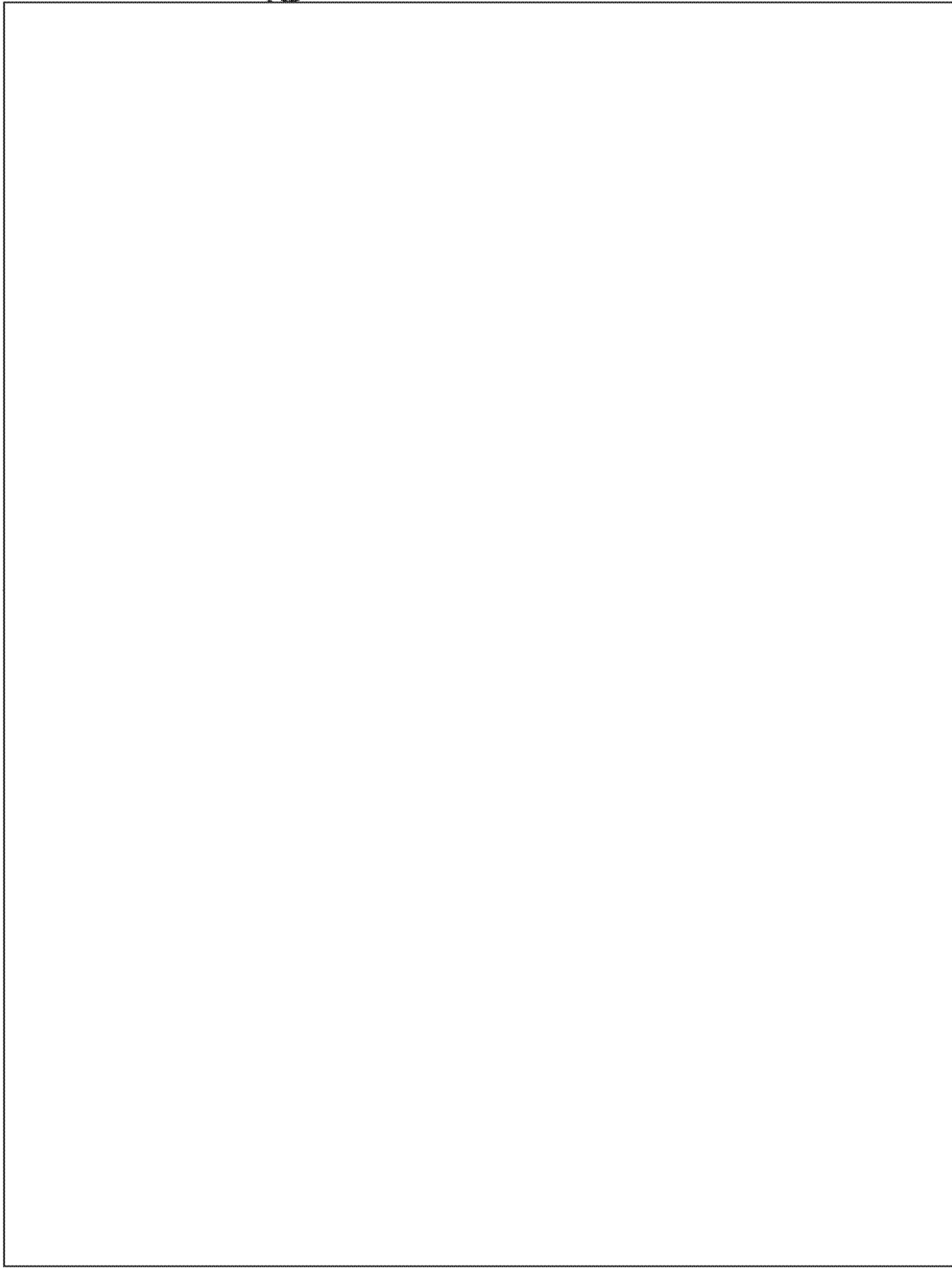


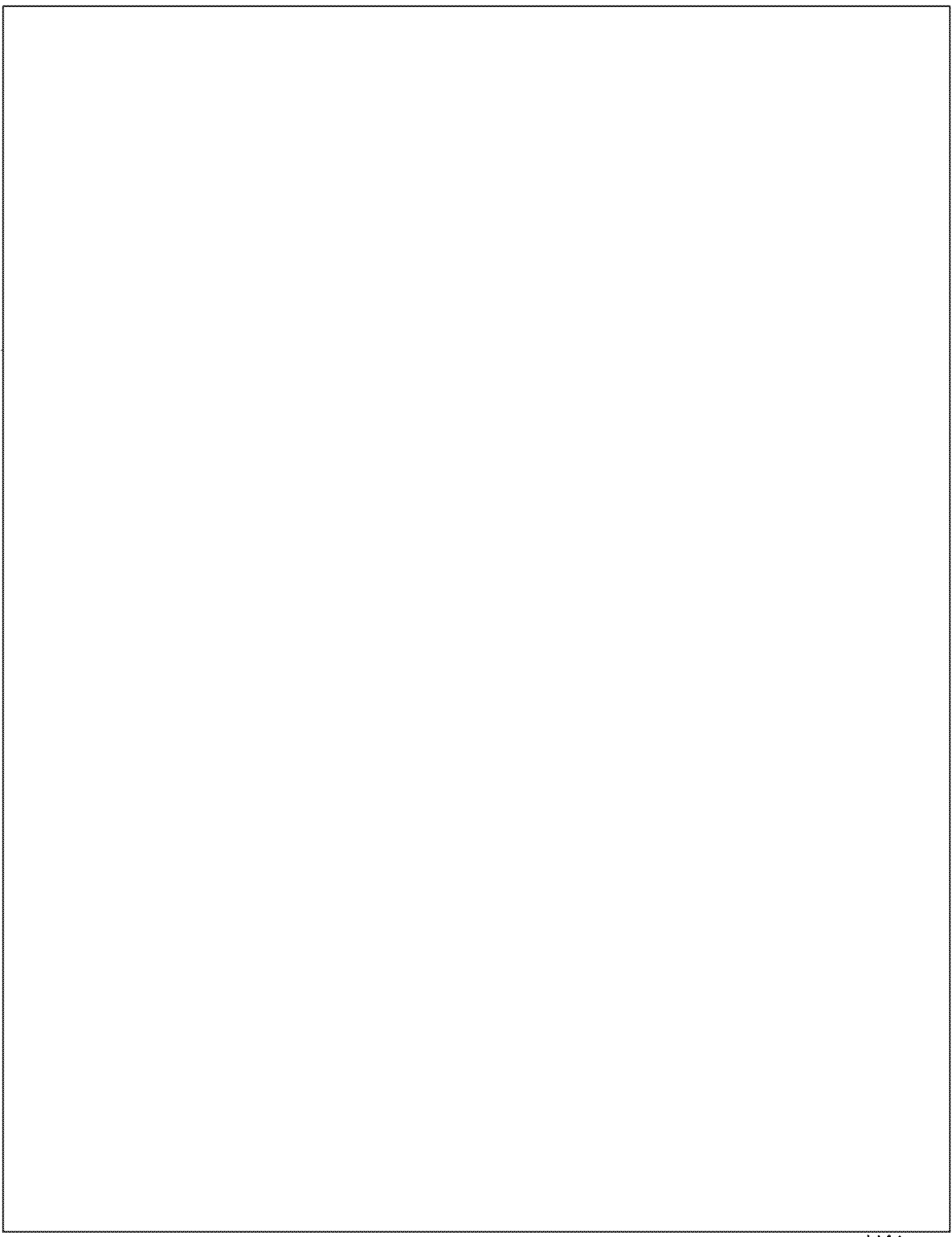


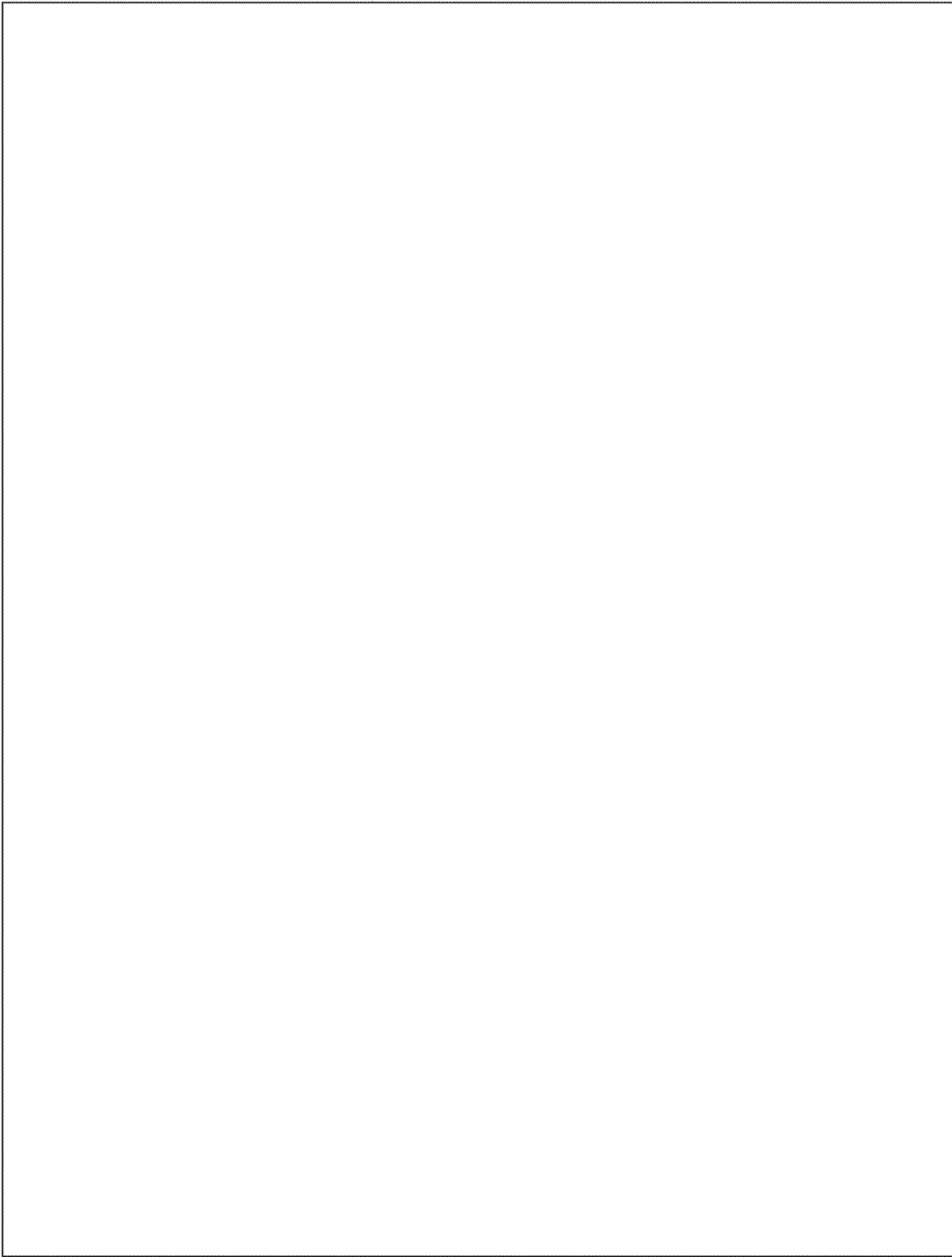






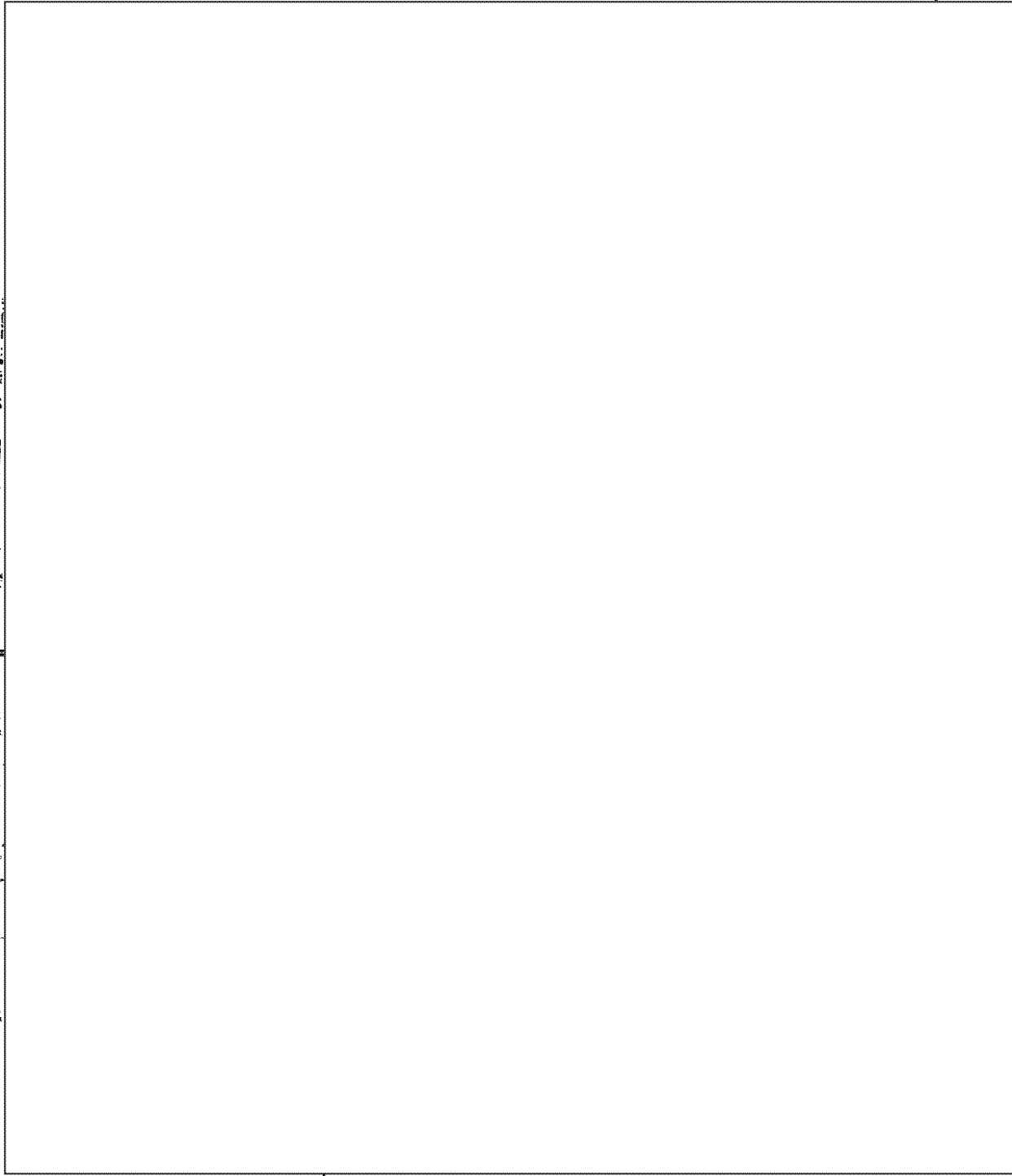


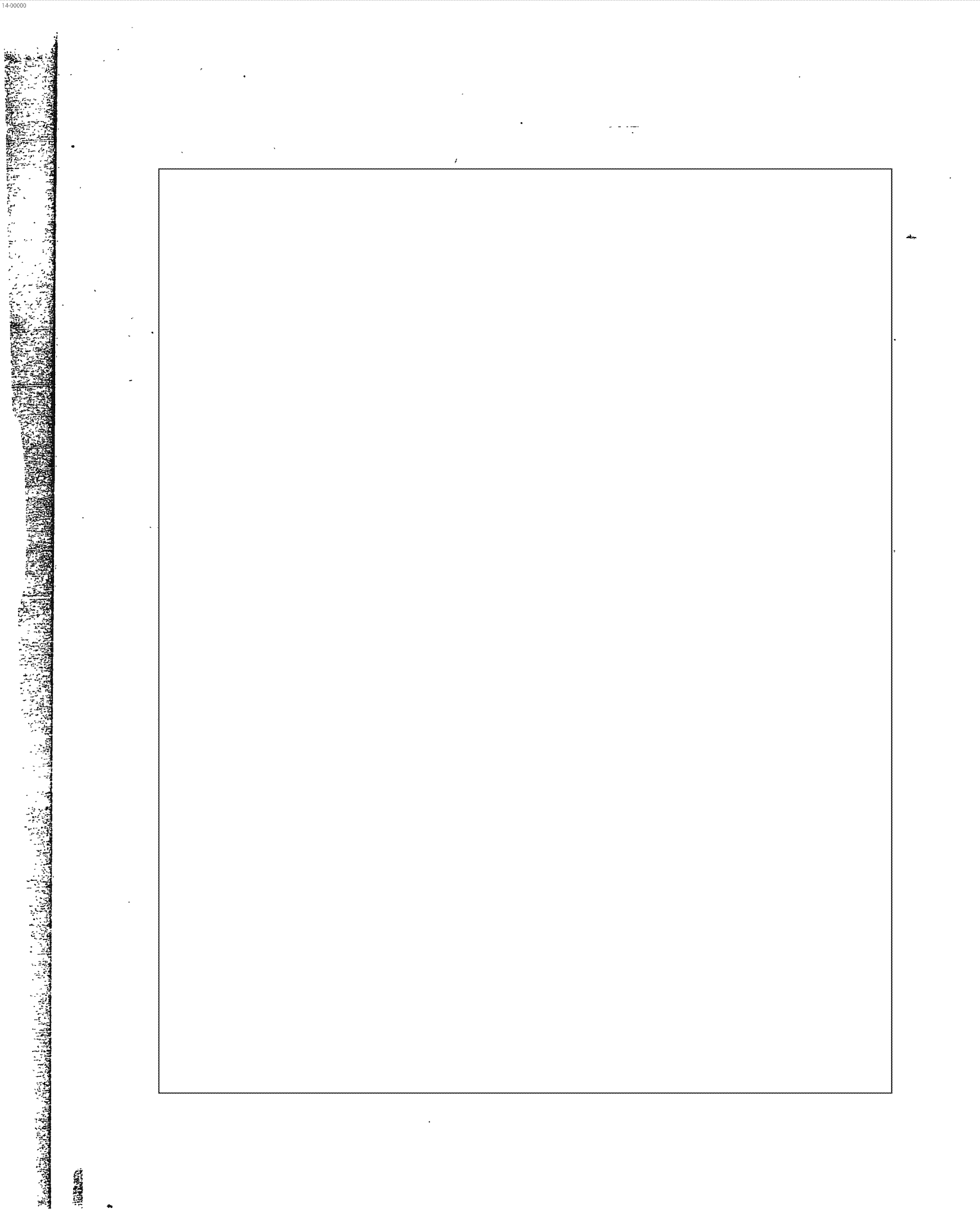






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