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Personnel Actions  
After  Assignment

**SECRET**  
(When Filled In)

|   |                      |  |  |   |   |
|---|----------------------|--|--|---|---|
| <b>REQUEST FOR PERSONNEL ACTION</b>   |                      |  |  | DATE PREPARED<br><b>11 SEPTEMBER 1963</b>             |   |
| 1. SERIAL NUMBER<br><b>XXF</b>  |                      | 2. NAME (Last-First-Middle)<br><b>[REDACTED]</b>       |  |   |   |
| 3. NATURE OF PERSONNEL ACTION<br><b>REASSIGNMENT</b>  |                      |  | 4. EFFECTIVE DATE REQUESTED<br>MONTH DAY YEAR<br><b>09 15 63</b> |   | 5. CATEGORY OF EMPLOYMENT<br><b>REGULAR</b> |
| 6. FUNDS<br>V TO V<br>CF TO V <b>XX</b> V TO CF<br>CF TO CF   |                      | 7. COST CENTER NO. CHARGEABLE<br><b>L135-5700-1000</b> |  | 8. LEGAL AUTHORITY (Completed by Office of Personnel) |   |
| 9. ORGANIZATIONAL DESIGNATIONS<br><b>DDP NH<br/>BRANCH 3</b>  |                      |  | 10. LOCATION OF OFFICIAL STATION<br><b>[REDACTED]</b>            |   |   |
| 11. POSITION TITLE<br><b>OPS OFFICER</b>  |                      |  | 12. POSITION NUMBER<br><b>418</b>                                | 13. CAREER SERVICE DESIGNATION<br><b>D</b>            |   |
| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.)<br><b>GS</b>   |                      | 15. OCCUPATIONAL SERIES<br><b>0136.01</b>              | 16. GRADE AND STEP<br><b>12</b>                                  | 17. SALARY OR RATE<br><b>9790</b>                     |   |
| 18. REMARKS<br><br>FROM: DDP/NH/[REDACTED]<br><br><div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;">Recorded by<br/>CSPD<br/><i>[Signature]</i></div> |                      |  |  |   |   |
| [REDACTED] C/W/PERS   |                      | DATE SIGNED<br><b>9/12/63</b>                          |  | 19. SIGNATURE OF OFFICER<br><i>[Signature]</i>        | DATE SIGNED<br><b>13 Sep 63</b>             |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL  |                      |  |  |   |   |
| 19. ACTION CODE   | 20. EMPLOY. CODE     | 21. OFFICE CODING<br>NUMERIC ALPHABETIC                | 22. STATION CODE   | 23. INTER-STATE CODE                                  | 24. NTRY. CODE                              |
| <b>37</b>   | <b>10</b>            | <b>1000000000</b>                                      | <b>45075</b>   | <b>3</b>  | <b>3</b>                                    |
| 25. DATE OF BIRTH   | 26. DATE OF DEATH    | 27. DATE OF LEI  | 28. NTE EXPIRES  |   |   |
| MO. DA. YR.   | MO. DA. YR.          | MO. DA. YR.  | MO. DA. YR.  |   |   |
|   |                      |  | EOD DATA →   |   |   |
| 29. VET. PREFERENCE   | 30. SERV. COMP. DATE | 31. LONG. COMP. DATE                                   | 32. SEPARATION DATA CODE   | 33. CORRECTIVE/PLACEMENT DATA                         | 34. SECURITY REQ. NO.                       |
| CODE  | MO. DA. YR.          | MO. DA. YR.  | MO. DA. YR.  | MO. DA. YR.   | MO. DA. YR.                                 |
| 0 - NONE<br>1 - 5 YR.<br>2 - 10 YR.   |                      |  |  |   |   |
| 35. PREVIOUS GOVERNMENT SERVICE DATA  | 36. LEAVE CAT. CODE  | 37. FEDERAL TAX DATA                                   | 38. STATE TAX DATA   | 39. SOCIAL SECURITY NO.                               |   |
| CODE  | CODE                 | FORM EXECUTED  | FORM EXECUTED  | CODE  |   |
| 0 - NO PREVIOUS SERVICE<br>1 - NO OFFER IN SERVICE<br>2 - OFFER IN SERVICE (LESS THAN 3 YRS)<br>3 - OFFER IN SERVICE (MORE THAN 3 YRS)  |                      | 1 - YES<br>2 - NO                                      | 1 - YES<br>2 - NO  | 1 - YES<br>2 - NO                                     |   |
| 40. POSITION CONTROL CERTIFICATION<br><b>29/18/63</b>   |                      |  | 41. O.P. APPROVAL<br><i>[Signature]</i>                          |   | DATE APPROVED<br><b>17 Sep 63</b>           |

SECRET  
(When Filled In)

776

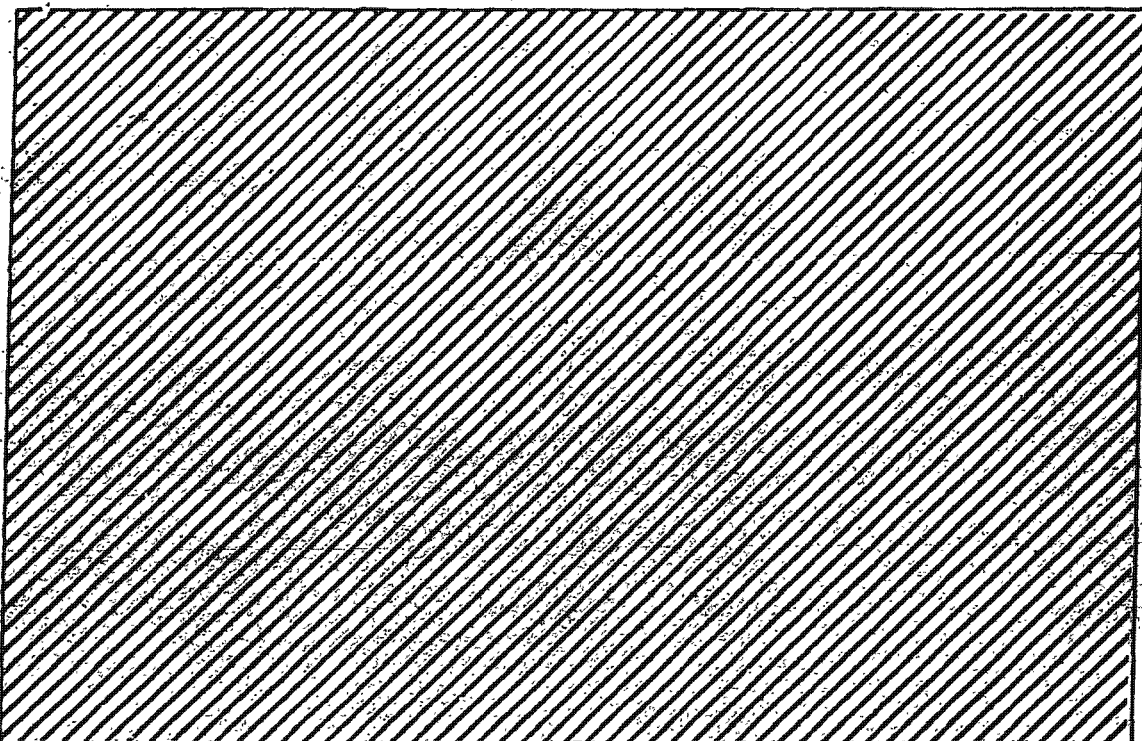
|   |                        |  |                                     |  |   |   |                                  |   |                                |
|---|------------------------|--|-------------------------------------|--|---|---|----------------------------------|---|--------------------------------|
| REQUEST FOR PERSONNEL ACTION  |                        |  |                                     |  | DATE PREPARED<br>17 JULY 1963                                   |   |                                  |   |                                |
| 1. SERIAL NUMBER<br>XXB   |                        | 2. NAME (Last-First-Middle)                            |                                     |  |   |   |                                  |   |                                |
| 3. NATURE OF PERSONNEL ACTION<br>REASSIGNMENT   |                        |  |                                     | 4. EFFECTIVE DATE REQUESTED<br>MONTH DAY YEAR<br>06 109 63   |   | 5. CATEGORY OF EMPLOYMENT<br>REGULAR                          |                                  |   |                                |
| 6. FUNDS  |                        | V TO V   |                                     | V TO CF  |   | 7. COST CENTER NO. CHARGEABLE<br>4135-5700-1000               |                                  | 8. LEGAL AUTHORITY (Completed by Office of Personnel) |                                |
| CF TO V   |                        | XX   |                                     | CF TO CF   |   |   |                                  |   |                                |
| 9. ORGANIZATIONAL DESIGNATIONS<br>DDP WH<br>BRANCH 3  |                        |  |                                     |  | 10. LOCATION OF OFFICE STATION<br>A                             |   |                                  |   |                                |
| 11. POSITION TITLE<br>OPS OFFICER   |                        |  |                                     | 12. POSITION NUMBER<br>400                                   |   | 13. CAREER SERVICE DESIGNATION<br>D                           |                                  |   |                                |
| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.)<br>GS  |                        | 15. OCCUPATIONAL SERIES<br>0136.01                     |                                     | 16. GRADE AND STEP<br>12 2                                   |   | 17. SALARY OR RATE<br>\$ 9790                                 |                                  |   |                                |
| 18. REMARKS<br>FROM: DDP/PE [redacted] Tray 27<br>1 COPY TO FINANCE DIVISION AND OFFICE OF SECURITY<br>[redacted]<br>Recorded by<br>CSPD<br>EJP                                     |                        |  |                                     |  |   |   |                                  |   |                                |
| [redacted]  |                        |  | DATE SIGNED<br>7/18/63              |  | 19. SIGNATURE OF CAREER SERVICE APPROVING OFFICER<br>[redacted] |   |                                  | DATE SIGNED<br>23 July 63                             |                                |
| C/WH/PERS   |                        |  |                                     |  |   |   |                                  |   |                                |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL  |                        |  |                                     |  |   |   |                                  |   |                                |
| 19. ACTION CODE<br>37   | 20. EMPLOY CODE<br>10  | 21. OFFICE CODING<br>NUMERIC ALPHABETIC<br>64700 WH    |                                     | 22. STATION CODE<br>45015                                    | 23. INT/OFF CODE  | 24. AGENCY CODE<br>3  | 25. DATE OF BIRTH<br>MO. DA. YR. | 26. DATE OF DEPT.<br>MO. DA. YR.                      | 27. DATE OF LEI<br>MO. DA. YR. |
| 28. VTE EXPIRES<br>MO. DA. YR.  | 29. SPEC. A. REFERENCE | 30. RETIREMENT DATA<br>1 - CSC<br>2 - FICA<br>3 - NONE |                                     | 31. SEPARATION DATA CODE                                     | 32. CORRECTION/CANCELLATION DATA<br>TYPE MO. DA. YR.            |   | 33. SECURITY REG. NO.            | 34. SER   |                                |
| 35. VET. PREFERENCES<br>CODE 0 - NONE<br>1 - 5 YR<br>2 - 10 YR  |                        | 36. DEPT. COMP. DATE<br>MO. DA. YR.                    | 37. LONG. COMP. DATE<br>MO. DA. YR. | 38. CAREER CATEGORY<br>CAREERS - CODE<br>PROV/TMP            |   | 39. REGUL / HEALTH INSURANCE<br>CODE 0 - WAIVER<br>1 - YES    |                                  | 40. SOCIAL SECURITY NO.                               |                                |
| 41. PREVIOUS GOVERNMENT SERVICE DATA<br>CODE 0 - NO PREVIOUS SERVICE<br>1 - 60 MONTHS IN SERVICE<br>2 - MORE IN SERVICE (LESS THAN 3 YRS)<br>3 - BREAK IN SERVICE (MORE THAN 3 YRS) |                        |  | 42. LEAVE CAT. CODE                 | 43. FED. TAX DATA<br>FORM PREVIOUS CODE<br>1 - YES<br>2 - NO |   | 44. STATE TAX DATA<br>FORM PREVIOUS CODE<br>1 - YES<br>2 - NO |                                  | 45. STATE TAX DATA                                    |                                |
| 46. POSITION CONTROL CERTIFICATION<br>07/25/63  |                        |  |                                     |  | 47. O.P. APPROVAL<br>[redacted]                                 |   |                                  | 48. DATE APPROVED<br>23 July 63                       |                                |

SECRET

*g. l. m.*

*Jim*

SECRET  
(When Filled In)



|                                      |                                     |               |
|--------------------------------------|-------------------------------------|---------------|
| NAME OF EMPLOYEE (Last-First-Middle) | NAME AND RELATIONSHIP OF DEPENDENT* | CLAIM NUMBER  |
| <input type="text"/>                 | <i>Wife - Germana</i>               | <i>63-097</i> |

There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent\*) for an illness, injury, or death incurred on *23 Nov 62*. *Ruptured aneurysm*

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

|                                     |   |
|-------------------------------------|---|
| DATE OF NOTICE<br><i>3 MAY 1963</i> | SIGNATURE OF BSD REPRESENTATIVE<br><i>B. Detelice</i> |
|-------------------------------------|---|

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

Personnel Actions  
prior to   
Assignment

SECRET

REPRODUCTION MASTERS

BIOGRAPHIC PROFILE

SECRET

H a n d l e   W i t h   C a r e

CONFIDENTIAL

(When Filled In)

**NOTICE OF CREDITABLE SERVICE**

[FOR LEAVE PURPOSES]

PREPARE IN ORIGINAL FROM STANDARD FORM NO. 344 AND FORWARD TO FINANCE OFFICE.

NAME (Last, First, Middle)

~~██████████~~ (P)

OFFICE (and Division)

*Del. 2 mar 54*  
P. 101 ON  
Gr 4b

EDP/WH

SERVICE COMPUTATION DATE:

26 Dec 1948

2 March 1954

SIGNATURE DA

JOHN L. BISCHOPP, Chief/SCAPS

CHIEF, TRANSACTIONS AND RE. BRANCH

FORM NO. 37-157  
1 MAR 54

CONFIDENTIAL

(4)



ORIGINAL BIOGRAPHIC PROFILE

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(sanitized version in file)

Personnel Actions After  
 Assignment

WH

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

| NAME       | SERIAL     | ORGN | FUNDS  | GR-ST   | OLD SALARY | NEW SALARY |
|------------|------------|------|--------|---------|------------|------------|
| [REDACTED] | [REDACTED] | 91   | 700 CF | GS 12 3 | \$10,105   | \$10,640   |

POSTED ON  
01-40  
8 JAN 1964

WH-2

|  |      |            |               |                       |      |                  |                |                |     |      |
|--|------|------------|---------------|-----------------------|------|------------------|----------------|----------------|-----|------|
| 1. Serial No.  |      | 2. Name    |               | 3. Cost Center Number |      | 4. LWOP Hours    |                |                |     |      |
| [REDACTED]   |      | [REDACTED] |               | 64 700 CF             |      |                  |                |                |     |      |
| 5. OLD SALARY RATE   |      |            |               | 6. NEW SALARY RATE    |      |                  |                | 7. TYPE ACTION |     |      |
| Grade  | Step | Salary     | Last Eff Date | Grade                 | Step | Salary           | Effective Date | PSI            | LSI | ADJ. |
| GS 12  | 2    | \$ 9,790   | 11/29/62      | GS 12                 | 3    | \$10,105         | 11/24/63       |                |     |      |
| 8. Remarks and Authorization   |      |            |               |                       |      |                  |                |                |     |      |
| / / NO EXCESS LWOP<br>/ / IN PAY STATUS AT END OF WAITING PERIOD<br>/ / LWOP STATUS AT END OF WAITING PERIOD<br>CLERKS INITIALS _____ AUDITED BY _____ |      |            |               |                       |      |                  |                |                |     |      |
| I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.   |      |            |               |                       |      |                  |                |                |     |      |
| SIGNATURE: <i>JWH</i>  |      |            |               |                       |      | DATE: 7 Oct 1963 |                |                |     |      |
| PAY CHANGE NOTIFICATION  |      |            |               |                       |      |                  |                |                |     |      |

DLS: 13  
KX SEPT 63

SECRET  
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION  |                 |                             |                         |                     |                          |                                  |                   |                                 |                   |                         |                 |
|---|-----------------|-----------------------------|-------------------------|---------------------|--------------------------|----------------------------------|-------------------|---------------------------------|-------------------|-------------------------|-----------------|
| NCB   |                 |                             |                         |                     |                          |                                  |                   |                                 |                   |                         |                 |
| 1. SERIAL NUMBER  |                 | 2. NAME (LAST-FIRST-MIDDLE) |                         |                     |                          |                                  |                   |                                 |                   |                         |                 |
|   |                 |                             |                         |                     |                          |                                  |                   |                                 |                   |                         |                 |
| 3. NATURE OF PERSONNEL ACTION   |                 |                             |                         |                     |                          | 4. EFFECTIVE DATE                |                   | 5. CATEGORY OF EMPLOYMENT       |                   |                         |                 |
| REASSIGNMENT  |                 |                             |                         |                     |                          | 09   15   63                     |                   | REGULAR                         |                   |                         |                 |
| 6. FUNDS  |                 | V TO V                      |                         | V TO CP             |                          | 7. COST CENTER NO. CHARGEABLE    |                   | 8. CSC OR OTHER LEGAL AUTHORITY |                   |                         |                 |
| CP TO V   |                 | X                           |                         | CP TO CP            |                          | 4135 5700 1000                   |                   | 50 USC 403 J                    |                   |                         |                 |
| 9. ORGANIZATIONAL DESIGNATIONS  |                 |                             |                         |                     |                          | 10. LOCATION OF OFFICIAL STATION |                   |                                 |                   |                         |                 |
| DDP/WH  |                 |                             |                         |                     |                          | STATION                          |                   |                                 |                   |                         |                 |
| 11. POSITION TITLE  |                 |                             |                         |                     |                          | 12. POSITION NUMBER              |                   | 13. SERVICE DESIGNATION         |                   |                         |                 |
| OPS OFFICER   |                 |                             |                         |                     |                          | 0418                             |                   | D                               |                   |                         |                 |
| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.)  |                 |                             | 15. OCCUPATIONAL SERIES |                     |                          | 16. GRADE AND STEP               |                   | 17. SALARY OR RATE              |                   |                         |                 |
| GS  |                 |                             | 0136.01                 |                     |                          | 12 2                             |                   | 9790                            |                   |                         |                 |
| 18. REMARKS   |                 |                             |                         |                     |                          |                                  |                   |                                 |                   |                         |                 |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;">           POSTED BY<br/>           07-45<br/> <i>[Signature]</i> </div> |                 |                             |                         |                     |                          |                                  |                   |                                 |                   |                         |                 |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL  |                 |                             |                         |                     |                          |                                  |                   |                                 |                   |                         |                 |
| 19. ACTION CODE   | 20. EMPLOY CODE | 21. OFFICE CODING           |                         | 22. STATION CODE    | 23. INTEGREE CODE        | 24. MONTHS                       | 25. DATE OF BIRTH |                                 | 26. DATE OF GRADE |                         | 27. DATE OF LEI |
| 37  | 10              | 51400                       | WH                      | 45075               | 3                        |                                  |                   |                                 |                   |                         |                 |
| 29. NTE EXPIRES   |                 | 29. SPECIAL REFERENCE       | 30. RETIREMENT DATA     |                     | 31. SEPARATION DATA CODE | 32. CORRECTION/CANCELLATION DATA |                   | 33. SECURITY REG NO.            |                   | 34. SEX                 |                 |
|   |                 |                             |                         |                     |                          |                                  |                   | EQD 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.      |                          | 43. FEDERAL TAX DATA             |                   | 44. STATE TAX DATA              |                   |                         |                 |
|   |                 |                             |                         |                     |                          |                                  |                   |                                 |                   |                         |                 |
| SIGNATURE OR OTHER AUTHENTICATION   |                 |                             |                         |                     |                          |                                  |                   |                                 |                   |                         |                 |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;">           POSTED<br/>           09/24/63 WK         </div>              |                 |                             |                         |                     |                          |                                  |                   |                                 |                   |                         |                 |

MHC: 31 JULY 63

SECRET  
(When Filled In)

| OCB NOTIFICATION OF PERSONNEL ACTION  |  |                             |                         |                   |                                  |                                |                         |                                  |                          |                            |      |                                  |                         |                   |                      |                  |         |                   |  |                 |  |                   |  |                   |  |                 |  |    |  |    |  |          |  |       |  |   |  |  |  |  |  |  |  |  |  |                 |  |  |                       |  |  |                     |  |  |                          |  |  |                                  |  |  |                      |  |         |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |                      |  |  |                     |  |  |                     |  |                            |  |  |                         |  |  |      |  |          |  |  |          |  |  |      |  |      |  |  |      |  |  |                                      |  |               |  |  |                      |  |  |                    |  |  |      |  |      |  |  |      |  |  |      |  |  |      |  |  |
|---|--|-----------------------------|-------------------------|-------------------|----------------------------------|--------------------------------|-------------------------|----------------------------------|--------------------------|----------------------------|------|----------------------------------|-------------------------|-------------------|----------------------|------------------|---------|-------------------|--|-----------------|--|-------------------|--|-------------------|--|-----------------|--|----|--|----|--|----------|--|-------|--|---|--|--|--|--|--|--|--|--|--|-----------------|--|--|-----------------------|--|--|---------------------|--|--|--------------------------|--|--|----------------------------------|--|--|----------------------|--|---------|----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------------------|--|----------------------|--|--|---------------------|--|--|---------------------|--|----------------------------|--|--|-------------------------|--|--|------|--|----------|--|--|----------|--|--|------|--|------|--|--|------|--|--|--------------------------------------|--|---------------|--|--|----------------------|--|--|--------------------|--|--|------|--|------|--|--|------|--|--|------|--|--|------|--|--|
| 1. SERIAL NUMBER  |  | 2. NAME (LAST FIRST MIDDLE) |                         |                   |                                  |                                |                         |                                  |                          |                            |      |                                  |                         |                   |                      |                  |         |                   |  |                 |  |                   |  |                   |  |                 |  |    |  |    |  |          |  |       |  |   |  |  |  |  |  |  |  |  |  |                 |  |  |                       |  |  |                     |  |  |                          |  |  |                                  |  |  |                      |  |         |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |                      |  |  |                     |  |  |                     |  |                            |  |  |                         |  |  |      |  |          |  |  |          |  |  |      |  |      |  |  |      |  |  |                                      |  |               |  |  |                      |  |  |                    |  |  |      |  |      |  |  |      |  |  |      |  |  |      |  |  |
| 3. NATURE OF PERSONNEL ACTION   |  |                             |                         | 4. EFFECTIVE DATE |                                  | 5. CATEGORY OF EMPLOYMENT      |                         |                                  |                          |                            |      |                                  |                         |                   |                      |                  |         |                   |  |                 |  |                   |  |                   |  |                 |  |    |  |    |  |          |  |       |  |   |  |  |  |  |  |  |  |  |  |                 |  |  |                       |  |  |                     |  |  |                          |  |  |                                  |  |  |                      |  |         |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |                      |  |  |                     |  |  |                     |  |                            |  |  |                         |  |  |      |  |          |  |  |          |  |  |      |  |      |  |  |      |  |  |                                      |  |               |  |  |                      |  |  |                    |  |  |      |  |      |  |  |      |  |  |      |  |  |      |  |  |
| REASSIGNMENT  |  |                             |                         | 06 09 63          |                                  | REGULAR                        |                         |                                  |                          |                            |      |                                  |                         |                   |                      |                  |         |                   |  |                 |  |                   |  |                   |  |                 |  |    |  |    |  |          |  |       |  |   |  |  |  |  |  |  |  |  |  |                 |  |  |                       |  |  |                     |  |  |                          |  |  |                                  |  |  |                      |  |         |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |                      |  |  |                     |  |  |                     |  |                            |  |  |                         |  |  |      |  |          |  |  |          |  |  |      |  |      |  |  |      |  |  |                                      |  |               |  |  |                      |  |  |                    |  |  |      |  |      |  |  |      |  |  |      |  |  |      |  |  |
| 6. FUNDS  |  | 7. V TO V                   |                         | 8. V TO CF        |                                  | 9. LOST CARRIER NO. CHARGEABLE |                         | 10. CSC OR OTHER LEGAL AUTHORITY |                          |                            |      |                                  |                         |                   |                      |                  |         |                   |  |                 |  |                   |  |                   |  |                 |  |    |  |    |  |          |  |       |  |   |  |  |  |  |  |  |  |  |  |                 |  |  |                       |  |  |                     |  |  |                          |  |  |                                  |  |  |                      |  |         |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |                      |  |  |                     |  |  |                     |  |                            |  |  |                         |  |  |      |  |          |  |  |          |  |  |      |  |      |  |  |      |  |  |                                      |  |               |  |  |                      |  |  |                    |  |  |      |  |      |  |  |      |  |  |      |  |  |      |  |  |
| CF TO V   |  | X                           |                         | CF TO CF          |                                  | 4135 5700 1000                 |                         | 50 USC 403 J                     |                          |                            |      |                                  |                         |                   |                      |                  |         |                   |  |                 |  |                   |  |                   |  |                 |  |    |  |    |  |          |  |       |  |   |  |  |  |  |  |  |  |  |  |                 |  |  |                       |  |  |                     |  |  |                          |  |  |                                  |  |  |                      |  |         |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |                      |  |  |                     |  |  |                     |  |                            |  |  |                         |  |  |      |  |          |  |  |          |  |  |      |  |      |  |  |      |  |  |                                      |  |               |  |  |                      |  |  |                    |  |  |      |  |      |  |  |      |  |  |      |  |  |      |  |  |
| 11. ORGANIZATIONAL DESIGNATIONS   |  |                             |                         |                   | 12. LOCATION OF OFFICIAL STATION |                                |                         |                                  |                          |                            |      |                                  |                         |                   |                      |                  |         |                   |  |                 |  |                   |  |                   |  |                 |  |    |  |    |  |          |  |       |  |   |  |  |  |  |  |  |  |  |  |                 |  |  |                       |  |  |                     |  |  |                          |  |  |                                  |  |  |                      |  |         |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |                      |  |  |                     |  |  |                     |  |                            |  |  |                         |  |  |      |  |          |  |  |          |  |  |      |  |      |  |  |      |  |  |                                      |  |               |  |  |                      |  |  |                    |  |  |      |  |      |  |  |      |  |  |      |  |  |      |  |  |
| DDP WH  |  |                             |                         |                   | STATION                          |                                |                         |                                  |                          |                            |      |                                  |                         |                   |                      |                  |         |                   |  |                 |  |                   |  |                   |  |                 |  |    |  |    |  |          |  |       |  |   |  |  |  |  |  |  |  |  |  |                 |  |  |                       |  |  |                     |  |  |                          |  |  |                                  |  |  |                      |  |         |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |                      |  |  |                     |  |  |                     |  |                            |  |  |                         |  |  |      |  |          |  |  |          |  |  |      |  |      |  |  |      |  |  |                                      |  |               |  |  |                      |  |  |                    |  |  |      |  |      |  |  |      |  |  |      |  |  |      |  |  |
| 13. POSITION TITLE  |  |                             |                         |                   | 14. POSITION NUMBER              |                                | 15. SERVICE DESIGNATION |                                  |                          |                            |      |                                  |                         |                   |                      |                  |         |                   |  |                 |  |                   |  |                   |  |                 |  |    |  |    |  |          |  |       |  |   |  |  |  |  |  |  |  |  |  |                 |  |  |                       |  |  |                     |  |  |                          |  |  |                                  |  |  |                      |  |         |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |                      |  |  |                     |  |  |                     |  |                            |  |  |                         |  |  |      |  |          |  |  |          |  |  |      |  |      |  |  |      |  |  |                                      |  |               |  |  |                      |  |  |                    |  |  |      |  |      |  |  |      |  |  |      |  |  |      |  |  |
| OPS OFFICER   |  |                             |                         |                   | 0400                             |                                | D                       |                                  |                          |                            |      |                                  |                         |                   |                      |                  |         |                   |  |                 |  |                   |  |                   |  |                 |  |    |  |    |  |          |  |       |  |   |  |  |  |  |  |  |  |  |  |                 |  |  |                       |  |  |                     |  |  |                          |  |  |                                  |  |  |                      |  |         |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |                      |  |  |                     |  |  |                     |  |                            |  |  |                         |  |  |      |  |          |  |  |          |  |  |      |  |      |  |  |      |  |  |                                      |  |               |  |  |                      |  |  |                    |  |  |      |  |      |  |  |      |  |  |      |  |  |      |  |  |
| 16. CLASSIFICATION SCHEDULE (GS, LB, etc.)  |  |                             | 17. OCCUPATIONAL SERIES |                   | 18. GRADE AND STEP               |                                | 19. SALARY OR RATE      |                                  |                          |                            |      |                                  |                         |                   |                      |                  |         |                   |  |                 |  |                   |  |                   |  |                 |  |    |  |    |  |          |  |       |  |   |  |  |  |  |  |  |  |  |  |                 |  |  |                       |  |  |                     |  |  |                          |  |  |                                  |  |  |                      |  |         |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |                      |  |  |                     |  |  |                     |  |                            |  |  |                         |  |  |      |  |          |  |  |          |  |  |      |  |      |  |  |      |  |  |                                      |  |               |  |  |                      |  |  |                    |  |  |      |  |      |  |  |      |  |  |      |  |  |      |  |  |
| GS  |  |                             | 0136.01                 |                   | 12 2                             |                                | 9790                    |                                  |                          |                            |      |                                  |                         |                   |                      |                  |         |                   |  |                 |  |                   |  |                   |  |                 |  |    |  |    |  |          |  |       |  |   |  |  |  |  |  |  |  |  |  |                 |  |  |                       |  |  |                     |  |  |                          |  |  |                                  |  |  |                      |  |         |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |                      |  |  |                     |  |  |                     |  |                            |  |  |                         |  |  |      |  |          |  |  |          |  |  |      |  |      |  |  |      |  |  |                                      |  |               |  |  |                      |  |  |                    |  |  |      |  |      |  |  |      |  |  |      |  |  |      |  |  |
| 20. REMARKS   |  |                             |                         |                   |                                  |                                |                         |                                  |                          |                            |      |                                  |                         |                   |                      |                  |         |                   |  |                 |  |                   |  |                   |  |                 |  |    |  |    |  |          |  |       |  |   |  |  |  |  |  |  |  |  |  |                 |  |  |                       |  |  |                     |  |  |                          |  |  |                                  |  |  |                      |  |         |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |                      |  |  |                     |  |  |                     |  |                            |  |  |                         |  |  |      |  |          |  |  |          |  |  |      |  |      |  |  |      |  |  |                                      |  |               |  |  |                      |  |  |                    |  |  |      |  |      |  |  |      |  |  |      |  |  |      |  |  |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL  |  |                             |                         |                   |                                  |                                |                         |                                  |                          |                            |      |                                  |                         |                   |                      |                  |         |                   |  |                 |  |                   |  |                   |  |                 |  |    |  |    |  |          |  |       |  |   |  |  |  |  |  |  |  |  |  |                 |  |  |                       |  |  |                     |  |  |                          |  |  |                                  |  |  |                      |  |         |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |                      |  |  |                     |  |  |                     |  |                            |  |  |                         |  |  |      |  |          |  |  |          |  |  |      |  |      |  |  |      |  |  |                                      |  |               |  |  |                      |  |  |                    |  |  |      |  |      |  |  |      |  |  |      |  |  |      |  |  |
| <table border="1"> <tr> <td colspan="2">21. ACTION CODE</td> <td colspan="2">22. EMPLOY. CODE</td> <td colspan="2">23. OFFICE CODING</td> <td colspan="2">24. STATION CODE</td> <td colspan="2">25. IN/EGREE CODE</td> <td colspan="2">26. MGR/IN CODE</td> <td colspan="2">27. DATE OF BIRTH</td> <td colspan="2">28. DATE OF GRADE</td> <td colspan="2">29. DATE OF LEI</td> </tr> <tr> <td colspan="2">37</td> <td colspan="2">10</td> <td colspan="2">64700 WH</td> <td colspan="2">45075</td> <td colspan="2">3</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="3">30. NTE EXPIRES</td> <td colspan="3">31. SPECIAL REFERENCE</td> <td colspan="3">32. RETIREMENT DATA</td> <td colspan="3">33. SEPARATION DATA CODE</td> <td colspan="3">34. CORRECTION/CANCELLATION DATA</td> <td colspan="2">35. SECURITY REQ NO.</td> <td colspan="1">36. SEX</td> </tr> <tr> <td colspan="3">EOD DATA</td> <td colspan="3"></td> <td colspan="3"></td> <td colspan="3"></td> <td colspan="2"></td> <td colspan="1"></td> </tr> <tr> <td colspan="2">37. VET. PREFERENCE</td> <td colspan="3">38. SERV. COMP. DATE</td> <td colspan="3">39. LONG COMP. DATE</td> <td colspan="2">40. CAREER CATEGORY</td> <td colspan="3">41. FEGLI/HEALTH INSURANCE</td> <td colspan="3">42. SOCIAL SECURITY NO.</td> </tr> <tr> <td colspan="2">CODE</td> <td colspan="3">NO DA YR</td> <td colspan="3">NO DA YR</td> <td colspan="2">CODE</td> <td colspan="3">CODE</td> <td colspan="3">CODE</td> </tr> <tr> <td colspan="2">43. PREVIOUS GOVERNMENT SERVICE DATA</td> <td colspan="3">44. LEAVE CAT</td> <td colspan="3">45. FEDERAL TAX DATA</td> <td colspan="3">46. STATE TAX DATA</td> </tr> <tr> <td colspan="2">CODE</td> <td colspan="3">CODE</td> <td colspan="3">CODE</td> <td colspan="3">CODE</td> <td colspan="3">CODE</td> </tr> </table> |  |                             |                         |                   |                                  |                                |                         |                                  |                          | 21. ACTION CODE            |      | 22. EMPLOY. CODE                 |                         | 23. OFFICE CODING |                      | 24. STATION CODE |         | 25. IN/EGREE CODE |  | 26. MGR/IN CODE |  | 27. DATE OF BIRTH |  | 28. DATE OF GRADE |  | 29. DATE OF LEI |  | 37 |  | 10 |  | 64700 WH |  | 45075 |  | 3 |  |  |  |  |  |  |  |  |  | 30. NTE EXPIRES |  |  | 31. SPECIAL REFERENCE |  |  | 32. RETIREMENT DATA |  |  | 33. SEPARATION DATA CODE |  |  | 34. CORRECTION/CANCELLATION DATA |  |  | 35. SECURITY REQ NO. |  | 36. SEX | EOD DATA |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 37. VET. PREFERENCE |  | 38. SERV. COMP. DATE |  |  | 39. LONG COMP. DATE |  |  | 40. CAREER CATEGORY |  | 41. FEGLI/HEALTH INSURANCE |  |  | 42. SOCIAL SECURITY NO. |  |  | CODE |  | NO DA YR |  |  | NO DA YR |  |  | CODE |  | CODE |  |  | CODE |  |  | 43. PREVIOUS GOVERNMENT SERVICE DATA |  | 44. LEAVE CAT |  |  | 45. FEDERAL TAX DATA |  |  | 46. STATE TAX DATA |  |  | CODE |  | CODE |  |  | CODE |  |  | CODE |  |  | CODE |  |  |
| 21. ACTION CODE   |  | 22. EMPLOY. CODE            |                         | 23. OFFICE CODING |                                  | 24. STATION CODE               |                         | 25. IN/EGREE CODE                |                          | 26. MGR/IN CODE            |      | 27. DATE OF BIRTH                |                         | 28. DATE OF GRADE |                      | 29. DATE OF LEI  |         |                   |  |                 |  |                   |  |                   |  |                 |  |    |  |    |  |          |  |       |  |   |  |  |  |  |  |  |  |  |  |                 |  |  |                       |  |  |                     |  |  |                          |  |  |                                  |  |  |                      |  |         |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |                      |  |  |                     |  |  |                     |  |                            |  |  |                         |  |  |      |  |          |  |  |          |  |  |      |  |      |  |  |      |  |  |                                      |  |               |  |  |                      |  |  |                    |  |  |      |  |      |  |  |      |  |  |      |  |  |      |  |  |
| 37  |  | 10                          |                         | 64700 WH          |                                  | 45075                          |                         | 3                                |                          |                            |      |                                  |                         |                   |                      |                  |         |                   |  |                 |  |                   |  |                   |  |                 |  |    |  |    |  |          |  |       |  |   |  |  |  |  |  |  |  |  |  |                 |  |  |                       |  |  |                     |  |  |                          |  |  |                                  |  |  |                      |  |         |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |                      |  |  |                     |  |  |                     |  |                            |  |  |                         |  |  |      |  |          |  |  |          |  |  |      |  |      |  |  |      |  |  |                                      |  |               |  |  |                      |  |  |                    |  |  |      |  |      |  |  |      |  |  |      |  |  |      |  |  |
| 30. NTE EXPIRES   |  |                             | 31. SPECIAL REFERENCE   |                   |                                  | 32. RETIREMENT DATA            |                         |                                  | 33. SEPARATION DATA CODE |                            |      | 34. CORRECTION/CANCELLATION DATA |                         |                   | 35. SECURITY REQ NO. |                  | 36. SEX |                   |  |                 |  |                   |  |                   |  |                 |  |    |  |    |  |          |  |       |  |   |  |  |  |  |  |  |  |  |  |                 |  |  |                       |  |  |                     |  |  |                          |  |  |                                  |  |  |                      |  |         |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |                      |  |  |                     |  |  |                     |  |                            |  |  |                         |  |  |      |  |          |  |  |          |  |  |      |  |      |  |  |      |  |  |                                      |  |               |  |  |                      |  |  |                    |  |  |      |  |      |  |  |      |  |  |      |  |  |      |  |  |
| EOD DATA  |  |                             |                         |                   |                                  |                                |                         |                                  |                          |                            |      |                                  |                         |                   |                      |                  |         |                   |  |                 |  |                   |  |                   |  |                 |  |    |  |    |  |          |  |       |  |   |  |  |  |  |  |  |  |  |  |                 |  |  |                       |  |  |                     |  |  |                          |  |  |                                  |  |  |                      |  |         |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |                      |  |  |                     |  |  |                     |  |                            |  |  |                         |  |  |      |  |          |  |  |          |  |  |      |  |      |  |  |      |  |  |                                      |  |               |  |  |                      |  |  |                    |  |  |      |  |      |  |  |      |  |  |      |  |  |      |  |  |
| 37. VET. PREFERENCE   |  | 38. SERV. COMP. DATE        |                         |                   | 39. LONG COMP. DATE              |                                |                         | 40. CAREER CATEGORY              |                          | 41. FEGLI/HEALTH INSURANCE |      |                                  | 42. SOCIAL SECURITY NO. |                   |                      |                  |         |                   |  |                 |  |                   |  |                   |  |                 |  |    |  |    |  |          |  |       |  |   |  |  |  |  |  |  |  |  |  |                 |  |  |                       |  |  |                     |  |  |                          |  |  |                                  |  |  |                      |  |         |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |                      |  |  |                     |  |  |                     |  |                            |  |  |                         |  |  |      |  |          |  |  |          |  |  |      |  |      |  |  |      |  |  |                                      |  |               |  |  |                      |  |  |                    |  |  |      |  |      |  |  |      |  |  |      |  |  |      |  |  |
| CODE  |  | NO DA YR                    |                         |                   | NO DA YR                         |                                |                         | CODE                             |                          | CODE                       |      |                                  | CODE                    |                   |                      |                  |         |                   |  |                 |  |                   |  |                   |  |                 |  |    |  |    |  |          |  |       |  |   |  |  |  |  |  |  |  |  |  |                 |  |  |                       |  |  |                     |  |  |                          |  |  |                                  |  |  |                      |  |         |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |                      |  |  |                     |  |  |                     |  |                            |  |  |                         |  |  |      |  |          |  |  |          |  |  |      |  |      |  |  |      |  |  |                                      |  |               |  |  |                      |  |  |                    |  |  |      |  |      |  |  |      |  |  |      |  |  |      |  |  |
| 43. PREVIOUS GOVERNMENT SERVICE DATA  |  | 44. LEAVE CAT               |                         |                   | 45. FEDERAL TAX DATA             |                                |                         | 46. STATE TAX DATA               |                          |                            |      |                                  |                         |                   |                      |                  |         |                   |  |                 |  |                   |  |                   |  |                 |  |    |  |    |  |          |  |       |  |   |  |  |  |  |  |  |  |  |  |                 |  |  |                       |  |  |                     |  |  |                          |  |  |                                  |  |  |                      |  |         |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |                      |  |  |                     |  |  |                     |  |                            |  |  |                         |  |  |      |  |          |  |  |          |  |  |      |  |      |  |  |      |  |  |                                      |  |               |  |  |                      |  |  |                    |  |  |      |  |      |  |  |      |  |  |      |  |  |      |  |  |
| CODE  |  | CODE                        |                         |                   | CODE                             |                                |                         | CODE                             |                          |                            | CODE |                                  |                         |                   |                      |                  |         |                   |  |                 |  |                   |  |                   |  |                 |  |    |  |    |  |          |  |       |  |   |  |  |  |  |  |  |  |  |  |                 |  |  |                       |  |  |                     |  |  |                          |  |  |                                  |  |  |                      |  |         |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |                      |  |  |                     |  |  |                     |  |                            |  |  |                         |  |  |      |  |          |  |  |          |  |  |      |  |      |  |  |      |  |  |                                      |  |               |  |  |                      |  |  |                    |  |  |      |  |      |  |  |      |  |  |      |  |  |      |  |  |
| SIGNATURE OF OTHER AUTHENTICATION   |  |                             |                         |                   |                                  |                                |                         |                                  |                          |                            |      |                                  |                         |                   |                      |                  |         |                   |  |                 |  |                   |  |                   |  |                 |  |    |  |    |  |          |  |       |  |   |  |  |  |  |  |  |  |  |  |                 |  |  |                       |  |  |                     |  |  |                          |  |  |                                  |  |  |                      |  |         |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |                      |  |  |                     |  |  |                     |  |                            |  |  |                         |  |  |      |  |          |  |  |          |  |  |      |  |      |  |  |      |  |  |                                      |  |               |  |  |                      |  |  |                    |  |  |      |  |      |  |  |      |  |  |      |  |  |      |  |  |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p style="text-align: center; margin: 0;">POSTED</p> <p style="font-size: 1.2em; margin: 0;">08/02/63</p> </div>  |  |                             |                         |                   |                                  |                                |                         |                                  |                          |                            |      |                                  |                         |                   |                      |                  |         |                   |  |                 |  |                   |  |                   |  |                 |  |    |  |    |  |          |  |       |  |   |  |  |  |  |  |  |  |  |  |                 |  |  |                       |  |  |                     |  |  |                          |  |  |                                  |  |  |                      |  |         |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |                      |  |  |                     |  |  |                     |  |                            |  |  |                         |  |  |      |  |          |  |  |          |  |  |      |  |      |  |  |      |  |  |                                      |  |               |  |  |                      |  |  |                    |  |  |      |  |      |  |  |      |  |  |      |  |  |      |  |  |

31 JUL 63

A. Fitness Reports covering period 1/1/68  
to 12/31/68 Assignment

B. Personnel Actions for period prior  
to 1/1/68 Assignment

SECRET

(When Filled In)

FITNESS REPORT

EMPLOYEE SERIAL NUMBER

SECTION A GENERAL

|   |                                       |                                    |                                  |   |       |
|---|---------------------------------------|------------------------------------|----------------------------------|---|-------|
| 1. NAME (Last) (First) (Middle)                   |                                       | 2. DATE OF BIRTH                   | 3. SEX                           | 4. GRADE  | 5. SD |
| 6. OFFICIAL POSITION TITLE                        |                                       | 7. OFF/DIV/BR OF ASSIGNMENT        |                                  | 8. CURRENT STATION  |       |
| 9. CHECK (X) TYPE OF APPOINTMENT                  |                                       |                                    | 10. CHECK (X) TYPE OF REPORT     |   |       |
| <input checked="" type="checkbox"/> CAREER        | <input type="checkbox"/> PROBATIONARY | <input type="checkbox"/> TEMPORARY | INITIAL                          | REASSIGNMENT SUPERVISOR                                   |       |
| CAREER-PROVISIONAL (See Instructions - Section C) |                                       |                                    | ANNUAL                           | <input checked="" type="checkbox"/> REASSIGNMENT EMPLOYEE |       |
| SPECIAL (Specify)                                 |                                       |                                    | SPECIAL (Specify)                |   |       |
| 11. DATE REPORT DUE IN O.P.                       |                                       |                                    | 12. REPORTING PERIOD (From - to) |   |       |
| December 1964                                     |                                       |                                    | 1 Jan 1964 - 22 November 1964    |   |       |

SECTION B PERFORMANCE EVALUATION

- W - Weak** Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.
- A - Adequate** Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.
- P - Proficient** Performance is more than satisfactory. Desired results are being produced in a proficient manner.
- S - Strong** Performance is characterized by exceptional proficiency.
- O - Outstanding** Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

SPECIFIC DUTIES

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

|   |  |               |
|---|--|---------------|
| SPECIFIC DUTY NO. 1   |  | RATING LETTER |
| Case Officer for Soviet access agents.  |  | P             |
| SPECIFIC DUTY NO. 2   |  | RATING LETTER |
| Analyst work, preparing Soviet personality reports. ✓   |  | S             |
| SPECIFIC DUTY NO. 3   |  | RATING LETTER |
| Transcription into English of Russian technical product, and preparation of interpretative renditions of same when necessary. |  | O             |
| SPECIFIC DUTY NO. 4   |  | RATING LETTER |
| SPECIFIC DUTY NO. 5   |  | RATING LETTER |
| SPECIFIC DUTY NO. 6   |  | RATING LETTER |

OVERALL PERFORMANCE IN CURRENT POSITION

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

7 JAN 1965

RATING LETTER

S

**SECRET**  
(When Filled In)

**SECTION C**

**NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable. As explained in the previous fitness report, Subject was assigned to the Station for the purpose of taking charge of the Station's joint telephone tap center, a position for which he was and is eminently qualified by reason of extensive experience and outstanding language qualifications. However, this position did not materialize because of circumstances beyond the control of Subject and the Station.

It was therefore subsequently decided to train Subject locally, and have him gradually assume case officer and analyst responsibilities in certain simpler aspects of the Station's Soviet program.

Given the circumstances that Subject had not had prior case officer or analytical experience (or even any substantial past exposure to operations to give him vicarious experience) he progressed more than adequately in absorbing the training offered, in assuming responsibility for two Soviet operations and in the preparation of analytical studies on the Soviet complement. Given the further circumstances that the Station did not have the time to train him more than superficially, and that the operations he handled were basically uncomplicated, it must be stated that Subject cannot now be considered to be a case officer.

This conscientious and intelligent officer has high interest and enthusiasm for operations, but it is believed that his forte and future lies in the management of technical operations. This has been recognized also by Headquarters in the assignment presently planned for him.

As a staff agent [redacted] he and his family adapted themselves remarkably well to the [redacted] situation and to all other environmental factors.

**SECTION D**

**CERTIFICATION AND COMMENTS**

|   |   |                                     |
|---|---|-------------------------------------|
| <b>1. BY EMPLOYEE</b>   |   |                                     |
| <i>I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT</i> |   |                                     |
| DATE  | SIGNATURE OF EMPLOYEE   |                                     |
| 23 November 1964  | [redacted]  |                                     |
| <b>2. BY SUPERVISOR</b>   |   |                                     |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION                         | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |                                     |
|   |   |                                     |
| DATE  | OFFICIAL TITLE OF SUPERVISOR                                    | TYPED OR PRINTED NAME AND SIGNATURE |
| 23 November 1964  | Ops Officer   | [redacted]                          |
| <b>3. BY REVIEWING OFFICIAL</b>                                       |   |                                     |
| COMMENTS OF REVIEWING OFFICIAL  |   |                                     |
|   |   |                                     |
| DATE  | OFFICIAL TITLE OF REVIEWING OFFICIAL                            | TYPED OR PRINTED NAME AND SIGNATURE |
| 23 November 1964  | COS   | [redacted] / Winston K. Scott       |

**SECRET**



SECRET  
(When Filled In)

9

| FITNESS REPORT   |                                  |                                    |                             | EMPLOYEE SERIAL NUMBER                     |                    |  |  |
|--|----------------------------------|------------------------------------|-----------------------------|--|--------------------|--|--|
| <b>SECTION A</b>   |                                  |                                    |                             | <b>GENERAL</b>                             |                    |  |  |
| 1. NAME<br>(Last) (First) (Middle)   |                                  |                                    | 2. DATE OF BIRTH            | 3. SEX                                     | 4. GRADE           | 5. SD  |  |
| [REDACTED]   |                                  |                                    | 6 Jan 1912                  | M  | GS-12              | D  |  |
| 6. OFFICIAL POSITION TITLE   |                                  |                                    | 7. OFF/DIV/BR OF ASSIGNMENT |  | 8. CURRENT STATION |  |  |
| Operations Officer   |                                  |                                    | DDP YR [ ]                  |  | [ ]                |  |  |
| 9. CHECK (X) TYPE OF APPOINTMENT   |                                  |                                    |                             | 10. CHECK (X) TYPE OF REPORT               |                    |  |  |
| <input type="checkbox"/> CAREER  | <input type="checkbox"/> RESERVE | <input type="checkbox"/> TEMPORARY |                             | <input type="checkbox"/> INITIAL           |                    | <input type="checkbox"/> REASSIGNMENT SUPERVISOR |  |
| <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)   |                                  |                                    |                             | <input checked="" type="checkbox"/> ANNUAL |                    | <input type="checkbox"/> REASSIGNMENT EMPLOYEE   |  |
| <input type="checkbox"/> SPECIAL (Specify)   |                                  |                                    |                             | <input type="checkbox"/> SPECIAL (Specify) |                    |  |  |
| 11. DATE REPORT DUE IN O.P.  |                                  |                                    |                             | 12. REPORTING PERIOD (From - to)           |                    |  |  |
| 28 February 1964   |                                  |                                    |                             | 6 August 1963 - 31 December 1963           |                    |  |  |
| <b>SECTION B</b>   |                                  |                                    |                             | <b>PERFORMANCE EVALUATION</b>              |                    |  |  |
| <p><b>W - <del>Weak</del></b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - <del>Adequate</del></b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - <del>Proficient</del></b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - <del>Strong</del></b> Performance is characterized by exceptional proficiency.</p> <p><b>O - <del>Outstanding</del></b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> |                                  |                                    |                             |  |                    |  |  |
| <b>SPECIFIC DUTIES</b>   |                                  |                                    |                             |  |                    |  |  |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).   |                                  |                                    |                             |  |                    |  |  |
| SPECIFIC DUTY NO. 1  |                                  |                                    |                             |  |                    | RATING LETTER                                    |  |
| Translation of Russian and Spanish materials.  |                                  |                                    |                             |  |                    | S  |  |
| SPECIFIC DUTY NO. 2  |                                  |                                    |                             |  |                    | RATING LETTER                                    |  |
| SPECIFIC DUTY NO. 3  |                                  |                                    |                             |  |                    | RATING LETTER                                    |  |
| SPECIFIC DUTY NO. 4  |                                  |                                    |                             |  |                    | RATING LETTER                                    |  |
| SPECIFIC DUTY NO. 5  |                                  |                                    |                             |  |                    | RATING LETTER                                    |  |
| SPECIFIC DUTY NO. 6  |                                  |                                    |                             |  |                    | RATING LETTER                                    |  |
| <b>OVERALL PERFORMANCE IN CURRENT POSITION</b>   |                                  |                                    |                             |  |                    |  |  |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and pertinent limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.  |                                  |                                    |                             |  |                    | RATING LETTER                                    |  |
| 14 FEB 1964  |                                  |                                    |                             |  |                    | S  |  |

POSTED ON  
17 Feb 64

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SECTION C

NARRATIVE COMMENTS

OFFICE OF OPERATIONS

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.

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From the time of Subject's arrival in Mexico and through all December 1963, he was utilized principally in translation work and was held on tap for the position of heading up the Station's joint telephone tap center. Circumstances beyond the control of the Station and Subject are responsible for the fact that the incumbent in charge of the center will continue these duties and Subject will be given other responsibilities.

Primarily, Subject will be trained to handle analyst and case officer responsibilities in the Soviet field. The level and range of the responsibilities will depend on the progress Subject makes in handling these duties in a manner satisfactory to the Station.

Subject is most conscientious and effective in every assignment given him to date, and the Station is extremely pleased to have him available as an outside Station asset. He is enthusiastic about all his work, including certain part-time routine and arduous duties, and he looks forward with confidence to the prospect of becoming a case officer. Although it is premature to state positively that Subject will succeed as a case officer, the supervisor believes that Subject will undoubtedly progress adequately.

Subject and his family have acclimated themselves excellently to the [redacted] situation, faster than most of the Station's other staff agents, and certainly with fewer problems and requests for guidance from the Station's staff.

SECTION D

CERTIFICATION AND COMMENTS

|  |   |   |
|--|---|---|
| 1. BY EMPLOYEE   |   |   |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT |   |   |
| DATE<br>29 January 1964  | SIGNATURE OF EMPLOYEE<br>[redacted]                             |   |
| 2. BY SUPERVISOR   |   |   |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION                  | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |   |
| DATE<br>29 January 1964  | OFFICIAL TITLE OF SUPERVISOR<br>Operations Officer              | TYPED OR PRINTED NAME AND SIGNATURE<br>/s/ [redacted] |
| 3. BY REVIEWING OFFICIAL                                       |   |   |
| COMMENTS OF REVIEWING OFFICIAL                                 |   |   |
| DATE<br>29 January 1964  | OFFICIAL TITLE OF REVIEWING OFFICIAL<br>Chief of Station        | TYPED OR PRINTED NAME AND SIGNATURE<br>/s/ [redacted] |

SECRET

Pre 1961 Fitness Reports  
and other personnel  
documents