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104-10225-10007

STANDARD FORM 66
January 1971
PRESCRIBED BY U. S. CIVIL SERVICE COMMISSION
Federal Personnel Manual Ch. 293
66-103

SECRET

# Official Personnel Folder

SECRET

RETURN TO RECORDS CENTER
IMMEDIATELY AFTER USE
JOB 74-57 FROM 67

322024

TERMINATED
60389 D

67 Jun Entd

14-00000

SECRET
(When Filled In)

# REQUEST FOR PERSONNEL ACTION

DATE PREPARED: 30 May 1972

1. SERIAL NUMBER: 060389
2. NAME (Last-First-Middle): [redacted]

COB

3. NATURE OF PERSONNEL ACTION: Conversion and Retirement (Voluntary) under CIA Retirement & Disability Sys
4. EFFECTIVE DATE REQUESTED: MONTH 06 DAY 30 YEAR 72
5. CATEGORY OF EMPLOYMENT: Regular

6. FUNDS: V TO V / V TO CF / CF TO V / XX CF TO CF
7. FINANCIAL ANALYSIS NO. CHARGEABLE: 2135-0620
8. LEGAL AUTHORITY (Completed by Office of Personnel): P.L. 88-643 Sect. 233

9. ORGANIZATIONAL DESIGNATIONS:
DDP/WH
Branch 6
Office of the Chief

10. LOCATION OF OFFICIAL STATION: Washington, D.C.

11. POSITION TITLE: Ops Officer, Ch[redacted]
12. POSITION NUMBER: 1844
13. CAREER SERVICE DESIGNATION: D

14. CLASSIFICATION SCHEDULE (GS, LB, etc.): GS
15. OCCUPATIONAL SERIES: 0136.01
16. GRADE AND STEP: 15 7
17. SALARY OR RATE: $ 30,701

18. REMARKS
From: [redacted]

1152 Telecoord w/ [redacted] 6/28/72

1 - Security 1 - Finance

18A. SIGNATURE OF REQUESTING OFFICIAL: Henry L. Berthold, C/WH/Pers
DATE SIGNED: 30 May 72
18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER: [redacted]
DATE SIGNED: 5 Jun 72

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE: 45
20. EMPLOY CODE: 10
21. OFFICE CODING (NUMERIC / ALPHABETIC)
22. STATION CODE
23. INTEGREE CODE
24. HDQTRS CODE: 1
25. DATE OF BIRTH
26. DATE OF GRADE
27. DATE OF LEI
28. NTE EXPIRES
29. SPECIAL REFERENCE
30. RETIREMENT DATA
31. SEPARATION DATA CODE
32. CORRECTION CANCELLATION DATA
EOD DATA
33. SECURITY REQ. NO.
34. SEX
35. VET PREFERENCE
36. SERV COMP DATE
37. LONG COMP DATE
38. CAREER CATEGORY
39. FEGLI HEALTH INSURANCE
40. SOCIAL SECURITY NO.
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE
42. LEAVE CAT CODE
43. FEDERAL TAX DATA
44. STATE TAX DATA
45. POSITION CONTROL CERTIFICATION
46. CTF APPROVAL
DATE APPROVED

1152 USE PREVIOUS EDITION

SECRET

25 [illegible]

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(When Filled In)

CERTIFICATION OF SEPARATING EMPLOYEE

Name (Last-First-Middle)

MEMORANDUM FOR THE RECORD - ATTACH TO OFFICIAL PERSONNEL FOLDER

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

| | |
|---|---|
| | 1. Standard Form 8 (Notice to Federal Employee about Unemployment Compensation). declined to receive |
| | 2. Standard Form 55 (Notice of Conversion Privilege, Federal Employees' Group Life Insurance). |
| | 3. Standard Form 56 (Agency Certification of Insurance Status, Federal Employees' Group Life Insurance Act of 1954). |
| | 4. Standard Form 2802 (Application for Refund of Retirement Deductions). |
| | 5. Form 2595 (Authorization for Disposition of Paychecks). To bank as usual |
| | 6. Applicable to returnee (resignee from overseas assignment).<br>I have been advised of my right to have a medical examination before my separation from this Agency and of the importance of such a medical check to my health and well-being.<br>☐ Appointment arranged with Office of Medical Services.<br>☐ Appointment for Office of Medical Services examination declined. |
| | 7. I have been informed of "conflict of interests" policy of the Agency and foresee no problem in this regard concerning my new employment. |
| | 8. Form 71 (Application for Leave). |
| | 9. CSC Pamphlet 51 (Re-employment Rights of Federal Employees Performing Armed Forces Duty). |
| | 10. Instructions for returning to duty from Extended Leave or Active Military Service. |

Signature of Employee

Date Signed

Address (Street, City, State Zip Code)

Correspondence

Overseas

14-00000

ADMINISTRATIVE -- [redacted] ONLY

OPF

15 SEP 1972

MEMORANDUM FOR: Chief, WH Division

THROUGH : Acting Deputy Director for Plans

SUBJECT : Certificate of Distinction for Mr. [redacted]

The Honor and Merit Awards Board is pleased to notify you that the Certificate of Distinction has been approved by the Executive Director-Comptroller in recognition of Mr. [redacted] sustained superior performance. Security considerations relevant to the award are contained in the attached memorandum from the Office of Security. Arrangements for presentation may be made with the Executive Secretary, Honor and Merit Awards Board, extension 3645, room 412, Magazine Building.

/s/ R. L. Austin, Jr.

R. L. Austin, Jr.
Recorder
Honor and Merit Awards Board

Att
Distribution:
O & 1 - Addressee
1 - D/Pers -- OPF w/forms 382 & 600
1 - Exec Sec/HMAB
1 - Recorder/HMAB

ADMINISTRATIVE -- [redacted] ONLY

14-00000

OPF

REPORT OF HONOR AND MERIT AWARDS BOARD

Executive Registry

29 August 1972

The Honor and Merit Awards Board having considered a recommendation that:

| SERIAL OR ID NO. | NAME (Last, First, Middle) | | SEX | TYPE EMPLOYEE |
|---|---|---|---|---|
| 060389 | [redacted] | | [redacted] | M Staff |

| OFFICE OF ASSIGNMENT | SD | SCHEDULE GRADE | STATION |
|---|---|---|---|
| CS/WH | D | GS 15 | |

BE AWARDED

**Certificate of Distinction**

☐ FOR HEROIC ACTION ON

☒ FOR MERITORIOUS SERVICE OR ACHIEVEMENT DURING THE PERIOD June 1952 - June 1972

☒ RECOMMENDS APPROVAL ☐ DOES NOT RECOMMEND APPROVAL

☐ RECOMMENDS AWARD OF

UNCLASSIFIED CITATION

Mr. [redacted] is hereby awarded the Certificate of Distinction in recognition of his sustained superior performance throughout his Agency career. Since 1952 he has served in a variety of important positions in Headquarters and overseas in which the superior quality of his performance was sustained by his skillful leadership and dedication. In each assignment he has shown unswerving dedication to duty, good judgment and the ability to respond quickly in demanding situations. Mr. [redacted] overall contributions to the mission of the Agency reflect credit on him and the Federal Service.

REMARKS

(Recommendation approved by ADD/P on 11 August 1972)

APPROVED /s/ W. E. Colby

Executive Director

14 SEP

DATE

SIGNATURE /s/Harry B. Fisher

TYPED NAME OF CHAIRMAN, HONOR AND MERIT AWARDS BOARD

Harry B. Fisher

SIGNATURE /s/ R. L. Austin, Jr.

TYPED NAME OF RECORDER

R. L. Austin, Jr.

FORM 382 OBSOLETE PREVIOUS EDITION

14-00000

OPF

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[redacted] Vienna, Virginia [illegible]

12. RECOMMENDED AWARD: Certificate of Distinction | 13. [illegible] 1972 | 14. [illegible]

[redacted] | 16. RELATIONSHIP: Wife | 17. [illegible] [redacted] Vienna, VA | 18. HOME PHONE [illegible]-3850

SECTION B — RECOMMENDATION FOR AWARD FOR HEROIC ACTION OR ACCEPTANCE OF HEROES

19. ARE YOU AN EXCEPTNESS TO THE [illegible] [illegible]

PERSONNEL IN IMMEDIATE VICINITY OR WHO ASSISTED IN AC[illegible]

| 20. FULL NAME | 21. [illegible] | 22. GRADE | 23. OFFICE OF ASSIGNMENT |
|---|---|---|---|
| | | | |

LIST ANY OF THE ABOVE PERSONS GIVEN AN AWARD OR RECO[illegible] PARTICIPATING IN ACT

| 24. FULL NAME | 25. AWARD RECOMMENDED |
|---|---|
| | |

CONDITIONS UNDER WHICH ACT WAS PERFORMED:

| 26. LOCATION | 27. INCLUSIVE DATES | 28. TIME OF DAY |
|---|---|---|
| | | |

29. [illegible]VAILING GEOGRAPHIC CONDITIONS AND OBSTACLES ENCOUNTERED

30. DATES FOR WHICH AWARD RECOMMENDED | 31. ASSIGNMENT CONDITIONS | 32. NOW IN SAME OR [illegible] ASSIGNMENT

SECTION C — RECOMMENDATION FOR AWARD FOR ACHIEVEMENT, SERVICE, OR PERFORMANCE

33. DO YOU HAVE PERSONAL KNOWLEDGE OF THE SERVICE OR PERFORMANCE [illegible]

34. OFFICIAL ASSIGNMENT OF PERSON RECOMMENDED AT TIME OF SERVICE OR PERFORMANCE

Recommendation covers entire career

35. COMPONENT OR STATION (Designation and location)

Chief of [illegible]/6

36. DUTIES AND RESPONSIBILITIES OF ASSIGNED POSITION

Chief of [illegible]/6

37. INCLUSIVE DATES FOR WHICH RECOMMENDED: covers ent[illegible] career | 38. [illegible] | 39. [illegible]

[illegible]

40. FULL NAME | 41. [illegible] | 42. GRADE | 43. OFFICE OF ASSIGNMENT

[illegible]

14-00000

OPF

[illegible]

Mr. [redacted] entered on duty with the Agency in June 1952, after having served with the Army, CIC, from 1942 to 1949 and, subsequently, as Chief, Civil Intelligence Branch in the Panama Canal Zone Government from 1949 to 1952. In January 1955 he was appointed Deputy Chief of Station, Havana and remained in this position until January 1959 when he was reassigned to Headquarters. Mr. [redacted] served as Deputy Chief of Station, [redacted] from 1965 through 1968, and as Deputy Chief of WH Division Cuban Operations Group from 1966 to June 1968. He assumed the position of Chief of Station, [redacted] in June 1968. Since April 1971 Mr. [redacted] has been assigned as Chief, WH Division, Branch 6, which encompasses the important [redacted] area.

Mr. [redacted] has held positions of responsibility from the very outset of his Agency career. While demonstrating ample qualities of leadership and excellent managerial skills, his consuming interest lies in the real heart of Agency activities--the production of intelligence and the conduct of actions against our targets. This was high-lighted during his recent tour as COS, [redacted] The last year of his tour was marked by two extremely delicate, highly productive operations

[redacted]

CONTINUED ON ATTACHED SHEET

45. ENCLOSURES (Cite individually) IF ORIGINATOR IS NOT AN EXPERTISING OR DOES NOT HAVE PERSONAL KNOWLEDGE OF THE ACT OR PERFORMANCE, ATTACH AFFIDAVITS OF EYEWITNESS OR INDIVIDUAL HAVING PERSONAL KNOWLEDGE OF THE FACTS.

1. PROPOSED CITATION
2.
3.

| 47. RECOMMENDATION INITIATED BY | 48. [illegible] | 49. DATE |
|---|---|---|
| Theodore C. Shackley | [redacted] Chief, WH Division | 26 JUL 1972 |

[illegible] FORWARDED [illegible]

| | | |
|---|---|---|
| HEAD OF CS CAREER SERVICE (Career Service of Exercise) | Deputy Director for Plans | |
| 51. DEPUTY DIRECTOR OF CAREER SERVICE | [illegible] Director for Plans | |
| DEPUTY DIRECTOR OF OPERATING COMPONENT | [illegible] | [illegible] |

14-00000

OFF

-Continued-

[redacted]

Over the years Mr. [redacted] has been extremely effective in liaison activities. Through his skillful approach and genuine interest in the problems of representatives of foreign countries, he has been able to [redacted]

During the past year, the task of supervising the [redacted] Branch has been a most challenging one. [redacted] has become a knotty foreign policy problem, and is the subject of continuous and extensive discussions between the Agency, the State Department, and other components of the Government, while receiving the attention of the most senior policy makers. Requirements from many directions have required constant pressure to respond with ideas, methods, procedures and the subsequent position papers. Through it all Mr. [redacted] has maintained a sense of balance and professionalism which permits a proper focus on the crisis of the moment. We have been fortunate in having an officer of Mr. [redacted] caliber in this position during such a difficult period.

In recognition of Mr. [redacted] demonstrated continuous superior performance as a senior intelligence officer, which has contributed to the accomplishment of the mission of the Agency, it is recommended that he be awarded the Certificate of Distinction.

14-00000

C-O-N-F-I-D-E-N-T-I-A-L

21 March 1973

Dear [redacted]:

You have just completed, at my direction, seven weeks of full-time service on the GS-13 Clandestine Service Personnel Evaluation Board. I know that this work has been particularly demanding. Your participation and diligent application of your professional experience have been decisive factors in the successful accomplishment of the Board's missions.

In the course of this assignment you have become thoroughly familiar with the use and interpretation of personnel files and personnel practices of the Clandestine Service. Having reviewed and analyzed the files of [redacted] or more CS officers, you have had to make judgments and recommendations concerning their relative-ranking and their qualifications for promotion, for training required to overcome a deficiency or enhance career effectiveness, for changes of assignment to further career development and for Quality Step Increases to recognize outstanding performance. In so doing, you have carefully studied the career development of a large number of officers in all components of the CS, both as individuals and in relationship to each other in terms of merit and value to the Clandestine Service.

You have become familiar with a broad spectrum of personnel and administrative problems on a practical working level and have acquired a knowledge of personnel management which will better equip you to handle supervisory positions which require personnel reporting and career development of subordinates. The committee format of the panels has also deepened your understanding of the conference approach to management problems.

C-O-N-F-I-D-E-N-T-I-A-L

Mr. [redacted]
WH Division

C-O-N-F-I-D-E-N-T-I-A-L

I wish to commend you personally for your participation in an evaluation procedure which helps to strengthen the Clandestine Service Career Service. A copy of this letter will be included in your official personnel file so that your supervisors and future Evaluation Boards may make due note of this service.

Thomas H. Karamessines
Deputy Director for Plans

14-00000

SECRET
(When Filled In)

# REQUEST FOR PERSONNEL ACTION

DATE PREPARED: 8 JUNE 1971

| 1. SERIAL NUMBER | 2. NAME (Last-First-Middle) |
|---|---|
| 060389 | [redacted] |

| 3. NATURE OF PERSONNEL ACTION | 4. EFFECTIVE DATE REQUESTED (MONTH / DAY / YEAR) | 5. CATEGORY OF EMPLOYMENT |
|---|---|---|
| REASSIGNMENT | 06 / 13 / 71 | REGULAR |

| 6. FUNDS | V TO V | V TO CF | CF TO V | CF TO CF | 7. FINANCIAL ANALYSIS NO CHARGEABLE | 8. LEGAL AUTHORITY (Completed by Office of Personnel) |
|---|---|---|---|---|---|---|
| | | | | X | 1135-0623 | |

| 9. ORGANIZATIONAL DESIGNATIONS | 10. LOCATION OF OFFICIAL STATION |
|---|---|
| DDP/WH<br>DEVELOPMENT COMPLEMENT | WASHINGTON, D.C. |

| 11. POSITION TITLE | 12. POSITION NUMBER | 13. CAREER SERVICE DESIGNATION |
|---|---|---|
| [redacted]<br>OPS OFFICER - CHIEF | 9997 | D |

| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.) | 15. OCCUPATIONAL SERIES | 16. GRADE AND STEP | 17. SALARY OR RATE |
|---|---|---|---|
| [redacted]<br>GS | 0136.01 | [redacted]<br>15 6 | [redacted]<br>$28,291 |

18. REMARKS

FROM: DDP/WH/FF/[redacted]/0198

SLOTTING IN DEVELOPMENT COMPLEMENT PENDING ISSUE OF PCR FOR BRANCH 6 (NEW).

*HB:WH

*other

*[redacted]

2 - SECURTTY
1 - FINANCE

6/11/71
PB 6/24/71

| 18A. SIGNATURE OF REQUESTING OFFICIAL | DATE SIGNED | 18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER | DATE SIGNED |
|---|---|---|---|
| HENRY D. BERTHOLD, C/WH/PERS | 9 Jun '71 | [redacted] | 16 Jun '71 |

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

| 19. ACTION CODE | 20. EMPLOY CODE | 21. OFFICE CODING (NUMERIC / ALPHABETIC) | 22. STATION CODE | 23. INTEGREE CODE | 24. HDQTRS CODE | 25. DATE OF BIRTH (MO DA YR) | 26. DATE OF GRADE (MO DA YR) | 27. DATE OF LEI (MO DA YR) |
|---|---|---|---|---|---|---|---|---|
| 37 | 18 | 51297 / WH | 75013 | [redacted] | 1 | [redacted] | | |

| 28. NTE EXPIRES (MO DA YR) | 29. SPECIAL REFERENCE | 30. RETIREMENT DATA (1-CSC, 2-OPEN, 3-FICA, 4-NONE) CODE | 31. SEPARATION DATA CODE | 32. CORRECTION CANCELLATION DATA (TYPE, MO DA YR) | EOD DATA | 33. SECURITY REQ NO | 34. SEX |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

| 35. VET PREFERENCE (CODE; 0-NONE, 1-5 PT, 2-10 PT) | 36. SERV COMP DATE (MO DA YR) | 37. LONG COMP DATE (MO DA YR) | 38. CAREER CATEGORY (CAR RESV, PROV TEMP, CODE) | 39. FEGLI HEALTH INSURANCE (CODE; 0-WAIVED, 1-RIG, 2-RIG/DPT, 3-UNAVAILABLE; HEALTH INS CODE) | 40. SOCIAL SECURITY NO |
|---|---|---|---|---|---|
| | | | | | |

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

| 45. POSITION CONTROL CERTIFICATION | 46. O.P. APPROVAL | DATE APPROVED |
|---|---|---|
| | [redacted] | 6/10/71 |

FORM 1152 USE PREVIOUS EDITION

SECRET

14-00000

SECRET
(When Filled In)

# REQUEST FOR PERSONNEL ACTION

DATE PREPARED: 28 September 1971

1. SERIAL NUMBER: 060389
2. NAME (Last-First-Middle):
3. NATURE OF PERSONNEL ACTION: Reassignment
4. EFFECTIVE DATE REQUESTED: MONTH 09 DAY 22 YEAR 71
5. CATEGORY OF EMPLOYMENT: Regular
6. FUNDS: V TO V / V TO CF / CF TO V / X CF TO CF
7. FINANCIAL ANALYSIS NO. CHARGEABLE: 2135-0620
8. LEGAL AUTHORITY (Completed by Office of Personnel):
9. ORGANIZATIONAL DESIGNATIONS: DDP/WH Branch 6 Office of the Chief
10. LOCATION OF OFFICIAL STATION: Washington, D.C.
11. POSITION TITLE: Ops Officer, Ch[illegible] (15)
12. POSITION NUMBER: 1844
13. CAREER SERVICE DESIGNATION: D
14. CLASSIFICATION SCHEDULE (GS, LB, etc.): GS
15. OCCUPATIONAL SERIES: 0136.01
16. GRADE AND STEP: 15 6
17. SALARY OR RATE: $ 28,291

18. REMARKS

Home Base: WH ✓ *Wash., D.C.

From : DDP/WH/Dev Comp

1 - Finance

18A. SIGNATURE OF REQUESTING OFFICIAL: Henry L. Berthold, C/WH/Pers — DATE SIGNED: 28 Sept 71

18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER: — DATE SIGNED: 4 Oct 71

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

| 19 ACTION CODE | 20 EMPLOY. CODE | 21 OFFICE CODING NUMERIC | ALPHABETIC | 22 STATION CODE | 23 INTEGREE CODE | 24 HDQTRS CODE | 25 DATE OF BIRTH | 26 DATE OF GRADE | 27 DATE OF LEI |
|---|---|---|---|---|---|---|---|---|---|
| 37 | 10 | 51480 | WH | 75013 | | 1 | | | |

28 NTE EXPIRES — 29 SPECIAL REFERENCE — 30 RETIREMENT DATA (1-CSC, 2-ORGN, 3-FICA, 4-NONE) CODE — 31 SEPARATION DATA CODE — 32 CORRECTION CANCELLATION DATA TYPE — EOD DATA — 33 SECURITY REQ. NO. — 34 SEX

35 VET PREFERENCE CODE (0-NONE, 1-5 PT, 2-10 PT) — 36 SERV COMP DATE — 37 LONG COMP DATE — 38 CAREER CATEGORY (CAR RESV, PROV TEMP) CODE — 39 FEGLI HEALTH INSURANCE CODE (0-WAIVER, 1-REG, 2-REG/OPT, 3-INSURABLE) HEALTH INS CODE — 40 SOCIAL SECURITY NO.

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

45 POSITION CONTROL CERTIFICATION: [signature] 9-30-71 — 46 O.P. APPROVAL — DATE APPROVED: 9-30-71

1152 USE PREVIOUS EDITION

SECRET

14-00000

BS: 20 OCT 71

SECRET
(When Filled In)

# NOTIFICATION OF PERSONNEL ACTION

ODF

| 1. SERIAL NUMBER | 2. NAME (LAST-FIRST-MIDDLE) |
|---|---|
| 060389 | |

| 3. NATURE OF PERSONNEL ACTION | 4. EFFECTIVE DATE (MO DA YR) | 5. CATEGORY OF EMPLOYMENT |
|---|---|---|
| REASSIGNMENT | 09 22 71 | REGULAR |

| 6. FUNDS | V TO V | V TO CF | CF TO V | CF TO CF | 7. Financial Analysis No. Chargeable | 8. CSC OR OTHER LEGAL AUTHORITY |
|---|---|---|---|---|---|---|
| | | | X | | 2135 0620 0000 | 50 USC 403 J |

| 9. ORGANIZATIONAL DESIGNATIONS | 10. LOCATION OF OFFICIAL STATION |
|---|---|
| DDP/WH<br>BRANCH 6<br>OFFICE OF THE CHIEF | WASH.,D.C. |

| 11. POSITION TITLE | 12. POSITION NUMBER | 13. SERVICE DESIGNATION |
|---|---|---|
| OPS OFFICER CH | 1844 | D |

| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.) | 15. OCCUPATIONAL SERIES | 16. GRADE AND STEP | 17. SALARY OR RATE |
|---|---|---|---|
| GS | 0136.01 | 15 6 | 28291 |

18. REMARKS
WASH.,D.C.

HOME BASE: WH

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

| 19. ACTION CODE | 20. Employ Code | 21. OFFICE CODING (NUMERIC / ALPHABETIC) | 22. STATION CODE | 23. INTEGREE CODE | 24. Hdqtrs Code | 25. DATE OF BIRTH (MO DA YR) | 26. DATE OF GRADE (MO DA YR) | 27. DATE OF LEI (MO DA YR) |
|---|---|---|---|---|---|---|---|---|
| 37 | 10 | 51480 WH | 75013 | | 1 | | | |

| 28. NTE EXPIRES (MO DA YR) | 29. SPECIAL REFERENCE | 30. RETIREMENT DATA (CODE) | 31. SEPARATION DATA CODE | 32. Correction/Cancellation Data (TYPE, MO DA YR) | EOD DATA | 33. SECURITY REQ NO | 34. SEX |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

| 35. VET PREFERENCE (CODE) | 36. SERV COMP DATE (MO DA YR) | 37. LONG COMP DATE (MO DA YR) | 38. CAREER CATEGORY (CAR, RESV, PROV, TEMP) | 39. FEGLI HEALTH INSURANCE (CODE, WAIVER, YES, HEALTH INS CODE) | 40. SOCIAL SECURITY NO |
|---|---|---|---|---|---|
| | | | | | |

| 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE (CODE) | 42. LEAVE CAT CODE | 43. FEDERAL TAX DATA (FORM EXECUTED, CODE, NO. TAX EXEMPTIONS) | 44. STATE TAX DATA (FORM EXECUTED, CODE, NO. TAX EXEMP, STATE CODE) |
|---|---|---|---|
| | | | |

SIGNATURE OR OTHER AUTHENTICATION

IOS

SECRET DMB

14-00000

SECRET
(When Filled In)

WEB: 15 JUL 71

# NOTIFICATION OF PERSONNEL ACTION

CDF

| 1 SERIAL NUMBER | 2 NAME (LAST, FIRST, MIDDLE) |
|---|---|
| 060332 | |

| 3 NATURE OF PERSONNEL ACTION | 4 EFFECTIVE DATE (MO DA YR) | 5 CATEGORY OF EMPLOYMENT |
|---|---|---|
| REASSIGNMENT | 08 13 71 | REGULAR |

| 6 FUNDS | | V TO V | | V TO CF | 7 Financial Account No. Chargeable | 8 CSC OR OTHER LEGAL AUTHORITY |
|---|---|---|---|---|---|---|
| | | CF TO V | X | CF TO CF | 2133 0823 0000 | 50 USC 403 J |

| 9 ORGANIZATIONAL DESIGNATIONS | 10 LOCATION OF OFFICIAL STATION |
|---|---|
| DDP/WH<br>DEVELOPMENT COMPLEMENT | WASH., D.C. |

| 11 POSITION TITLE | 12 POSITION NUMBER | 13 SERVICE DESIGNATION |
|---|---|---|
| OPS OFFICER CHIEF | 00007 | D |

| 14 CLASSIFICATION SCHEDULE (GS, LB, etc.) | 15 OCCUPATIONAL SERIES | 16 GRADE AND STEP | 17 SALARY OR RATE |
|---|---|---|---|
| GS | 0136.01 | 15 8 | 28261 |

18 REMARKS
OTHER

HOME BASE: WH

## SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

| 19 ACTION CODE | 20 Employ Code | 21 OFFICE CODING NUMERIC | 21 OFFICE CODING ALPHABETIC | 22 STATION CODE | 23 AUTHORITY CODE | 24 Hours Code | 25 DATE OF BIRTH (MO DA YR) | 26 DATE OF GRADE (MO DA YR) | 27 DATE OF LEI (MO DA YR) |
|---|---|---|---|---|---|---|---|---|---|
| 37 | 13 | 31997 | WH | 75013 | | 1 | | | |

| 28 PAY EXPIRES (MO DA YR) | 29 SPECIAL REFERENCE | 30 RETIREMENT DATA | 31 SEPARATION DATA CODE | 32 Correction Code or Due Date (TYPE, MO DA YR) | EOD DATA | 33 SECURITY REQ NO | 34 SEX |
|---|---|---|---|---|---|---|---|
| | | 1 U.S.<br>2 C.S.<br>3 F.S.A.<br>4 No Ret | CODE | TYPE | | | |

| 35 VET PREFERENCE | 36 SERV COMP DATE (MO DA YR) | 37 LONG COMP DATE (MO DA YR) | 38 CAREER CATEGORY | 39 FEGLI HEALTH INSURANCE | 40 SOCIAL SECURITY NO |
|---|---|---|---|---|---|
| CODE<br>0 None<br>1 5 Pt<br>2 10 Pt | | | CAR RESS<br>TYPE TEMP<br>CODE | CODE<br>1 Waived<br>2 Yes | HEALTH INS CODE |

| 41 PREVIOUS CIVILIAN GOVERNMENT SERVICE | 42 LEAVE CAT CODE | 43 FEDERAL TAX DATA | | | 44 STATE TAX DATA | | |
|---|---|---|---|---|---|---|---|
| CODE<br>1 Has Previous Service<br>2 Has Been in Service<br>3 Break in Service (Less than 1 Yr.)<br>4 Break in Service (1 Yr. or More) | | No. of Exemptions<br>1 Yes<br>2 No | CODE | No. Tax Exemptions | No. of Exemptions<br>1 Yes<br>2 No | CODE | No. Tax Exempt |

SIGNATURE OR OTHER AUTHENTICATION

POSTED
8/1 7:20 71

1150 Web Processed 1-Page

SECRET WEB

Excluded from automatic downgrading and declassification

Executive Registry

Mr. [redacted]

Vienna, Virginia 22180

Dear Earl:

As you reach the end of your active career of Government service, I want to join your friends and colleagues in wishing you continued success and satisfaction in your retirement.

You have every reason to feel great pride in your accomplishments. Your record of service is both example and goal for the young people who are now just beginning their careers in intelligence.

May I extend to you, personally and officially, my sincere appreciation for the important work you have done and my warmest hopes that you will find full enjoyment in the years ahead.

Sincerely,

Richard Helms

Richard Helms
Director

Distribution:
0 - Addressee
1 - DDCI
1 - ER
1 - D/Pers
1 - OPF
1 - ROB Soft File
1 - ROB Reader

Originator: /s/Harry B. Fisher
Director of Personnel

27 JUN 1972

OP/RAD/ROB/[redacted]/3257 (20 June 1972)

14-00000

ADMINISTRATIVE
INTERNAL USE ONLY

23-3497

# CIA RETIREMENT AND DISABILITY SYSTEM
## Request for Retirement

I. Name of Applicant : [redacted] DOB : [redacted]
Grade : GS-15 Position : Operations Officer
Office/Division : Western Hemisphere Division
Career Service : Clandestine Service

II. Date Requested for Retirement : 30 June 1972
Age at that Date : 57
Years of Creditable Service : 29
Years of Agency Service : 20
Years of Qualifying Service : 13

III. Applicant's Career Service
Recommends : X Approval ___ Disapproval
Reasons for recommending disapproval _____

IV. Retirement Board
Recommends : X Approval ___ Disapproval
Reasons for recommending disapproval _____

V. Director of Personnel
Recommends : X Approval ___ Disapproval
Reasons for recommending disapproval _____

/s/Harry B. Fisher 20 JUN 1972
Director of Personnel Date

VI. Action by Director of Central Intelligence : ✓ Approved ___ Disapproved

Richard Helms
Director of Central Intelligence Date

ADMINISTRATIVE
INTERNAL USE ONLY

14-00000

1-1954

SECRET

MEMORANDUM FOR: Deputy Director for Plans

SUBJECT : Appointment of Mr. [redacted]
as Chief, Branch 6, WH Division

1. The appointment of Mr. [redacted] as Chief of Branch 6, WH Division effective on or about 12 April 1971 is recommended. Mr. [redacted] will replace Mr. Lawrence M. Stornfield who will assume the duties of Chief, Cuban Operations Group, WH Division.

2. Mr. [redacted] has been an employee of the Agency since June 1952; he has recently completed his assignment as COS, [redacted] Attached is a biographic profile which reflects his training, foreign language proficiency, and Agency experience.

William V. Broe
Chief
Western Hemisphere Division

Attachment:
Biographic Profile (Parts I and II)

The recommendation in Paragraph 1 is APPROVED:

Deputy Director for Plans

16 Apr 71
Date

SECRET

14-00000

☐ UNCLASSIFIED ☐ INTERNAL USE ONLY ☐ CONFIDENTIAL ☒ SECRET

# ROUTING AND RECORD SHEET

SUBJECT: (Optional)

WSLUGGAGE - [redacted]

| FROM: | EXTENSION | NO |
|---|---|---|
| Director of Personnel<br>5 E 56, Headquarters | 6825 | HRSS - 1700 |
| | | DATE 11 FEB 1971 |

| TO: (Officer designation, room number, and building) | DATE RECEIVED | DATE FORWARDED | OFFICER'S INITIALS | COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.) |
|---|---|---|---|---|
| 1. Deputy Director for Plans<br>Attn: DDP/OP<br>3 C 29, Headquarters | 12 FEB | 12 FEB 1971 | | PLEASE HANDLE AS EYES ONLY MATERIAL. |
| 2. | | | | |
| 3. C/WH Division<br>3 D 3107, Headquarters | 12 FEB | | | |
| 4. [illegible] | | | | PLEASE CALL X-4078 FOR HAND-CARRY TO NEXT ADDRESSEE. |
| 5. RID/SD<br>1 D 17, Headquarters | | | | 4. This was held for your return. |
| 6. | | | | 4-7. My wife was invited in Mexico [illegible] Mexico [illegible] husband have many [illegible] Mexico [illegible] [illegible] [illegible] [illegible] PSEUDO NAME POUCH [illegible] |
| 7. Director of Personnel<br>5 E 56, Headquarters | | | | |
| 8. | | | | |
| 9. Chief, BSD/OP<br>5 E 61, Headquarters | | | | 9. Received. |
| 10. | | | | |
| 11. | | | | |
| 12. | | | | |
| 13. | | | | |
| 14. | | | | |
| 15. | | | | |

FORM 3-62 610 USE PREVIOUS EDITIONS ☐ SECRET ☐ CONFIDENTIAL ☐ INTERNAL USE ONLY ☐ UNCLASSIFIED

14-00000

MEMORANDUM FOR: [redacted]

SUBJECT : Foreign Divorce Decree

1. The purpose of this memorandum is to bring certain information to your attention which relates to the fact that your current spouse was a party to the dissolution in Mexico of a former marriage.

2. Recently, the Office of General Counsel completed a study of the validity of a Mexican divorce decree and potential problems arising from such a divorce for JKLANCE employees concerned and JKLANCE. A summary of OGC's study is attached.

3. You will note from the attachment that the employee whose current marriage follows a Mexican divorce may be confronted with serious problems affecting eligibility for payment of various government benefits such as reimbursement of hospitalization expenses, survivorship benefits and certain types of overseas allowances. My purpose in writing to you, therefore, is to be sure you are made aware of and understand the seriousness of the problems which would arise in the event of a challenge to the validity of the Mexican divorce and, consequently, to the validity of the current marriage. This challenge could arise at any time and from a number of sources.

4. JKLANCE has another interest stemming from Mexican divorces and this is one of security, depending upon the employee's specific employment. In the event such a divorce is challenged, subsequent litigation and attendant publicity become quite probable. It is, of course, in JKLANCE's best interest that this sort of activity be avoided where possible.

5. Recognising that there are various types of Mexican divorce, and also that the various states in the United States have decided cases in different ways depending on the type of Mexican divorce involved and its own case law,

14-00000

you may wish to discuss your personal situation with your attorney or a representative of JKLANCE's Office of General Counsel. In the meantime, however, JKLANCE's position with respect to your situation is that it assumes the validity of your current marriage, unless the earlier Mexican divorce action and your current marriage are challenged. Should that challenge ever occur, it may be necessary for JKLANCE to determine that your eligibility for benefits based on your current marriage must be suspended until such time as the challenge is litigated or otherwise resolved. Special note should be taken of the fact that such a challenge might arise after your death, possibly resulting in the distribution of insurance proceeds and other death benefits to other than your immediate family as constituted at your death and contrary to your own intentions and wishes.

6. Please advise me of your plans and any actions taken in connection with the above. If you have any questions on the substance of this memorandum or its purpose, please do not hesitate to let me know.

[redacted]

Att

Distribution:
0 - Addressee through DDP/OP and C/WH Division
1 - Director of Security
1 - General Counsel
1 - D/Pers Subject
1 - D/Pers Chrono
1 - OPF
1 - C/BSD

OP/BSD/RLAustin [redacted] (10 Feb 71)

14-00000

SECRET

27 JAN 1971

MEMORANDUM FOR: Director of Personnel

SUBJECT : Foreign Divorce Decrees, Agency Employees - Staff or Contract

REFERENCE : Memorandum for Director of Security dated 18 December 1969 from the Director of Personnel

1. Mr. [redacted] was married to [redacted] on 30 November 1965.

2. Mrs. [redacted] was granted a divorce at Juarez, Mexico on 17 June 1963.

Harlan A. Westrell
Deputy Director
For Personnel Security

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SECRET

SSA-DD/S #71-0895

19 MAY 1971 DD/P 1-2642

MEMORANDUM FOR: Director of Personnel

THROUGH : Deputy Director for Plans

SUBJECT : Mr. [redacted] - Request for Approval of Ten Days of Additional Home Leave

REFERENCE : HR 20-30b(3)(b)(10)

1. The circumstances surrounding Mr. [redacted] departure from [redacted] where he had been Chief of Station, are described in the attached memorandum. Because of the [redacted] of his PCS transfer to Washington, Mr. [redacted] has requested an additional ten days of home leave. As he is a [redacted] of his additional home leave and the charge to his annual leave by adjusting Mr. Williamson's escrow leave account as appropriate.

2. Due to the nature of his transfer, Mr. [redacted] request for an additional ten days of home leave appears to be warranted. In accordance with the provisions of the referenced regulation, it is recommended that Mr. [redacted] request for an additional ten days of home leave be approved.

William V. Broe
Chief
Western Hemisphere Division

Attachment:
As stated

SECRET

SUBJECT: Mr. [redacted] - Request for Approval of Ten Days of Additional Home Leave

CONCUR:

for Gordon Mason
Deputy Director for Plans

25 May '71
Date

The request in paragraph 2 is APPROVED

[redacted]
Director of Personnel

25 May 1971
Date

14-00000

SECRET

14 April 1971

MEMORANDUM FOR THE RECORD

SUBJECT: Home Leave - [redacted]

1. The following are the circumstances concerning my departure and home leave from [redacted]

a. My home leave and return for a second tour to [redacted] was approved by Chief, WH Division in the summer of 1970 for January 1971.

b. In October 1970 home leave and return orders were requested from [redacted] and physicals were taken.

c. In December 1970 home leave and return orders were received from the [redacted] based on the itinerary I had requested to be effective on or about 1 January 1971.

d. My departure scheduled for 3 January was deferred by the [redacted] based on operational considerations at the time.

[redacted] e. On 8 January 1971 I was officially declared by the [redacted]

SECRET [redacted]

f. To give the public [redacted] was a [redacted] the Agency, and the [redacted] agreed to the postponement of my departure until 21 February 1971.

g. On 11 February 1971 I received [redacted] orders based on my previously requested itinerary for home leave and reassignment to Washington.

h. My home leave itinerary included five days annual leave in Mexico enroute and 25 days home leave reporting for duty on 5 April. I actually arrived in D. C. on 23 March and was fully occupied until 5 April in locating and renting a home and getting my family settled.

i. In accordance with [redacted] I have been credited with only 15 days home leave and the additional 10 days have been charged to annual leave.

2. I submit that the circumstances of my [redacted] from [redacted] and beyond my responsibility or control. The delay in departure definitely occurred because of operational requirements abroad which negated my original home leave schedule. I would like to request the granting of an exception to the 15 day home leave limitation to show my return to duty as of 23 March (the date I arrived in D. C.) rather than 5 April the date the [redacted] has me returning to duty.

[redacted]

14-00000

SECRET

(If box filled in)

# REQUEST FOR PERSONNEL ACTION

DATE PREPARED: 23 September 1970

1 SERIAL NUMBER: 060389

2 NAME (Last–First–Middle):

3 NATURE OF PERSONNEL ACTION: Reassignment ~~Separation~~

4 EFFECTIVE DATE REQUESTED: MONTH 09 | DAY 20 | YEAR 70

5 CATEGORY OF EMPLOYMENT: Regular

6 FUNDS: V TO V | V TO O | CP TO V | X | O TO O

7 FINANCIAL ANALYSIS (NO CHARGEABLE): 1135-0856

8 LEGAL AUTHORITY (Completed by Office of Personnel)

9 ORGANIZATIONAL DESIGNATIONS:
DDP/WH
Foreign Field
Branch 2
[ ] Station

10 LOCATION OF OFFICIAL STATION:

11 POSITION TITLE: Chief of Station (141)

12 POSITION NUMBER: 0198

13 CAREER SERVICE DESIGNATION: D

14 CLASSIFICATION SCHEDULE (GS, FR, etc.): GS

15 OCCUPATIONAL SERIES: 0136.05

16 GRADE AND STEP: 15 6

17 SALARY OR RATE: $ 26,700

18 REMARKS: To add PRA information. ~~HB Wit~~

PRA in accordance with HR 20-17e(1)(c)
NTE: 09-14-72

2 - Security
1 - Finance

18A SIGNATURE OF REQUESTING OFFICIAL: Henry L. Bertholf C/WH/Pers — DATE SIGNED: 23 Sept 70

18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER: — DATE SIGNED: 9/22

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

| 19 ACTION CODE | 20 EMPLOY CODE | 21 OFFICE CODING NUMERIC | 21 OFFICE CODING ALPHABETIC | 22 STATION CODE | 23 INTEGREE CODE | 24 HOURS | 25 DATE OF BIRTH | 26 DATE OF GRADE | 27 DATE OF LEI |
|---|---|---|---|---|---|---|---|---|---|
| 37 | 10 | 51650 | WH | 16069 | | 3 | | | |

| 28 RIF EXPIRES | 29 SPECIAL DEFERENCE | 30 RETIREMENT DATA | 31 SEPARATION DATA CODE | 32 CORRECTION CANCELLATION DATA | 33 SECURITY REQ NO | 34 SER |
|---|---|---|---|---|---|---|
| 09 14 72 | 83 | 1–CSC 2–ORGR 3–FICA 4–NONE CODE | | TYPE MO DA YR | EOD DATA | |

| 35 VET PREFERENCE | 36 SERV COMP DATE | 37 LONG COMP DATE | 38 CAREER CATEGORY | 39 FEGLI | 40 SOCIAL SECURITY NO |
|---|---|---|---|---|---|
| CODE 0–NONE 1–5 PT 2–10 PT | MO DA YR | MO DA YR | TAX DATA PROB TEMP CODE | CODE 0–WAIVED 1–YES | HEALTH INS CODE |

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

45 POSITION CONTROL CERTIFICATION: 09-24-70

46 OP APPROVAL:

DATE APPROVED: 9-25-70

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

14-00000

SECRET
(When Filled In)

# REQUEST FOR PERSONNEL ACTION

DATE PREPARED: 19 APRIL 1968

1. SERIAL NUMBER: 060389
2. NAME (Last-First-Middle): [redacted]
3. NATURE OF PERSONNEL ACTION: REASSIGNMENT
4. EFFECTIVE DATE REQUESTED: MONTH 05 DAY 19 YEAR 68
5. CATEGORY OF EMPLOYMENT: REGULAR
6. FUNDS: V TO V / V TO CF / CF TO V / XX CF TO CF
7. FINANCIAL ANALYSIS NO. CHARGEABLE: 8135 0856
8. LEGAL AUTHORITY (Completed by Office of Personnel)
9. ORGANIZATIONAL DESIGNATIONS: DDP/WH FOREIGN FIELD BRANCH 2 [redacted] STATION
10. LOCATION OF OFFICIAL STATION: [redacted]
11. POSITION TITLE: [redacted] ~~GPS OFFICER~~ - CHIEF OF STATION (CO)
12. POSITION NUMBER: 0198
13. CAREER SERVICE DESIGNATION: D
14. CLASSIFICATION SCHEDULE (GS, LB, etc.): [redacted] GS
15. OCCUPATIONAL SERIES: 0136.05
16. GRADE AND STEP: [redacted] 15 @ 5
17. SALARY OR RATE: [redacted] $ ~~20,243~~ 10,856

18. REMARKS

FROM: DDP/WH/C OFFICE OF THE CHIEF/SLOT 1106

Wash. D.C.

1 - Finance

18A. SIGNATURE OF REQUESTING OFFICIAL: HENRY L. BERTHOLD C/WH/PERSONNEL — DATE SIGNED: 14 May 68
18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER: [redacted] — DATE SIGNED: 10 May 68

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

| 19 ACTION CODE | 20 EMPLOY CODE | 21 OFFICE CODING NUMERIC | ALPHABETIC | 22 STATION CODE | 23 INTEGREE CODE | 24 HDQTRS CODE | 25 DATE OF BIRTH (MO DA YR) | 26 DATE OF GRADE (MO DA YR) | 27 DATE OF LEI (MO DA YR) |
|---|---|---|---|---|---|---|---|---|---|
| 27 | 10 | 51650 | WH | 1006 | | 3 | | | |

| 28 NTE EXPIRES (MO DA YR) | 29 SPECIAL REFERENCE | 30 RETIREMENT DATA (1-CSC, 2-ORGN, 3-FICA, 4-NONE) CODE | 31 SEPARATION DATA CODE | 32 CORRECTION CANCELLATION DATA (TYPE, MO DA YR) | EOD DATA | 33 SECURITY REQ NO | 34 SEX |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

| 35 VET PREFERENCE (CODE: 0-NONE, 1-5 PT, 2-10 PT) | 36 SERV COMP DATE (MO DA YR) | 37 LONG COMP DATE (MO DA YR) | 38 CAREER CATEGORY (CAR RESV, PROV TEMP, CODE) | 39 FEGLI HEALTH INSURANCE (CODE: 0-WAIVED, 1-YES; HEALTH INS CODE) | 40 SOCIAL SECURITY NO |
|---|---|---|---|---|---|
| | | | | | |

| 41 PREVIOUS CIVILIAN GOVERNMENT SERVICE (CODE: 0-NO PREVIOUS SERVICE, 1-NO BREAK IN SERVICE, 2-BREAK IN SERVICE (LESS THAN 3 YEARS), 3-BREAK IN SERVICE (MORE THAN 3 YEARS)) | 42 LEAVE CAT CODE | 43 FEDERAL TAX DATA (FORM EXECUTED 1-YES 2-NO; CODE; NO TAX EXEMPTIONS) | 44 STATE TAX DATA (FORM EXECUTED 1-YES 2-NO; CODE; NO TAX EXEMP; STATE CODE) |
|---|---|---|---|
| | | | |

45. POSITION CONTROL CERTIFICATION
46. O.P. APPROVAL
DATE APPROVED

1152 USE PREVIOUS EDITION

SECRET

14-00000

SECRET

| 1. NAME (Last, First, Middle) | 2. DATE OF BIRTH | 3 Grade |
|---|---|---|
| | | GS-15 |
| 4. OFFICE, DIVISION, BRANCH (for overseas station and existing cover if lateral assignment) | 5. PRESENT POSITION | 6. EMPLOYEE EXTENSION |
| DDP/WH/COG | Ops Officer | 7451 |
| 7. PROPOSED STATION | 8. PROPOSED POSITION (Title, Number, Grade) | |
| | Chief of Station, 0198 | |
| 9. | 10. ESTIMATED DATE OF DEPARTURE | 11. NO. OF DEPENDENTS TO ACCOMPANY |
| | June 1968 | 2 |

12. COMMENTS

| 13. DATE OF REQUEST | 14. SIGNATURE OF REQUESTING OFFICIAL | 15. ROOM NUMBER AND BUILDING | 16. EXTENSION |
|---|---|---|---|
| 14 February 1968 | | 3 D 5309 HQS | 4516 |

17. OFFICE OF MEDICAL SERVICES DISPOSITION

18. OFFICE OF SECURITY DISPOSITION

19. OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION

QUALIFIED FOR [illegible] OVERSEAS

Chairman, Overseas Candidate Review Panel

REQUEST FOR PCS OVERSEAS EVALUATION

FORM 259a [illegible] SECRET

141

14-00000

SECRET

19 DEC 1967

MEMORANDUM FOR: Director of Central Intelligence

THROUGH : Deputy Director for Plans

SUBJECT : Appointment of Mr. [redacted] as Chief of Station, [redacted]

1. The appointment of Mr. [redacted] as Chief of Station, [redacted] effective on or about June 1968 is recommended. Mr. [redacted] would replace Mr. Louis P. Napoli.

2. Mr. [redacted] has been an employee of the Agency since June 1952 and is presently assigned as Operations Officer, GS-15, Deputy Branch Chief of the WH/COG. Mr. [redacted] has served in Havana and [redacted] and has excellent command of the Spanish language. A biographic profile, including information regarding his Agency experience and training, is attached.

William V. Broe
Chief
Western Hemisphere Division

Attachment:
Biographic Profile (Parts 1 & 2)

APPROVAL RECOMMENDED:

Deputy Director for Plans — Date

The recommendation in Paragraph 1 is APPROVED:

JAN 1968

Director of Central Intelligence — Date

SECRET

CONFIDENTIAL

CONFIDENTIAL

14-00000

SECRET
(When Filled In)

# REQUEST FOR PERSONNEL ACTION

DATE PREPARED: 29 June 66

| 1 SERIAL NUMBER | 2 NAME (Last-First-Middle) |
|---|---|
| 060339 | [redacted] |

| 3 NATURE OF PERSONNEL ACTION | 4 EFFECTIVE DATE REQUESTED (MONTH / DAY / YEAR) | 5 CATEGORY OF EMPLOYMENT |
|---|---|---|
| REASSIGNMENT | 07 / / 66 | [illegible] |

| 6 FUNDS | V TO V | V TO CF | CF TO V | CF TO CF | 7 COST CENTER NO. CHARGEABLE | 8 LEGAL AUTHORITY (Completed by Office of Personnel) |
|---|---|---|---|---|---|---|
| | | | | X | 7135 1162 | |

| 9 ORGANIZATIONAL DESIGNATIONS | 10 LOCATION OF OFFICIAL STATION |
|---|---|
| ~~DDP/H~~ WH/C OFFICE OF THE CHIEF | WASH., D.C. |

| 11 POSITION TITLE | 12 POSITION NUMBER | 13 CAREER SERVICE DESIGNATION |
|---|---|---|
| OPS OFFICER (D CH) (15) | 11[illegible] | |

| 14 CLASSIFICATION SCHEDULE (GS, LB, etc.) | 15 OCCUPATIONAL SERIES | 16 GRADE AND STEP | 17 SALARY OR RATE |
|---|---|---|---|
| GS | 0136.01 | 15 4 | $ 1[illegible]25. |

18 REMARKS

From: WH/C/ FI Branch, O/C #1148

Replacement for Mr. [redacted] who is reassigned to FE Div.

| 18A SIGNATURE OF REQUESTING OFFICIAL | DATE SIGNED | 18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER | DATE SIGNED |
|---|---|---|---|
| [illegible] | 29 June | [redacted] | 1 July 66 |

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

| 19 ACTION CODE | 20 EMPLOY CODE | 21 OFFICE CODING (NUMERIC / ALPHABETIC) | 22 STATION CODE | 23 INTEGREE CODE | 24 HDQTRS CODE | 25 DATE OF BIRTH (MO DA YR) | 26 DATE OF GRADE (MO DA YR) | 27 DATE OF LEI (MO DA YR) |
|---|---|---|---|---|---|---|---|---|
| 37 | 10 | 51500 / WH | 75013 | | 1 | [redacted] | | |

| 28 NTE EXPIRES (MO DA YR) | 29 SPECIAL REFERENCE | 30 RETIREMENT DATA (1-CSC, 2-FICA, 3-NONE) CODE | 31 SEPARATION DATA CODE | 32 CORRECTION CANCELLATION DATA (TYPE, MO DA YR) | EOD DATA | 33 SECURITY REQ NO | 34 SEX |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

| 35 VET PREFERENCE (CODE: 0-NONE, 1-5 PT, 2-10 PT) | 36 SERV COMP DATE (MO DA YR) | 37 LONG COMP DATE (MO DA YR) | 38 CAREER CATEGORY (CAR RESV, PROV TEMP) CODE | 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 YEARS), 3-BREAK IN SERVICE (MORE THAN 3 YEARS)) | 42 LEAVE CAT CODE | 43 FEDERAL TAX DATA (FORM EXECUTED 1-YES 2-NO; CODE; NO TAX EXEMPTIONS) | 44 STATE TAX DATA (FORM EXECUTED 1-YES 2-NO; CODE; NO TAX EXEMP; STATE CODE) |
|---|---|---|---|
| | | | |

| 45 POSITION CONTROL CERTIFICATION | 46 O.P. APPROVAL | DATE APPROVED |
|---|---|---|
| 07-15-66 | [redacted] | 07-15-66 |

FORM 1152 USE PREVIOUS EDITION

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# REQUEST FOR PERSONNEL ACTION

DATE PREPARED: 13 January 1966

1. SERIAL NUMBER: 060389
2. NAME (Last, First, Middle): [redacted]
3. NATURE OF PERSONNEL ACTION: REASSIGNMENT
4. EFFECTIVE DATE REQUESTED: MONTH 02 | DAY | YEAR 66
5. CATEGORY OF EMPLOYMENT: REGULAR
6. FUNDS: V TO V | V TO CP | CP TO V [X] | CP TO CP
7. COST CENTER NO. CHARGE ABLE: 6135-1162
8. LEGAL AUTHORITY (Completed by Office of Personnel)
9. ORGANIZATIONAL DESIGNATIONS: DDP/WH WH/C [redacted] Branch Office of the Chief
10. LOCATION OF OFFICIAL STATION: Washington, D.C.
11. POSITION TITLE: [redacted] OPS. OFF (CH) (D)
12. POSITION NUMBER: 1148
13. CAREER SERVICE DESIGNATION: P
14. CLASSIFICATION SCHEDULE (GS, FR, etc.): GS (15)
15. OCCUPATIONAL SERIES: 0136.01
16. GRADE AND STEP: 15 (4)
17. SALARY OR RATE: $18,825

18. REMARKS

From: DDP/WE [redacted] #0897.

Vice John H. SHERWOOD, pending reassignment to DDP/FE, South Vietnam.

CONCURRENCE: [redacted]
Chief, WE/Personnel

Recorded By CSRD

1 by Security

[redacted] DATE SIGNED: 18 Jan 66

ROBERT D. CASHMAN, C/WH/Pers

18a. SIGNATURE OF CAREER SERVICE APPR[redacted] DATE SIGNED: 21 1.6

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

| 19 ACTION CODE | 20 EMPLOY CODE | 21 OFFICE CODING NUMERIC | 21 OFFICE CODING ALPHABETIC | 22 STATION CODE | 23 INTEGRITY CODE | 24 POSITION CODE | 25 DATE OF BIRTH MO DA YR | 25 DATE OF GRADE MO DA YR | 27 DATE OF EST MO DA YR |
|---|---|---|---|---|---|---|---|---|---|
| 27 | 11 | 1 | 64 | WH/C | | / | | | |

| 28 RIF EXPIRES MO DA YR | 29 SPECIAL REFERENCE | 30 RETIREMENT DATA 1-CSR 3-FICA 5-NONE | 30 RETIREMENT DATA CODE | 31 SEPARATION DATA CODE | 32 CORRECTION CANCELLATION DATA TYPE | 32 MO DA YR | EOD DATA | 33 SECURITY REQ NO | 34 SEX |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |

| 35 VET PREFERENCE CODE | 35 0-NONE 1-5 PT 2-10 PT | 36 SERV COMP DATE MO DA YR | 37 LCMSR COMP DATE MO DA YR | 38 CAREER CATEGORY CAR RES PROM TEMP | 38 CODE | 39 FEGLI WAIVER INELIGIBLE CODE | 39 0-NONE 1-YES | HEALTH INS CODE | 40 SOCIAL SECURITY NO |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |

| 41 PREVIOUS GOVERNMENT SERVICE DATA CODE | 0-NO PREVIOUS SERVICE 1-NO RETIRE-MENT SERVICE 2-RETIRE-MENT (111 LESS 3 YEARS) 3-RETIRE-MENT (MORE THAN 3 YEARS) | 42 LEAVE CAT CODE | 43 FEDERAL TAX DATA HOME EXEMPTIONS | 43 CODE | 43 FED TAX EXEMPTIONS | 44 STATE TAX DATA HOME EXEMPTIONS | 44 CODE | 44 ADD'L TAX | 44 STATE CODE |
|---|---|---|---|---|---|---|---|---|---|
| | | LCA 12 | | | | | | | |

45 POSITION CONTROL CERTIFICATION

01125 [redacted]

[redacted] APPROVAL

[redacted] 1-25-66

[redacted] APPROVED

1132 USE PREVIOUS EDITION

SECRET

14-00000

SECRET

Chief of Station [redacted]

Director of Personnel [redacted]

WSLUGGAGE - [redacted] - Notification of Designation as a Participant in the Organization Retirement and Disability System

Action: Advise Subject
REF: Book Dispatch 5096

1. Subject has been found to be qualified as a participant in the Organization Retirement and Disability System and has been so designated effective 24 October 1965.

2. Although such designation under present statutes is viewed favorably by most persons, the regulation governing this retirement system gives the individual the right to appeal such a determination if he deems the designation adverse to his best interests. In order that this technical requirement may be satisfied, subject should be notified promptly of his designation and of his right to appeal. Any questions he may have should be answered in accordance with information contained in Book Dispatch 5096 or referred to Headquarters. An appeal with reasons therefore must be received in Headquarters within 60 days of the date of this dispatch or acceptance of designation will be assumed.

3. We believe that the benefits of the Organization retirement system are superior to the benefits of the Civil Service retirement system. However, there are a few situations in which an employee at the time of retirement may have so many years of service (almost 37) that he would receive a higher annuity under the Civil Service system. Because of this, the policy decision has been made that a participant in the Organization system who would receive a higher annuity under the Civil Service system may, not later than one year prior to his retirement, apply to be removed from our system and transferred to the Civil Service system. Thus, subject should not anticipate this contingency as a factor in deciding whether he regards his designation as a participant adverse to his best interests.

[redacted]

1 DEC 1965

OBS - 2591 1 Dec. 65

14-00000

SECRET
(When Filled In)

# REQUEST FOR PERSONNEL ACTION

DATE PREPARED: 13 Oct. 1965

1. SERIAL NUMBER: 060389
2. NAME (Last-First-Middle): [redacted]
3. NATURE OF PERSONNEL ACTION: DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM
4. EFFECTIVE DATE REQUESTED: MONTH 10 DAY 24 YEAR 65
5. CATEGORY OF EMPLOYMENT: REGULAR
6. FUNDS: V TO V / V TO CF / CF TO V / XX CF TO CF
7. COST CENTER NO. CHARGEABLE: 6136-1347
8. LEGAL AUTHORITY (Completed by Office of Personnel): PL 88-643 Sect. 203
9. ORGANIZATIONAL DESIGNATIONS:
DDP/WE
FOREIGN FIELD
[redacted] STATION
OFFICE OF THE CHIEF
10. LOCATION OF OFFICIAL STATION: [redacted]
11. POSITION TITLE: [redacted] OPS OFF (DCOS)
12. POSITION NUMBER: 0897
13. CAREER SERVICE DESIGNATION: D
14. CLASSIFICATION SCHEDULE (GS, FB, etc.): [redacted] GS
15. OCCUPATIONAL SERIES: 0136.01
16. GRADE AND STEP: [redacted] 15 4
17. SALARY OR RATE: [redacted] $18,170
18. REMARKS:
EMPLOYEE WILL BE NOTIFIED BY DISPATCH FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND OF HIS RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE.

1 cc to OP/BSD/RB
1 cc to CCS
1 cc to Finance through CCS

18A. SIGNATURE OF REQUESTING OFFICIAL: [redacted]
DATE SIGNED: 3 OCT 1965
18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER:
DATE SIGNED:

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

| 19 ACTION CODE | 20 EMPLOY CODE | 21 OFFICE CODING (NUMERIC / ALPHABETIC) | 22 STATION CODE | 23 INTEGREE CODE | 24 HDQTRS CODE | 25 DATE OF BIRTH (MO DA YR) | 26 DATE OF GRADE (MO DA YR) | 27 DATE OF LEI (MO DA YR) |
|---|---|---|---|---|---|---|---|---|
| 28 | 10 | 56660 / WE | 62034 | | 3 | | 09 16 62 | 09 12 65 |

28 NTE EXPIRES (MO DA YR) | 29 SPECIAL REFERENCE | 30 RETIREMENT DATA (1-CSC, 2-FICA, 3-NONE) CODE 2 | 31 SEPARATION DATA CODE | 32 CORRECTION CANCELLATION DATA (TYPE, MO DA YR) | EOD DATA | 33 SECURITY REQ NO | 34 SEX

35 VET PREFERENCE (CODE: 0-NONE, 1-5 PT, 2-10 PT) | 36 SERV COMP DATE (MO DA YR) | 37 LONG COMP DATE (MO DA YR) | 38 CAREER CATEGORY (CAR RESV, PROV TEMP, CODE) | 39 FEGLI HEALTH INSURANCE (CODE: 0-WAIVER, 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 YEARS), 3-BREAK IN SERVICE (MORE THAN 3 YEARS)) | 42 LEAVE CAT CODE | 43 FEDERAL TAX DATA (FORM EXECUTED 1-YES 2-NO; CODE; NO. TAX EXEMPTIONS) | 44 STATE TAX DATA (FORM EXECUTED 1-YES 2-NO; CODE; NO. TAX EXEMP; STATE CODE)

45 POSITION CONTROL CERTIFICATION: 10-14-65 [illegible]
46 O.P. APPROVAL: [redacted]
DATE APPROVED: 14 Oct 65

FORM 1152 USE PREVIOUS EDITIONS

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

14-00000

INDEX ☐ YES ☐ NO
CLASSIFY TO FILE NO.
X-REF TO FILE NO.
FILE RID ☐ RET. TO BRANCH ☐
DESTROY ☐ SIG.
FROM

CLASSIFIED MESSAGE TOTAL COPIES 17
SECRET
PERSON/UNIT NOTIFIED

REPRODUCTION PROHIBITED

| | | | |
|---|---|---|---|
| 1 | | 5 | |
| 2 | | 6 | |
| 3 | | 7 | |
| 4 | | 8 | |

ACTION WE 8 ☒ RID COPY
ADVANCE COPY ☐ ISSUED ☐ SLOTTED ☐ TUBED
UNIT TIME BY
INFO
FILE VR OP 3 LOCS 4

SECRET 031135Z

DIR CITE [redacted] 6406

32DEC65 IN 07186

ADMIN PERS

[redacted] HAS RECEIVED WIROM 624 RE RESIGNATION MR. [redacted]
[redacted] AND SHIPMENT HHE TO JACKSONVILLE FLORIDA. [redacted]
AND WIFE SAILED 1 DECEMBER AND ARRIVE NEW YORK 9 DECEMBER.
PRESUME HE WILL REPORT HQS 13 DEC. [redacted] MAY NOT SHIP HHE
UNTIL FULL SHIPPING ADDRESS SUPPLIED. FYI EMPLOYEE DID NOT
SUBMIT RESIGNATION TO [redacted] PRIOR DEPARTURE [redacted]
IS REQUESTING SHIPPING ADDRESS INFO FROM [redacted] BY [redacted]

SECRET

CFN: 6406 WIROM 624 MR [redacted] HHE JACKSONVILLE FLORIDA
1 NEW YORK 9 HQS 13 NOT SHIP HHE FYI NOT SUBMIT [redacted]
BT

SECRET

14-00000

SECRET

29 JUL 1965

MEMORANDUM FOR: Director of Personnel

SUBJECT : [redacted]

1. Attached are the papers pertaining to the request of Mr. [redacted] to remain with the Agency following his marriage to Miss [redacted] a Cuban citizen residing in [redacted]

2. [redacted]

Howard J. Osborn
Director of Security

SECRET

GROUP 1
Excluded from automatic downgrading and declassification

14-00000

SECRET
EYES ONLY

INTS-5450

65-4405 [illegible]

26 JUL 1965

MEMORANDUM FOR: Deputy Director for Central Intelligence

THROUGH : Director of Personnel

SUBJECT : Request of [redacted] GS-15, to Remain in the Employment of CIA Following Marriage to an Alien

1. This memorandum submits a recommendation for your approval: this recommendation is contained in paragraph 7.

2. Mr. [redacted] a GS-15 Operations Officer, has requested permission to remain in the employ of CIA as a Staff Employee following his marriage to Miss [redacted] a 26 year old Cuban citizen living in [redacted] The marriage is scheduled to take place in October 1965.

3. Mr. [redacted] 50 years old, attended Loyola University in 1947-48 and Berlitz School of Languages in 1948. Prior to joining CIA, Mr. [redacted] served with the U.S. Army (1942-49) achieving the rank of 1st Lieutenant in CIC. Subsequently, he was Chief, Civil Intelligence Branch in the Panama Canal Government (1949-52). Mr. Williamson entered on duty with CIA in June 1952 as a GS-12 Operations Officer with WH Division. In January 1953 he was appointed DCOS, Havana, remaining in this position until January 1959 when he was reassigned to Headquarters. In August 1960 Mr. Williamson was assigned to [redacted] and in 1963 was appointed DCOS, [redacted] which is the position he presently occupies.

4. [redacted]

5. Chief, WE Division strongly believes on the basis of past performance and proven ability that Mr. [redacted] is the kind of officer whom the Agency should retain. Mr. [redacted] record to date shows that he is a mature, experienced, and dedicated officer,

SECRET
EYES ONLY

14-00000

SECRET
EYES ONLY

who has spared no effort to expand and improve the [redacted] coverage in his area of assignment. WE Division and WH Division, where Mr. [redacted] will be reassigned, foresee no difficulty, adverse effect in future usefulness or mobility as a result of this marriage.

6. I have reviewed Mr. [redacted] employment record and consider him an able and valuable member of the Clandestine Services. He has consistently performed his duties well, has strong to outstanding Fitness Reports, and is a definite asset to the Agency. I believe that the proposed marriage will not detract from his long term use by the Clandestine Services.

7. In view of the above consideration, I recommend that Mr. [redacted] be continued in Staff Employment Status following his proposed marriage.

Desmond FitzGerald
Deputy Director for Plans

Attachments

Concur:

Kimmett D. Echols
Director of Personnel

2 Aug 65
Date

The recommendation contained in paragraph 7 is approved:

Deputy Director for Central Intelligence

3 AUG 1965
Date

SECRET
EYES ONLY

14-00000

SECRET

16 JUL 1965

MEMORANDUM FOR: Chairman, Personnel Management Committee

SUBJECT : Request of Mr. [redacted] GS-15, to Remain in Staff Status Following Marriage to an Alien

1. Attached is a request from Mr. [redacted] for permission to continue in a staff status with the Agency following marriage to a Cuban citizen. WE Division strongly recommends favorable consideration.

2. Mr. Williamson is a fifty year old officer who entered on duty with the Agency in 1952. He has been assigned to the [redacted] Station since October 1960 where he has served as the Deputy Chief of Station and since May 1964 as the [redacted] Coordinator for Cuban Activities. Since his assignment to the [redacted] Station, Mr. [redacted] performance has been outstanding. He is a mature, experienced, and well-rounded officer who is particularly well-suited for Agency employment. In every sense of the word, Mr. [redacted] is a dedicated officer who has spared no effort to expand and improve the [redacted] coverage in his area of assignment.

3. WE Division concurs with the Chief of Station, [redacted] who has stated that he does not believe that Mr. [redacted] marriage will adversely affect in any way his future usefulness or mobility of assignment in the Agency. Mr. [redacted] plans to proceed with the marriage in October 1965 shortly prior to his return for reassignment to WH Division. Informal discussion with WH Division has indicated that they foresee no difficulty with their plans for Mr. [redacted] were he to marry this alien as planned. Mr. [redacted] is [redacted] in the [redacted] and will be required to submit a similar request after Agency decision is received if he retains his [redacted] in his next assignment.

SECRET [redacted]

4. WE Division strongly believes that on the basis of his past performance and proven capability, Mr. [redacted] is the kind of officer whom the Agency should retain. We. therefore, recommend that you favorably endorse his request and forward it to the Deputy Director of Central Intelligence for consideration.

William D. O'Ryan
Chief
Western Europe Division

ATTACHMENTS:
A. Employee's Request to Marry
B. Letter of Resignation
C. RYBAT Attachment to OSMT-4211
D. Proposed Spouse's Intent to Become a Citizen
E. Proposed Spouse's Biographic Data

14-00000

# DISPATCH

CLASSIFICATION: ~~[illegible]~~/SECRET

PROCESSING

| PROPOSED | ACTION | ACCOMPLISHED |
|---|---|---|
| | MARKED FOR INDEXING | |
| X | NO INDEXING REQUIRED | |
| | ONLY QUALIFIED HEADQUARTERS DESK CAN JUDGE INDEXING | |
| | ABSTRACT | |
| | MICROFILM | |

TO: Chief, WE

INFO:

FROM: Chief of Station, [redacted]

SUBJECT: [redacted] - Application to Marry an Alien

ACTION REQUIRED - REFERENCES

[redacted] application for permission to marry an alien is transmitted to Headquarters with my strong recommendation that it be promptly approved and he be so notified. [redacted] I have no reservations whatsoever - mental or otherwise - with respect to the security aspects of this marriage - as far as I have been able to ascertain, none exist. I do not feel that [redacted] marriage to this young lady should in any way restrict his future assignments.

I urge speedy and favorable processing of this application.

WOODROW C. OLIEN

| DATE TYPED | DATE DISPATCHED |
|---|---|
| 1 Jul 65 | 2 Jul 65 |

CROSS REFERENCE TO

DISPATCH SYMBOL AND NUMBER: [illegible]

HEADQUARTERS FILE NUMBER

CLASSIFICATION: ~~[illegible]~~/SECRET

14-00000

SUBJECT: Request for permission to marry Miss [redacted] a Cuban citizen.

In compliance with FR-20-5b(1), the writer hereby requests permission to marry Miss [redacted] a Cuban citizen, and permission to remain in the employ of the Organization after marriage.

The following attachments are forwarded with this request:

(a) Completed Form hhh

(b) Certificate of Miss [redacted] of intent to become a United States citizen.

(c) One passport size photograph.

(d) Letter of resignation.

[redacted]

14-00000

10 June 1965

In compliance with FR-20-5 para. b(1), the writer hereby recites his intent to marry Miss [redacted] a Cuban citizen, with the understanding that the Organization may not permit me to remain employed after marriage. Therefore this letter can be considered as a resignation notice, said resignation to become effective not later than 45 days after the date of marriage, if permission is not obtained and the marriage occurs.

[redacted]

10 June 1965

TO WHOM IT MAY CONCERN:

This is to certify that as soon as possible after my marriage to [redacted] I intend to become a citizen of the United States.

[redacted]

14-00000

SECRET
(When Filled In)

# REQUEST FOR PERSONNEL ACTION

DATE PREPARED: 12 AUGUST 1963

1. SERIAL NUMBER: 060389

2. NAME (Last-First-Middle): [redacted]

3. NATURE OF PERSONNEL ACTION: REASSIGNMENT

4. EFFECTIVE DATE REQUESTED: MONTH 10 DAY YEAR 63

5. CATEGORY OF EMPLOYMENT: REGULAR

6. FUNDS: V TO V / CF TO V / V TO CF / CF TO CF — CC

7. COST CENTER NO. CHARGEABLE: 4136-6400-1017

8. LEGAL AUTHORITY (Completed by Office of Personnel)

9. ORGANIZATIONAL DESIGNATIONS: DDP WE [redacted] STATION OFFICE OF THE CHIEF

10. LOCATION OF OFFICIAL STATION: [redacted]

11. POSITION TITLE: [redacted] OPS OFFICER - DCOS

12. POSITION NUMBER: 0897

13. CAREER SERVICE DESIGNATION: D

14. CLASSIFICATION SCHEDULE (GS, LB, etc.): [redacted] GS ~~[illegible]~~

15. OCCUPATIONAL SERIES: 0136.01

16. GRADE AND STEP: [redacted] 15 2

17. SA[redacted] $ ~~14,503~~ 15,045

REMARKS

FROM: [redacted] STATION/0400 (unless)

Recorded by CSPD

18. [redacted] AC/WE/PT — DATE SIGNED

18a. SIGNATURE OF CAREER SERVICE APPROVING OFFICER: [redacted] — DATE SIGNED: 20 Sep 63

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

| 19. ACTION CODE | 20. EMPLOY. CODE | 21. OFFICE CODING (NUMERIC / ALPHABETIC) | 22. STATION CODE | 23. INTEGREE CODE | 24. HDQTRS CODE | 25. DATE OF BIRTH (MO. DA. YR.) | 26. DATE OF GRADE (MO. DA. YR.) | 27. DATE OF LEI (MO. DA. YR.) |
|---|---|---|---|---|---|---|---|---|
| 37 | 10 | 5060 WE | 67033 | | 3 | | | |

28. NTE EXPIRES (MO. DA. YR.) — 29. SPECIAL REFERENCE — 30. RETIREMENT DATA (1 = CSC, 3 = FICA, 5 = NONE) — 31. SEPARATION DATA CODE — 32. CORRECTION/CANCELLATION DATA (TYPE, MO. DA. YR.) — EOD DATA — 33. SECURITY REQ. NO. — 34. SEX

35. VET. PREFERENCE (CODE: 0 = NONE, 1 = 5 PT, 2 = 10 PT) — 36. SERV. COMP. DATE (MO. DA. YR.) — 37. LONG. COMP. DATE (MO. DA. YR.) — 38. CAREER CATEGORY (CAR/RESV, PROV/TEMP, CODE) — 39. FEGLI / HEALTH INSURANCE (CODE: 0 = NO VER, 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 1 = YES, 2 = NO; CODE; NO. TAX EXEMPTIONS) — 44. STATE TAX DATA (FORM EXECUTED 1 = YES, 2 = NO; CODE; NO. TAX EXEMP; STATE CODE)

45. POSITION CONTROL CERTIFICATION: [illegible] 1 Oct 63

46. O.P. APPROVAL: [redacted]

DATE APPROVED: 30 Sep 63

1462 OBSOLETE PREVIOUS EDITION USE FORM 1132a

SECRET

GROUP 1 Excluded from automatic downgrading and declassification

14-00000

SECRET

CD/P 3:56:32

MEMORANDUM FOR: Deputy Director (Plans)

SUBJECT : Appointment of Mr. [redacted] as Deputy Chief of Station, [redacted]

1. The appointment of Mr. [redacted] as Deputy Chief of Station, [redacted] effective on or about 25 October 1963, is recommended. Mr. [redacted] will occupy a new position.

2. Mr. [redacted] has been an employee of the Agency since June 1952, and is presently assigned as Operations Officer, GS-15. A biographic data sheet, including information regarding his Agency experience and training, is attached.

WILLIAM D. O'RYAN
Chief
Western Europe Division

1 Attachment:
Biographic Profile (Part 1)

The recommendation in paragraph 1 is APPROVED:

Deputy Director (Plans)

4 - NOV 1963
(Date)

SECRET

14-00000

SECRET

13 March 1963

MEMORANDUM FOR THE RECORD

SUBJECT: Salary Adjustments Upon Promotion

1. The following CSCS Officer was promoted effective 16 September 1962, shortly before the effective date of the Salary Reform Act of 1962. Had the promotion been processed as of the effective date of the Act, 14 October 1962, he would have received substantial additional salary benefits as indicated below.

2. The purpose of this memorandum is to record the salary disadvantage which may continue to apply to this officer in comparison to those now junior in rank but who may accrue a salary advantage over such senior officers upon promotion through the operation of this Act.

| Name | Salary Upon Promotion | Salary if Promoted on 14 October 1962 |
|---|---|---|
| [redacted] | $13730 - $14565 | $15045 |

[redacted]

Secretary, Clandestine Services
Career Service Board

SECRET

14-00000

SECRET

20 August 1962

MEMORANDUM FOR: Clandestine Services Career Service Section A

SUBJECT : Recommendation for Promotion - Mr. [redacted]

1. Since October 1960, Mr. [redacted] has served as Deputy Chief of the [redacted] Station, and during an extended period of this time, he was Acting Chief of Station. His performance has been outstanding. Not only has he assisted his Chief in the management of the Station, but simultaneously managed to reinvigorate [redacted] which was the particular area of responsibility originally assigned to him. His service has been noteworthy not only for his vigor in initiating new activities but also for his balanced, yet energetic, cutting away of deadwood, useless procedures and purposeless activity.

2. In recent months, in part on his own initiative, and later under forced draft at Headquarters direction, Mr. [redacted] has been instrumental in mounting an active operational program targeted against [redacted] Due almost entirely to the imagination, energy, and effort which he has applied, this program has already had considerable success in the acquisition of intelligence and the recruitment of agents, and promises to be even more productive in the future.

3. Mr. [redacted] activity since his assignment to [redacted] is clearly of outstanding caliber and it is noteworthy that the present Chief of Station as well as the preceding Chief of Station have both, on the record, rated him as exceptionally able, energetic, and mature. Mr. [redacted] has been in his current grade since December 1956. In view of the considered judgment concerning the value of his performance in [redacted] his good administrative qualities, his obvious maturity, energy, judgment and experience, it is strongly recommended that Mr. [redacted] be promoted to grade GS-15.

William D. O'Ryan

WILLIAM D. O'RYAN
Acting Chief
Western Europe Division

GROUP I
Excluded from automatic
downgrading and declassification

SECRET

14-00000

# DISPATCH

CLASSIFICATION: [redacted]

DISPATCH SYMBOL AND NO.: [illegible]-2653

TO: Chief, E

HEADQUARTERS FILE NO.:

FROM: Chief of Station, [redacted]

DATE: 19 January 1962

SUBJECT: Administrative/Personnel Recommendation for Promotion - [redacted]

PL "MBC" — CHECK "X" ONE
MARKED FOR INDEXING
NO INDEXING REQUIRED
INDEXING CAN BE JUDGED BY QUALIFIED HQ. DESK ONLY

ACTION REQUIRED: See below

REFERENCE(S):

1. Subject is a mature, experienced, well-rounded operations officer and administrator. For the past fifteen months he held the position of Deputy Chief of the [redacted] station. For an extended period of time during that period he was acting Chief of Station. As the attached Fitness Report will attest he has at all times discharged his responsibilities in an outstanding manner. In addition to the approximately four months that I have been able to observe subject's performance at this post, I also had the privilege of serving with him at Habana and I was then, as I am now, impressed with his professional competence and his fine personal attributes. In every sense of the word, subject is a dedicated officer who works "around the clock" in his efforts to expand and improve [redacted] coverage in this area.

2. Considerable credit is due to subject for the improvement of our relations with the [redacted] During the past three months he has spent a considerable amount of time and effort in bringing about needed reforms and economies in the operation of our [redacted] cutting away deadwood and streamlining the actual operations. In addition, subject has been particularly effective in [redacted]

3. The attached Fitness Report speaks for itself. Subject has been in his current grade since December 1956. Given his age, his experience and maturity, and his consistently fine performance in his current position, I strongly urge that he be actively considered for promotion to GS-15 at the next appropriate panel meeting.

[redacted]

[illegible] January 1962

Attachment: Fitness Report (1)

Distribution:

14-00000

# DISPATCH

SECRET

CMS-2212

TO: Chief, WE

INFO:

FROM: Chief of Station, [redacted] RIF

DATE: 10 May 1961

SUBJECT: Administrative/Personnel [redacted]
Recommendation for Promotion of [redacted]

MARKED FOR INDEXING
NO INDEXING REQUIRED
INDEXING CAN BE JUDGED BY QUALIFIED HQ DESK ONLY

ACTION REQUIRED: See para 2 below

REFERENCES: OSMT-2208, 5 May 61

1. As reflected in his most recent Fitness Report, Subject, who has been serving as Deputy Chief of Station and Chief of [redacted] at this Station, has demonstrated outstanding talents in management of personnel and their activities, developing [redacted] in operations both joint and independent. Because of my confidence in him, which is apparently shared by Headquarters, he is being retained here for a long period as Acting Chief of Station after my departure. As I have said in his Fitness Report, he is the best deputy I have had in my [redacted] career and altogether an outstanding officer. CIA

2. Subject has been in grade four and a half years as a GS-14 and because of his outstanding qualifications, I recommend he be immediately considered for promotion to GS-15.

ARCHIBALD ROOSEVELT
[redacted]

5 May 1961

Distribution:
3 - C/WE

14-00000

SECRET

FI file

4 March 1954

MEMORANDUM FOR: Personnel Officer, FI

SUBJECT : [redacted]
Recommendation for Promotion

1. Mr. [redacted] has been with the WH Division since June 1952 and at the Havana station since 17 January 1953. With approximately eight months headquarters training he has worked into a position demanding extremely sensitive [redacted] work. His efforts have been highly successful and are marked by an excellent grasp of the problems involved. Mr. [redacted] also acts as Chief of Station during any absence of the Chief. The variety of problems he encounters are met with considerable ability.

2. The promotion of Mr. [redacted] to the next higher grade is recommended, in view of the excellent performance of his present responsibilities. He has demonstrated his capacity to perform fully and effectively in a field assignment.

J. C. KING
Chief, WH

SECRET

14-00000

SECRET
(When Filled In)

# REQUEST FOR PERSONNEL ACTION

DATE PREPARED: 12 September 1962

1. SERIAL NUMBER: 060389
2. NAME (Last-First-Middle): [redacted]
3. NATURE OF PERSONNEL ACTION: PROMOTION
4. EFFECTIVE DATE REQUESTED: MONTH 09 DAY 16 YEAR 62
5. CATEGORY OF EMPLOYMENT: REGULAR
6. FUNDS: V TO V / V TO CF / CF TO V / XX CF TO CF
7. COST CENTER NO. CHARGEABLE: 3136-6400-1017
8. LEGAL AUTHORITY (Completed by Office of Personnel):
9. ORGANIZATIONAL DESIGNATIONS: DDP WE [redacted] STATION BRANCH
10. LOCATION OF OFFICIAL STATION: [redacted]
11. POSITION TITLE: [redacted] ~~OPS OFF D BR CH~~ OPS OFFICER
12. POSITION NUMBER: 400
13. CAREER SERVICE DESIGNATION: D
14. CLASSIFICATION SCHEDULE (GS, LB, etc.): [redacted] GS
15. OCCUPATIONAL SERIES: 0136.01
16. GRADE AND STEP: [redacted] 15 1
17. SALARY OR RATE: [redacted] 13,730
18. REMARKS

PRA in accordance with HR 20-21c.(1) in order to complete two year tour of duty.

Recorded by CSPD

[redacted] C/WE/PT — DATE SIGNED:

18a. SIGNATURE OF CAREER SERVICE APPROVING: [redacted] — DATE SIGNED: 4 SEP 1962

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

| 19. ACTION CODE | 20. EMPLOY. CODE | 21. OFFICE CODING (NUMERIC / ALPHABETIC) | 22. STATION CODE | 23. INTEGREE CODE | 24. HDQTRS CODE | 25. DATE OF BIRTH (MO. DA. YR.) | 26. DATE OF GRADE (MO. DA. YR.) | 27. DATE OF LEI (MO. DA. YR.) |
|---|---|---|---|---|---|---|---|---|
| 22 | 10 | 62660 / WE | 67033 | | 3 | | | |

| 28. NTE EXPIRES (MO. DA. YR.) | 29. SPEC. REFERENCE | 30. RETIREMENT DATA (1 = CSC, 3 = FICA, 4 = NONE) CODE | 31. SEPARATION DATA CODE | 32. CORRECTION/CANCELLATION DATA (TYPE, MO. DA. YR.) | FOD DATA | 33. SECURITY REQ. NO. | 34. SEX |
|---|---|---|---|---|---|---|---|
| | 180 | | | | | | |

| 35. VET. PREFERENCE (CODE: 0 = NONE, 1 = 5 PT, 2 = 10 PT) | 36. SERV. COMP. DATE (MO. DA. YR.) | 37. LONG. COMP. DATE (MO. DA. YR.) | 38. CAREER CATEGORY (CARTRESS, PROV-TEMP, AUDE) | 39. FEGLI / HEALTH INSURANCE (CODE: 0 = WAIVER, 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: 1 = YES, 2 = NO; CODE; 44. TAX EXEMPTIONS) | 44. STATE TAX DATA (FORM EXECUTED: 1 = YES, 2 = NO; CODE; NO. TAX EXEMP.; STATE CODE) |
|---|---|---|---|
| | | | |

45. POSITION CONTROL CERTIFICATION: [signature]

46. O.P. APPROVAL: [redacted]

DATE APPROVED: 4 SEP 1962

FORM 6-62 1152 OBSOLETE PREVIOUS EDITIONS AND FORM 1152a

SECRET

(4)

CONFIDENTIAL

MEMORANDUM FOR: Chief, Records & Services Division
Office of Personnel

SUBJECT [redacted] Promotion of
[redacted]

1. The [redacted] has informed this office that effective April 1, 1962 subject employee was promoted from [redacted] $10,555 to [redacted] $10,645

2. Request this notice be placed in the official folder of the employee concerned.

[redacted]
Chief, Central Cover Group

cc: Operating Component Compensation
and Tax Accounts Branch

CONFIDENTIAL

14-00000

SECRET
(When Filled In)

| V to V / UV to V | X | V to UV / UV to UV | REQUEST FOR PERSONNEL ACTION | DATE PREPARED Mo 08 Da 04 Yr 60 |
|---|---|---|---|---|

| 1. Serial No. | 2. Name (Last-First-Middle) | 3. Date Of Birth Mo Da Yr | 4. Vet. Pref. None-0 5 Pt-1 10 Pt-2 / Code | 5. Sex | 6. CS - EOD Mo Da Yr |
|---|---|---|---|---|---|
| 560319 | | | 1 | M | |

| 7. SCD Mo Da Yr | 8. CSC Form Yes - 1 No - 2 / Code | 9. CSC Or Other Legal Authority | 10. Apmt. Affidavit Mo Da Yr | 11. FEGLI Yes-1 No-2 / Code | 12. LCD Mo Da Yr | 13. Mil. Ser. Cred. - LCD Yes - 1 No - 2 / Code |
|---|---|---|---|---|---|---|
| | | | | | | |

7

## CURRENT ASSIGNMENT

| 14. Organizational Designations | Code | 15. Location Of Official Station | Station Code |
|---|---|---|---|
| DDP WE [ ] BRANCH | | WASH., D. C. | |

| 16. Dept.- Field Dept - Usfld- Frgn - / Code | 17. Position Title | 18. Position No. | 19. Serv. | 20. Occup. Series |
|---|---|---|---|---|
| 1 | OPS OFFICER D BR CH | BB-179 | GS | 0136.01 |

| 21. Grade & Step | 22. Salary Or Rate | 23. SD | 24. Date Of Grade Mo Da Yr | 25. PSI Due Mo Da Yr | 26. Appropriation Number |
|---|---|---|---|---|---|
| 14 3 | $ 12,730 | D | 12 16 56 | 06 11 61 | 1136-1000-1000 [illegible] |

## ACTION

| 27. Nature Of Action | Code | 28. Eff. Date Mo Da Yr | 29. Type Of Employee | Code | 30. Separation Date |
|---|---|---|---|---|---|
| REASSIGNMENT | 67 | 09 07 60 | EA REGULAR | 01 | |

14

## PROPOSED ASSIGNMENT

| 31. Organizational Designations | Code | 32. Location Of Official Station | Station Code |
|---|---|---|---|
| DDP WE [ ] STATION [illegible] BRANCH | 4133 | [ ] | 67033 |

| 33. Dept.- Field Dept - Usfld- Frgn - / Code | 34. Position Title | 35. Position No. | 36. Serv. | 37. Occup. Series |
|---|---|---|---|---|
| 5 | OPS OFFICER | RRF-400 | GS | |

| 38. Grade & Step | 39. Salary Or Rate | 40. SD | 41. Date Of Grade Mo Da Yr | 42. PSI Due Mo Da Yr | 43. Appropriation Number |
|---|---|---|---|---|---|
| | $ | | | | 1136-6400-3017 |

## SOURCE OF REQUEST (Certify funds available:)

| A. Requested By (Name And Title) | C. Request Approved By (Signature And Title) | Date Approved |
|---|---|---|
| [ ] WE PERSONNEL OFFICER | b Doing. Ref. No. [illegible] | |
| B. For Additional Information Call (Name & Telephone Ext.) [ ] x3124 [ ] | Charge Allot. No. 1136-6400-3017 | |

## CLEARANCES

| Clearance | Signature | Date | Clearance | Signature | Date |
|---|---|---|---|---|---|
| A. Career Board | [illegible] | | D. Placement | | |
| B. Pos. Control | [illegible] | 8-25-60 | E. Release | | |
| C. Classification | | | F. Approved By | [ ] | 8-25-60 |

Remarks

8/15/60

COPIES SENT TO FINANCE AND SECURITY. [illegible]

CSD 8-24-60

Continued on reverse side

FORM 1152a 4-58 (USE PREVIOUS EDITIONS)

SECRET

(41)

14-00000

SECRET
(When Filled In)

| | | | | | |
|---|---|---|---|---|---|
| | V to V | | V to UV | REQUEST FOR PERSONNEL ACTION | DATE PREPARED Mo 4 Da 11 Yr 60 |
| | UV to V | X | UV to UV | | |

| 1. Serial No. | 2. Name (Last-First-Middle) | 3. Date Of Birth (Mo Da Yr) | 4. Vet. Pref. (None-0, 5 Pt-1, 10 Pt-2) Code | 5. Sex | 6. CS - EOD (Mo Da Yr) |
|---|---|---|---|---|---|
| 560389 | | | 1 | M | |

| 7. SCD (Mo Da Yr) | 8. CSC Retmt. (Yes-1, No-2) Code | 9. CSC Or Other Legal Authority | 10. Apmt. Affidav. (Mo Da Yr) | 11. FEGLI (Yes-1, No-2) Code | 12. LCD (Mo Da Yr) | 13. Mil Serv Cred - LCD (Yes-1, No-2) Code |
|---|---|---|---|---|---|---|
| | 1 | | | | | |

## CURRENT ASSIGNMENT

| 14. Organizational Designations | Code | 15. Location Of Official Station | Station Code |
|---|---|---|---|
| DDP CI STAFF | | Washington, D. C. | |

| 16. Dept.-Field (Dept.-Usfld-Frgn.) Code | 17. Position Title | 18. Position No. | 19. Serv. | 20. Occup. Series |
|---|---|---|---|---|
| 1 | IO CI BR CH | 0211 | GS | 0136.53 |

| 21. Grade & Step | 22. Salary Or Rate | 23. SD | 24. Date Of Grade (Mo Da Yr) | 25. PSI Due (Mo Da Yr) | 26. Appropriation Number |
|---|---|---|---|---|---|
| 14 3 | $ ~~11595~~ 11835 | DX | 12 14 56 | 06 11 61 | 9 2700 07 001 |

## ACTION

| 27. Nature Of Action | Code | 28. Eff. Date (Mo Da Yr) | 29. Type Of Employee | Code | 30. Separation Date |
|---|---|---|---|---|---|
| REASSIGNMENT | 67 | 05 15 60 | Regular | | |

I certify funds available:

## PROPOSED ASSIGNMENT

7

0136 1000-1000

| 31. Organizational Designations | Code | 32. Location Of Official Station | Station Code |
|---|---|---|---|
| DDP WE BRANCH ~~PI, PP, PN~~ | | Auth. Officer Washington, D. C. | |

| 33. Dept.-Field (Dept.-Usfld-Frgn.) Code | 34. Position Title | 35. Position No. | 36. Serv. | 37. Occup. Series |
|---|---|---|---|---|
| 1 | OPS OFF D BR CH | 179 | GS | 0136.01 |

| 38. Grade & Step | 39. Salary Or Rate | 40. SD | 41. Date Of Grade (Mo Da Yr) | 42. PSI Due (Mo Da Yr) | 43. Appropriation Number |
|---|---|---|---|---|---|
| 14 3 | $ 11835 | | | | 0136-1000-1000 |

## SOURCE OF REQUEST

| A. Requested By (Name And Title) | C. Request Approved By (Signature And Title) | Date Approved |
|---|---|---|
| WE PERSONNEL OFFICER | | |
| B. For Additional Information Call (Name & Telephone Ext.) x3124 | | |

## CLEARANCES

| Clearance | Signature | Date | Clearance | Signature | Date |
|---|---|---|---|---|---|
| A. Career Board | [illegible] | [illegible] | D. Placement | | |
| B. Pos. Control | [illegible] | [illegible] | E. Release | | |
| C. Classification | | | F. Approved By | | 5-9-60 |

Remarks

CI [illegible]

Copies sent to Security and Finance

Rec'd CPD 5-5-60

Continued on reverse side

FORM 4-58 1152a (USE PREVIOUS EDITION)

SECRET

14-00000

30 June 1959

Dear Mr. [redacted]

It gives me great pleasure to accept an appointment to the [redacted] I understand that this appointment will be granted in accordance with the conditions as outlined in your letter of May 27, 1959.

Sincerely yours,

[redacted]

Chief, Personnel Operations Division

[redacted]

14-00000

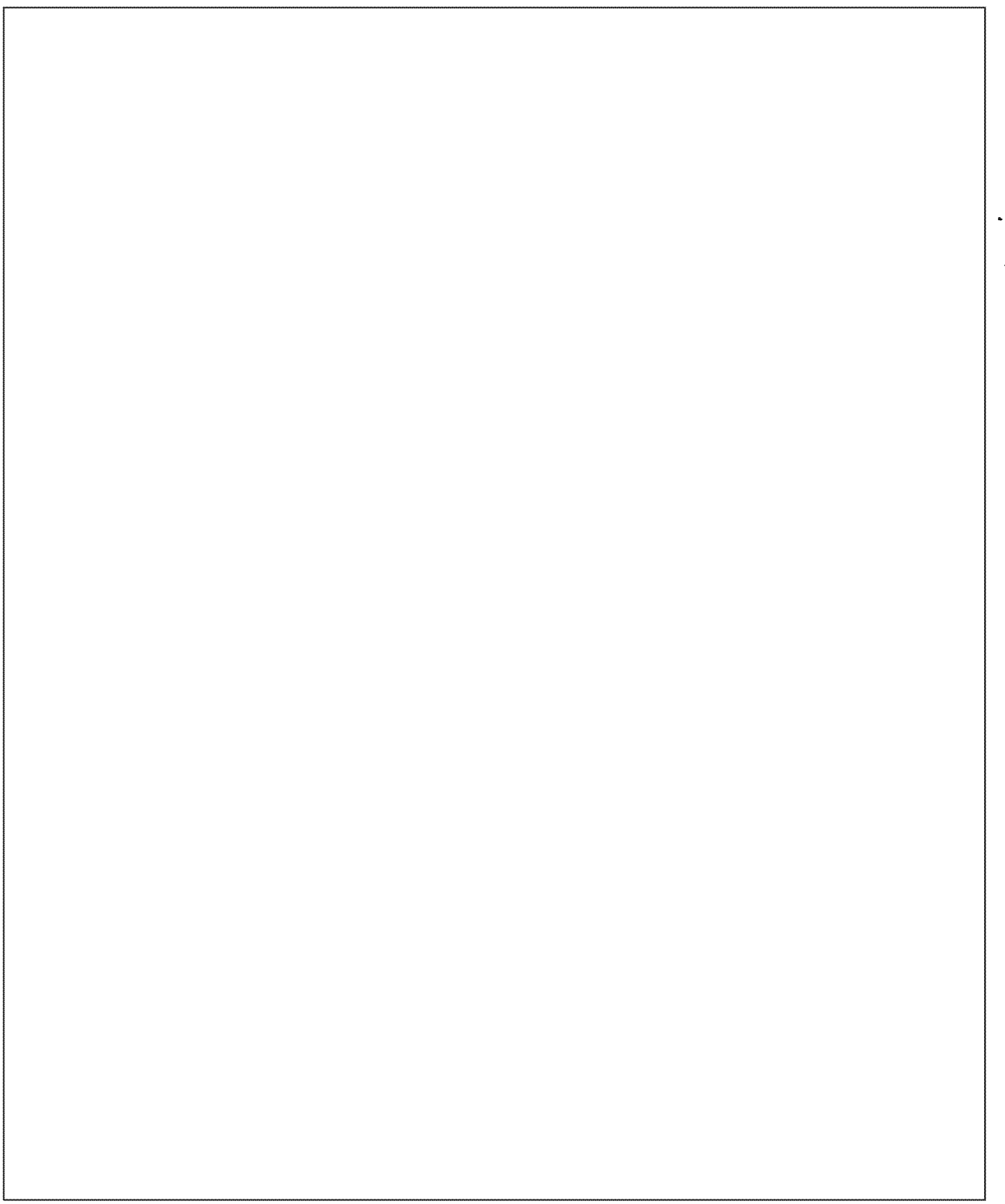
30 June 1959

Dear Mr. [redacted]

I hereby tender my resignation from the [redacted] to accept an appointment as [redacted] This resignation is tendered pursuant to the conditions contained in your letter of May 27, 1959, in which it is stated that my resignation from the [redacted] will be effected without a break in service.

Sincerely yours,

[redacted]
Chief, Personnel Operations Division
[redacted]



14-00000

SECRET
(When Filled In)

| V to V | | V to UV | REQUEST FOR PERSONNEL ACTION | DATE PREPARED Mo Da Yr |
|---|---|---|---|---|
| UV to V | X | UV to UV | | |

| 1. Serial No. | 2. Name (Last-First-Middle) | 3. Date Of Birth Mo Da Yr | 4. Vet. Pref. None-0 5 Pt-1 10 Pt-2 Code | 5. Sex | 6. CS - EOD Mo Da Yr |
|---|---|---|---|---|---|
| 500389 | [redacted] | [redacted] | | N | |

| 7. SCD Mo Da Yr | 8. CSC Retmt Yes - 1 No - 2 Code | 9. CSC Or Other Legal Authority | 10. Apmt Affidav. Mo Da Yr | 11 FEGLI Yes-1 No-2 Code | 12. LCD Mo Da Yr | 13. [illegible] Yes - 1 No - 2 Code |
|---|---|---|---|---|---|---|
| | | | | | | |

## CURRENT ASSIGNMENT

| 14. Organizational Designations | Code | 15. Location Of Official Station | Station Code |
|---|---|---|---|
| DDP/WH<br>Branch II<br>[redacted] Section | | Washington, D.C. | |

| 16. Dept.- Field Dept - Usfld - Frgn - Code | 17. Position Title | 18. Position No. | 19. Serv. | 20. Occup. Series |
|---|---|---|---|---|
| 1 | [redacted] Area Ops Off DCOS | 458 | [redacted] GS | 0136.01 |

| 21. Grade & Step | 22. Salary Or Rate | 23. SD | 24. Date Of Grade Mo Da Yr | 25. PSI Due Mo Da Yr | 26. Appropriation Number |
|---|---|---|---|---|---|
| [redacted] 14 2 | [redacted] $11595 | DI | | | 9 3500 10 200 |

## ACTION

| 27. Nature Of Action | Code | 28. Eff. Date Mo Da Yr | 29. Type Of Employee | Code | 30. Separation Data |
|---|---|---|---|---|---|
| Reassignment | | 3 9 59 | Regular | | |

## PROPOSED ASSIGNMENT

| 31. Organizational Designations | Code | 32. Location Of Official Station | Station Code |
|---|---|---|---|
| DDP/CI Staff<br>[redacted] | 5430 | Washington, D.C. | |

| 33. Dept.- Field Dept - Usfld - Frgn - Code | 34. Position Title | 35. Position No. | 36. Serv. | 37. Occup. Series |
|---|---|---|---|---|
| 1 | [redacted] IO CI BR CH | 211 | [redacted] GS | 0136.53 |

| 38. Grade & Step | 39. Salary Or Rate | 40. SD | 41. Date Of Grade Mo Da Yr | 42. PSI Due Mo Da Yr | 43. Appropriation Number |
|---|---|---|---|---|---|
| [redacted] 14 2 | [redacted] $ 11595 | DI | 12 16 55 | 12 13 59 | 9-2700-17-001 |

## SOURCE OF REQUEST

| A. [redacted] port | C. Request Approved By (Signature And Title) | Date Approved |
|---|---|---|
| B. For Additional Information Call (Name & Telephone Ext.) [redacted] 8537 | [redacted] C CI Staff | |

## CLEARANCES

| Clearance | Date | Clearance | Signature | Date |
|---|---|---|---|---|
| A. Career Board [redacted] | 2/25/59 | Placement | | |
| B. Pos. Control | | Release | | |
| C. Classification | | Approved By | [illegible] | |

Remarks

WH Concurrence [redacted]

Three copies have been sent to Security. 26 7 59 [illegible] Continued on reverse side

FORM 1152a USE PREVIOUS EDITIONS

SECRET

Security [illegible]

14-00000

SECRET

Classify According To Content.

# REQUEST FOR PERSONNEL ACTION

UU

| 1. Serial No. | 2. Name (Last-First-Middle) | 3. Date Of Birth (Mo Da Yr) | 4. Vet Pref: None-0, 5 Pt-1, 10 Pt-2; Code | 5. Sex | 6 CS - EOD (Mo Da Yr) |
|---|---|---|---|---|---|
| 5103 89 | | | 1 | M-1 | 4 26 52 |

| 7. SCD (Mo Da Yr) | 8 CSC Retmt: Yes-1 No-2; Code | 9. CSC Or Other Legal Authority | 10 Apmt. Affidav (Mo Da Yr) | 11. FEGLI: Yes-1 No-2; Code | 12 LOD (Mo Da Yr) | 13. Ret. Cov: Yes-1 No-2; Code |
|---|---|---|---|---|---|---|
| 11 26 42 | 1 | | | | 6 26 52 | 2 |

## PREVIOUS ASSIGNMENT

| 14. Organizational Designations | Code | 15. Location Of Official Station | Station Code |
|---|---|---|---|
| DDP WH<br>Branch III<br>Havana, Cuba Station | | Havana, Cuba | |

| 16. Dept.- Field: Dept.-Usfld-Fgn.; Code | 17. Position Title | 18. Position No. | 19. Serv. | 20. Occup. Series |
|---|---|---|---|---|
| X 5 | Area Ops Off (Docs) | ~~BAF~~-115 | GS | 0136.01 |

| 21. Grade & Step | 22. Salary Or Rate | 23. SD | 24. Date Of Grade (Mo Da Yr) | 25 PSI Due (Mo Da Yr) | 26. Appropriation Number |
|---|---|---|---|---|---|
| 14 - 2 | $ 11,595 | DI - | | | 9-3545-55-055 |

## ACTION

| 27. Nature Of Action | Code | 28. Eff. Date (Mo Da Yr) | 29. Type Of Employee | Code | 30. Separation Data |
|---|---|---|---|---|---|
| REASSIGNMENT | 570 | 10 19 58 | Regular | 01 | |

## PRESENT ASSIGNMENT

| 31. Organizational Designations | Code | 32. Location Of Official Station | Station Code |
|---|---|---|---|
| DDP WH<br>Branch II<br>[ ] Section | 4675 | Washington, D. C. | |

| 33. Dept.- Field: Dept.-Usfld-Fgn.; Code | 34. Position Title | 35. Position No. | 36. Serv. | 37. Occup. Series |
|---|---|---|---|---|
| | | ~~BA~~-458 | | |

| 38. Grade & Step | 39. Salary Or Rate | 40. SD | 41. Date Of Grade (Mo Da Yr) | 42. PSI Due (Mo Da Yr) | 43. Appropriation Number |
|---|---|---|---|---|---|
| 14 - 2 | $ 11,595 | | 2 16 57 | 12 13 57 | 9-3500-10-200 |

## SOURCE OF REQUEST

A. Requested By (Name And Title) [ ] WH/PERSONNEL

C. Request Approved By (Signature And Title)

B. For Additional Information Call (Name & Telephone Ext.) [ ] X 8212

## CLEARANCES

| Clearance | Signature | Date | Clearance | Signature | Date |
|---|---|---|---|---|---|
| A. Career Board | | | D. Procurement | | |
| B. Pos. Control | | | E. | | |
| C. Classification | | | F. Approved By | | |

Remarks

2 copies Security
Vice: [ ]

Form 1152a

SECRET

14-00000

SECRET

STANDARD FORM 52

# REQUEST FOR PERSONNEL ACTION

UNVOUCHERED

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

1. NAME (Mr. - Miss - Mrs. - One given name, initial(s), and surname): Mr. [redacted]
2. DATE OF BIRTH: [redacted]
3. REQUEST NO.:
4. DATE OF REQUEST: 14 Dec 56
5. NATURE OF ACTION REQUESTED:
   A. PERSONNEL (Specify whether appointment, promotion, separation, etc.): Promotion
   B. POSITION (Specify whether establish, change grade or title, etc.):
6. EFFECTIVE DATE
   A. PROPOSED:
   B. APPROVED: 16 Dec
7. C.S. OR OTHER LEGAL AUTHORITY:

| FROM— | | TO— |
|---|---|---|
| Area Ops Off (DCOS) BAF-115 | 8. POSITION TITLE AND NUMBER | Area Ops Off (DCOS) BAF-115 |
| GS-0136.01-13 $9205.00 p.a. (~~$7630.00 p.a.~~) | 9. SERVICE, GRADE, AND SALARY | GS-0136.01-14 $10,320.00 p.a. (~~$7630.00 p.a.~~) |
| DDP/WH | 10. ORGANIZATIONAL DESIGNATIONS | DDP/WH |
| Branch III | | Branch III |
| Havana, Cuba Station | | Havana, Cuba Station |
| Havana, Cuba | 11. HEADQUARTERS | Havana, Cuba |
| [X] FIELD [ ] DEPARTMENTAL | 12. FIELD OR DEPARTMENTAL | [X] FIELD [ ] DEPARTMENTAL (D) |

A. REMARKS (Use reverse if necessary)

Approved by CS Career Service Panel
[signature] 17 Dec 56

B. REQUESTED BY ([redacted])

C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension): [redacted] X8242

D. REQUEST APPROVED BY
Signature:
Title:

13. VETERAN PREFERENCE: NONE | WWII | OTHER | 5 PT | 10 POINT DISAB | 10 POINT OTHER — X

14. POSITION CLASSIFICATION ACTION: NEW | VICE | I.A. | REAL — SD-DI

15. SEX: M
16. RACE: W
17. APPROPRIATION: FROM 7-3545-55-055 TO Same
18. SUBJECT TO C.S. RETIREMENT ACT (YES-NO): Yes
19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY):
20. LEGAL RESIDENCE: [ ] CLAIMED [ ] PROVED STATE:

21. STANDARD FORM 50 REMARKS

| 22. CLEARANCES | INITIAL OR SIGNATURE | DATE | REMARKS |
|---|---|---|---|
| A. | | | |
| B. CEIL. OR POS. CONTROL | [illegible] | 17 [illegible] | |
| C. CLASSIFICATION | | | |
| D. PLACEMENT OR EMPL. | [signature] | 17 Dec 56 | |

[redacted] [redacted] [signature] 14 Dec '56

SECRET

14-00000

SECRET

STANDARD FORM 52

# REQUEST FOR PERSONNEL ACTION

UNVOUCHERED

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

| 1. NAME (Mr. – Miss Mrs - One given name, initial(s), and surname) | 2. DATE OF BIRTH | 3. REQUEST NO. | 4. DATE OF REQUEST |
|---|---|---|---|
| Mr. | | | 7 May 56 |

5. NATURE OF ACTION REQUESTED
A. PERSONNEL (Specify whether appointment, promotion, separation, etc.): Reassignment
B. POSITION (Specify whether establish, change grade or title, etc.)

6. EFFECTIVE DATE A. PROPOSED. B. APPROVED:

7. C. S. OR OTHER LEGAL AUTHORITY

| FROM— | 8. POSITION TITLE AND NUMBER | TO— |
|---|---|---|
| Intelligence Off (FI) BAF-116 | | Area Ops Off - D COS BAF-115 |
| GS-0136.51-13 $9205.00 p.a. | 9. SERVICE, GRADE, AND SALARY | GS-0136.01-13 $9205.00 p.a. [ ] $7570.00 p.a.) |
| | 10. ORGANIZATIONAL DESIGNATIONS | DDP/WH Branch III HAVANA-CUBA STATION |
| | 11. HEADQUARTERS | Havana, Cuba |
| [ ] FIELD [ ] DEPARTMENTAL | 12. FIELD OR DEPARTMENTAL | [X] FIELD [ ] DEPARTMENTAL (D) |

A. REMARKS (Use reverse if necessary)

New T/O

B. REQUESTED BY (Name and title)

C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) X-4457

D. REQUEST APPROVED Signature: Title: [illegible] CS/CS

13. VETERAN PREFERENCE

| NONE | WWI | OTHER | 5 PT. | 10 POINT DISAB | 10 POINT OTHER |
|---|---|---|---|---|---|
| | | | X | | |

14. POSITION CLASSIFICATION ACTION

| NEW | VICE | C. A | REAL |
|---|---|---|---|
| | | | |

CD-DI

| 15. SEX | 16. RACE | 17. APPROPRIATION | 18. SUBJECT TO C. S. RETIREMENT ACT (YES—NO) | 19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY) | 20. LEGAL RESIDENCE |
|---|---|---|---|---|---|
| M | W | FROM: 6-3545-55-055 TO: Same | | | [ ] CLAIMED [ ] PROVED STATE: |

21. STANDARD FORM 50 REMARKS

APPROVED BY FI CAREER SERVICE BOARD DATE: 14 May 56

| 22. CLEARANCES | INITIAL OR SIGNATURE | DATE | REMARKS |
|---|---|---|---|
| A | | | |
| B CEIL OR POS CONTROL | [illegible] | [illegible] | |
| C CLASSIFICATION | [illegible] | 24 May | |
| D PLACEMENT OR EMPL | | | |

25 May 56

SECRET

CONFIDENTIAL

Date _____

TO : Chief, Placement and Utilization Division/OP
Attn : Mr. [redacted] OC Placement Officer

FROM : Chief, Operations and Training Division/OC

SUBJECT: Communications Training for [redacted]

The communications training record for this individual is on file in the [redacted] Branch, Room 2308, I Building. If information is desired concerning this training, please call extension 2977.

WILLIAM O. EDWARDS

CONFIDENTIAL

SECRET

1 December 1954

MEMORANDUM FOR: Chief, Central Processing Branch

SUBJECT: Request for Badges - [redacted] and [redacted]

1. It is requested that building badges of Mr. [redacted] and Mr. [redacted] be given to the bearer, Miss [redacted] Mr. [redacted] and Mr. [redacted] presently stationed at Havana, Cuba, will be at headquarters this coming weekend and it will be necessary that they have their badges in order that they may enter and leave the buildings without an escort.

2. Mr. [redacted] Operations Officer of the Havana desk of WHD, will be responsible for the return of these badges to CPB.

HOWARD J. PRESTON
CWH/AD

[redacted]

SECRET

14-00000

SECRET

4 March 1954

MEMORANDUM FOR: Personnel Officer, FI

SUBJECT : [redacted]
Recommendation for Promotion

1. Mr. [redacted] has been with the WH Division since June 1952 and at the Havana station since 17 January 1953. With approximately eight months headquarters training he has worked into a position demanding extremely [redacted] work. His efforts have been highly successful and are marked by an excellent grasp of the problems involved. Mr. [redacted] also acts as Chief of Station during any absence of the Chief. The variety of problems he encounters are met with considerable ability.

2. The promotion of Mr. [redacted] to the next higher grade is recommended, in view of the excellent performance of his present responsibilities. He has demonstrated his capacity to perform fully and effectively in a field assignment.

J. C. King
J. C. KING
Chief, WH

SECRET

14-00000

file
int

SECRET
Security Information

OCT 18 1952

MEMORANDUM FOR: [redacted]

SUBJECT: [redacted] Request for Appointment

REFERENCE: [redacted] Memorandum of 23 November 1951, Subject, Representation [redacted] Missions

1. It is requested that Mr. [redacted] GS-12, $7040, be appointed in the [redacted] with the title of [redacted] for duty in the [redacted] at Habana, Cuba. Mr. [redacted] will occupy position number 2 of [redacted]

2. It is requested that subject arrive at his destination on or about 15 December 1952.

FOR THE DEPUTY DIRECTOR, PLANS

BY [illegible]

Enclosures: a. Application Forms 57 and DSP-34

b. Occupational History Supplement

c. Proposed Biography

WHD/[redacted]
23 September 1952
Distribution: Orig & 1 - addressee
1 - CFI
1 - WHD (green)
2 - LC

Security Information

Secret

OCCUPATIONAL EXPERIENCE: June 1952 to Present - Intelligence Officer, Central Intelligence Agency Washington, D. C.

SECRET
Security

PROPOSED BIOGRAPHY

[redacted]

Auburn Senior High School grad; Loyola College, 1927-43; buyer with electrical supply co., 1934-1941; U.S. Army, 1941-43, 1st lt., overseas duty; Governor's Staff, Canal Zone Government, 1948 to 1952.

Security Information

Date 26 September 1952

MEMORANDUM FOR: PERSONNEL BOARD/SO

THRU: AFMIK/SO

SUBJECT: Transfer - [redacted]

Approval is requested for the transfer of subject from

OPS OF, GS-12, $7040.00 at [redacted]
(Title) (Station)

to OPS OF, GS-12, $7040.00 at Havana, Cuba
(Title) (Station)

[redacted]

J. Caldwell King
Colef, WH

APPROVED: [redacted]
For the Personnel Board
30 Sept 1952
(Date)

STANDARD FORM NO. 64

# *Office Memorandum* • UNITED STATES GOVERNMENT

TO : Personnel Division [redacted] DATE: 11 April 1951

FROM : PD (C)

SUBJECT: [redacted]

The following personnel action has been cancelled:

| DESIGNATION | INTERESTED UNIT |
|---|---|
| [redacted] Intelligence Officer | OSO, FDT |

Reason: Branch holding until December 1951. Sent to Placement until released. [redacted]

I&SS
M.R.
Med. Serv.
FDT

14-00000

SECRET

# CONFIDENTIAL FUNDS PERSONNEL ACTION

NAME

DATE: 15 August 1950

NATURE OF ACTION: Appointment

EFFECTIVE DATE

| | FROM | TO |
|---|---|---|
| TITLE | | Intelligence Officer (OPS) |
| GRADE AND SALARY | | GS-11 $5400.00 |
| OFFICE | | OSO |
| DIVISION | | FDT |
| BRANCH | | |
| OFFICIAL STATION | | |

APPROVAL

QUALIFICATIONS: 18 August

CLASSIFICATION: E-592

PERSONNEL OFFICER

EXECUTIVE

POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS — YES ☐ NO ☐

OATH OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON

SECURITY CLEARED ON

OVERSEAS AGREEMENT SIGNED

ENTERED ON DUTY

SIGNATURE OF AUTHENTICATING OFFICER

REMARKS:
S-2
Sec. Init. 14 August 1950.
Employee is replacement for

130

FORM NO. 39-1
NOV 1948

SECRET

14-00000

# EMPLOYMENT CHECK SHEET

| NAME | INITIATING OFFICE AND DIVISION | EXTENSION |
|---|---|---|
| | | |

| DATE RECEIVED FOR PROCESSING | SECURITY CLEARANCE | | CRYPTOGRAPHIC CLEARANCE | |
|---|---|---|---|---|
| | DATE INITIATED | DATE EFFECTIVE | DATE INITIATED | DATE EFFECTIVE |
| | | | | |

| DATE MEMO REC'D (ADM. INST. 10-21) | DATE 37-1 PREPARED | DATE 37-3 PREPARED | DATE SF86 TO DISPENSARY |
|---|---|---|---|
| | | | |

| DATE HELD | TAB FOR | REASON HELD |
|---|---|---|
| 25 Sept. | ~~14 Nov.~~ | 25 Sept. No Interim to be sent subject is in [redacted] |
| ~~27 Nov.~~ | ~~12 Dec.~~ | |
| 28 Dec. | ~~1 Feb.~~ | Check security. |
| | | FDT sent cable to field. Check [redacted] re reply so we'll know when Subj. is to report. |
| | 15 Jan | 28 Dec. - Subj. still in Army. FDT trying to get release. Check on results. |

FORM NO. 37-82
JUL 1950

14-00000

SECRET

7 August 1950

MEMORANDUM

TO: Chief, Employees Division

FROM: Chief, Foreign Division T

SUBJECT: [redacted]

1. It is requested that subject be processed at the grade of GS-11 for Slot No. 2, Intelligence Officer Operations, [redacted] as a replacement for Mr. [redacted] Mr. [redacted] will be transferred to another station in Latin America in the next few months.

2. Although Mr. [redacted] is at present a GS-9, he has had a total of approximately 2 years in investigative work with C.I.C., and FDT believes that a rating of GS-11 is thoroughly justified. Since his present salary in the [redacted] is $ 5750 per annum, it is specifically requested that he be processed at the grade of GS-11, $ 5600 per annum.

[redacted]

SECRET

SECERT

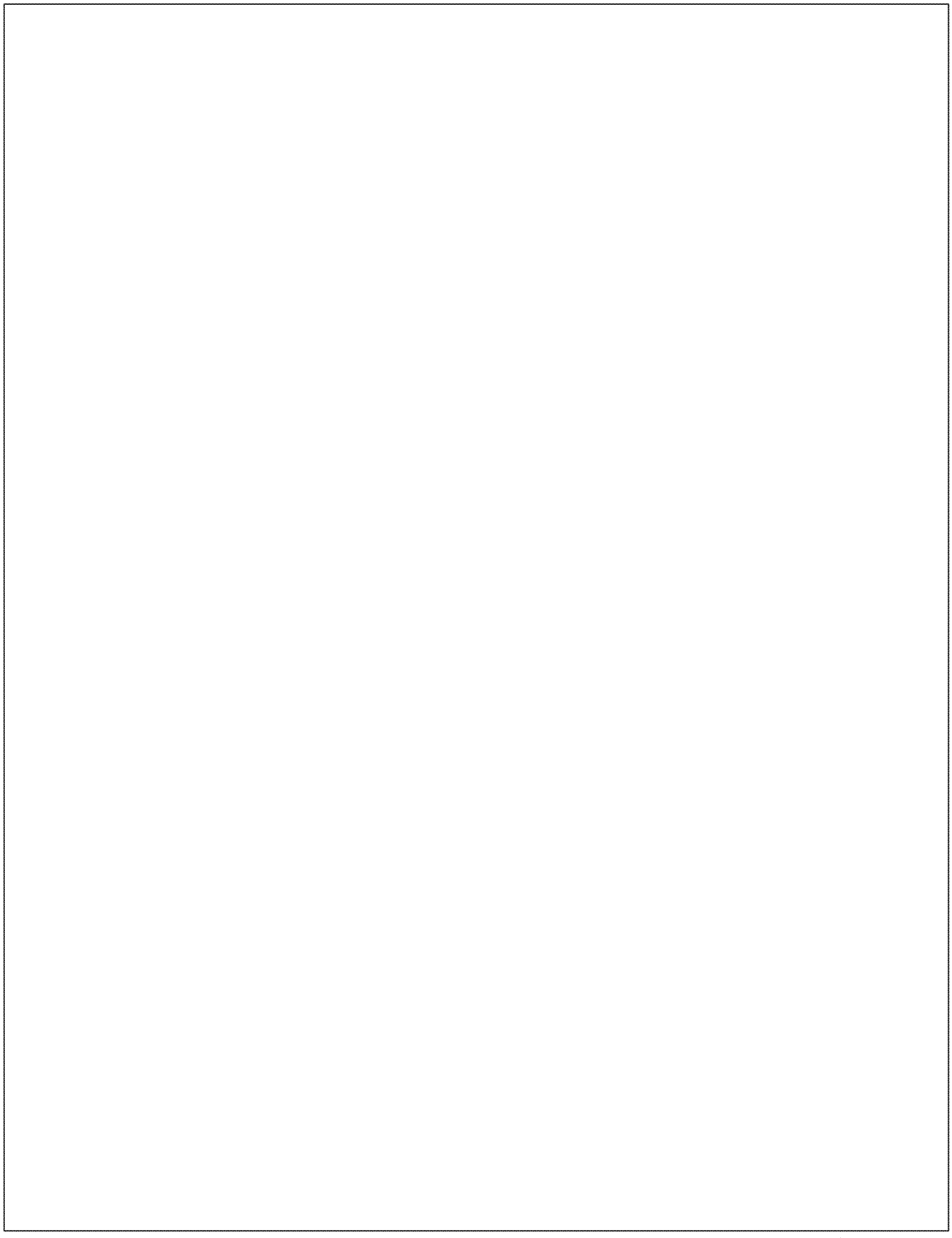
REPRODUCTION MAST

SECRET

BIOGRAPHIC PROFILE

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

SECRET



**NOTIFICATION OF ES LISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP**

14 June 1972

FILE NO. 2432

TO: (Check)

- x CHIEF, CONTROL DIVISION
- CHIEF, CONTRACT PERSONNEL DIVISION
- x CHIEF, OPERATING COMPONENT (For action) WH

SS NUMBER 069-03-9635

EMPLOYEE NUMBER 060389

ID CARD NUMBER

ATTN: Chief Support Staff

REF: Retirement Debriefing

OFFICIAL COVER: x ESTABLISHED; DISCONTINUED

SUBJECT

UNIT

**KEEP ON TOP OF FILE WHILE COVER IN EFFECT**

| | |
|---|---|
| x ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS | CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS EFFECTIVE DATE: |
| x BASIC COVER PROVIDED EFFECTIVE DATE EOD<br>OPERATIONAL COVER PROVIDED FOR ____ TOY ____ OTHER (Specify) | SUBMIT FORM 3254 ____ W-2 TO BE ISSUED. (HHB 20-11) |
| x SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HHB 20-7) | SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HHB 20-7) |
| x SUBMIT FORM 3254 ____ W-2 TO BE ISSUED. (HHB 20-11) | EAA: CATEGORY I ____ CATEGORY II ____ |
| x SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HB 240-2a) | RETURN ALL OFFICIAL DOCUMENTATION TO CCS |
| x SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HB 240-2a) | SUBMIT FORM 2688 FOR ____ HOSPITALIZATION CARD. |
| NA EAA. CATEGORY I ____ CATEGORY II ____ | DO NOT WRITE IN THIS BLOCK |
| NA SUBMIT FORM 2688 FOR ____ HOSPITALIZATION CARD | |

REMARKS AND/OR COVER HISTORY

DISTRIBUTION
copy 1 - Addressee
copy 2 - Orig
copy 3 - Suspense
copy 4 - OS/Personnel
copy 5 - CCS
copy 6 - Chief, [illegible]

RF: mm

[illegible] Chief, Special Activities Staff

[illegible] 1951 use previous editions

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

EFFECTIVE DATE OF PAY ADJUSTMENT: 9 JANUARY 1972

| NAME | SERIAL | ORGN. | FUNDS | GR-STEP | NEW SALARY |
|---|---|---|---|---|---|
| [redacted] | 060389 | SI | 480 | CF GS 15 7 | $30,701 |

14-00000

SECRET
(When Filled In)

DS: 26 JUN 72

Dotty

# NOTIFICATION OF PERSONNEL ACTION

OEF

| 1. SERIAL NUMBER | 2. NAME (LAST-FIRST-MIDDLE) |
|---|---|
| 060389 | |

| 3. NATURE OF PERSONNEL ACTION | 4. EFFECTIVE DATE (MO DA YR) | 5. CATEGORY OF EMPLOYMENT |
|---|---|---|
| CONVERSION FROM STATUS & RETIREMENT-VOLUNTARY-UNDER CIA RETIREMENT & DISABILITY SYSTEM | COB 06 30 72 | REGULAR |

| 6. FUNDS | V TO V | V TO CF | CF TO V | CF TO CF | 7. Financial Analysis No. Chargeable | 8. CSC OR OTHER LEGAL AUTHORITY |
|---|---|---|---|---|---|---|
| | | | X | | 2135 0620 0000 | PL 88-643 SECT 233 |

| 9. ORGANIZATIONAL DESIGNATIONS | 10. LOCATION OF OFFICIAL STATION |
|---|---|
| DDP/WH DIVISION<br>BRANCH 6<br>OFFICE OF THE CHIEF | WASH., D.C. |

| 11. POSITION TITLE | 12. POSITION NUMBER | 13. SERVICE DESIGNATION |
|---|---|---|
| OPS OFFICER CH | 1844 | D |

| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.) | 15. OCCUPATIONAL SERIES | 16. GRADE AND STEP | 17. SALARY OR RATE |
|---|---|---|---|
| GS | 0136.01 | 15 7 | 30701 |

18. REMARKS

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

| 19. Employ Code | 21. OFFICE CODING (NUMERIC / ALPHABETIC) | 22. STATION CODE | 23. INTEGREE CODE | 24. Hdqtrs Code | 25. DATE OF BIRTH (MO DA YR) | 26. DATE OF GRADE (MO DA YR) | 27. DATE OF LEI (MO DA YR) |
|---|---|---|---|---|---|---|---|
| 10 | | | | | | | |

| 28. NTE EXPIRES (MO DA YR) | 29. SPECIAL REFERENCE | 30. RETIREMENT DATA (1 CSC, 2 CIA, 3 FICA, 4 NONE) | 31. SEPARATION DATA CODE | 32. Correction / Cancellation Data (TYPE, MO DA YR) | EOD DATA | 33. SECURITY REQ NO | 34. SEX |
|---|---|---|---|---|---|---|---|
| | | | 0BJ0000 | | | | |

| 35. VET PREFERENCE (CODE) | 36. SERV COMP DATE (MO DA YR) | 37. LONG COMP DATE (MO DA YR) | 38. CAREER CATEGORY (CAR RESV, PROV TEMP) | 39. FROM HEALTH INSURANCE (CODE, 0 WAIVER, 1 YES) | HEALTH INS CODE | 40. SOCIAL SECURITY NO |
|---|---|---|---|---|---|---|
| | | | | | | |

| 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE (CODE) | 42. LEAVE CAT CODE | 43. FEDERAL TAX DATA (FORM EXECUTED 1 YES 2 NO, CODE, NO TAX EXEMPTIONS) | 44. STATE TAX DATA (FORM EXECUTED 1 YES 2 NO, CODE, NO TAX EXEMP, STATE CODE) |
|---|---|---|---|
| | | | |

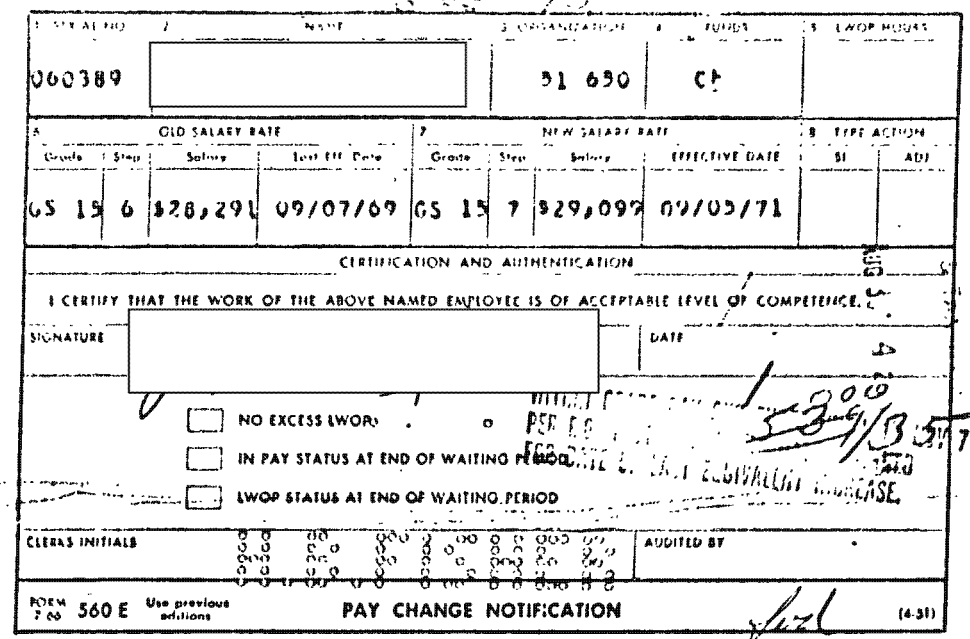
SIGNATURE OR OTHER AUTHENTICATION

POSTED
6 29 72

SECRET MLH

When Filled In

14-00000



| 1 SERIAL NO | 2 NAME | 3 ORGANIZATION | 4 FUNDS | 5 LWOP HOURS |
|---|---|---|---|---|
| 060389 | [redacted] | 51 650 | CF | |

| 6 OLD SALARY RATE | | | | 7 NEW SALARY RATE | | | | 8 TYPE ACTION | |
|---|---|---|---|---|---|---|---|---|---|
| Grade | Step | Salary | Last Eff Date | Grade | Step | Salary | EFFECTIVE DATE | SI | ADJ |
| GS 15 | 6 | $28,291 | 09/07/69 | GS 15 | 7 | $29,097 | 09/05/71 | | |

CERTIFICATION AND AUTHENTICATION

I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.

SIGNATURE [redacted] DATE

☐ NO EXCESS LWOP

☐ IN PAY STATUS AT END OF WAITING PERIOD

☐ LWOP STATUS AT END OF WAITING PERIOD

CLERKS INITIALS | AUDITED BY

FORM 7-66 560 E Use previous editions **PAY CHANGE NOTIFICATION** (4-51)

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

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 JANUARY 1971

| NAME | SERIAL | ORGN. | FUNDS | GR-STEP | NEW SALARY |
|---|---|---|---|---|---|
| [redacted] | 060389 | 51 650 | CF | GS 15 6 | $28,291 |

14-00000

FVD: 13 OCT 70

SECRET
(When Filled In)

ODF

# NOTIFICATION OF PERSONNEL ACTION

| 1. SERIAL NUMBER | 2. NAME (LAST-FIRST-MIDDLE) |
|---|---|
| 060389 | [redacted] |

| 3. NATURE OF PERSONNEL ACTION | 4. EFFECTIVE DATE (MO DA YR) | 5. CATEGORY OF EMPLOYMENT |
|---|---|---|
| REASSIGNMENT | 09 20 70 | REGULAR |

| 6. FUNDS | V TO V | | V TO CF | 7. Financial Analysis No. Chargeable | 8. CSC OR OTHER LEGAL AUTHORITY |
|---|---|---|---|---|---|
| | CF TO V | X | CF TO CF | 1135 0856 0000 | 50 USC 403 J |

| 9. ORGANIZATIONAL DESIGNATIONS | 10. LOCATION OF OFFICIAL STATION |
|---|---|
| DDP/WH<br>FOREIGN FIELD<br>BRANCH 2<br>[redacted] STATION | [redacted] |

| 11. POSITION TITLE | 12. POSITION NUMBER | 13. SERVICE DESIGNATION |
|---|---|---|
| [redacted] CHIEF OF STATION | 0198 | D |

| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.) | 15. OCCUPATIONAL SERIES | 16. GRADE AND STEP | 17. SALARY OR RATE |
|---|---|---|---|
| [redacted] GS | 0136.05 | [redacted] 15 6 | [redacted] 26700 |

18. REMARKS

[redacted]

HOME BASE: WH

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

| 19. ACTION CODE | 20. Employ Code | 21. OFFICE CODING (NUMERIC / ALPHABETIC) | 22. STATION CODE | 23. INTEGREE CODE | 24. Hdqtrs Code | 25. DATE OF BIRTH (MO DA YR) | 26. DATE OF GRADE (MO DA YR) | 27. DATE OF LEI (MO DA YR) |
|---|---|---|---|---|---|---|---|---|
| 37 | 10 | 51650 WH | 16069 | [redacted] | 3 | [redacted] | | |

| 28. NTE EXPIRES (MO DA YR) | 29. SPECIAL REFERENCE | 30. RETIREMENT DATA (CODE) | 31. SEPARATION DATA CODE | 32. Correction/Cancellation Data (TYPE, MO DA YR) | EOD DATA | 33. SECURITY REQ NO | 34. SEX |
|---|---|---|---|---|---|---|---|
| 09 19 72 | 83 | | | | | | |

| 35. VET PREFERENCE (CODE) | 36. SERV COMP DATE (MO DA YR) | 37. LONG COMP DATE (MO DA YR) | 38. CAREER CATEGORY (CAR, RESV, PROV, TEMP) | 39. FEGLI / HEALTH INSURANCE (CODE) | 40. SOCIAL SECURITY NO |
|---|---|---|---|---|---|
| | | | | | |

| 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE (CODE) | 42. LEAVE CAT CODE | 43. FEDERAL TAX DATA (FORM EXECUTED, CODE, NO. TAX EXEMPTIONS) | 44. STATE TAX DATA (FORM EXECUTED, CODE, NO. TAX EXEMP, STATE CODE) |
|---|---|---|---|
| 0 NO PREVIOUS SERVICE<br>1 NO BREAK IN SERVICE<br>2 BREAK IN SERVICE (LESS THAN 3 YRS.)<br>3 BREAK IN SERVICE (MORE THAN 3 YRS.) | | | |

SIGNATURE OR OTHER AUTHENTICATION

POSTED

BSJ 10-14-70 [signature]

Use Previous Edition

SECRET

(When Filled In)

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

EFFECTIVE DATE OF PAY ADJUSTMENT: 28 DECEMBER 1969

| NAME | SERIAL | ORGN. | FUNDS | GR-STEP | NEW SALARY |
|---|---|---|---|---|---|
| [redacted] | 060389 | 51 | 650 | GS 15 6 | $26,700 |

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

EFFECTIVE DATE OF PAY ADJUSTMENT: 28 DECEMBER 1969

| NAME | SERIAL | ORGN. | FUNDS | GR-STEP | NEW SALARY |
|---|---|---|---|---|---|
| [redacted] | 060389 | 51 | 650 | GS 15 6 | $26,700 |

14-00000

G53

| 1. SERIAL NO. | 2. NAME | 3 ORGANIZATION | 4 FUNDS | 5 LWOP HOURS |
|---|---|---|---|---|
| 060389 | | 51 650 | CF | |

| 6 OLD SALARY RATE | | | | 7 NEW SALARY RATE | | | | 8 TYPE ACTION | |
|---|---|---|---|---|---|---|---|---|---|
| Grade | Step | Salary | Last Eff Date | Grade | Step | Salary | EFFECTIVE DATE | SI | ADJ |
| GS 15 | 5 | ~~XXXXXX~~ $24,469 | 09/10/67 | GS 15 | 6 | ~~XXXXXX~~ $25,189 | 09/07/69 | | |

CERTIFICATION AND AUTHENTICATION

I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.

SIGNATURE [signature] DATE Sept 22 1969

☐ NO EXCESS LWOP

☐ IN PAY STATUS AT END OF WAITING PERIOD

☐ LWOP STATUS AT END OF WAITING PERIOD

CLERKS INITIALS [redacted] AUDITED BY

FORM 7-66 560 E Use previous editions **PAY CHANGE NOTIFICATION** (431)

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTION 212 OF PL 90-206 AND EXECUTIVE ORDER 11474 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 6 OCTOBER 1969"

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 JULY 1969

| NAME | SERIAL [illegible] FUNDS GRADE/STEP | NE SALARY |
|---|---|---|
| | ORIGIN 51 650 CF GS 15 5 | $24,469 |

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTIONS 212 AND 216 OF PL 90-206 AND EXECUTIVE ORDER 11413 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 14 JULY 1968

| NAME | SERIAL | ORGN. | FUNDS | GP-STEP | OLD SALARY | NEW SALARY |
|---|---|---|---|---|---|---|
| [redacted] | 060389 | 51 650 | CF | GS 15 5 | $20,956 | $22,416 |

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

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 JULY 1969

| NAME | SERIAL | ORGN. | FUNDS | GP-STEP | NEW SALARY |
|---|---|---|---|---|---|
| [redacted] | 062134 | 42 [illegible] | CF | GS 13 4 | $17,393 |

14-00000

FVD:

SECRET
(When Filled In)

# NOTIFICATION OF PERSONNEL ACTION

ODF

| 1 SERIAL NUMBER | 2 NAME (LAST, FIRST, MIDDLE) |
|---|---|
| 060389 | |

| 3 NATURE OF PERSONNEL ACTION | 4 EFFECTIVE DATE (MO DA YR) | 5 CATEGORY OF EMPLOYMENT |
|---|---|---|
| REASSIGNMENT | 05 19 68 | REGULAR |

| 6 FUNDS | | | | | 7 Financial Analysis No. Chargeable | 8 CSC OR OTHER LEGAL AUTHORITY |
|---|---|---|---|---|---|---|
| | V TO V | | V TO CF | | 8135 0856 0000 | 50 USC 403 J |
| | CF TO V | X | CF TO CF | | | |

| 9 ORGANIZATIONAL DESIGNATIONS | 10 LOCATION OF OFFICIAL STATION |
|---|---|
| DDP/WH<br>FOREIGN FIELD<br>BRANCH 2<br>STATION | |

| 11 POSITION TITLE | 12 POSITION NUMBER | 13 SERVICE DESIGNATION |
|---|---|---|
| CHIEF OF STATION | 0198 | D |

| 14 CLASSIFICATION SCHEDULE (GS, LB, etc.) | 15 OCCUPATIONAL SERIES | 16 GRADE AND STEP | 17 SALARY OR RATE |
|---|---|---|---|
| GS | 0136.05 | 15 5 | 20856 |

18 REMARKS
WASH., D.C.

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

| 19 ACTION CODE | 20 Employ Code | 21 OFFICE CODING (NUMERIC / ALPHABETIC) | 22 STATION CODE | 23 INTEGREE CODE | 24 Hours Code | 25 DATE OF BIRTH (MO DA YR) | 26 DATE OF GRADE (MO DA YR) | 27 DATE OF LEI (MO DA YR) |
|---|---|---|---|---|---|---|---|---|
| 37 | 10 | 51650 / WH | 16069 | | 3 | | | |

| 28 NTE EXPIRES (MO DA YR) | 29 SPECIAL REFERENCE | 30 RETIREMENT DATA (1 CSC, 2 CIA, 3 FICA, 5 NONE) / CODE | 31 SEPARATION DATA CODE | 32 Correction / Cancellation Data (TYPE / MO DA YR) | EOD DATA | 33 SECURITY REQ NO | 34 SEX |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

| 35 VET PREFERENCE (CODE / 0 NONE, 1 5 PT, 2 10 PT) | 36 SERV COMP DATE (MO DA YR) | 37 LONG COMP DATE (MO DA YR) | 38 CAREER CATEGORY (CAR RESV, PROV TEMP) / CODE | 39 FEGLI / HEALTH INSURANCE (CODE / 0 WAIVER, 1 YES / HEALTH INS CODE) | 40 SOCIAL SECURITY NO. |
|---|---|---|---|---|---|
| | | | | | |

| 41 PREVIOUS CIVILIAN GOVERNMENT SERVICE (CODE: 0 NO PREVIOUS SERVICE, 1 NO BREAK IN SERVICE, 2 BREAK IN SERVICE (LESS THAN 3 YRS.), 4 BREAK IN SERVICE (MORE THAN 3 YRS.)) | 42 LEAVE CAT CODE | 43 FEDERAL TAX DATA (FORM EXECUTED 1 YES 2 NO / CODE / NO. TAX EXEMPTIONS) | 44 STATE TAX DATA (FORM EXECUTED 1 YES 2 NO / CODE / NO. TAX EXEMPTIONS / STATE CODE) |
|---|---|---|---|
| | | | |

SIGNATURE OR OTHER AUTHENTICATION

POSTED

6 1150 Use Previous Edition

SECRET

FVD

(When Filled In)

14-00000

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

EFFECTIVE DATE OF PAY ADJUSTMENT: 8 OCTOBER 1967

| NAME | SERIAL | ORGN. | FUNDS | GR-STEP | OLD SALARY | NEW SALARY |
|---|---|---|---|---|---|---|
| | 060389 | 51 500 | CF | GS 15 5 | $19,978 | $20,856 |

G40

| 1. Serial No. | 2. Name | 3. Cost Center Number | 4. LWOP Hours |
|---|---|---|---|
| 060389 | | 51 500 CF | |

| 5. OLD SALARY RATE | | | | 6. NEW SALARY RATE | | | | 7. TYPE ACTION | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Grade | Step | Salary | Last PR Date | Grade | Step | Salary | Effective Date | PSI | LSI | ADJ |
| GS 15 | 4 | $19,371 | 09/12/65 | GS 15 | 5 | $19,978 | 09/10/67 | | | |

8. Remarks and Authentication

/ / NO EXCESS LWOP
/ / IN PAY STATUS AT END OF WAITING PERIOD
/ / LWOP STATUS AT END OF WAITING PERIOD
CLERKS INITIALS SD AUDITED BY

I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.

SIGNATURE: [redacted] DATE

**PAY CHANGE NOTIFICATION**

(481)

14-00000

PJH: 15 JUL 88

SECRET
(When Filled In)

ODF

# NOTIFICATION OF PERSONNEL ACTION

| 1. SERIAL NUMBER | 2. NAME (LAST, FIRST, MIDDLE) |
|---|---|
| 060389 | |

| 3 NATURE OF PERSONNEL ACTION | 4 EFFECTIVE DATE (MO DA YR) | 5 CATEGORY OF EMPLOYMENT |
|---|---|---|
| REASSIGNMENT | 07 15 66 | REGULAR |

| 6 FUNDS | | | | | 7. COST CENTER NO CHARGEABLE | 8 OR OTHER LEGAL AUTHORITY |
|---|---|---|---|---|---|---|
| | V TO V | | V TO CF | | 7135 1162 0000 | 30 USC 403 J |
| | CF TO V | X | CF TO CF | | | |

| 9. ORGANIZATIONAL DESIGNATIONS | 10. LOCATION OF OFFICIAL STATION |
|---|---|
| DDP/WH<br>WH/C OFFICE OF THE CHIEF | WASH., D.C. |

| 11. POSITION TITLE | 12. POSITION NUMBER | 13 SERVICE DESIGNATION |
|---|---|---|
| OPS OFFICER D CH | 1106 | D |

| 14. CLASSIFICATION SCHEDULE (GS, WB, WG) | 15. OCCUPATIONAL SERIES | 16. GRADE AND STEP | 17. SALARY OR RATE |
|---|---|---|---|
| GS | 0136.01 | 15 4 | 18825 |

18. REMARKS
WASH., D.C.

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

| 19 ACTION CODE | 20 Employ Code | 21. OFFICE CODING (NUMERIC / ALPHABETIC) | 22 STATION CODE | 23. INTEGREE CODE | 24. Hdqtrs Code | 25 DATE OF BIRTH (MO DA YR) | 26 DATE OF GRADE (MO DA YR) | 27 DATE OF LEI (MO DA YR) |
|---|---|---|---|---|---|---|---|---|
| 37 | 10 | 51500 / WH | 75013 | | 1 | | | |

| 28 NTE EXPIRES (MO DA YR) | 29 SPECIAL REFERENCE | 30 RETIREMENT DATA (1 CSC, 2 FICA, 5 NONE) / CODE | 31 SEPARATION DATA CODE | 32 CORRECTION/CANCELLATION DATA / TYPE (MO DA YR) | EOD DATA | 33 SECURITY REQ NO. | 34 SEX |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

| 35 VET PREFERENCE / CODE | 0 NONE 1 5 PT 2 10 PT | 36 SERV COMP DATE (MO DA YR) | 37 LONG COMP DATE (MO DA YR) | 38 CAREER CATEGORY (CAR, COND) / CODE | 39. FEGLI / HEALTH INSURANCE / CODE | 0 WAIVER 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 1 YR); 3 BREAK IN SERVICE (MORE THAN 1 YR) | 42 LEAVE CAT. CODE | 43 FEDERAL TAX DATA / FORM EXECUTED (1 YES, 2 NO) | CODE | NO TAX EXEMPTIONS | 44 STATE TAX DATA / FORM EXECUTED (1 YES, 2 NO) | CODE | NO TAX EXEMP | STATE CODE |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |

SIGNATURE OR OTHER AUTHENTICATION

FORM 11 62 1150 Use Previous Edition

SECRET

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

EFFECTIVE DATE OF PAY ADJUSTMENT: 3 JULY 1966

| NAME | SERIAL | ORGN. | FUNDS | GR-STEP | OLD SALARY | NEW SALARY |
|---|---|---|---|---|---|---|
| [redacted] | 060389 | 51 500 | CF | GS 15 4 | $18,825 | $19,371 |

14-00000

SECRET
(When Filled In)

NJM: 18 FEB 66

# NOTIFICATION OF PERSONNEL ACTION

CDF

| 1. SERIAL NUMBER | 2. NAME (LAST FIRST MIDDLE) |
|---|---|
| 060389 | |

| 3. NATURE OF PERSONNEL ACTION | 4. EFFECTIVE DATE (MO. DA. YR.) | 5. CATEGORY OF EMPLOYMENT |
|---|---|---|
| REASSIGNMENT | 02 18 66 | REGULAR |

| 6. FUNDS | V TO V | V TO CF | CF TO V | CF TO CF | 7. COST CENTER NO. CHARGEABLE | 8. CSC OR OTHER LEGAL AUTHORITY |
|---|---|---|---|---|---|---|
| | | | X | | 6135 1162 0000 | 50 USC 403 J |

| 9. ORGANIZATIONAL DESIGNATIONS | 10. LOCATION OF OFFICIAL STATION |
|---|---|
| DDP/WH<br>WH/C<br>OFFICE OF THE CHIEF | WASH., D. C. |

| 11. POSITION TITLE | 12. POSITION NUMBER | 13. SERVICE DESIGNATION |
|---|---|---|
| OPS OFFICER | 1148 | D |

| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.) | 15. OCCUPATIONAL SERIES | 16. GRADE AND STEP | 17. SALARY OR RATE |
|---|---|---|---|
| GS | 0136.01 | 15 4 | 18825 |

18. REMARKS
MADRID, SPAIN

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

| 19. ACTION CODE | 20. Employ. Code | 21. OFFICE CODING NUMERIC | ALPHABETIC | 22. STATION CODE | 23. INTEGREE CODE | 24. Hdqtrs. Code | 25. DATE OF BIRTH (MO DA YR) | 26. DATE OF GRADE (MO DA YR) | 27. DATE OF LEI (MO DA YR) |
|---|---|---|---|---|---|---|---|---|---|
| 37 | 10 | 51500 | WH | 75013 | | 1 | | | |

| 28. NTE EXPIRES (MO DA YR) | 29. SPECIAL REFERENCE | 30. RETIREMENT DATA (1 - CSC, 3 - FICA, 5 - NONE) CODE | 31. SEPARATION DATA CODE | 32. CORRECTION/CANCELLATION DATA (TYPE, MO DA YR) | EOD DATA | 33. SECURITY REQ NO | 34. SEX |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

| 35. VET PREFERENCE (CODE; 0 - NONE, 1 - 5 PT, 2 - 10 PT) | 36. SERV COMP DATE (MO DA YR) | 37. LONG COMP DATE (MO DA YR) | 38. CAREER CATEGORY (CAR, RESV, PROV, TEMP) CODE | 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 1 - YES 2 - NO; CODE; NO TAX EXEMPTIONS) | 44. STATE TAX DATA (FORM EXECUTED 1 - YES 2 - NO; CODE; NO TAX EXEMP; STATE CODE) |
|---|---|---|---|
| | | | |

SIGNATURE OR OTHER AUTHENTICATION

FROM WE
2

[illegible]

02-18-66 N

FORM 11-62 1150 Use Previous Edition

SECRET

GROUP 1
Excluded from automatic downgrading and declassification

(When Filled In)

14-00000

RZF: 21 OCT 65

SECRET
(When Filled In)

# NOTIFICATION OF PERSONNEL ACTION

ODF

| 1. SERIAL NUMBER | 2. NAME (LAST FIRST MIDDLE) |
|---|---|
| 060389 | |

| 3. NATURE OF PERSONNEL ACTION | 4. EFFECTIVE DATE (MO DA YR) | 5. CATEGORY OF EMPLOYMENT |
|---|---|---|
| DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM | 10 24 55 | REGULAR |

| 6. FUNDS | V TO V | V TS CY | 7. COST CENTER NO CHARGEABLE | 8. CSC OR OTHER LEGAL AUTHORITY |
|---|---|---|---|---|
| | CY TO V | X CY TS CY | 5135 1347 0000 | SECTION 203 P.L. 88-643 |

| 9. ORGANIZATIONAL DESIGNATIONS | 10. LOCATION OF OFFICIAL STATION |
|---|---|
| DDP/WE<br>FOREIGN FIELD<br>STATION<br>OFFICE OF THE CHIEF | |

| 11. POSITION TITLE | 12. POSITION NUMBER | 13. SERVICE DESIGNATION |
|---|---|---|
| OPS OFF DCOS | 0397 | D |

| 14. CLASSIFICATION SCHEDULE (GS, GP, etc.) | 15. OCCUPATIONAL SERIES | 16. GRADE AND STEP | 17. SALARY OR RATE |
|---|---|---|---|
| GS | 0136.01 | 15 4 | 18170 |

18. REMARKS
EMPLOYEE WILL BE NOTIFIED BY DISPATCH FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND OF HIS RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE.

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

| 19. ACTION CODE | 20. Employ. Code | 21. OFFICE CODING (OLYMPIC / ALPHABETIC) | 22. STATION CODE | 23. INCREASE CODE | 24. Wage Code | 25. DATE OF BIRTH (MO DA YR) | 26. DATE OF GRADE (MO DA YR) | 27. DATE OF LEI (MO DA YR) |
|---|---|---|---|---|---|---|---|---|
| 28 | 10 | 50660 / WE | 67033 | | 3 | | 03 16 62 | 03 12 65 |

| 28. NTE EXPIRES (MO DA YR) | 29. SPECIAL REFERENCE | 30. RETIREMENT DATA (1 - CSC, 2 - FICA, 3 - NONE; CODE) | 31. SEPARATION DATA CODE | 32. CORRECTION/CANCELLATION DATA (TYPE; MO DA YR) | 33. SECURITY REQ NO. | 34. SER |
|---|---|---|---|---|---|---|
| | | 2 | | EOD DATA | | |

| 35. VET. PREFERENCE (CODE: 0 - NONE, 1 - 5 PT, 3 - 10 PT) | 36. SERV COMP DATE (MO DA YR) | 37. LONG. COMP DATE (MO DA YR) | 38. CAREER CATEGORY (CAR; CODE) | 39. REGT / 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: 1 - YES, 2 - NO; CODE; NO TAX EXEMPTIONS) | 44. STATE TAX DATA (FORM EXECUTED: 1 - YES, 2 - NO; CODE; NO TAX EXEMP; STATE CODE) |
|---|---|---|---|
| | | | |

SIGNATURE OR OTHER AUTHENTICATION

POSTED
20 OCT 65

FORM 1130 (11 62) Use Previous Edition

SECRET

(When Filled In)

14-00000

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-301 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI POLICY DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 OCTOBER 1965

| NAME | SERIAL | ORGN. | FUNDS | GR-STEP | OLD SALARY | NEW SALARY |
|---|---|---|---|---|---|---|
| [redacted] | 060389 | 50 660 | CF | GS 15 4 | $18,170 | $18,825 |

10

F57

| 1 Serial No | 2. Name | 3 Cost Center Number | 4 LWOP Hours |
|---|---|---|---|
| 060389 | [redacted] | 50 660 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 15 | 3 | $17,600 | 09/13/64 | GS 15 | 4 | $18,170 | 09/12/65 | | | |

8 Remarks and Authentication

/ / NO EXCESS LWOP
/ / IN PAY STATUS AT END OF WAITING PERIOD
/ / LWOP STATUS AT END OF WAITING PERIOD
CLERKS INITIALS AUDITED BY

01
663
EH

I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.

SIGNATURE: [signature] DATE 4 Aug 65

PAY CHANGE NOTIFICATION

Form 560 Classified Pay Change

14-00000

SECRET
(When Filled In)

# NOTIFICATION OF PERSONNEL ACTION

ADPC 03/30/65

| 1. SERIAL NUMBER | 2. NAME (LAST-FIRST-MIDDLE) |
|---|---|
| 060389 | |

| 3. NATURE OF PERSONNEL ACTION | 4. EFFECTIVE DATE (MO DA YR) | 5. CATEGORY OF EMPLOYMENT |
|---|---|---|
| SERIES CODE ADJUSTMENT | 03 29 65 | |

| 6. FUNDS | V TO V | V TO CF | CF TO V | CF TO CF | 7. COST CENTER NO. CHARGEABLE | 8. CSC OR OTHER LEGAL AUTHORITY |
|---|---|---|---|---|---|---|
| | | | | X | 5136 1347 0000 | |

| 9. ORGANIZATIONAL DESIGNATIONS | 10. LOCATION OF OFFICIAL STATION |
|---|---|
| DDP/WE DIVISION | |

| 11. POSITION TITLE | 12. POSITION NUMBER | 13. CAREER SERVICE DESIGNATION |
|---|---|---|
| OPS OFFICER DCOS | 0897 | D |

| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.) | 15. OCCUPATIONAL SERIES | 16. GRADE AND STEP | 17. SALARY OR RATE |
|---|---|---|---|
| GS | 0136.01 | 15 | |

18. REMARKS

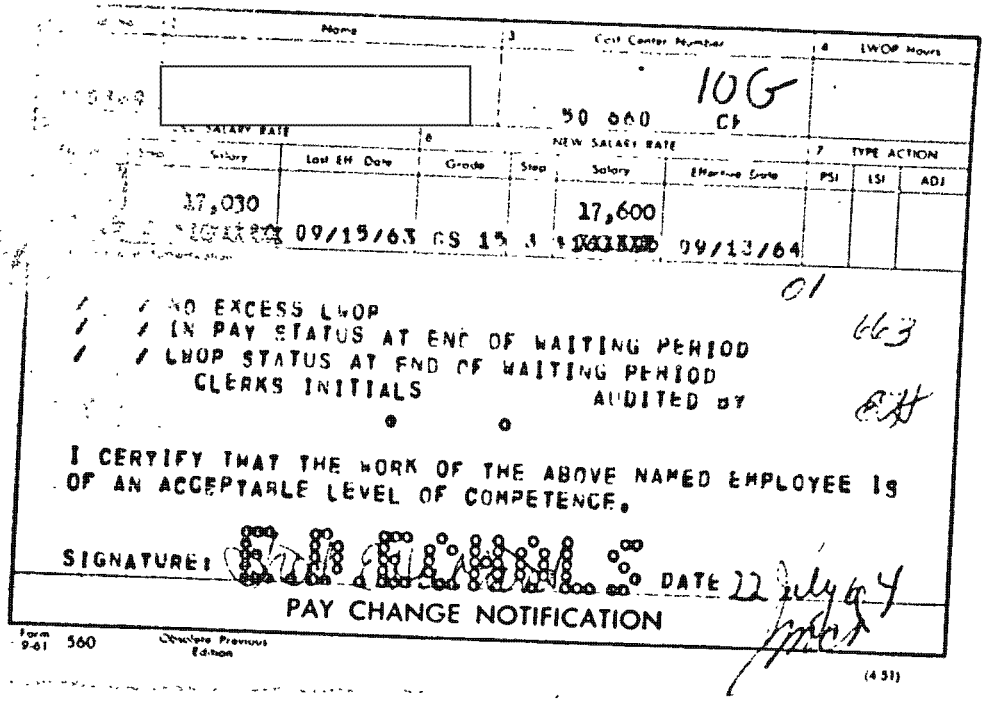
SIGNATURE OR OTHER AUTHENTICATION

POSTED
04/05/65 JK

Form 1150 Use Previous Edition
1-63 MFG 1-63

SECRET

(When Filled In)



| Name | 3 Cost Center Number | 4 LWOP Hours |
|---|---|---|
| | 50 660 CF 10G | |

| 5 SALARY RATE | | | | 6 NEW SALARY RATE | | 7 TYPE ACTION | | |
|---|---|---|---|---|---|---|---|---|
| Salary | Last EH Date | Grade | Step | Salary | Effective Date | PSI | LSI | ADJ |
| 17,030 | | | | 17,600 | | | | |
| [illegible] | 09/15/63 | GS | 15 | [illegible] | 09/13/64 | | | |

01

663

/ / NO EXCESS LWOP
/ / IN PAY STATUS AT END OF WAITING PERIOD
/ / LWOP STATUS AT END OF WAITING PERIOD
CLERKS INITIALS AUDITED BY

I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.

SIGNATURE: [signature] DATE 22 July 64

PAY CHANGE NOTIFICATION

Form 9-61 560 Obsolete Previous Edition

(451)

# GENERAL SCHEDULE RATES

## Federal Employees Salary Act of 1964

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

14-00000

SECRET
(When Filled In)

DLS: 8 OCT 63

ODP

# NOTIFICATION OF PERSONNEL ACTION

| 1 SERIAL NUMBER | 2 NAME (LAST FIRST MIDDLE) |
|---|---|
| 060389 | |

| 3 NATURE OF PERSONNEL ACTION | 4 EFFECTIVE DATE (MO DA YR) | 5 CATEGORY OF EMPLOYMENT |
|---|---|---|
| REASSIGNMENT | 10 08 63 | REGULAR |

| 6 FUNDS | V TO V | | V TO CF | | 7 COST CENTER NO CHARGEABLE | 8 CSC OR OTHER LEGAL AUTHORITY |
|---|---|---|---|---|---|---|
| | CF TO V | X | CF TO CF | | 4135 6400 1017 | 50 USC 403 J |

| 9 ORGANIZATIONAL DESIGNATIONS | 10 LOCATION OF OFFICIAL STATION |
|---|---|
| DDP/WE STATION<br>OFFICE OF THE CHIEF | |

| 11 POSITION TITLE | 12 POSITION NUMBER | 13 SERVICE DESIGNATION |
|---|---|---|
| OPS OFFICER DCOS | 0897 | D |

| 14 CLASSIFICATION SCHEDULE (GS, EB etc) | 15 OCCUPATIONAL SERIES | 16 GRADE AND STEP | 17 SALARY OR RATE |
|---|---|---|---|
| GS | 0136.01 | 15 2 | 15045 |

18 REMARKS

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

| 19 ACTION CODE | 20 Employ Code | 21 OFFICE CODING (NUMERIC / ALPHABETIC) | 22 STATION CODE | 23 INTEGREE CODE | 24 Wage Code | 25 DATE OF BIRTH (MO DA YR) | 26 DATE OF GRADE (MO DA YR) | 27 DATE OF LEI (MO DA YR) |
|---|---|---|---|---|---|---|---|---|
| 37 | 10 | 50660 / WE | 67033 | | 3 | | | |

| 28 NTE EXPIRES (MO DA YR) | 29 SPECIAL REFERENCE | 30 RETIREMENT DATA (1 - CSC, 2 - FICA, 9 - NONE) / CODE | 31 SEPARATION DATA CODE | 32 CORRECTION/CANCELLATION DATA (TYPE / MO DA YR) | EOD DATA | 33 SECURITY REQ NO | 34 SER |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

| 35 VET PREFERENCE (CODE: 0 NONE, 1 5 PT, 2 10 PT) | 36 SERV COMP DATE (MO DA YR) | 37 RETIRE COMP DATE (MO DA YR) | 38 CAREER CATEGORY (SAR DESIG / CODE) | 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 3 OR MORE YRS) | 42 LEAVE CAT CODE | 43 FEDERAL TAX DATA (FORM EXECUTED CODE: 1 YES, 2 NO / No TAX EXEMPTIONS) | 44 STATE TAX DATA (YEAR EXECUTED: 1 YES, 2 NO / CODE / NO TAX EXEMP / STATE CODE) |
|---|---|---|---|
| | | | |

SIGNATURE OR OTHER AUTHENTICATION

POSTED
10/24/63 JK

SECRET 8 OCT
(When Filled In)

14-00000

060389 [redacted] 62 660 CF 17

| OLD SALARY RATE | | | | NEW SALARY RATE | | | | TYPE ACTION | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Grade | Step | Salary | Last Eff. Date | Grade | Step | Salary | Effective Date | PSI | LSI | ADJ |
| GS 15 | 1 | $14,565 | 09/16/62 | GS 15 | 2 | $15,045 | 09/15/63 | | | |

Remarks and Authentication

/ / NO EXCESS LWOP
/ / IN PAY STATUS AT END OF WAITING PERIOD
/ / LWOP STATUS AT END OF WAITING PERIOD
CLERKS INITIALS AUDITED BY

663

I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.

SIGNATURE: [signature] DATE 15 July 63

PAY CHANGE NOTIFICATION

Form 8-A Obsolete Previous (6-51)

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] | 060389 | 50 660 | CF | GS 15 2 | $15,045 | $16,180 |

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI MEMORANDUM DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 14 OCTOBER 196[illegible].

| NAME | SERIAL | ORGN | FUNDS | OLD GR-ST | OLD SALARY | NEW GR-ST | NEW SALARY |
|---|---|---|---|---|---|---|---|
| [redacted] | 060389 | 62660 | CF | 15 1 | $12,[illegible] | 15 1 | $16,[illegible] |

14-00000

PSC: 14 SEPT 62

SECRET
(When Filled In)

ODF

# NOTIFICATION OF PERSONNEL ACTION

| 1. SERIAL NUMBER | 2. NAME (LAST FIRST MIDDLE) |
|---|---|
| 060389 | |

| 3. NATURE OF PERSONNEL ACTION | 4. EFFECTIVE DATE (MO DA YR) | 5. CATEGORY OF EMPLOYMENT |
|---|---|---|
| PROMOTION | 09 16 62 | REGULAR |

| 6. FUNDS | V TO V | | V TO CF | 7. COST CENTER NO CHARGEABLE | 8. CSC OR OTHER LEGAL AUTHORITY |
|---|---|---|---|---|---|
| | CF TO V | X | CF TO CF | 3136 6400 1017 | 50 USC 403 J |

| 9. ORGANIZATIONAL DESIGNATIONS | 10. LOCATION OF OFFICIAL STATION |
|---|---|
| DDP WE STATION BRANCH | |

| 11. POSITION TITLE | 12. POSITION NUMBER | 13. CAREER SERVICE DESIGNATION |
|---|---|---|
| OPS OFFICER | 0400 | D |

| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.) | 15. OCCUPATIONAL SERIES | 16. GRADE AND STEP | 17. SALARY OR RATE |
|---|---|---|---|
| GS | 0136.01 | 15 1 | 13730 |

18. REMARKS

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

| 19. ACTION CODE | 20. Expiry Code | 21. OFFICE CODING (NUMERIC / ALPHABETIC) | 22. STATION CODE | 23. INTEREST CODE | 24. Regrs Code | 25. DATE OF BIRTH (MO DA YR) | 26. DATE OF GRADE (MO DA YR) | 27. DATE OF LEI (MO DA YR) |
|---|---|---|---|---|---|---|---|---|
| 22 | 10 | 62660 / WE | 67033 | | 3 | | 09 16 62 | 09 16 62 |

| 28. NTE EXPIRES (MO DA YR) | 29. SPECIAL REFERENCE | 30. RETIREMENT DATA (1 CSC, 3 FICA, 9 NONE) / CODE | 31. SEPARATION DATA CODE | 32. CORRECTION CANCELLATION DATA / TYPE (MO DA YR) | EOD DATA | 33. SECURITY REQ NO. | 34. SER |
|---|---|---|---|---|---|---|---|
| | 80 | | | | | | |

| 35. VET PREFERENCE / CODE (0 NONE, 1 5 PT, 2 10 PT) | 36. SERV COMP DATE (MO DA YR) | 37. LONG COMP DATE (MO DA YR) | 38. CAREER CATEGORY (YES NO / CODE) | 39. FEGLI / HEALTH INSURANCE / CODE (0 WAIVED, 1 YES) / HEALTHINS 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 / W-4 EXECUTED (1 YES, 2 NO) / NO TAX EXEMPTIONS | 44. STATE TAX DATA / W-4 EXECUTED (1 YES, 2 NO) / CODE / NO TAX EXEMP / STATE CODE |
|---|---|---|---|

SIGNATURE OR OTHER AUTHENTICATION

[redacted]

Bar 9/18/62

[redacted]

9/17/62 JK

FORM 881 1150 Use Previous Editions

SECRET

(When Filled In)

14-00000

# SECRET
(When Filled In)

| 1. Serial No. | 2. Name | 3. Cost Center Number | 4. LWOP Hours |
|---|---|---|---|
| 560399 | | DDP/WE 14 UV | |

| 5. OLD SALARY RATE | | | | 6. NEW SALARY RATE | | | | 7. TYPE ACTION | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Grade | Step | Salary | Last Eff. Date | Grade | Step | Salary | Effective Date | PSI | LSI | ADJ. |
| GS 14 | 3 | $12,730 | 12/13/59 | 14 | 4 | $12,990 | 06/11/61 | | | |

8. Remarks and Authentication

/ 663

/ / NO EXCESS LWOP

/ / IN PAY STATUS AT END OF WAITING PERIOD

/ / IN LWOP STATUS AT END OF WAITING PERIOD

WK

**PAY CHANGE NOTIFICATION**

Form 560 Obsolete Previous Edition **SECRET** (4-61)

L 1

14-00000

SECRET
(When Filled In)

BWS: 5 AUG 1960

# NOTIFICATION OF PERSONNEL ACTION

| 1. Serial No. | 2. Name (Last-First-Middle) | 3. Date Of Birth | 4. Vet. Pref. | 5. Sex | 6. CS - EOD |
|---|---|---|---|---|---|
| 560389 | [redacted] | [redacted] | None-0 5 Pt-1 10 Pt-2 Code 1 | M 1 | Mo. 06 Da. 26 Yr. 52 |

| 7. SCD | 8. CSC Retmt | 9. CSC Or Other Legal Authority | 10. Apmt. Affidav. | 11. FEGLI | 12. LCD | 13. Ref. Serv. Credit Ltr. |
|---|---|---|---|---|---|---|
| Mo. 11 Da. 25 Yr. 42 | Yes - 1 No - 2 Code 1 | 50 USCA 403 J | Mo. Da. Yr. | Yes-1 No-2 Code | Mo. 06 Da. 26 Yr. 52 | Yes - 1 No - 2 Code 2 |

## PREVIOUS ASSIGNMENT

| 14. Organizational Designations | Code | 15. Location Of Official Station | Station Code |
|---|---|---|---|
| DDP WE [redacted] BRANCH | 4712 | WASH., D.C. | 75013 |

| 16. Dept. - Field | 17. Position Title | 18. Position No. | 19. Serv. | 20. Occup. Series |
|---|---|---|---|---|
| Dept - 1 USfld - 3 Frgn - 5 Code 1 | [redacted] OPS OFF D BR CH | 0179 | [redacted] GS | 0136.01 |

| 21. Grade & Step | 22. Salary Or Rate | 23. SD | 24. Date Of Grade | 25. PSI Due | 26. Appropriation Number |
|---|---|---|---|---|---|
| [redacted] 14 3 | [redacted] $12730 | D | Mo. 12 Da. 16 Yr. 56 | Mo. 06 Da. 11 Yr. 61 | 0136 1000 1000 |

## ACTION

| 27. Nature Of Action | Code | 28. Eff. Date | 29. Type Of Employee | Code | 30. Separation Data |
|---|---|---|---|---|---|
| REASSIGNMENT | 67 | Mo. 08 Da. 07 Yr. 60 | REGULAR | OM | |

## PRESENT ASSIGNMENT

| 31. Organizational Designations | Code | 32. Location Of Official Station | Station Code |
|---|---|---|---|
| DDP WE [redacted] STATION [redacted] BRANCH | 4733 | [redacted] | 67033 |

| 33. Dept. - Field | 34. Position Title | 35. Position No. | 36. Serv. | 37. Occup. Series |
|---|---|---|---|---|
| Dept - 1 USfld - 3 Frgn - 5 Code 5 | [redacted] OPS OFFICER | 0400 | [redacted] GS | 0136.01 |

| 38. Grade & Step | 39. Salary Or Rate | 40. SD | 41. Date Of Grade | 42. PSI Due | 43. Appropriation Number |
|---|---|---|---|---|---|
| [redacted] 14 3 | [redacted] $12730 | D | Mo. 12 Da. 16 Yr. 56 | Mo. 06 Da. 11 Yr. 61 | 1136 6400 3017 |

44. Remarks

POSTED
08-26-60 [illegible]

M Form 1150a

SECRET

(4)

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

| SO | NAME | SERIAL | ORGN | GR-ST | OLD SALARY | NEW SALARY |
|---|---|---|---|---|---|---|
| D | [redacted] | 560389 | 47 12 | GS-14 3 | $11,835 | $12,730 |

/S/ EMMETT D. ECHOLS
DIRECTOR OF PERSONNEL

14-00000

SECRET

AES: 10 MAY 1960

# NOTIFICATION OF PERSONNEL ACTION

| 1. Serial No. | 2. Name (Last-First-Middle) | 3. Date Of Birth Mo. Da. Yr. | 4. Vet. Pref. None-0 5 Pt-1 10 Pt-2 | Code | 5. Serv | 6. CS - EOD Mo. Da. Yr. |
|---|---|---|---|---|---|---|
| 560389 | | | | 1 | M 1 | 06 26 52 |

| 7. SCD Mo. Da. Yr. | 8. CSC Retmt Yes - 1 No - 2 | Code | 9. CSC Or Other Legal Authority | 10. Apmt Affidav Mo. Da. Yr. | 11. FEGLI Yes-1 No-2 | Code | 12. LCD Mo. Da. Yr. | 13. Mil. Service Credit Yes - 1 No - 2 | Code |
|---|---|---|---|---|---|---|---|---|---|
| 11 25 42 | 1 | | 50 USCA 403 d | | | | 06 26 52 | | 2 |

## PREVIOUS ASSIGNMENT

| 14. Organizational Designations | Code | 15. Location Of Official Station | Station Code |
|---|---|---|---|
| DDP CI STAFF | 5430 | WASH., D. C. | 75013 |

| 16. Dept. - Field: Dept - 1 USfld - 3 Frgn - 5 | Code | 17. Position Title | 18. Position No. | 19. Serv. | 20. Occup. Series |
|---|---|---|---|---|---|
| | 1 | IO CI BR CH | 0211 | GS | 0136.53 |

| 21. Grade & Step | 22. Salary Or Rate | 23. SD | 24. Date Of Grade Mo. Da. Yr. | 25. PSI Due Mo. Da. Yr. | 26. Appropriation Number |
|---|---|---|---|---|---|
| 14 3 | $ 11835 | DI | 12 16 56 | 12 13 59 | 9 2700 17 001 |

## ACTION

| 27. Nature Of Action | Code | 28. Eff. Date Mo. Da. Yr. | 29. Type Of Employee | Code | 30. Separation Data |
|---|---|---|---|---|---|
| REASSIGNMENT | 57 | 05 15 60 | REGULAR | OM | |

## PRESENT ASSIGNMENT

| 31. Organizational Designations | Code | 32. Location Of Official Station | Station Code |
|---|---|---|---|
| DDP WE BRANCH | 4712 | WASH., D.C. | 75013 |

| 33. Dept. - Field: Dept - 1 USfld - 3 Frgn - 5 | Code | 34. Position Title | 35. Position No. | 36. Serv. | 37. Occup. Series |
|---|---|---|---|---|---|
| | 1 | OPS OFF D BR CH | 0179 | GS | 0136.01 |

| 38. Grade & Step | 39. Salary Or Rate | 40. SD | 41. Date Of Grade Mo. Da. Yr. | 42. PSI Due Mo. Da. Yr. | 43. Appropriation Number |
|---|---|---|---|---|---|
| 14 3 | $ 11835 | D | 12 16 56 | 06 11 61 | 0136 1000 1000 |

44 Remarks

FOUND
05-12-60 21K

FORM NO 1 MAR 57 1150a AE 5/10/60

SECRET

(4)

14-00000

SECRET
(WHEN FILLED IN)

| 1. EMP. SERIAL NO. | 2. NAME | 3. ASSIGNED ORGAN | 4. FUNDS | 5. ALLOTMENT |
|---|---|---|---|---|
| 560389 | | DDP/C1 5 | UV | |

| 6. OLD SALARY RATE | | | | | | 7. NEW SALARY RATE | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| GRADE | STEP | SALARY | LAST EFFECTIVE DATE | | | GRADE | STEP | SALARY | EFFECTIVE DATE | | |
| | | | MO | DA. | YR | | | | MO | DA | YR. |
| GS 14 | 2 | $11,595 | 06 | 15 | 58 | GS 14 | 3 | $11,835 | 12 | 13 | 59 |

TO BE COMPLETED BY THE OFFICE OF COMPTROLLER

8. CHECK ONE ☐ NO EXCESS LWOP ☐ EXCESS LWOP
IF EXCESS LWOP, CHECK FOLLOWING:
☐ IN PAY STATUS AT END OF WAITING PERIOD
☐ IN LWOP STATUS AT END OF WAITING PERIOD

9. NUMBER OF HOURS LWOP

10. INITIALS OF CLERK

11. AUDITED BY

TO BE COMPLETED BY THE OFFICE OF PERSONNEL

12. TYPE OF ACTION
☐ P.R.I. ☐ L.B.I. ☐ PAY ADJUSTMENT

13. REMARKS
000

14. AUTHENTICATION

C. M. STEWART

PAY CHANGE NOTIFICATION

FORM 2-59 560 OBSOLETE PREVIOUS EDITION REPLACES FORM 560a. AND 560b. SECRET OFFICIAL PERSONNEL FOLDER (4)

14-00000

SECRET
(When Filled In)

# NOTIFICATION OF PERSONNEL ACTION

ARE: 6 MAR 1959

| 1. Serial No. | 2. Name (Last-First-Middle) | 3. Date Of Birth (Mo. Da. Yr.) | 4. Vet. Pref. (None-0, 5 Pt-1, 10 Pt-2) Code | 5. Sex | 6. CS-EOD (Mo. Da. Yr.) |
|---|---|---|---|---|---|
| 560389 | | | 1 | M 1 | 06 26 52 |

| 7. SCD (Mo. Da. Yr.) | 8. CSC Retmt. (Yes-1, No-2) Code | 9. CSC Or Other Legal Authority | 10. Apmt. Affidav. (Mo. Da. Yr.) | 11. FEGLI (Yes-1, No-2) Code | 12. LCD (Mo. Da. Yr.) | 13. Mil. Serv. Credit LCD (Yes-1, No-2) Code |
|---|---|---|---|---|---|---|
| 11 25 42 | 1 | 50 USCA 403 J | | | 06 26 52 | 2 |

## PREVIOUS ASSIGNMENT

| 14. Organizational Designations | Code | 15. Location Of Official Station | Station Code |
|---|---|---|---|
| DDP WH<br>BRANCH 11<br>SECTION | 4675 | WASH., D.C. | 75013 |

| 16. Dept.-Field (Dept-1, USfld-3, Frgn-5) Code | 17. Position Title | 18. Position No. | 19. Serv. | 20. Occup. Series |
|---|---|---|---|---|
| 1 | AREA OPS OFF DCOS | 0458 | GS | 0136.01 |

| 21. Grade & Step | 22. Salary Or Rate | 23. SD | 24. Date Of Grade (Mo. Da. Yr.) | 25. PSI Due (Mo. Da. Yr.) | 26. Appropriation Number |
|---|---|---|---|---|---|
| 14 2 | $11595 | DI | 12 16 56 | 12 13 59 | 9 3500 10 200 |

## ACTION

| 27. Nature Of Action | Code | 28. Eff. Date (Mo. Da. Yr.) | 29. Type Of Employee | Code | 30. Separation Data |
|---|---|---|---|---|---|
| REASSIGNMENT | 57 | 03 08 59 | REGULAR | OM | |

## PRESENT ASSIGNMENT

| 31. Organizational Designations | Code | 32. Location Of Official Station | Station Code |
|---|---|---|---|
| DDP CI STAFF | 5430 | WASH., D. C. | 75013 |

| 33. Dept.-Field (Dept-1, USfld-3, Frgn-5) Code | 34. Position Title | 35. Position No. | 36. Serv. | 37. Occup. Series |
|---|---|---|---|---|
| 1 | 10 CI BR CH | 0211 | GS | 0136.53 |

| 38. Grade & Step | 39. Salary Or Rate | 40. SD | 41. Date Of Grade (Mo. Da. Yr.) | 42. PSI Due (Mo. Da. Yr.) | 43. Appropriation Number |
|---|---|---|---|---|---|
| 14 2 | $11595 | DI | 12 16 56 | 12 13 59 | 9 2700 17 001 |

44. Remarks

POSTED
12 MAR 1959
fg

FORM NO. 1150a 1 MAR 57 G 5 3/9/59

SECRET

(4)

14-00000

SECRET

# NOTIFICATION OF PERSONNEL ACTION

AES 15 OCT 58

| 1. Serial No. | 2. Name (Last-First-Middle) | 3. Date Of Birth Mo. Da. Yr. | 4. Vet. Pref. 5 Pt-1 10 Pt-2 | 5. Sex | 6. CS - EOD Mo. Da. Yr. |
|---|---|---|---|---|---|
| 560389 | | | None-0 Code 1 | M 1 | 06 26 52 |

| 7. SCD Mo. Da. Yr. | 8. CSC Rtmt Yes-1 No-2 Code | 9. CSC Or Other Legal Authority | 10. Appt. Affidav. Mo. Da. Yr. | 11. FEGLI 12. LCS Yes-1 No-2 Code Mo. Da. Yr. | 13. Retire Plan Yes-1 No-2 Code |
|---|---|---|---|---|---|
| 11 25 42 | 1 | 50 USCA 403 | | 06 26 52 | 2 |

## PREVIOUS ASSIGNMENT

| 14. Organizational Designations | Code | 15. Location Of Official Station | Station Code |
|---|---|---|---|
| DDP WH<br>BRANCH III<br>HAVANA, CUBA STATION | | HAVANA, CUBA | |

| 16. Dept. - Field Dept - 1 USFld - 3 Frgn - 5 | Code | 17. Position Title | 18. Position No. | 19. Serv. | 20. Occup. Series |
|---|---|---|---|---|---|
| | 5 | AREA OPS OFF (DCOS) | 0115 | GS | 0136.01 |

| 21. Grade & Step | 22. Salary Or Rate | 23. SD | 24. Date Of Grade Mo. Da. Yr. | 25. PSI Due Mo. Da. Yr. | 26. Appropriation Number |
|---|---|---|---|---|---|
| 14 2 | $ 11595 | D1 | 1 1 | 1 1 | 3545 55 055 |

## ACTION

| 27. Nature Of Action | Code | 28. Eff. Date Mo. Da. Yr. | 29. Type Of Employee | Code | 30. Separation Data |
|---|---|---|---|---|---|
| REASSIGNMENT | 67 | 10 19 58 | REGULAR | CM | |

## PRESENT ASSIGNMENT

| 31. Organizational Designations | Code | 32. Location Of Official Station | Station Code |
|---|---|---|---|
| DDP WH<br>BRANCH 11<br>SECTION | 4675 | WASH., D.C. | 75013 |

| 33. Dept. - Field Dept - 1 USFld - 3 Frgn - 5 | Code | 34. Position Title | 35. Position No. | 36. Serv. | 37. Occup. Series |
|---|---|---|---|---|---|
| | 1 | AREA OPS OFF DCOS | 0458 | GS | 0136.01 |

| 38. Grade & Step | 39. Salary Or Rate | 40. SD | 41. Date Of Grade Mo. Da. Yr. | 42. PSI Due Mo. Da. Yr. | 43. Appropriation Number |
|---|---|---|---|---|---|
| 14 2 | $ 11595 | D1 | 12 16 56 | 12 13 59 | 9 3500 10 200 |

44. Remarks

CS-3

20 00 19

3 B

CONFIDENTIAL

Form No. 1150a
1 MAR 57

SECRET

Promoted (4)

SECRET
(WHEN FILLED IN)

| 1. EMP. SERIAL NO. | 2. NAME | 3. ASSIGNED ORGAN | 4. FUNDS | 5. ALLOTMENT |
|---|---|---|---|---|
| 560389 | | DDP/WH 7 | UV | |

| 6. OLD SALARY RATE | | | | | | 7. NEW SALARY RATE | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| GRADE | STEP | SALARY | LAST EFFECTIVE DATE MO | DA | YR | GRADE | STEP | SALARY | EFFECTIVE DATE MO | DA | YR |
| GS 14 | 1 | $10,320 | | | | GS 14 | 2 | 11,595 $10,935 | 06 | 15 | 58 |

REMARKS

**CERTIFICATION**

I CERTIFY THAT THE SERVICE AND CONDUCT OF THE ABOVE NAMED EMPLOYEE ARE SATISFACTORY.

| TYPED, OR PRINTED, NAME OF SUPERVISOR | DATE | SIGNATURE OF SUPERVISOR |
|---|---|---|
| | 15 May 58 | N.B. |

**PERIODIC STEP INCREASE - CERTIFICATION**

FORM NO. 1 MAR. 56 560 SECRET PERSONNEL FOLDER (4)

SECRET

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

| NAME | SERIAL | GRADE-STEP | OLD SALARY | NEW SALARY |
|---|---|---|---|---|
| | 560389 | GS-14-2 | $10,535 | $11,595 |

GORDON M. STEWART
/S/ DIRECTOR OF PERSONNEL

SECRET

14-00000

STANDARD FORM 50 (7 PART)
REV APRIL 1951
PROMULGATED BY
U.S. CIVIL SERVICE COMMISSION
CHAPTER 41, FEDERAL PERSONNEL MANUAL

SECRET
(WHEN FILLED IN)

# NOTIFICATION OF PERSONNEL ACTION

mjw

| 1. NAME (MR.—MISS—MRS.—ONE GIVEN NAME (INITIALS) AND SURNAME) | 2. DATE OF BIRTH | 3. JOURNAL OR ACTION NO. | 4. DATE |
|---|---|---|---|
| MR. [redacted] 560389 | [redacted] | | 14 Dec 1956 |

This is to notify you of the following action affecting your employment:

| 5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) | 6. EFFECTIVE DATE | 7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY |
|---|---|---|
| Promotion 30 | 16 Dec 1956 | 50 USCA 403 j |

| FROM | | TO |
|---|---|---|
| | 8. POSITION TITLE | Area Ops Off (DCOS) BAF-115 [redacted] |
| GS-0136.01-13 $9205.00 per annum [redacted] | 9. SERVICE, SERIES, GRADE, SALARY | GS-0136.01-14 $10,320.00 per annum [redacted] |
| | 10. ORGANIZATIONAL DESIGNATIONS | DDP/WH<br>Branch III<br>Havana, Cuba Station |
| | 11. HEADQUARTERS 465230 | Havana, Cuba |
| | 12. FIELD OR DEPT'L. 5 | |
| [X] FIELD [ ] DEPARTMENTAL | | [X] FIELD [ ] DEPARTMENTAL |

| 13. VETERAN'S PREFERENCE | | | | | 14. POSITION CLASSIFICATION ACTION | | | | |
|---|---|---|---|---|---|---|---|---|---|
| NONE | WWII | OTHER | 5-PT | 10-POINT (DISAB / OTHER) | NEW | VICE | I. A. | REAL | |
| 1 | | | X | | | | | | SD/DI |

| 15. SEX | 16. APPROPRIATION | 17. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) | 18. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY) | 19. LEGAL RESIDENCE |
|---|---|---|---|---|
| 1 M | W FROM: 7-3545-55-055 TO: same 170-85 | Yes | | [ ] CLAIMED [ ] PROVED STATE: |

20. REMARKS:

3 EOD 06/26/52

POSTED

ENTRANCE PERFORMANCE RATING:

Director of Personnel

SIGNATURE OR OTHER AUTHENTICATION

SECRET

1. EMPLOYEE COPY

14-00000

STANDARD FORM 50 (7 PART)
REV APRIL 1951
PROMULGATED BY
U.S. CIVIL SERVICE COMMISSION
CHAPTER 301, FEDERAL PERSONNEL MANUAL

SECRET
(When filled in)

# NOTIFICATION OF PERSONNEL ACTION dah

| 1. NAME (MR.-MISS-MRS.—GIVE GIVEN NAME, INITIAL(S), AND SURNAME) | 2. DATE OF BIRTH | 3. FEDERAL OR ACTION NO. | 4. DATE |
|---|---|---|---|
| Mr. | | | 31 May 1956 |

*This is to notify you of the following action affecting your employment:*

| 5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) | 6. EFFECTIVE DATE | 7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY |
|---|---|---|
| Reassignment 56 | 3 June 1956 | 50 USCA 403 j |

| FROM | | TO |
|---|---|---|
| Intelligence Officer (FI) BAF-116 | 8. POSITION TITLE | Area Ops. Officer D COS BAF-115 |
| GS-0136.51-13 $9205.00 per annum | 9. SERVICE, SERIES, GRADE, SALARY | GS-0136.01-13 $9205.00 per annum |
| DDP/WH | 10. ORGANIZATIONAL DESIGNATION | DDP/WH Branch III Havana-Cuba Station |
| | 465230 | |
| Havana, Cuba | 11. HEADQUARTERS 5 | Havana, Cuba |
| X FIELD ☐ DEPARTMENTAL | 12. FIELD OR DEPT'L | X FIELD ☐ DEPARTMENTAL |

| 13. VETERAN'S PREFERENCE | | | | | | 14. POSITION CLASSIFICATION ACTION | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| NONE | WWII | OTHER | 5-PT. | 10-POINT (DISAB. / OTHER) | | NEW | VICE | I. A. | REAL. | |
| | | | X | | | | | | | SD/DI |

| 15. SEX | 16. RACE | 17. APPROPRIATION | 18. SUBJECT TO C.S. RETIREMENT ACT (YES-NO) | 19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY) | 20. LEGAL RESIDENCE |
|---|---|---|---|---|---|
| M | W | FROM: 6-3545-55-055 170-85 TO: Sage | Yes | | ☑ CLAIMED ☐ PROVED STATE: |

21. REMARKS:

3 EOD

POSTED 6/7/56

ENTRANCE PERFORMANCE RATING:
Director of Personnel

22. SIGNATURE OF OFFICIAL AUTHENTICATING

SECRET

1. ~~EMPLOYEE COPY~~

Approved 6/6/56

14-00000

PERIODIC STEP INCREASE CERTIFICATION

CONFIDENTIAL

U. S. GOVERNMENT PRINTING OFFICE: 1954-820092

| 1. Agency and organizational designations | 2. Payroll period | 3. Block No. | 4. Slip No. |
|---|---|---|---|
| | | 117 | |

| 5. Employee's name (and social security account number when appropriate) | 6. Grade and salary |
|---|---|
| | [illegible]-11 [illegible] |

PAYROLL CHANGE DATA

| | BASE PAY | OVERTIME | | GROSS PAY | RET. | FEDERAL TAX | BOND | F. I. C. A. | STATE TAX | GROUP LIFE INS. | | | NET PAY |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 7. Previous normal | | | | | | | | | | | | | |
| 8. New normal | | | | | | | | | | | | | |
| 9. Pay this period | | | | | | | | | | | | | |

| 10. Remarks | 11. Appropriation(s) | 12. Prepared by |
|---|---|---|
| | WH-6 | Jab 12 Sep 55 |
| | | 13. Audited by |

[X] Periodic step-increase [ ] Pay adjustment [ ] Other step increase

| 14. Effective date | 15. Date last equivalent increase | 16. Old salary rate | 17. New salary rate | 18. Performance rating is satisfactory or better |
|---|---|---|---|---|
| 9 Oct 55 | 11 Apr 54 | [illegible] | [illegible] | XXXXXXXXXXXXXXXXXXXX SERVICE AND CONDUCT ARE SATISFACTORY (Signature or other authentication) |

19. LWOP data (Fill in appropriate spaces covering LWOP during following period(s)) Period(s):

(Check applicable box in case of excess LWOP)

[ ] In pay status at end of waiting period.

[ ] In LWOP status at end of waiting period.

[ ] No excess LWOP. Total excess LWOP

Jas Initials of Clerk

STANDARD FORM NO. 1126d—Revised

Form prescribed by Comp. Gen., U. S.
October 26, 1954, General Regulations No. 102

PAYROLL CHANGE SLIP — PERSONNEL COPY

EHm

14-00000

Secret

Combined Personnel Action in lieu of SI-52.

Change of Service Designation from D to DI.

Effective date: 12 June 1955

DI

FI

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VIII

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10 June 1955

Secret

14-00000

STANDARD FORM 52

SECRET

# REQUEST FOR PERSONNEL ACTION

UNVOUCHERED

7 Dr Mk
4/1/54
Sam

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

| 1. NAME (Mr.—Miss—Mrs.—One given name, initial(s), and surname) | 2. DATE OF BIRTH | 3. REQUEST NO. | 4. DATE OF REQUEST |
|---|---|---|---|
| Mr. [redacted] | [redacted] | | 4 Mar. 54 |

5. NATURE OF ACTION REQUESTED:
A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)
PROMOTION

B. POSITION (Specify whether establish, change grade or title, etc.)

6. EFFECTIVE DATE
A. PROPOSED:
B. APPROVED: APR 11 1954

7. C.S. OR OTHER LEGAL AUTHORITY

| FROM— | | TO— |
|---|---|---|
| INTELLIGENCE OFCR (FI) BAF-116-12 [redacted] | 8. POSITION TITLE AND NUMBER | INTELLIGENCE OFCR (FI) BAF-116 [redacted] |
| GS-0136.51-12, $7240.00 p.a. [redacted] | 9. SERVICE, GRADE, AND SALARY | GS-0136.51-13, $8360.00 p.a. [redacted] |
| DDP/WH Havana, Cuba | 10. ORGANIZATIONAL DESIGNATIONS | DDP/WH Havana, Cuba |
| | 11. HEADQUARTERS | |
| [X] FIELD [ ] DEPARTMENTAL | 12. FIELD OR DEPARTMENTAL | [X] FIELD [ ] DEPARTMENTAL |

A. REMARKS (Use reverse if necessary)

BAF-116

APPROVED BY
FI CAREER SERVICE BOARD
DATE: MAR 23 1954
[redacted] FI/AMO

B. REQUESTED BY (Name and title) C/WH J C King

C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) [redacted] X4457

D. REQUEST APPROVED BY
Signature: [redacted]
Title: [redacted] 3/24/54

13. VETERAN PREFERENCE

| NONE | WWII | OTHER | 5 PT | 10 POINT DISAB | 10 POINT OTHER |
|---|---|---|---|---|---|
| | | | X | | |

14. POSITION CLASSIFICATION ACTION

| NEW | VICE | I.A. | REAL. |
|---|---|---|---|
| | | | |

CD-FI

| 15. SEX | 16. RACE | 17. APPROPRIATION | 18. SUBJECT TO C.S. RETIREMENT ACT (YES—NO) | 19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY) | 20. LEGAL RESIDENCE |
|---|---|---|---|---|---|
| M | W | FROM 4-3545-55-055 TO 4-3545-55-055 | | | [ ] CLAIMED [ ] PROVED STATE: |

21. STANDARD FORM 50 REMARKS
PURSUANT TO FOR EFFECTIVE
EFFECTIVE [illegible]
SALARY ADJUSTED TO: 8990

ISSUED
1 April 54 [illegible]

| 22. CLEARANCES | INITIAL OR SIGNATURE | DATE |
|---|---|---|
| A | | |
| B. CEIL. OR POS. CONTROL | CS | 3/29 |
| C. CLASSIFICATION | | |
| D. PLACEMENT OR EMPL. | [illegible] | 3/29/54 |
| E. | | |

REMARKS:

F. APPROVED BY [redacted]

[illegible] 3/29/54

10-[illegible]

14-00000

STANDARD FORM 52

SECRET

# REQUEST FOR PERSONNEL ACTION

CONFIDENTIAL

2/10/54

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

| 1. NAME (Mr.—Miss—Mrs.—One given name, initial(s), and surname) | 2. DATE OF BIRTH | 3. REQUEST NO. | 4. DATE OF REQUEST |
|---|---|---|---|
| Mr. [redacted] | [redacted] | - | 6 Feb 54 |

5. NATURE OF ACTION REQUESTED:
A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)
Reassignment

B. POSITION (Specify whether establish, change grade or title, etc.)

6. EFFECTIVE DATE
A. PROPOSED: 14 Feb 54
B. APPROVED: FEB 14 1954

7. C.S. OR OTHER LEGAL AUTHORITY

| FROM— | | TO— |
|---|---|---|
| Ops OF -DEP CHIEF, BA-144-12 | 8. POSITION TITLE AND NUMBER | IO-FI - BAF-116-12 |
| [redacted] | 9. SERVICE, GRADE, AND SALARY | [redacted] |
| GS-132-12, $7240.00 p.a. | 10. ORGANIZATIONAL DESIGNATIONS | GS-0136.51-12, $7240.00 p.a. |
| [redacted] | | [redacted] |
| DDP/WH | | DDP/WH |
| HAVANA, CUBA | 11. HEADQUARTERS | HAVANA, CUBA |
| [X] FIELD [ ] DEPARTMENTAL | 12. FIELD OR DEPARTMENTAL | [X] FIELD [ ] DEPARTMENTAL |

A. REMARKS (Use reverse if necessary)
BAF-116

B. REQUESTED BY (Name and title): [redacted] C/WH

C. [redacted] OR SIGN (Name and telephone extension) [redacted] X 4457

D. REQUEST APPROVED BY
Signature:
Title:

13. VETERAN PREFERENCE

| NONE | WWII | OTHER | 5 PT | 10 PT |
|---|---|---|---|---|
| | | | Y | DISAB. OTHER |

14. POSITION CLASSIFICATION ACTION

| NEW | VICE | E.A. | REAL. |
|---|---|---|---|
| | | | |

SUB D
~~CD-FI~~

| 15. SEX | 16. RACE | 17. APPROPRIATION |
|---|---|---|
| 4 | 14 | FROM 4-3545-55-055 TO same |

18. SUBJECT TO C.S. RETIREMENT ACT (YES-NO)

19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)

20. LEGAL RESIDENCE [ ] CLAIMED [ ] PROVED STATE

21. STANDARD FORM 50 REMARKS

| 22. CLEARANCES | INITIAL OR SIGNATURE | DATE | REMARKS |
|---|---|---|---|
| A | | | |
| B. CEIL. OR POS. CONTROL | JL | 2/8 | |
| C. CLASSIFICATION | | | |
| D. PUNCHMENT OR EMPL. | R.T. | 7/9 | |
| E | | | |

F. APPROVED BY [redacted]

[signature] 7/9/54

14-00000

☆ U.S. GOVERNMENT PRINTING OFFICE: 1952 987574

| 1. Agency and organizational designation | 2. Pay from | 3. Block No. | 4. Slip No. |
|---|---|---|---|
| | | UV | |

| 5. Employee's name (and social security account number when appropriate) | 6. Grade and salary |
|---|---|
| | [illegible]-12 $7040.00 |

## PAY ROLL CHANGE DATA

| | BASE PAY | OVERTIME | | GROSS PAY | RET. | TAX | BOND | F. I. C. A | | | NET PAY |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 7. Previous normal | | | | | | | | | | | |
| 8. New normal | | | | | | | | | | | |
| 9. Pay this period | | | | | | | | | | | |

| 10. Remarks | 11. Appropriation(s) | 12. Prepared by |
|---|---|---|
| | WH-6 | JK 8-25 |
| | | 13. Audited by |

☒ Periodic step increase ☐ Pay adjustment ☐ Other step increase

| 14. Effective date | 15. Date last equivalent increase | 16. Old salary rate | 17. New salary rate | 18. Performance rating is satisfactory or better. |
|---|---|---|---|---|
| 27 Sept 53 | 2 Mar 52 | $7040.00 | $7240.00 | (Signature or other authentication) |

19. LWOP date (if not appropriate spaces covering LWOP during following period(s).
Period(s).

(Check applicable box in case of excess LWOP)
☐ In pay status at end of waiting period.
☐ In [illegible] status at end of waiting period.

☐ No excess LWOP Total excess LWOP

Initials of Clerk

STANDARD FORM NO. 1126d—Revised
Form prescribed by Comp. Gen. U. S.
Nov. 8, 1950 General Regulations No. 102

PAY ROLL CHANGE SLIP—PERSONNEL COPY

14-00000

wk 4-6

SECRET
Security Information

STANDARD FORM 52
FORMERLY ISSUED BY THE U.S. CIVIL SERVICE COMMISSION
JANUARY 1951 - FEDERAL PERSONNEL MANUAL CHAPTER 301

# REQUEST FOR PERSONNEL ACTION

Unvouchered

12/5-2

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

| 1. NAME (*Mr.—Miss—Mrs.—One given name, initial(s), and surname*) | 2. DATE OF BIRTH | 3. REQUEST NO. | 4. DATE OF REQUEST |
|---|---|---|---|
| | | | 12/22/52 |

5. NATURE OF ACTION REQUESTED:
A. PERSONNEL (*Specify whether appointment, promotion, separation, etc.*)

B. POSITION (*Specify whether establish, change grade or title, etc.*)

6. EFFECTIVE DATE
A. PROPOSED: 12/29/52
B. APPROVED:

7. C. S. OR OTHER LEGAL AUTHORITY

| FROM— | 8. POSITION TITLE AND NUMBER<br>9. SERVICE, GRADE, AND SALARY<br>10. ORGANIZATIONAL DESIGNATIONS<br>11. HEADQUARTERS<br>12. FIELD OR DEPARTMENTAL | TO— |
|---|---|---|
| Operations Officer<br>GS-12, $7040<br>WH/FI<br>Havana | | WH/FI<br>Havana |
| [X] FIELD [ ] DEPARTMENTAL | | [X] FIELD [ ] DEPARTMENTAL |

A. REMARKS (*Use reverse if necessary*)

| B. REQUESTED BY (*Name and title*) | D. REQUEST APPROVED BY |
|---|---|
| FI/OPS [ ] | *Signature:* |
| C. FOR ADDITIONAL INFORMATION CALL (*Name and telephone extension*) | *Title:* |
| Mrs. [ ] - X1403 | |

13. VETERAN PREFERENCE

| NONE | 5/10 | OTHER 5 PT. | | 10 POINT DISAB. | 10 POINT OTHER |
|---|---|---|---|---|---|
| | | | | | |

14. POSITION CLASSIFICATION ACTION

| NEW | VICE | I.A. | REAL. |
|---|---|---|---|
| | | | |

| 15. SEX | 16. RACE | 17. APPROPRIATION | 18. SUBJECT TO C. S. RETIREMENT ACT (5/10 - 62) | 19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY) | 20. LEGAL RESIDENCE |
|---|---|---|---|---|---|
| | | FROM:<br>TO | | | [ ] CLAIMED [ ] PROVED<br>STATE: |

21. STANDARD FORM 50 REMARKS

| 22. CLEARANCES | INITIAL OR SIGNATURE | DATE | REMARKS |
|---|---|---|---|
| A | | | |
| B. CER. OR PAS CONTROL | | | |
| C. CLASSIFICATION | | | |
| D. PLACEMENT OR EMPL. | | | |
| E | | | |

F. APPROVED BY

SECRET

1-5-53

GPO 4-1948 A

14-00000

SECRET

27 Oct 52

# CONFIDENTIAL FUNDS PERSONNEL ACTION

| | |
|---|---|
| NAME [redacted] | DATE 26 September 1952 |
| NATURE OF ACTION ~~[illegible]~~ Reassignment | EFFECTIVE DATE 26 October 1952 |

| | FROM | TO |
|---|---|---|
| TITLE | Operations Officer, GS-12 | OPS OF RA-144-12 |
| GRADE AND SALARY | GS-12, $7040.00 per annum | GS-132-12, $7040.00 p.a. |
| OFFICE | | |
| DIVISION | WH | WH |
| BRANCH | III | III |
| OFFICIAL STATION | | Havana, Cuba (#3517) |

APPROVAL

| | | |
|---|---|---|
| QUALIFICATIONS 10-22-52 [redacted] | FOR ASSISTANT DIRECTOR [redacted] | EXECUTIVE |
| CLASSIFICATION [redacted] | PERSONNEL OFFICER [redacted] | |

POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS YES ☐ NO ☐

OATH OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON _____

SECURITY CLEARED ON _____

OVERSEAS AGREEMENT SIGNED _____

ENTERED ON DUTY _____

_____
SIGNATURE OF AUTHENTICATING OFFICER

REMARKS: See app 21 Oct 52 Wa action CPA

RA-144

[signature]
C/WH

Date

POSTED
29 Oct 52

FORM NO. 87-1
REV. 1-60

SECRET

14-00000

SECRET

# CONFIDENTIAL FUNDS PERSONNEL ACTION

| | |
|---|---|
| NAME [redacted] | DATE 3 April 1952 |
| NATURE OF ACTION Appointment | EFFECTIVE DATE 26 June 1952 |

| | FROM | TO |
|---|---|---|
| TITLE | | Operations Officer, GS-12 |
| GRADE AND SALARY | | GS-12, $7040.00 per annum |
| OFFICE | | |
| DIVISION | | WH |
| BRANCH | | Branch III |
| OFFICIAL STATION | | [redacted] |

**APPROVAL**

| QUALIFICATIONS | FOR ASSISTANT DIRECTOR | EXECUTIVE |
|---|---|---|
| [redacted] 5-9-52 | PERSONNEL OFFICER [redacted] | |

POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS YES [X] NO [ ]

OATH OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON 27 June 1952

SECURITY CLEARED ON 9 May 1952

OVERSEAS AGREEMENT SIGNED 27 June 1952

ENTERED ON DUTY 26 June 1952

DOG - 04/11/54
CSEOD - 06/26/52
LCD - 06/26/52

[redacted]
(SIGNATURE OF AUTHENTICATING OFFICER)

132

REMARKS:
S-#2
Please initiate security clearance. Addendum to PHS attached.

30 June 52 Told V. Lynch to [illegible]

POSTED

3 April 1952

C/WH

FORM NO. 37-1 NOV 1953

SECRET

14-00000

SECRET
SECRET
(When Filled In)

# MEDICAL ACTION REQUEST AND REPORT

I REQUEST FOR PHYSICAL EXAMINATION BY

| 1. NAME (Last) (First) (Middle) | | 2. DATE 6 June 1956 |
|---|---|---|
| 3. TO POSITION Area Ops Off (DCOS) | 4. OFFICE, DIVISION, BRANCH DD/P, WH, III | 5. GRADE GS-13 |

6. TYPE OF POSITION
- [ ] Departmental
- [ ] U.S. Field
- [X] Overseas

Havana, Cuba

7. EVALUATE FOR
- [ ] EOD
- [XX] Overseas
- [X] Returnee
- [ ] Pre-Employment
- [ ] Annual
- [ ] Special (Specify)

II REPORT OF MEDICAL EVALUATION
- [ ] Qualified for Full Duty (General)
- [ ] Qualified for Departmental Duty Only
- [ ] Qualified for Full Duty (Special)
- [ ] Disqualified

Remarks: Subject is qualified for proposed PCS overseas assignment (6/12/56).

SECRET

May N. Hartman
MEDICAL OFFICE

SECRET
(When Filled In)

# FITNESS REPORT

EMPLOYEE SERIAL NUMBER: 060389

## SECTION A — GENERAL

| 1. NAME (Last) (First) (Middle) | 2. DATE OF BIRTH | 3. SEX | 4. GRADE | 5. SO |
|---|---|---|---|---|
| | | M | GS-15 | D |

| 6. OFFICIAL POSITION TITLE | 7. OFF DIV OR OF ASSIGNMENT | 8. CURRENT STATION |
|---|---|---|
| Ops Officer, Chief | DDP/WH/6 | Headquarters |

| 9. CHECK (X) TYPE OF APPOINTMENT | | | | | 10. CHECK (X) TYPE OF REPORT | | | |
|---|---|---|---|---|---|---|---|---|
| XX | CAREER | | RESERVE | TEMPORARY | | INITIAL | | REASSIGNMENT SUPERVISOR |
| | CAREER-PROVISIONAL (See Instructions - Section C) | | | | XX | ANNUAL | | REASSIGNMENT EMPLOYEE |
| | SPECIAL (Specify): | | | | | SPECIAL (Specify): | | |

| 11. DATE REPORT DUE IN O.P. | 12. REPORTING PERIOD (From- to-) |
|---|---|
| February 1972 | 1 April 1971 - 31 January 1972 |

## SECTION B — PERFORMANCE EVALUATION

| | |
|---|---|
| U–Unsatisfactory | Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C. |
| M–Marginal | Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described. |
| P–Proficient | Performance is satisfactory. Desired results are being produced in the manner expected. |
| S–Strong | Performance is characterized by exceptional proficiency. |
| O–Outstanding | Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition. |

## SPECIFIC DUTIES

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

| | RATING LETTER |
|---|---|
| SPECIFIC DUTY NO. 1 | |
| SPECIFIC DUTY NO. 2 | |
| SPECIFIC DUTY NO. 3 | |
| SPECIFIC DUTY NO. 4 | |
| SPECIFIC DUTY NO. 5 | |
| SPECIFIC DUTY NO. 6 | |

APR 1972

## OVERALL PERFORMANCE IN CURRENT POSITION

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

FORM 45 OBSOLETE PREVIOUS EDITIONS

SECRET

DDP/PTB

14-00000

SECRET

(When Filled In)

| SECTION C | NARRATIVE COMMENTS |
|---|---|

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

See MEMORANDUM IN LIEU OF FITNESS REPORT attached.

| SECTION D | CERTIFICATION AND COMMENTS |
|---|---|

1. BY EMPLOYEE

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

| DATE | SIGNATURE OF EMPLOYEE |
|---|---|
| | |

2. BY SUPERVISOR

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

| DATE | OFFICIAL TITLE OF SUPERVISOR | TYPED OR PRINTED NAME AND SIGNATURE |
|---|---|---|
| 14 March 1972 | Acting Deputy Chief, WHD | Richard S. Welch (signed) |

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

See MEMORANDUM IN LIEU OF FITNESS REPORT attached.

| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPED OR PRINTED NAME AND SIGNATURE |
|---|---|---|
| 14 March 1972 | Acting Chief, WHD | James E. Flannery (signed) |

SECRET

14-00000

SECRET
(When Filled In)

# FITNESS REPORT

EMPLOYEE SERIAL NUMBER: 060389

## SECTION A — GENERAL

| 1. NAME (Last) (First) (Middle) | 2. DATE OF BIRTH | 3. SEX | 4. GRADE | 5. SD |
|---|---|---|---|---|
| | | M | GS-15 | D |

| 6. OFFICIAL POSITION TITLE | 7. OFF/DIV/BR OF ASSIGNMENT | 8. CURRENT STATION |
|---|---|---|
| Ops Officer/Chief of Station | DDP/WH/2 | |

| 9. CHECK (X) TYPE OF APPOINTMENT | | | | | | 10. CHECK (X) TYPE OF REPORT | | | |
|---|---|---|---|---|---|---|---|---|---|
| X | CAREER | | RESERVE | | TEMPORARY | | INITIAL | | REASSIGNMENT SUPERVISOR |
| | CAREER-PROVISIONAL (See Instructions - Section C) | | | | | X | ANNUAL | | REASSIGNMENT EMPLOYEE |
| | SPECIAL (Specify): | | | | | | SPECIAL (Specify): | | |

| 11. DATE REPORT DUE IN O.P. | 12. REPORTING PERIOD (From- to-) |
|---|---|
| 30 April 1971 | 1 April 1970 - 31 March 1971 |

## SECTION B — PERFORMANCE EVALUATION

| | |
|---|---|
| U-Unsatisfactory | Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C. |
| M-Marginal | Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described. |
| P-Proficient | Performance is satisfactory. Desired results are being produced in the manner expected. |
| S-Strong | Performance is characterized by exceptional proficiency. |
| O-Outstanding | Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition. |

## SPECIFIC DUTIES

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

| | RATING LETTER |
|---|---|
| SPECIFIC DUTY NO. 1<br>See attached memorandum. | |
| SPECIFIC DUTY NO. 2 | |
| SPECIFIC DUTY NO. 3 | |
| SPECIFIC DUTY NO. 4 | |
| SPECIFIC DUTY NO. 5 | |
| SPECIFIC DUTY NO. 6 | |

## OVERALL PERFORMANCE IN CURRENT POSITION

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

FORM 45 OBSOLETE PREVIOUS EDITIONS

SECRET

Reviewed by OP/SPD/PPB

14-00000

SECRET

(When Filled In)

**SECTION C — NARRATIVE COMMENTS**

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

See Attachment.

**SECTION D — CERTIFICATION AND COMMENTS**

1. BY EMPLOYEE

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

| DATE | SIGNATURE OF EMPLOYEE |
|---|---|
| | /s/ |

2. BY SUPERVISOR

| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION | |
|---|---|---|
| DATE | OFFICIAL TITLE OF SUPERVISOR | TYPED OR PRINTED NAME AND SIGNATURE |
| 14 April 1971 | Deputy Chief, WH Division | /s/ James E. Flannery |

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

See attachment.

| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPED OR PRINTED NAME AND SIGNATURE |
|---|---|---|
| 24 June 1971 | Chief, WH DIVISION | /signed/ William V. Broe |

SECRET

14-00000

14 April 1971

MEMORANDUM IN LIEU OF FITNESS REPORT

SUBJECT: [redacted]
1 April 1970 to 31 March 1971

Mr. [redacted] departed [redacted] on 21 February 1971, after having served as Chief of Station for two and one half years. The last year of his tour was highlighted by two extremely delicate, highly productive operations targeted against the [redacted] operation of a most sensitive nature stemming from them. This latter operation, focused as it was around [redacted] called for constant good judgment on how to pursue U. S. Government interests with this highly sensitive and significant intelligence at hand. (It was highlighted at the WH Division's Chiefs of Station Conference held in February 1971 as a classic example of both the collection and use of intelligence on the real "national interest" level.)

Throughout these operations, Mr. [redacted] handled himself very well, especially during the latter part of his tenure when he was under considerable pressure as an almost inevitable consequence of the impact of these operations. Ultimately, Mr. [redacted] was requested by the [redacted] It should be stressed that this was a mark of his operational success rather than the result of any operational "flap" or miscue whatever.

[redacted]

The

fact that, under these general circumstances, he continued to function normally, responding to numerous demands being made on him by the situation and Headquarters, and set about paving the way for his successor to take up the cudgel from the best operational platform -- all this speaks for itself and certainly underlines the fine quality of Mr. [redacted] professional and personal characteristics.

In the realm of normal activity, Mr. [redacted] handled his officers with both firmness and tact. He was a good manager, ran a taut Station, and had cut back on several marginal operations, streamlined others, and initiated some new ones. He writes well and quickly, and he has exceptional fluency in Spanish. He moved very well in the local community and, during his tenure, established a wide range of contacts.

Mr. [redacted] relationship with the [redacted] was excellent, and [redacted] was a great help to him in discharging his representational duties and [redacted] within the [redacted]

In sum, Mr. [redacted] is a "pro" who turned in a strong performance both before and after the chips were down.

James E. Flannery
Deputy Chief
Western Hemisphere Division

I certify that I have seen this memorandum:

[redacted]

Date

SECRET

[redacted]
1 April 1970 to 31 March 1971

Comments of Reviewing Official:

I fully concur with the Rater's comments. I am pleased that Mr. Flannery explained the circumstances surrounding Mr. Williamson's [redacted] so well. His tour was a fine piece of operational work and in no way should it be tarnished by misinterpretation or gossip.

William V. Broe
Chief
Western Hemisphere Division

24 June 1971
Date

SECRET

# FITNESS REPORT

EMPLOYEE SERIAL NUMBER: 060389

## SECTION A — GENERAL

| 1. NAME (Last) (First) (Middle) | 2. DATE OF BIRTH | 3. SEX | 4. GRADE | 5. SO |
|---|---|---|---|---|
| | | M | GS-15 | D |

| 6. OFFICIAL POSITION TITLE | 7. OFF/DIV/BR OF ASSIGNMENT | 8. CURRENT STATION |
|---|---|---|
| Ops Officer/Chief of Station | DDP/WH/2 | |

| 9. CHECK (X) TYPE OF APPOINTMENT | | | | 10. CHECK (X) TYPE OF REPORT | | |
|---|---|---|---|---|---|---|
| X | CAREER | RESERVE | TEMPORARY | | INITIAL | REASSIGNMENT SUPERVISOR |
| | CAREER-PROVISIONAL (See Instructions - Section C) | | | X | ANNUAL | REASSIGNMENT EMPLOYEE |
| | SPECIAL (Specify): | | | | SPECIAL (Specify): | |

| 11. DATE REPORT DUE IN O.P. | 12. REPORTING PERIOD (From- to-) |
|---|---|
| | 1 April 1969 - 31 March 1970 |

## SECTION B — PERFORMANCE EVALUATION

| | |
|---|---|
| U–Unsatisfactory | Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C. |
| M–Marginal | Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described. |
| P–Proficient | Performance is satisfactory. Desired results are being produced in the manner expected. |
| S–Strong | Performance is characterized by exceptional proficiency. |
| O–Outstanding | Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition. |

## SPECIFIC DUTIES

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

| | RATING LETTER |
|---|---|
| SPECIFIC DUTY NO. 1 | |
| SPECIFIC DUTY NO. 2 | |
| SPECIFIC DUTY NO. 3 | |
| SPECIFIC DUTY NO. 4 | |
| SPECIFIC DUTY NO. 5 | |
| SPECIFIC DUTY NO. 6 | |

9 JUL 1970

## OVERALL PERFORMANCE IN CURRENT POSITION

| | RATING LETTER |
|---|---|
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct 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. | |

14-00000

23 June 1970

MEMORANDUM IN LIEU OF FITNESS REPORT

SUBJECT: [redacted]
1 April 1969 - 31 March 1970

[redacted] has become progressively more important to the Agency because of its very active [redacted] and signs of the imminent arrival of the [redacted] In anticipation, Mr. [redacted] has geared his Station and honed his operations to cope with these problems. [redacted] Station has some of the more sophisticated and interesting operations in the [redacted] area, and the Station is preparing to exploit its assets to the maximum to meet the expected presence of the [redacted]

Mr. [redacted] is an old "pro" who has had a variety of experiences in the intelligence field and who brings to his work maturity garnished with enthusiasm and expertise.

He has done particularly well in guiding his subordinates and extracting the maximum from them. His leadership is deft but firm.

His relationship with the [redacted] a difficult person to deal with, who was not at first happy to have Mr. [redacted] progressed to the point that he became a valuable member of the [redacted] and had the respect of the ambassador. There is a new ambassador now and it is clear that Mr. [redacted] has gotten off to a very good start with him.

SECRET

He has a large range of contacts in the community and he has been helped [redacted] in his work.

His subordinates have a high regard for him--from a professional as well as personal standpoint--and look to him for guidance and leadership.

He is judicious in the use of government funds, extracting the maximum from the operational dollar. His Spanish is excellent, and his experiences in Latin affairs have given him a grace in moving among the locals.

He is rated as Strong.

[redacted]
Deputy Chief
Western Hemisphere Division

I certify that I have seen this memorandum:

[redacted]

24 Nov 70
Date

SECRET

SUBJECT: [redacted]
1 April 1969 - 31 March 1970

Comments of Reviewing Official:

I concur completely with the Rater's comments concerning this excellent officer. Mr. [redacted] has again and again shown himself to be the real professional that he is. It is a comfort to a Division Chief to have such a COS in the field.

William V. Broe
Chief
Western Hemisphere Division

8 JUL 1970
Date

SECRET

14-00000

SECRET
(When Filled In)

# FITNESS REPORT

EMPLOYEE SERIAL NUMBER: 060389

## SECTION A — GENERAL

| 1. NAME (Last) (First) & (Middle) | 2. DATE OF BIRTH | 3. SEX | 4. GRADE | 5. SD |
|---|---|---|---|---|
| | | M | GS-15 | D |

| 6. OFFICIAL POSITION TITLE | 7. OFF CIV BR OF ASSIGNMENT | 8. CURRENT STATION |
|---|---|---|
| Chief of Station | DDP/WH/2 | |

| 9. CHECK (X) TYPE OF APPOINTMENT | | | | 10. CHECK (X) TYPE OF REPORT | |
|---|---|---|---|---|---|
| XXX CAREER | RESERVE | | TEMPORARY | INITIAL | REASSIGNMENT SUPERVISOR |
| CAREER-PROVISIONAL (See Instructions - Section C) | | | | XX ANNUAL | REASSIGNMENT EMPLOYEE |
| SPECIAL (Specify): | | | | SPECIAL (Specify): | |

| 11. DATE REPORT DUE IN O.P. | 12. REPORTING PERIOD (From - To) |
|---|---|
| 30 April 1969 | 1 April 1968 - 31 March 1969 |

## 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 |
|---|---|
| See attached | |
| SPECIFIC DUTY NO. 2 | RATING LETTER |
| | |
| SPECIFIC DUTY NO. 3 | RATING LETTER |
| | |
| SPECIFIC DUTY NO. 4 | RATING LETTER |
| | |
| SPECIFIC DUTY NO. 5 | RATING LETTER |
| | |
| SPECIFIC DUTY NO. 6 | RATING LETTER |
| | |

## OVERALL PERFORMANCE IN CURRENT POSITION

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

FORM 45 USE PREVIOUS EDITIONS

SECRET

14-00000

SECRET

(When Filled In)

| SECTION C | NARRATIVE COMMENTS |
|---|---|

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

See attached Memorandum in Lieu of Fitness Report.

| SECTION D | CERTIFICATION AND COMMENTS |
|---|---|

1. BY EMPLOYEE

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

| DATE | SIGNATURE OF EMPLOYEE |
|---|---|
| | /subject in field/ |

2. BY SUPERVISOR

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

| DATE | OFFICIAL TITLE OF SUPERVISOR | TYPED OR PRINTED NAME AND SIGNATURE |
|---|---|---|
| 10 July 1969 | Deputy Chief, WH Division | /signed/ |

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL:

See attached.

| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPED OR PRINTED NAME AND SIGNATURE |
|---|---|---|
| 28 July 1969 | Chief, WH Division | /signed/ William V. Broe |

SECRET

14-00000

10 July 1969

MEMORANDUM IN LIEU OF FITNESS REPORT

SUBJECT: [redacted]
1 April 1968 - 31 March 1969

Mr. [redacted] began his tour as Chief of Station, [redacted] in July 1968. He was well prepared for the responsibilities of the assignment, having served in two important stations as Deputy Chief of Station, and as Deputy Chief, WH/COG.

At the outset of his assignment, Mr. [redacted] was confronted with [redacted] who had reservations on several matters connected with the station, including problems concerning the establishment of a [redacted] operation. Shortly thereafter [redacted] activities placed an additional burden on the [redacted] station and on relations with the [redacted] Mr. [redacted] weathered these initial rough spots well, keeping Agency interests protected.

In the seven months since his arrival in [redacted] Mr. [redacted] not only succeeded in overcoming the [redacted] initial frostiness, but has mollified the [redacted] misgivings on several potential items of conflict. Furthermore, he has won a strong endorsement from the ambassador who has made it a point to inform Headquarters officers that he is highly pleased by the manner in which Mr. [redacted] is handling his assignment.

14-00000

SUBJECT: [redacted]
1 April 1968 - 31 March 1969

Mr. [redacted] has an aggressive, constructive and realistic approach to operations. He has made a good assessment of the station's operational assets and personnel and has succeeded in sharpening general performances. Coordination and cooperation between the station and Headquarters leaves nothing to be desired.

He displays appropriate cost-consciousness. The morale of station personnel is high. Mr. [redacted] and his wife are highly regarded by embassy personnel, and have established a wide circle of Costa Rican friends and contacts.

He has put in a Strong performance.

[redacted]
Deputy Chief
Western Hemisphere Division

I certify that I have
seen this memorandum:

[redacted] _____ _____
Date

SECRET

SUBJECT: [redacted]
1 April 1968 - 31 March 1969

I concur with the rater's comments. Mr. [redacted] has handled himself most professionally and adriotly and the [redacted] Station is making fine progress under his leadership.

William V. Broe
Chief
Western Hemisphere Division

28 July 1969
Date

SECRET

SECRET
(When Filled In)

# FITNESS REPORT

EMPLOYEE SERIAL NUMBER: 060389

## SECTION A — GENERAL

| 1. NAME (Last) (First) (Middle) | 2. DATE OF BIRTH | 3. SEX | 4. GRADE | 5. SD |
|---|---|---|---|---|
| | | M | 15 | D |

| 6. OFFICIAL POSITION TITLE | 7. OFF/DIV/BR OF ASSIGNMENT | 8. CURRENT STATION |
|---|---|---|
| Ops Officer D Ch | WH/COG | Hqts. |

9. CHECK (X) TYPE OF APPOINTMENT

| | | | | | |
|---|---|---|---|---|---|
| X | CAREER | | RESERVE | | TEMPORARY |
| | CAREER-PROVISIONAL (See Instructions - Section C) | | | | |
| | SPECIAL (Specify): | | | | |

10. CHECK (X) TYPE OF REPORT

| | | | |
|---|---|---|---|
| | INITIAL | | REASSIGNMENT SUPERVISOR |
| X | ANNUAL | | REASSIGNMENT EMPLOYEE |
| | SPECIAL (Specify): | | |

| 11. DATE REPORT DUE IN O.P. | 12. REPORTING PERIOD (From- to-) |
|---|---|
| 04/68 | 1 April 1967 - 31 March 1968 |

## SECTION B — PERFORMANCE EVALUATION

W - Work — 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).

| | RATING LETTER |
|---|---|
| SPECIFIC DUTY NO. 1: See attached Memorandum for the Record. | |
| SPECIFIC DUTY NO. 2 | |
| SPECIFIC DUTY NO. 3 | |
| SPECIFIC DUTY NO. 4 | |
| SPECIFIC DUTY NO. 5 | |
| SPECIFIC DUTY NO. 6 | |

## OVERALL PERFORMANCE IN CURRENT POSITION

~~5 Jun 1968~~

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

RATING LETTER: S

14-00000

SECRET
(When Filled In)

**SECTION C — NARRATIVE COMMENTS**

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

8 53 MM 68

MAIL ROOM

**SECTION D — CERTIFICATION AND COMMENTS**

1. BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SE

| DATE | SIGNATURE OF EMPLOYEE |
|---|---|
| 20 June 1968 | |

2. BY SUPERVISOR

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

| DATE | OFFICIAL TITLE OF SUPERVISOR | TYPED OR PRINTED NAME AND SIGNATURE |
|---|---|---|
| 19 June 1968 | Chief, WH/COG | David A. Phillips |

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I heartily concur with the rating and comments submitted by Mr. [redacted] superior. Mr. [redacted] is a fine professional who very much deserves his new assignment as Chief of Station, [redacted]

| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPED OR PRINTED NAME AND SIGNATURE |
|---|---|---|
| 21 June 1968 | Chief, WH Division | William V. Broe |

SECRET

14-00000

SECRET

19 June 1968

MEMORANDUM FOR THE RECORD

SUBJECT: Memorandum in Lieu of Fitness Report - Mr. [redacted]

1. Mr. [redacted] is on the eve of his departure as an overseas Chief of Station. This is a logical and justified next step in his career development. Mr. [redacted] responsibilities have been considerable in recent years: DCOS in two important Stations; Chief, FI and then Deputy Chief of WH/COG. It should be pointed out that in the latter position he was Acting Chief for long periods, performing admirably. His new assignment indicates that the most senior officers in the Division have recognized this.

2. Mr. [redacted] is a professional intelligence officer in the strictest sense of the word. He is hard-driving and tenacious; despite his seniority he is on any list of activists; he has the capability of getting things going, of getting the job done. He applies rigid standards to his subordinates, but no less rigid than those he applies to himself. He is cost-conscious to an unusual degree. He is a fluent speaker of idiomatic Spanish and can handle himself well in any milieu. If Mr. [redacted] is ever less than diplomatic it is when considering ersatz operational proposals or phoney practices, neither of which he can tolerate.

3. There is no question that in his next assignment Mr. [redacted] will benefit from the social graces of his [redacted] In his own private life Mr. [redacted] maintains numerous important contacts.

SECRET

4. In summary, Mr. [redacted] is a dedicated and professional intelligence officer. He will undoubtedly continue his fine performance as a Chief of Station, and should in time be promoted to the next higher grade.

David A. Phillips
Chief, WH/COG

14-00000

S E C R E T

TECHNICAL SERVICES DIVISION -- TECHNICAL SCHOOL

[redacted]

Training Report

Name : [redacted]

Office: WH

Date : 10 May 1968

1. OBJECTIVES:

To provide a general knowledge in:

a. Selected gear used for [redacted] Included are representative samples of:

[redacted]

b. The philosophy, purpose, considerations and manageability of [redacted] systems; including message security, link security, reliability and feasibility of [redacted] systems.

[redacted]

INSTRUCTOR
TSD/TECHNICAL SCHOOL

S E C R E T

14-00000

S-E-C-R-E-T
(When Filled In)

24 May 1968

MEMORANDUM FOR: Chief, Transactions & Records Branch/OP

FROM : Chief, External Training Branch/RS/TR

SUBJECT : Completion of External Training

This is to advise you that [redacted] training request # R-022109 attended the following external training program :

COURSE : NATIONAL INTERDEPARTMENTAL SEMINAR

INSTITUTION: FSI

DATE : 26 Feb.-22 Mar. 1968

GRADE : Successfully Completed

FOR THE DIRECTOR OF TRAINING:

[redacted]

Attachments:

__ Grade Report
xx Certificate of Completion
__ Roster of Participants
__ Training Report by Student
__ Training Report by Institution
__ None
__ Other: _____

GROUP 1
Excluded from Automatic
Downgrading and
Declassification

S-E-C-R-E-T
(When Filled In)

14-00000

Department of State • Department of Defense •
Agency for International Development • U. S. Information Agency

# NATIONAL INTERDEPARTMENTAL SEMINAR

*This is to certify that*

[redacted]

*has successfully completed the seminar on*

## PROBLEMS OF DEVELOPMENT AND INTERNAL DEFENSE

*at the Foreign Service Institute, Washington, D.C.*

March 22, 1958

[redacted]
Seminar Coordinator

Director of FSI

14-00000



# TRAINING REPORT

Chiefs of Station Seminar No. 3-68
80 hours, full time

Participant [redacted] Office : WH

Year of Birth: [redacted] Service Designation: D

Grade : GS-15 No. of Students [redacted]

EOD Date : June 1952

## COURSE OBJECTIVES, CONTENT AND METHODS

The COS Seminar is aimed to prepare prospective Chiefs and Deputy Chiefs of Station and Chiefs of Base for field assignments. Emphasis was upon the difficulties confronting Chiefs of small or medium-sized installations, since they must handle a peculiarly wide range of problems. Included were case studies serving to remind outgoing chiefs of various operational approaches and techniques, but more time was devoted to policy, coordination, management, reporting, and administrative responsibilities of the Chief of Station, both within CIA and in the government at large, at home and abroad.

The bulk of the course is given in lectures and question periods conducted by officials responsible for the missions, functions, programs, and services discussed. A few key items of suggested reading are included, and bibliographies of suggested reading tailored to the individual's assignment are offered for those who want them.

## ACHIEVEMENT RECORD

This is a certificate of attendance. No further assessment of individual capacity or performance is made in this course.

FOR THE DIRECTOR OF TRAINING:

[redacted] APR 1968
Date

14-00000

SECRET
(When Filled In)

# FITNESS REPORT

EMPLOYEE SERIAL NUMBER: 060389

## SECTION A — GENERAL

| 1. NAME | 2. DATE OF BIRTH | 3. SEX | 4. GRADE | 5. SD |
|---|---|---|---|---|
| | | M | GS-15 | D |

| 6. OFFICIAL POSITION TITLE | 7. OFF/DIV/BR OF ASSIGNMENT | 8. CURRENT STATION |
|---|---|---|
| Ops Officer D Ch | DDP/WH/COG | WASH., D.C. |

| 9. CHECK (X) TYPE OF APPOINTMENT | | | | 10. CHECK (X) TYPE OF REPORT | | | |
|---|---|---|---|---|---|---|---|
| X | CAREER | RESERVE | TEMPORARY | | INITIAL | | REASSIGNMENT SUPERVISOR |
| | CAREER-PROVISIONAL (See Instructions - Section C) | | | X | ANNUAL | | REASSIGNMENT EMPLOYEE |
| | SPECIAL (Specify): | | | | SPECIAL (Specify): | | |

| 11. DATE REPORT DUE IN O.P. | 12. REPORTING PERIOD (From- to-) |
|---|---|
| | 19 Feb 66 - 31 March 67 |

## 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 |
|---|---|
| See attached memorandum. | |
| 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 |
| | |

20 JUN 1967 OVERALL PERFORMANCE IN CURRENT POSITION

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

FORM 45 USE PREVIOUS EDITIONS

SECRET

14-00000

SECRET
(When Filled In)

**SECTION C — NARRATIVE COMMENTS**

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

JUN 14 3 27 PM '67

See attached memorandum.

**SECTION D — CERTIFICATION AND COMMENTS**

1. BY EMPLOYEE

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

| DATE | SIGNATURE |
|---|---|
| | |

2. BY SUPERVISOR

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

| DATE | OFFICIAL TITLE OF SUPERVISOR | TYPED OR PRINTED NAME AND SIGNATURE |
|---|---|---|
| 1 May 1967 | Chief, WH/COG | Thomas J. Flores |

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Concur. Mr. [redacted] is one of the relatively few Division officers who, having reached a senior position, still enjoys making recruitments and handling agents. He will be going to the field during the next calendar year to a senior assignment.

| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPED OR PRINTED NAME AND SIGNATURE |
|---|---|---|
| 12 June 1967 | Deputy Chief, WH Division | Jacob D. Esterline |

SECRET

14-00000

SECRET

MEMORANDUM FOR THE RECORD

SUBJECT: Memorandum in Lieu of Fitness Report - Mr. [redacted]

1. Mr. [redacted] reported to WH/Cuban Operations Group in February 1966 and immediately took over the functions of Chief of the FI Branch. This Branch is concerned with the conduct of positive intelligence operations on a world-wide basis [redacted] target. A small proportion of these operations were conducted directly from Headquarters (including the [redacted] The larger number of these operations was conducted through [redacted] supervision involved the provision of staff support and guidance and extensive dealings with other Divisions and, to a lesser degree, with [redacted] Mr. [redacted] took hold of these duties quickly and forcefully and carried them out effectively and efficiently.

2. In July 1966, Mr. [redacted] was appointed Deputy Chief of the Cuban Operations Group. In this role his duties involved supervision of the totality of the operational effort, including FI, CI, [redacted] and [redacted] Again, Mr. [redacted] undertook his broader duties forcefully and efficiently. He has shown qualities of leadership and good managerial skills in dealing with personnel and organizational matters.

3. During this period, Mr. [redacted] has primarily been interested in substantive operational matters. He has carried out efficiently and promptly those staff functions which I have assigned to him, but I detect a certain lack of interest in these. Probably this reflects his most outstanding ability and consuming interest in the real heart of our activities--the production of intelligence and in the conduct of actions against our target. He has participated personally in several operations and is one of the relatively few senior officers who delights in handling agents and making recruitments.

SECRET

4. Mr. [redacted] is conscientious and economical in the use of operational assets, manpower and money. He is married to a charming young woman who is socially active, entertains well and is a real asset in representational activities.

5. Mr. [redacted] Spanish is fluent and colloquial, and in combination with his extensive understanding of Latin America and its people contributes enormously to his effectiveness.

Thomas J. Flores
Chief, WH/COG

14-00000

SECRET
(When Filled In)

# FITNESS REPORT

EMPLOYEE SERIAL NUMBER: 060[illegible]

## SECTION A — GENERAL

| 1. NAME | 2. DATE OF BIRTH | 3. SEX | 4. GRADE | 5. SD |
|---|---|---|---|---|
| | | [illegible] | [illegible]-15 | [illegible] |

| 6. OFFICIAL POSITION TITLE | 7. OFF/DIVISION OF ASSIGNMENT | 8. CURRENT STATION |
|---|---|---|
| [illegible] Officer [illegible] Ch | [illegible] | Headquarters |

9. CHECK (X) TYPE OF APPOINTMENT

| | | | | | |
|---|---|---|---|---|---|
| | CAREER | | RESERVE | | TEMPORARY |
| | CAREER-PROVISIONAL (See instructions - Section C) | | | | |
| | SPECIAL (Specify): | | | | |

10. CHECK (X) TYPE OF REPORT

| | | | |
|---|---|---|---|
| | INITIAL | | REASSIGNMENT SUPERVISOR |
| X | ANNUAL | | REASSIGNMENT EMPLOYEE |
| | SPECIAL (Specify): | | |

11. DATE REPORT DUE IN O.P.: 31 MAY 1966

12. REPORTING PERIOD (From- to-): 1 [illegible]ember 1965 - 18 February 1966

## 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 | RATING LETTER |
|---|---|
| SPECIFIC DUTY NO. 1: SEE SECTION C. | |
| SPECIFIC DUTY NO. 2 | |
| SPECIFIC DUTY NO. 3 | |
| SPECIFIC DUTY NO. 4 | |
| SPECIFIC DUTY NO. 5 | |
| SPECIFIC DUTY NO. 6 | |

### OVERALL PERFORMANCE IN CURRENT POSITION

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

RATING LETTER: X SE

FORM 4-66 45 USE PREVIOUS EDITIONS

SECRET

14-00000

SECRET

(When Filled In)

**SECTION C** — **NARRATIVE COMMENTS** (Official Business)

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

MAIL ROOM
SEP 30 10 24 AM '60

Subject's last fitness report covered the period April - November 1959, while assigned to [redacted]. He departed the Station 1 December 1959, arrived Headquarters 15 December and was on home leave until his reassignment to DDP/WH Division on 14 February 1960. Therefore, no evaluation can be submitted on Subject's performance during that period. After 14 February 1960 his evaluations should be handled by DDP/WH.

[redacted]

DC/Personnel
European Division
30 September 1960

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

**1. BY EMPLOYEE**

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

| DATE | SIGNATURE OF EMPLOYEE |
|---|---|
| | |

**2. BY SUPERVISOR**

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

**3. BY REVIEWING OFFICIAL**

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

SECRET

14-00000

**SECRET**

(WHEN FILLED IN)

# CERTIFICATION OF LANGUAGE PROFICIENCY

| 1. EMPLOYEE NO. | 2. NAME (LAST-FIRST-MIDDLE) | 3. TYPE CHANGE | | 4. LANGUAGE DATA PRIOR TO TEST | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A=ADD C=CHANGE D=DELETE | CODE | LAN. CODE | R | W | P | S | U | I/T | YEAR |
| | | | | | | | | | | | |

| 5. LANGUAGE DATA AFTER TEST | | | | | | | | 6. DATE TESTED | 7. DATE OF BIRTH | 8. GRADE | 9. OFFICE OR DIVISION |
|---|---|---|---|---|---|---|---|---|---|---|---|
| LAN. CODE | R | W | P | S | U | I/T | YEAR | | | | |
| | | | | | | | | 04/11/67 | | 15 | WH |

NOTICE TO PERSON TESTED

10. ON THE DATE SHOWN IN ITEM 6 ABOVE, YOU WERE TESTED IN SPANISH (NEW WORLD) BL18 (NAME OF LANGUAGE) AND YOUR TEST SCORES ARE AS FOLLOWS:

| READING | WRITING | PRONUNCIATION | SPEAKING | UNDERSTANDING | TEST RATINGS |
|---|---|---|---|---|---|
| I | + | H | H | H | 0 = ZERO I = INTERMEDIATE S = SLIGHT H = HIGH E = ELEMENTARY N = NATIVE |

11. REMARKS

CODED FOR QUALIFICATIONS DATE [illegible]

12. SIGNATURE

KM

13. LD NUMBER

13655

FORM 11-64 1273 OBSOLETE PREVIOUS EDITIONS (16-65) **SECRET** GROUP 1 EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION 1 - OP/QAB

14-00000

SECRET
(When Filled In)

# FITNESS REPORT

EMPLOYEE SERIAL NUMBER: 060389

## SECTION A — GENERAL

| 1. NAME (Last) (First) (Middle) | 2. DATE OF BIRTH | 3. SEX | 4. GRADE | 5. SD |
|---|---|---|---|---|
| | | M | GS-15 | D |

| 6. OFFICIAL POSITION TITLE | 7. OFF DIV OR OF ASSIGNMENT | 8. CURRENT STATION |
|---|---|---|
| Deputy Chief of Station | DDP/WE | |

9. CHECK (X) TYPE OF APPOINTMENT

| | | | |
|---|---|---|---|
| X CAREER | RESERVE | TEMPORARY | |
| CAREER-PROVISIONAL (See Instructions - Section C) | | | |
| SPECIAL (Specify): | | | |

10. CHECK (X) TYPE OF REPORT

| | | | |
|---|---|---|---|
| INITIAL | | REASSIGNMENT SUPERVISOR | |
| ANNUAL | | X | REASSIGNMENT EMPLOYEE |
| SPECIAL (Specify): | | | |

| 11. DATE REPORT DUE IN O.P. | 12. REPORTING PERIOD (From- to-) |
|---|---|
| | 1 April 1965 - 15 November 1965 |

## 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. | | RATING LETTER |
|---|---|---|
| 1 | In charge of [ ] operations of the [ ] Station | S |
| 2 | Supports other WE stations in the conduct of their [ ] operations, [ ] of operational and intelligence interests. | S |
| 3 | | S |
| 4 | Drafts operational dispatches and cables. | S |
| 5 | In charge of Station during absences of the Chief of Station | S |
| 6 | | |

## 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 potential. Summarize or explain. 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.

24 JAN 1966

RATING LETTER: S

(Use "B" when no performance evaluation)

SECRET

SECRET (When Filled In) JAN 21 2 49 PM '66

| 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. Make recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

Subject is departing [ ] for an assignment PCS Headquarters following a tour of over [ ] years at the [ ] Station. During the past three and one-half years he has headed up the Station's [ ] operations, has acted as a coordinator of [ ] activities in Western Europe and has actively participated in operations in support of other WE stations.

Starting completely from scratch, the Station was able, under Subject's able direction, to develop extensive operations against the

[ ]

Subject is an officer of considerable energy and drive. He has a knack of [ ] and [ ] interesting contacts and much of the success of the Station's [ ] program was due to his [ ] connections in [ ] Subject was also able to [ ] [ ] in connection with certain aspects of the over-all program which could not be handled [ ]

Subject has shown himself to be "cost conscious" in the utilization of funds and manpower. His [ ] unit of the Station was

| SECTION D | CERTIFICATION AND COMMENTS |
|---|---|

1. BY EMPLOYEE

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

| DATE | SIGNATURE OF EMPLOYEE |
|---|---|
| 1 Dec 65 | /s/ |

2. BY SUPERVISOR

| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |
|---|---|
| 50 | |

| DATE | OFFICIAL TITLE OF SUPERVISOR | TYPED OR PRINTED NAME AND SIGNATURE |
|---|---|---|
| 1 Dec 65 | Chief of Station | /s/ |

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Having observed subject's work only from Headquarters, my evaluation of his performance is based entirely on the results and production which he and the section which he supervised achieved. During the rating period, the station's [ ] operations were conducted vigorously with fine results. This report appears to be fair and objective.

| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | |
|---|---|---|
| 10 Jan. 1966 | C/WE/5 | |

SECRET

SECTION C NARRATIVE COMMENTS (continued)

composed (in addition to himself) of [redacted] officers and a secretary. Although he may be considered a "tough" supervisor in demanding the best of his subordinates, the record will show that he was able to build a very successful program.

During his tour at this Station, Subject made an important contribution toward the achievement of high priority targets. He is in every sense of the word an experienced, energetic and dedicated officer.

Since Subject's activities in support of other WE stations in the conduct of [redacted] operations were under the direction of Headquarters, the rating box for this specific duty has been left blank for completion by the appropriate Headquarters official.

14-00000

SECRET
(When Filled In)

# FITNESS REPORT

EMPLOYEE SERIAL NUMBER: 60389

## SECTION A — GENERAL

| 1. NAME | 2. DATE OF BIRTH | 3. SEX | 4. GRADE | 5. SD |
|---|---|---|---|---|
| [redacted] | [redacted] | M | GS-15 | D |

| 6. OFFICIAL POSITION TITLE | 7. OFF/DIV/BR OF ASSIGNMENT | 8. CURRENT STATION |
|---|---|---|
| Ops Officer DCOS | DDP/WE/[redacted] | [redacted] |

9. CHECK (X) TYPE OF APPOINTMENT

| | | | | | |
|---|---|---|---|---|---|
| X | CAREER | | RESERVE | | TEMPORARY |
| | CAREER-PROVISIONAL (See instructions - Section C) | | | | |
| | SPECIAL (Specify): | | | | |

10. CHECK (X) TYPE OF REPORT

| | | | |
|---|---|---|---|
| | INITIAL | | REASSIGNMENT SUPERVISOR |
| X | ANNUAL | | REASSIGNMENT EMPLOYEE |
| | SPECIAL (Specify): | | |

| 11. DATE REPORT DUE IN O.P. | 12. REPORTING PERIOD (From- to-) |
|---|---|
| 31 May 1965 | 1 April 1964 - 31 March 1965 |

## 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.

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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 | RATING LETTER |
|---|---|
| SPECIFIC DUTY NO. 1: Supervises Station's [redacted] operations. | S |
| SPECIFIC DUTY NO. 2: Supports other WE stations in conduct of their [redacted] operations, including [redacted] of persons of operational and intelligence interest. | S |
| SPECIFIC DUTY NO. 3: Coordinator of [redacted] operations for [redacted] | S |
| SPECIFIC DUTY NO. 4: [redacted] | S |
| SPECIFIC DUTY NO. 5: Drafts operational dispatches and cables. | S |
| SPECIFIC DUTY NO. 6: Assumes charge of Station during absence of Chief of Station. | S |

### OVERALL PERFORMANCE IN CURRENT POSITION

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

RATING LETTER: S

19 MAY 1965

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**SECTION C — NARRATIVE COMMENTS**

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

MAY 19 3 13 PM '65

During the period under review Subject's activities in support of [redacted] and his responsibilities as Coordinator of [redacted] activities for [redacted] have kept him away from the [redacted] Station approximately one half of the twelve month period. Since these activities were under the direction of Headquarters, and not this Station, the rater does not feel qualified to comment on Subject's performance of Specific Duties 2 and 3 and has therefore left those rating boxes blank for completion by the appropriate Headquarters' official.

With respect to Specific Duty 1, supervision of Station's [redacted] operations, Subject has applied himself aggressively and imaginatively to this task and the rater feels that Station's [redacted] operations have been maintained at a high level and have been an important contribution to KUBARK's world-wide effort against this priority target. Obviously Subject's frequent and prolonged absences from the Station have not permitted him to give this task his undivided attention or the day-to-day continuity that is so necessary and important.

In the conduct of the Station's [redacted] operations Subject has direct supervision of [redacted] officers, [redacted] full time and [redacted] part time [redacted] officer, and a secretary. Subject is an efficient organizer and supervisor. He thinks and writes clearly. He is fluent in Spanish. In the conduct of the extensive [redacted] operations he has shown himself to be

**SECTION D — CERTIFICATION AND COMMENTS (Cont'd.)**

1. BY EMPLOYEE

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

| DATE | SIGNATURE OF EMPLOYEE |
|---|---|
| 1 April 1965 | /s/ [redacted] |

2. BY SUPERVISOR

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

| DATE | OFFICIAL TITLE OF SUPERVISOR | TYPED OR PRINTED NAME AND SIGNATURE |
|---|---|---|
| 1 April 1965 | Chief of Station | /s/ [redacted] |

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I know subject and am thoroughly familiar with his work and performance. I concur in this report with one exception, namely the rating given subject for specific duty No. 6. Because of his travels which absented him from the Station for one-half of the past year, subject perforce was inadequately qualified to take charge of the station in the absence of the COS. Specializing on [redacted] operations entirely, he has but a limited knowledge of the station's other activities and considering only the effectiveness of his performance of this duty, I could not rate him higher than P. This is not a comment on his capability but rather an evaluation of his effectiveness in performance of this particular duty.

| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | |
|---|---|---|
| 12 May 1965 | Chief, WE/S | [redacted] |

14-00000



SECTION C - (Cont'd.)

"cost conscious" both with respect to the commitment of funds and the utilization of man power. In a word, Subject is an experienced, energetic and dedicated officer.

14-00000

SECRET
(When Filled In)

# FITNESS REPORT

EMPLOYEE SERIAL NUMBER: 60389

## SECTION A — GENERAL

| 1. NAME (Last) (First) (Middle) | 2. DATE OF BIRTH | 3. SEX | 4. GRADE | 5. SD |
|---|---|---|---|---|
| | | M | GS-15 | D |

| 6. OFFICIAL POSITION TITLE | 7. OFF/DIV/BR OF ASSIGNMENT | 8. CURRENT STATION |
|---|---|---|
| Ops. Officer | DDP/WE/ | |

9. CHECK (X) TYPE OF APPOINTMENT

| | | | | | |
|---|---|---|---|---|---|
| X | CAREER | | RESERVE | | TEMPORARY |
| | CAREER-PROVISIONAL (See Instructions - Section C) | | | | |
| | SPECIAL (Specify): | | | | |

10. CHECK (X) TYPE OF REPORT

| | | | |
|---|---|---|---|
| | INITIAL | | REASSIGNMENT SUPERVISOR |
| X | ANNUAL | | REASSIGNMENT EMPLOYEE |
| | SPECIAL (Specify): | | |

| 11. DATE REPORT DUE IN O.P. | 12. REPORTING PERIOD (From- to-) |
|---|---|
| 31 May 1964 | 1 April 1963 - 31 March 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).

| | RATING LETTER |
|---|---|
| SPECIFIC DUTY NO. 1 In charge of Station's [ ] operations. Responsible for planning, directing and supervising all activities relating to spotting, assessing and recruiting of agents; collection of intelligence through [ ] [ ] operations conducted [ ] and | S |
| SPECIFIC DUTY NO. 2 from [ ] Supports other WE Stations in conduct of their [ ] operations, including assessment, recruitment, debriefing and briefing of persons of operational and intelligence interest, as well as [ ] and [ ] | S |
| SPECIFIC DUTY NO. 3 for [ ] Conducts personal [ ] [ ] on matters of mutual interest. | S |
| SPECIFIC DUTY NO. 4 Drafts operational dispatches and cables. | S |
| SPECIFIC DUTY NO. 5 Assumes charge of Station during absence of the Chief of Station. | S |
| SPECIFIC DUTY NO. 6 | |

### OVERALL PERFORMANCE IN CURRENT POSITION

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

RATING LETTER: S

4 MAY 1964

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SECRET

**SECTION C — NARRATIVE COMMENTS**

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

During the period under review Subject's duties and activities have continued to be concentrated on the [redacted] target. Subject's performance of those duties has been eminently satisfactory and have received the recognition and commendation of Headquarters. Subject is an all-round operations officer with considerable experience and no significant weaknesses. His strengths are his aggressive approach to his operational responsibilities, his sound judgment and his complete dedication to duty. Due to Subject's energy and imagination the [redacted] Station has been able to develop a highly effective and well-balanced program of [redacted] operations. In addition Subject has spent a good part of his time in support of high level [redacted] operations outside of [redacted] assignments which he has carried out with a high degree of professionalism and success. In every sense Subject can be classified as a man of action.

In the conduct of the [redacted] operations Subject has direct supervision of [redacted] officer, and one secretary. In addition he maintains indirect supervision of a [redacted] center, an [redacted] shop and all activities relating to the [redacted] and [redacted] to the target country. Subject maintains contact with [redacted] whose cooperation and support are needed for a good part of our overall operations and the excellent cooperation we have received from those [redacted] attests to the skill of Subject. Subject, of course, is fluent in Spanish. His drafting of cables and dispatches is excellent. Subject has at all times exhibited cost consciousness in the planning and execution of his operational responsibilities. In a word Subject is an excellent officer and a credit to the organization in every respect.

**SECTION D — CERTIFICATION AND COMMENTS**

1. BY EMPLOYEE

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

| DATE | SIGNATURE OF EMPLOYEE |
|---|---|
| 15 April 1964 | /s/ [redacted] |

2. BY SUPERVISOR

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

| DATE | OFFICIAL TITLE OF SUPERVISOR | TYPED OR PRINTED NAME AND SIGNATURE |
|---|---|---|
| 15 April 1964 | Chief of Station | /s/ [redacted] |

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

The reviewing official concurs in the high evaluation given this officer. He is a hard-driving, dedicated individual who is completely dedicated to his present task and assignment.

MAY 1 12 20 PM '64

| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | SIGNATURE |
|---|---|---|
| 24 April 1964 | Chief, WE/5 | |

14-00000

SECRET
(When Filled In)

# FITNESS REPORT

EMPLOYEE SERIAL NUMBER: 60339

## SECTION A — GENERAL

| 1. NAME (Last) (First) (Middle) | 2. DATE OF BIRTH | 3. SEX | 4. GRADE | 5. SD |
|---|---|---|---|---|
| | | M | GS-15 | D |

| 6. OFFICIAL POSITION TITLE | 7. OFF-DUTY SIGN OF ASSIGNMENT | 8. CURRENT STATION |
|---|---|---|
| Operations Officer | [redacted] | |

| 9. CHECK (X) TYPE OF APPOINTMENT | | | | | 10. CHECK (X) TYPE OF REPORT | | | |
|---|---|---|---|---|---|---|---|---|
| X | CAREER | | RESERVE | | TEMPORARY | | INITIAL | | REASSIGNMENT SUPERVISOR |
| | CAREER-PROVISIONAL (See Instructions - Section C) | | | | | X | ANNUAL | | REASSIGNMENT EMPLOYEE |
| | SPECIAL (Specify): | | | | | | SPECIAL (Specify): | | |

| 11. DATE REPORT DUE IN O.P. | 12. REPORTING PERIOD (From- to-) |
|---|---|
| 31 May 1963 | 1 April 1962 - 31 March 1963 |

## 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).

| | RATING LETTER |
|---|---|
| SPECIFIC DUTY NO. 1 In charge of Station's [redacted] operations. Responsible for planning, directing and supervising all activities relating to spotting, assessing and recruiting of agents; collection of intelligence through [redacted] area, [redacted] operations conducted with [redacted] and from [redacted] | S |
| SPECIFIC DUTY NO. 2 Supports other [redacted] Stations in conduct of their [redacted] operations, including assessment, recruitment, debriefing and briefing of persons of operational and intelligence interest, as well as [redacted] and [redacted] to [redacted] | S |
| SPECIFIC DUTY NO. 3 Conducts personal [redacted] on matters of mutual interest | P |
| SPECIFIC DUTY NO. 4 Drafts operational dispatches and cables | S |
| SPECIFIC DUTY NO. 5 Assumes charge of Station during absence of the Chief of Station | P |
| SPECIFIC DUTY NO. 6 | |

## OVERALL PERFORMANCE IN CURRENT POSITION

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

16 MAY 1963

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

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

OFFICE OF CENTRAL REFERENCE RECEIVED
MAY 6 2 55 PM '63
MAIN ROOM

During the period under review, Subject's duties and activities have been in the main devoted to the conduct of [redacted] operations. His performance of those duties has been characterized by vigor and imagination. Concrete results have been achieved. The Station's performance in connection with all phases of this top priority activity, carried out under Subject's supervision, has been the subject of commendatory comments from Headquarters. In addition to directing the Station's own [redacted] operations, Subject has been frequently called upon to support other WE Stations in connection with various phases of their [redacted] operations, particularly in making both [redacted] and [redacted] to [redacted] for [redacted] These assignments have been undertaken by Subject with much enthusiasm and a high degree of professionalism. As a matter of fact, Subject was away from [redacted] on these and similar missions for 120 days during calendar year 1962.

In the conduct of the [redacted] operations, Subject has direct supervision over [redacted] officers and indirect supervision of the [redacted] center, the [redacted] shop and all activities relating to the [redacted] and [redacted] of [redacted] Through [redacted] with [redacted] and [redacted] he has been most successful in obtaining [redacted] cooperation in support of our operations. In addition, Subject has expended much of his after-hours time to maintaining [redacted]

Subject is fluent in Spanish. He is an efficient organizer and supervisor and thinks and writes clearly. In summary, he is an experienced, energetic and highly dedicated officer. While he is well qualified to take over his own Station, it is my hope, and recommendation, that he be given a second full tour here in [redacted] In my opinion, it

(continued in Part 3 below)

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

**1. BY EMPLOYEE**

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

| DATE | SIGNATURE OF EMPLOYEE |
|---|---|
| 10 April 1963 | /s/ [redacted] |

**2. BY SUPERVISOR**

| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION | |
|---|---|---|
| DATE | OFFICIAL TITLE OF SUPERVISOR | TYPED OR PRINTED NAME AND SIGNATURE |
| 10 April 1963 | Chief of Station | /s/ [redacted] |

**3. BY REVIEWING OFFICIAL**

COMMENTS OF REVIEWING OFFICIAL

Would be a great mistake to move him from [redacted] until and unless there is a drastic and favorable change in the [redacted] situatio n.

| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL |
|---|---|
| 2 April 1963 | Actg C/S |

SECRET

14-00000

SECRET
(When Filled In)

# FITNESS REPORT

EMPLOYEE SERIAL NUMBER: 060389

## SECTION A — GENERAL

| 1. NAME (Last) (First) (Middle) | 2. DATE OF BIRTH | 3. SEX | 4. GRADE |
|---|---|---|---|
| | | Male | GS-14 |

| 5. SERVICE DESIGNATION | 6. OFFICIAL POSITION TITLE | 7. OFF/DIV/BR OF ASSIGNMENT |
|---|---|---|
| D | OPS Officer | |

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

| 10. DATE REPORT DUE IN O.P. | 11. REPORTING PERIOD From To | SPECIAL (Specify) |
|---|---|---|
| | 1 April - 31 Dec 61 | |

## SECTION B — EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES

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

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

| SPECIFIC DUTY | RATING NO. | SPECIFIC DUTY | RATING NO. |
|---|---|---|---|
| SPECIFIC DUTY NO. 1: Deputy Chief of Station | 6 | SPECIFIC DUTY NO. 4: Develops and maintains [redacted] with [redacted] of [redacted] for [redacted] operations | 6 |
| SPECIFIC DUTY NO. 2: Directs all [redacted] operations with [redacted] and supervises Station officers engaged in [redacted] duties | 6 | SPECIFIC DUTY NO. 5: Supervises the operations of an [redacted] | 7 |
| SPECIFIC DUTY NO. 3: Personally conducts [redacted] with a number of [redacted] | 7 | SPECIFIC DUTY NO. 6: Develops, recruits and handles agents for [redacted] operations | 5 |

## SECTION C — EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION

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

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

RATING NO.: 5/6

## SECTION D — DESCRIPTION OF THE EMPLOYEE

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

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

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

SEE SECTION "E" ON REVERSE SIDE

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

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

Subject is a strong officer from every important point of view. He is experienced, intelligent, alert, aggressive, extremely hard working and conscientious. He is never satisfied with the status quo but is constantly striving to acquire new operational assets or to improve the functioning or production of old or current projects. He is tough-minded and abundantly endowed with intellectual as well as physical courage. If he has any one weakness, it is his impatience with subordinate officers and employees who do not tackle their operational duties with the same degree of zeal that he himself applies. His direct and forceful manner in calling such shortcomings to the attention of case officers under his direction has, on infrequent occasions, caused some minor and transitory resentment. In most cases, however, it has also resulted in improvement in the attitude and performance of the officer in question.

Subject is especially effective in his dealings with [ ] and the fact that our [ ] with the [ ] are currently on a cordial and more productive basis is due mainly to the thought, energy and time which Subject has devoted to this important activity. At the same time, subject has not permitted [ ] considerations to inhibit the planning and development of [ ] operations and agents. In this connection he has been especially effective in developing valuable assets for [ ] operations.

Subject has an outgoing personality; makes friends easily, especially among [ ] He is a mature person who is respected by his Station colleagues and by the senior [ ] and other agency representatives with whom he maintains contact. He has direct supervision over [ ] officers and clerks. He is a good administrator. He writes effectively.

(Continued on attached sheet)

**SECTION F — CERTIFICATION AND COMMENTS**

**1. BY EMPLOYEE**

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

| DATE | SIGNATURE OF EMPLOYEE |
|---|---|
| 12 January 1962 | /s/ [ ] |

**2. BY SUPERVISOR**

| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |
|---|---|
| 4 months | |

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

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

| DATE | OFFICIAL TITLE OF SUPERVISOR | TYPED OR PRINTED NAME AND SIGNATURE |
|---|---|---|
| 12 January 1962 | Chief of Station | /s/ [ ] |

**3. BY REVIEWING OFFICIAL**

| | |
|---|---|
| XX | I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION. |
| | I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION. |
| | I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION. |
| | I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE. |

COMMENTS OF REVIEWING OFFICIAL

I fully endorse the evaluation and comments of the supervisor. Subject is noteworthy for his calculated aggressiveness, initiative and determination. His stewardship of the [ ] Station while he was Acting Chief was commendable. He reports well, is reasonable, and in my opinion has fully earned promotion to GS-15.

| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPED OR PRINTED NAME AND SIGNATURE |
|---|---|---|
| 31 January 1962 | Chief, WE/[ ] | |

14-00000



As a well rounded operations officer and administrator, Subject is qualified to run his own station and, in my opinion, it would be an injustice to him if he is not assigned as chief of a medium sized station when his service in [redacted] is completed. It is my hope, however, that Subject will be given a second tour at [redacted] when his current tour ends in October 1962.

14-00000

SECRET
(When Filled In)

# FITNESS REPORT

EMPLOYEE SERIAL NUMBER: 60389

## SECTION A — GENERAL

| 1. NAME (Last) (First) (Middle) | 2. DATE OF BIRTH | 3. SEX | 4. GRADE |
|---|---|---|---|
| | | Male | GS-14 |

| 5. SERVICE DESIGNATION | 6. OFFICIAL POSITION TITLE | 7. OFF/DIV/BR OF ASSIGNMENT |
|---|---|---|
| D | | WE |

| 8. CAREER STAFF STATUS | | | | | 9. TYPE OF REPORT | | | |
|---|---|---|---|---|---|---|---|---|
| NOT ELIGIBLE | X | MEMBER | | DEFERRED | | INITIAL | | REASSIGNMENT/SUPERVISOR |
| PENDING | | DECLINED | | DENIED | X | ANNUAL | | REASSIGNMENT/EMPLOYEE |

| 10. DATE REPORT DUE IN O.P. | 11. REPORTING PERIOD From / To | SPECIAL (Specify) |
|---|---|---|
| 31 May 1961 | 3 Oct 60 – 31 Mar 61 | |

## SECTION B — EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES

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

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

| SPECIFIC DUTY NO. 1 | RATING NO. | SPECIFIC DUTY NO. 4 | RATING NO. |
|---|---|---|---|
| Deputy Chief of Station | 6 | Contacts with [ ] of [ ] in connection with operations in [ ] | 7 |
| SPECIFIC DUTY NO. 2 | RATING NO. | SPECIFIC DUTY NO. 5 | RATING NO. |
| Directs all operations connected with [ ] and supervises other officers conducting same | 6 | | |
| SPECIFIC DUTY NO. 3 | RATING NO. | SPECIFIC DUTY NO. 6 | RATING NO. |
| | 7 | | |

## SECTION C — EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION

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

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

RATING NO.: 5-6

## SECTION D — DESCRIPTION OF THE EMPLOYEE

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

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

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

SEE SECTION "E" ON REVERSE SIDE

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SECRET

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SECRET
(When Filled In)

SECTION E — NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

OFFICE OF PERSONNEL
JUN 1 2 49 PM '61

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

This officer, who is Deputy Chief of Station and also Chief of [redacted] directly supervises a sizeable number of personnel involved in joint operations with [redacted] and directs the operations in which they are engaged. In the comparatively short time he has been in this Station he has succeeded in making major advances in our [redacted] to the point where we can now accomplish considerably more than before his arrival. He is energetic, imaginative, gets things done, and works round the clock — his off duty hours he employs mainly in [redacted] and other operational relationships. Furthermore, unlike some officers in [redacted] he is also most active developing [redacted] operations. As for his qualities as a deputy, suffice it to say that he is the best deputy I have had in my entire career with this organization — a truly outstanding officer, as reflected in the numerical ratings I have given him, whom I would be glad to have with me any place I may be assigned.

SECTION F — CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

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

| DATE | SIGNATURE OF EMPLOYEE |
|---|---|
| 5 May 1961 | /s/ |

2. BY SUPERVISOR

| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |
|---|---|
| 7 | |

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

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

| DATE | OFFICIAL TITLE OF SUPERVISOR | TYPED OR PRINTED NAME AND SIGNATURE |
|---|---|---|
| 5 May 1961 | | /s/ Archibald B. Roosevelt |

3. BY REVIEWING OFFICIAL

| | |
|---|---|
| | I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION. |
| | I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION. |
| | I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION. |
| X | I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE. |

COMMENTS OF REVIEWING OFFICIAL

By virtue of Mr. [redacted] relatively short tenure in his present job, I do not feel sufficiently familiar with his performance to comment.

| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPED OR PRINTED NAME AND SIGNATURE |
|---|---|---|
| 1 May | [illegible] | |

SECRET

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 |
|---|---|---|---|
| | | M | GS-14 |

| 5. SERVICE DESIGNATION | 6. OFFICIAL POSITION TITLE | 7. OFF/DIV/BR OF ASSIGNMENT |
|---|---|---|
| D | Ops Officer - Dep. Br. Chief | DDF/WE/5 |

| 8. CAREER STAFF STATUS | | | | 9. TYPE OF REPORT | | | |
|---|---|---|---|---|---|---|---|
| | NOT ELIGIBLE | MEMBER | DEFERRED | | INITIAL | | REASSIGNMENT/SUPERVISOR |
| | PENDING | DECLINED | DENIED | | ANNUAL | X | REASSIGNMENT/EMPLOYEE |

| 10. DATE REPORT DUE IN O.P. | 11. REPORTING PERIOD From | To | SPECIAL (Specify) |
|---|---|---|---|
| | 15 June | 2 October 61 | |

## SECTION B — EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES

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

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

| SPECIFIC DUTY NO. 1 | RATING NO. | SPECIFIC DUTY NO. 4 | RATING NO. |
|---|---|---|---|
| Read, study and prepare for assignment to [ ] as Chief of [ ] and DCOS [ ] | 5/6 | | |
| **SPECIFIC DUTY NO. 2** | **RATING NO.** | **SPECIFIC DUTY NO. 5** | **RATING NO.** |
| Handle specific operational traffic involving WH activities in or related to [ ] | 5 | | |
| **SPECIFIC DUTY NO. 3** | **RATING NO.** | **SPECIFIC DUTY NO. 6** | **RATING NO.** |
| Prepare an assessment and plan for [ ] | 5 | | |

## SECTION C — EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION

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

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

RATING NO. **5**

## SECTION D — DESCRIPTION OF THE EMPLOYEE

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

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

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

SEE SECTION "E" ON REVERSE SIDE

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SECRET
(When Filled In)

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

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

In the limited period covered by this report Mr. [redacted] MAIL ROOM showed a professional competence based on experience. He accepted direction willingly and evidenced maturity and balance.

Given the limited time on the desk and the preparatory nature of his tasks, there is no firm basis for judging his ability to handle subordinates or to make major substantive decisions. Available evidence, however, indicates no major weaknesses, and indeed, gives promise of considerable capacity.

**SECTION F — CERTIFICATION AND COMMENTS**

1. BY EMPLOYEE

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

| DATE | SIGNATURE OF EMPLOYEE |
|---|---|
| | |

2. BY SUPERVISOR

| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |
|---|---|
| 4 | Mr. [redacted] is in [redacted] |

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

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

| DATE | OFFICIAL TITLE OF SUPERVISOR | TYPED OR PRINTED NAME AND SIGNATURE |
|---|---|---|
| 2 May 1961 | Chief, WE/5 | THOMAS F. Thiele *Thomas F. Thiele* |

3. BY REVIEWING OFFICIAL

| | |
|---|---|
| X | I WOULD MAKE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION. |
| | I WOULD MAKE GIVEN THIS EMPLOYEE A HIGHER EVALUATION. |
| | I WOULD MAKE GIVEN THIS EMPLOYEE A LOWER EVALUATION. |
| | I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE. |

COMMENTS OF REVIEWING OFFICIAL

| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL |
|---|---|
| 3 May 61 | AD Chief, WE |

SECRET

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SECRET
(When Filled In)

# FITNESS REPORT

EMPLOYEE SERIAL NUMBER: 560389

## SECTION A — GENERAL

| 1. NAME | 2. DATE OF BIRTH | 3. SEX | 4. GRADE |
|---|---|---|---|
| | | M | GS-14 |

| 5. SERVICE DESIGNATION | 6. OFFICIAL POSITION TITLE | 7. OFF/DIV/BR OF ASSIGNMENT |
|---|---|---|
| D | IO CI | DDP/CI/ICD |

| 8. CAREER STAFF STATUS | | | | | 9. TYPE OF REPORT | | | |
|---|---|---|---|---|---|---|---|---|
| NOT ELIGIBLE | X | MEMBER | DEFERRED | | INITIAL | | REASSIGNMENT/SUPERVISOR | |
| PENDING | | DECLINED | DENIED | | X ANNUAL | | REASSIGNMENT/EMPLOYEE | |

| 10. DATE REPORT DUE IN O.P. | 11. REPORTING PERIOD From / To | SPECIAL (Specify) |
|---|---|---|
| 30 April 1960 | 8 March 59 - 31 March 60 | |

## SECTION B — EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES

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

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

| SPECIFIC DUTY NO. 1 | RATING NO. | SPECIFIC DUTY NO. 4 | RATING NO. |
|---|---|---|---|
| Supervision of CI/ICD Branch IV (WII). [ ] research officers and [ ] clerk-typist) | 5 | Review of WH Projects re CP operations; making of appropriate recommendations. | 5 |
| SPECIFIC DUTY NO. 2 | RATING NO. | SPECIFIC DUTY NO. 5 | RATING NO. |
| Guidance & support of CP operations in WH, at Headquarters | 5 | | |
| SPECIFIC DUTY NO. 3 | RATING NO. | SPECIFIC DUTY NO. 6 | RATING NO. |
| Direct, on-the-scene (TDY) support of CP operations in the field | 5 | | |

## SECTION C — EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION

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

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

RATING NO.: 5

## SECTION D — DESCRIPTION OF THE EMPLOYEE

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

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

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

SEE SECTION "E" ON REVERSE SIDE

FORM 0-98 45 OBSOLETE PREVIOUS EDITIONS.

SECRET

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SECRET
(When Filled In)

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

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

Mr. Williamson is very energetic and enthusiastic. He maintains excellent working relations with the WH Division. He has performed special operational tasks in the Field at the specific request of Chief, WHD. He is particularly well qualified for [redacted] work in a Spanish-speaking country (e.g. [redacted] or an important Latin American country).

FEB 24 3 07 PM '60

**SECTION F — CERTIFICATION AND COMMENTS**

1. BY EMPLOYEE

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

DATE: 15 Feb 1960 | SIG: [redacted]

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION: 14

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

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

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

DATE: FEB 25 | OFFICIAL TITLE OF SUPERVISOR: Deputy Chief, CI/ICD | TYPED OR PRINTED NAME: [redacted]

3. BY REVIEWING OFFICIAL

- [ ] I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.
- [ ] I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.
- [ ] I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.
- [ ] I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE: 1 MAR 60 | OFFICIAL TITLE OF REVIEWING OFFICIAL: Chief, CI/ICD | SIGNATURE: [redacted]

SECRET

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SECRET

Recorded by CSPD

27 NOV 1959

24 November 1959

MEMORANDUM FOR: CS/Career Service Panel/Section A

SUBJECT: Fitness Report - [redacted]

A fitness report was due on Mr. [redacted] for the period 31 March 1959. Mr. [redacted] was assigned to the CI Staff on 8 March 1959 after completion of an overseas tour with WH Division. A fitness report for the CI Staff for such a short period of time would serve no useful purpose.

[redacted]
C/CI/Support

SECRET

VIA: AIR (SPECIFY AIR OR SEA POUCH)

DISPATCH NO HAH-T-143

CONFIDENTIAL

CLASSIFICATION

TO : Chief, WHD

DATE: 4 September 1958

FROM : Chief of Station, Habana SPR

SUBJECT: GENERAL— Administrative/Personnel

SPECIFIC— Field Fitness Report - [redacted]

Reference: HKH-A-4049, 21 November 1957

Action Required: None; for Headquarters' information only

There has been no material change in the suties or performance of [redacted] since the submission of his last annual Field Fitness Report. Therefore, the above report, which was forwarded in the reference, may also be considered as the writer's final fitness report on [redacted]

[redacted]

Distribution:
3 - Headquarters
2 - Files

SPR/mnr

3 September 1958

[redacted]

CONFIDENTIAL

CLASSIFICATION

FORM NO. DAS 1949 51-28A

14-00000

SECRET
(When Filled In)

# FITNESS REPORT (Part I) PERFORMANCE

**INSTRUCTIONS**

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

FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any question. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in item 8, of Section "A" below.

**SECTION A. GENERAL**

| 1. NAME (Middle) | 2. DATE OF BIRTH | 3. SEX | 4. SERVICE DESIGNATION |
|---|---|---|---|
| | | M | DI |

| 5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT | 6. OFFICIAL POSITION TITLE |
|---|---|
| DDP/WH/Habana Station | Deputy Chief of Station |

| 7. GRADE | 8. DATE REPORT DUE IN OP | 9. PERIOD COVERED BY THIS REPORT (Inclusive dates) |
|---|---|---|
| GS-14 | 30 September 1957 | 30 September 1956 - 30 September 1957 |

10. TYPE OF REPORT (Check one): [ ] INITIAL [X] ANNUAL [ ] REASSIGNMENT-SUPERVISOR [ ] REASSIGNMENT-EMPLOYEE [ ] SPECIAL (Specify)

**SECTION B. CERTIFICATION**

1. FOR THE RATER: THIS REPORT [X] HAS [ ] HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT.

4. CHECK (X) APPROPRIATE STATEMENTS:

| | | | |
|---|---|---|---|
| X | THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL. | | IF INDIVIDUAL IS RATED "1" IN C1 OR D, A WARNING LETTER WAS SENT TO HIM & A COPY ATTACHED TO THIS REPORT |
| | THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS. | | I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW I EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify): |
| X | I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS. | | |

| B. THIS DATE | C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR | D. SUPERVISOR'S OFFICIAL TITLE |
|---|---|---|
| 15 November 1957 | | Chief of Station |

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

BY DATE
Posted Pos Control [illegible] 5 [illegible]
Reviewed by PUD [illegible] 12/11/57

[ ] CONTINUED ON ATTACHED SHEET

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

| A. THIS DATE | B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL | C. OFFICIAL TITLE OF REVIEWING OFFICIAL |
|---|---|---|
| 29 Nov 57 | JCKing | C/WHD |

**SECTION C. JOB PERFORMANCE EVALUATION**

1. RATING ON GENERAL PERFORMANCE OF DUTIES

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

INSERT RATING NUMBER: 5

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

COMMENTS

FORM NO. 45 (Part I) REPLACES PREVIOUS EDITIONS OF FORMS 45 AND 45A WHICH ARE OBSOLETE. SECRET Performance (4)

14-00000

SECRET

Dec 3 4 02 PM '57
OFFICE OF PERSONNEL
MAIL ROOM
Dec 3 4 02 PM '57
MAIL ROOM

2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES

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

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

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

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

| SPECIFIC DUTY NO. 1 | RATING NUMBER | SPECIFIC DUTY NO. 4 | RATING NUMBER |
|---|---|---|---|
| Deputy Chief of Station | 5 | Handling agents and ops | 5 |
| [redacted] | 5 | SPECIFIC DUTY NO. 5: Reporting | 4 |
| SPECIFIC DUTY NO. 3: Contact and development of operational assets | 6 | SPECIFIC DUTY NO. 6 | RATING NUMBER |

3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

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

Subject is an excellent Deputy Chief of Station. He is liked and respected by his co-workers in the Station and by superiors and colleagues in the [redacted] establishment. His perseverance in developing and maintaining operational contacts in all fields has paid dividends. He has contributed sound advice and operational know-how to all Station officers' operations and has maintained our [redacted] on a productive basis. He is extremely thoughtful. He prefers (and excels at) operational work as contrasted to routine paper work.

SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION

DIRECTIONS: Take into account here everything you know about the individual....*productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents*....and how he fits in with your team. Compare him with others doing similar work of about the same level.

RATING NUMBER: 6

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

IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? [ ] YES [X] NO. IF YES EXPLAIN FULLY:

SECRET

SECRET
(When Filled In)

# FITNESS REPORT (Part II) POTENTIAL

## INSTRUCTIONS

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

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

## SECTION E. GENERAL

| 1. NAME (Last) (First) (Middle) | 2. DATE OF BIRTH | 3. SEX | 4. SERVICE DESIGNATION |
|---|---|---|---|
| | | M | DI |

| 5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT | 6. OFFICIAL POSITION TITLE |
|---|---|
| DDP/WH/Habana Station | Deputy Chief of Station |

| 7. GRADE | 8. DATE REPORT DUE IN OP | 9. PERIOD COVERED BY THIS REPORT (Inclusive dates) |
|---|---|---|
| GS-14 | 30 September 1957 | 30 September 1956 - 30 September 1957 |

| 10. TYPE OF REPORT (Check one) | | | | |
|---|---|---|---|---|
| | X | INITIAL | REASSIGNMENT-SUPERVISOR | SPECIAL (Specify) |
| | | ANNUAL | REASSIGNMENT-EMPLOYEE | |

## SECTION F. CERTIFICATION

I FOR THE RATER: I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGMENT OF THE INDIVIDUAL BEING RATED

| A. THIS DATE | B. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR | SUPERVISOR'S OFFICIAL TITLE |
|---|---|---|
| 15 November 1957 | | Chief of Station |

2 FOR THE REVIEWING OFFICIAL: I HAVE REVIEWED THIS REPORT AND NOTED ANY DIFFERENCE IN OPINION IN ATTACHED MEMO.

| A. THIS DATE | B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL | OFFICIAL TITLE OF REVIEWING OFFICIAL |
|---|---|---|
| 29 Nov 57 | J C King | C/WH/D |

## SECTION G. ESTIMATE OF POTENTIAL

1. POTENTIAL TO ASSUME GREATER RESPONSIBILITIES

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

RATING NUMBER: 5

1 - ALREADY ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
2 - HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
3 - MAKING PROGRESS, BUT NEEDS MORE TIME BEFORE HE CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES
4 - READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES
5 - WILL PROBABLY ADJUST QUICKLY TO MORE RESPONSIBLE DUTIES WITHOUT FURTHER TRAINING
6 - ALREADY ASSUMING MORE RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL
7 - AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER LEVEL RESPONSIBILITIES

2. SUPERVISORY POTENTIAL

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

DESCRIPTIVE RATING NUMBER:
0 - HAVE NO OPINION ON HIS SUPERVISORY POTENTIAL IN THIS SITUATION
1 - BELIEVE INDIVIDUAL WOULD BE A WEAK SUPERVISOR IN THIS KIND OF SITUATION
2 - BELIEVE INDIVIDUAL WOULD BE AN AVERAGE SUPERVISOR IN THIS KIND OF SITUATION
3 - BELIEVE INDIVIDUAL WOULD BE A STRONG SUPERVISOR IN THIS SITUATION

| ACTUAL | POTENTIAL | DESCRIPTIVE SITUATION |
|---|---|---|
| 3 | | A GROUP DOING THE BASIC JOB (Truck drivers, stenographers, technicians or professional specialists of various kinds) WHERE CONTACT WITH IMMEDIATE SUBORDINATES IS FREQUENT (First line supervisor) |
| 3 | | A GROUP OF SUPERVISORS WHO DIRECT THE BASIC JOB (Second line supervisors) |
| 3 | | A GROUP, WHO MAY OR MAY NOT BE SUPERVISORS, WHICH IS RESPONSIBLE FOR MAJOR PLANS, ORGANIZATION AND POLICY (Executive level) |
| 2 | | WHEN CONTACT WITH IMMEDIATE SUBORDINATES IS NOT FREQUENT |
| 2 | | WHEN IMMEDIATE SUBORDINATES' ACTIVITIES ARE DIVERSE AND WITH CAREFUL COORDINATION |
| 3 | | WHEN IMMEDIATE SUBORDINATES INCLUDE MEMBERS OF THE OPPOSITE SEX |
| | | OTHER (Specify) |

OFFICE OF PERSONNEL
DEC 3 4 02 PM '57
MAIL ROOM

1. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RATED EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION
4.1 months

4. COMMENTS CONCERNING POTENTIAL

Subject is qualified to have his own station

SECTION H. FUTURE PLANS

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL

Training upon re-assignment

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

Subject is very adaptable - is single - and will accept assignment anywhere. His [redacted] duties, briefly suspended through no fault of his own, have been fully re-established.

SECTION I. DESCRIPTION OF INDIVIDUAL

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

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

| CATEGORY | STATEMENT | CATEGORY | STATEMENT | CATEGORY | STATEMENT |
|---|---|---|---|---|---|
| 4 | 1. ABLE TO SEE ANOTHER'S POINT OF VIEW | 4 | 11. HAS HIGH STANDARDS OF ACCOMPLISHMENT | 4 | 21. IS EFFECTIVE IN DISCUSSIONS WITH ASSOCIATES |
| 5 | 2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES | 5 | 12. SHOWS ORIGINALITY | 4 | 22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS |
| 5 | 3. HAS INITIATIVE | 5 | 13. ACCEPTS RESPONSIBILITIES | 5 | 23. IS THOUGHTFUL OF OTHERS |
| 4 | 4. IS ANALYTIC IN HIS THINKING | 4 | 14. ADMITS HIS ERRORS | 5 | 24. WORKS WELL UNDER PRESSURE |
| 4 | 5. STRIVES CONSTANTLY FOR NEW KNOWLEDGE AND IDEAS | 5 | 15. RESPONDS WELL TO SUPERVISION | 5 | 25. DISPLAYS JUDGEMENT |
| 5 | 6. KNOWS WHEN TO SEEK ASSISTANCE | 5 | 16. DOES HIS JOB WITHOUT STRONG SUPPORT | 4 | 26. IS SECURITY CONSCIOUS |
| 5 | 7. CAN GET ALONG WITH PEOPLE | 4 | 17. COMES UP WITH SOLUTIONS TO PROBLEMS | 5 | 27. IS VERSATILE |
| 4 | 8. HAS MEMORY FOR FACTS | 4 | 18. IS OBSERVANT | 4 | 28. HIS CRITICISM IS CONSTRUCTIVE |
| 4 | 9. GETS THINGS DONE | 4 | 19. THINKS CLEARLY | 5 | 29. FACILITATES SMOOTH OPERATION OF HIS OFFICE |
| 4 | 10. CAN COPE WITH EMERGENCIES | 4 | 20. COMPLETES ASSIGNMENTS WITHIN REASONABLE TIME LIMITS | 5 | 30. DOES NOT REQUIRE STRONG AND CONTINUOUS SUPERVISION |

14-00000

SECRET

(When Filled In)

# FITNESS REPORT (Part I) PERFORMANCE

**INSTRUCTIONS**

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

FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any section. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 90 days after the date indicated in item B, of Section "A" below.

**SECTION A. GENERAL**

| 1. NAME (Last) (First) (Middle) | 2. DATE OF BIRTH | 3. SEX | 4. SERVICE DESIGNATION |
|---|---|---|---|
| | | M | DI |

| 5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT | 6. OFFICIAL POSITION TITLE |
|---|---|
| DD/S/MI/Havana | DCOS |

| 7. GRADE | 8. DATE REPORT DUE IN OP | 9. PERIOD COVERED BY THIS REPORT (Inclusive dates) |
|---|---|---|
| GS-13 | 30 September 1956 | 30 September 1955 - 30 September 1956 |

| 10. TYPE OF REPORT (Check one) | | | | | |
|---|---|---|---|---|---|
| | INITIAL | | REASSIGNMENT-SUPERVISOR | | SPECIAL (Specify) |
| X | ANNUAL | | REASSIGNMENT-EMPLOYEE | | |

**SECTION B. CERTIFICATION**

1. FOR THE RATER: THIS REPORT [ ] HAS [ ] HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT:

Non Judel

A. CHECK (X) APPROPRIATE STATEMENTS:

| | | | |
|---|---|---|---|
| X | THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL. | | IF INDIVIDUAL IS RATED "1" IN C1 OR D A REVIEWING OFFICER HAS SENT TO HIM A COPY ATTACHED TO THIS REPORT. |
| | THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS. | | I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW I EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify): |
| X | I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS. | | |

| B. THIS DATE | C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR | D. SUPERVISOR'S OFFICIAL TITLE |
|---|---|---|
| 16 October 1956 | | Chief of Station |

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

Posted for [illegible] BY [illegible] DATE 11/19/56 11/20/56

[ ] CONTINUED ON ATTACHED SHEET

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

| A. THIS DATE | B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL | C. OFFICIAL TITLE OF REVIEWING OFFICIAL |
|---|---|---|
| 13 Nov 1956 | J. C. KING | Chief, WHD |

**SECTION C. JOB PERFORMANCE EVALUATION**

1. RATING ON GENERAL PERFORMANCE OF DUTIES

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

5 — INSERT RATING NUMBER

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

COMMENTS

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(When Filled In)

OFFICE OF PERSONNEL
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MAIL ROOM

2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES

DIRECTIONS

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

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

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

DESCRIPTIVE RATING NUMBER

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

| SPECIFIC DUTY NO. 1 | RATING NUMBER | SPECIFIC DUTY NO. 4 | RATING NUMBER |
|---|---|---|---|
| Deputy Chief of Station | 5 | Handling agents and operations | 5 |
| **SPECIFIC DUTY NO. 2** | **RATING NUMBER** | **SPECIFIC DUTY NO. 5** | **RATING NUMBER** |
| Liaison with Bureau of Investigations | 5 | Reporting | 4 |
| **SPECIFIC DUTY NO. 3** | **RATING NUMBER** | **SPECIFIC DUTY NO. 6** | **RATING NUMBER** |
| Contact and development of operational assets | 6 | | |

3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

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

Subject is outstanding in the development and maintenance of [ ] He has a wide acquaintance [ ] and [ ] He has demonstrated administrative and executive ability. He prevers outside contact work to routine desk work.

SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION

DIRECTIONS. Take into account here everything you know about the individual....*productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents*....and how he fits in with your team. Compare him with others doing similar work of about the same level.

RATING NUMBER: 6

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

IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? [ ] YES [X] NO IF YES EXPLAIN FULLY:

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(when Filled In)

# FITNESS REPORT (Part II) POTENTIAL

## INSTRUCTIONS

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

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

## SECTION E. GENERAL

| 1. NAME (Last) (First) (Middle) | 2. DATE OF BIRTH | 3. SEX | 4. SERVICE DESIGNATION |
|---|---|---|---|
| | | M | OI |

| 5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT | 6. OFFICIAL POSITION TITLE |
|---|---|
| DDP/WH/Havana | DOS |

| 7. GRADE | 8. DATE REPORT DUE IN OP | 9. PERIOD COVERED BY THIS REPORT (Inclusive dates) |
|---|---|---|
| GS-13 | 30 September 1956 | 30 September 1955 - 30 September 1956 |

| 10. TYPE OF REPORT (Check one) | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | INITIAL | | REASSIGNMENT-SUPERVISOR | | SPECIAL (Specify) | |
| | X | ANNUAL | | REASSIGNMENT-EMPLOYEE | | | |

## SECTION F. CERTIFICATION

1. FOR THE RATER: I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGMENT OF THE INDIVIDUAL BEING RATED

| A. THIS DATE | B. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR | C. SUPERVISOR'S OFFICIAL TITLE |
|---|---|---|
| 16 October 1956 | | Chief of Station |

2. FOR THE REVIEWING OFFICIAL: I HAVE REVIEWED THIS REPORT AND NOTED ANY DIFFERENCE OF OPINION IN ATTACHED MEMO.

| A. THIS DATE | B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL | C. OFFICIAL TITLE OF REVIEWING OFFICIAL |
|---|---|---|
| 13 Nov 1956 | J. C. KING | Chief/WHD |

## SECTION G. ESTIMATE OF POTENTIAL

1. POTENTIAL TO ASSUME GREATER RESPONSIBILITIES

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

6 — RATING NUMBER

1 - ALREADY ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
2 - HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
3 - MAKING PROGRESS, BUT NEEDS MORE TIME BEFORE HE CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES
4 - READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES
5 - WILL PROBABLY ADJUST SELF TO MORE RESPONSIBLE DUTIES WITHOUT FURTHER TRAINING
6 - ALREADY ASSUMING MORE RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL
7 - AN EXCEPTIONAL PERSON AND IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER LEVEL RESPONSIBILITIES

2. SUPERVISORY POTENTIAL

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

DESCRIPTIVE RATING NUMBER

0 - HAS NO OPINION ON HIS SUPERVISORY POTENTIAL IN THIS SITUATION
1 - BELIEVE INDIVIDUAL WOULD BE A WEAK SUPERVISOR IN THIS KIND OF SITUATION
2 - BELIEVE INDIVIDUAL WOULD BE AN AVERAGE SUPERVISOR IN THIS KIND OF SITUATION
3 - BELIEVE INDIVIDUAL WOULD BE A STRONG SUPERVISOR IN THIS SITUATION

| ACTUAL | POTENTIAL | DESCRIPTIVE SITUATION |
|---|---|---|
| 3 | | A group doing the basic job (Trade Skilled stenographers technicians or professional specialists of various kinds) under direct day-to-day supervision of (First line supervisor) |
| 3 | | A group of supervisors and staff the basic job (Second line supervisors) |
| 3 | | A group [illegible] supervisors [illegible] responsible for major phase [illegible] (Executive level) |
| 2 | | Work units [illegible] subordinates is not relevant |
| 2 | | Work [illegible] supervisors' activities are diverse and work [illegible] |
| 3 | | Work [illegible] is supervision is just divided at the appropriate job |
| | | Other (Specify) |

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Potential

3. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RATED EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION
25

OFFICE OF PERSONNEL
NOV 19 10 59 AM '58
MAIL ROOM

4. COMMENTS CONCERNING POTENTIAL

Subject is capable of having a station of his own.

## SECTION H. FUTURE PLANS

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL

None at present.

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

Subject is single and willing to go anywhere.

## SECTION I. DESCRIPTION OF INDIVIDUAL

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

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

| CATEGORY | STATEMENT | CATEGORY | STATEMENT | CATEGORY | STATEMENT |
|---|---|---|---|---|---|
| 4 | 1. ABLE TO SEE ANOTHER'S POINT OF VIEW | 4 | 11. HAS HIGH STANDARDS OF ACCOMPLISHMENT | 4 | 21. IS EFFECTIVE IN DISCUSSIONS WITH ASSOCIATES |
| 5 | 2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES | 4 | 12. SHOWS ORIGINALITY | 4 | 22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS |
| 5 | 3. HAS INITIATIVE | 5 | 13. ACCEPTS RESPONSIBILITIES | 5 | 23. IS THOUGHTFUL OF OTHERS |
| 4 | 4. IS ANALYTIC IN HIS THINKING | 4 | 14. ADMITS HIS ERRORS | 5 | 24. WORKS WELL UNDER PRESSURE |
| 4 | 5. STRIVES CONSTANTLY FOR NEW KNOWLEDGE AND IDEAS | 5 | 15. RESPONDS WELL TO SUPERVISION | 5 | 25. DISPLAYS JUDGEMENT |
| 4 | 6. KNOWS WHEN TO SEEK ASSISTANCE | 5 | 16. GOES HIS JOB WITHOUT STRONG SUPPORT | 4 | 26. IS SECURITY CONSCIOUS |
| 5 | 7. CAN GET ALONG WITH PEOPLE | 4 | 17. COMES UP WITH SOLUTIONS TO PROBLEMS | 5 | 27. IS OBJECTIVE |
| 4 | 8. HAS MEMORY FOR FACTS | 4 | 18. IS OBSERVANT | 4 | 28. HAS CONFIDENCE IN OWN STRUCTURE |
| 4 | 9. GETS THINGS DONE | 4 | 19. THINKS CLEARLY | 5 | 29. RECOGNIZES WHEN OPPORTUNITY OF HIS OFFICE |
| 4 | 10. CAN COPE WITH EMERGENCIES | 4 | 20. COMPLETES ASSIGNMENTS WITHIN REASONABLE TIME LIMITS | 5 | 30. DOES NOT NEGLECT OTHERS AND CONTRIBUTES SUPPORTIVE SITE |

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SECRET
(When Filled In)

# FIELD FITNESS REPORT

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

1955 OCT 20 PM 2:34 CODED

## INSTRUCTIONS

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

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

4 copies to be due 25 Mar 56

C/S 10 Oct 55

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

10/21/55

## SECTION I

| LEAVE BLANK - FOR HEADQUARTERS USE ONLY | 1. DATE OF BIRTH | 2. SEX | 3. SERVICE DESIGNATION |
|---|---|---|---|
| | | M | [redacted] DI |

| 4. GRADE | 5. STATION DESIGNATION (Current) |
|---|---|
| GS-13 | Intelligence Officer - KUTUBE |

| 6. DUE DATE OF THIS REPORT | 7. PERIOD COVERED BY THIS REPORT (Inclusive dates) |
|---|---|
| 30 September 1955 | 30 September 1954 - 30 September 1955 |

## SECTION II (To be completed by field supervisor)

| 1. CURRENT POSITION | 2. DATE ASSUMED RESPONSIBILITY FOR POSITION |
|---|---|
| Intelligence Officer - KUTUBE (Acting Deputy Chief of Station) 0136.5/ | 10 August 1955 |

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

a. Acting Deputy Chief of Station
b. Liaison with Bureau of Investigations
c. Contacts and development of operational assets
d. Handling agents
e. Reporting

## SECTION III (To be completed at headquarters only)

DO NOT COMPLETE - FOR HEADQUARTERS USE ONLY

AUTHENTICATION OF REPORT AND SIGNATURES

| 1. NAME OF RATER (Typed) | 2. NAME OF REVIEWING OFFICIAL IN FIELD (If any) |
|---|---|
| | |

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

| 4. DATE REPORT AUTHENTICATED BY HQS | NAME AND SIGNATURE OF ADMINISTRATIVE OR PERSONNEL OFFICER AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE FITNESS REPORT AND SIGNATURES |
|---|---|
| Oct 13, 1955 | [signature] |

DO NOT COMPLETE - FOR HEADQUARTERS USE ONLY

FORM NO. 45a
1 SEP 54

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## SECTION IV

This section is provided as an aid in describing the individual. Your description will be unfavorable in itself but acquires its meaning in relation to a particular job or assignment. The descriptive words are to be interpreted literally.

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

OFFICE OF PERSONNEL
MAIL ROOM

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

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 26. CAN THINK ON HIS FEET. | | | | | | | | X | | | | | |
| 27. COMES UP WITH SOLUTIONS TO PROBLEMS. | | | | | | | X | | | | | | |
| 28. STIMULATING TO ASSOCIATES; A "SPARK PLUG". | | | | | | | X | | | | | | |
| 29. TOUGH MINDED. | | | | | | | | | X | | | | |
| X 30. OBSERVANT. | | | | | | X | | | | | | | |
| 31. CAPABLE. | | | | | | | | X | | | | | |
| 32. CLEAR THINKING. | | | | | | | X | | | | | | |
| 33. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS. | | | | | | | X | | | | | | |
| 34. EVALUATES SELF REALISTICALLY. | | | | | | | | | X | | | | |
| 35. WELL INFORMED ABOUT CURRENT EVENTS. | | | | | | | | | X | | | | |
| 36. DELIBERATE. | | | | | | | X | | | | | | |
| 37. EFFECTIVE IN DISCUSSIONS WITH ASSOCIATES. | | | | | | | | X | | | | | |
| 38. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS. | | | | | | | | X | | | | | |
| 39. THOUGHTFUL OF OTHERS. | | | | | | | | | | X | | | |
| 40. WORKS WELL UNDER PRESSURE. | | | | | | | | X | | | | | |
| 41. DISPLAYS JUDGEMENT. | | | | | | | X | | | | | | |
| 42. GIVES CREDIT WHERE CREDIT IS DUE. | | | | | | | | X | | | | | |
| 43. HAS DRIVE. | | | | | | | X | | | | | | |
| 44. IS SECURITY CONSCIOUS. | | | | | | | X | | | | | | |
| 45. VERSATILE. | | | | | | | | X | | | | | |
| 46. HIS CRITICISM IS CONSTRUCTIVE. | | | | | | | X | | | | | | |
| 47. ABLE TO INFLUENCE OTHERS. | | | | | | | X | | | | | | |
| 48. FACILITATES SMOOTH OPERATION OF HIS OFFICE. | | | | | | | | X | | | | | |
| 49. DOES NOT REQUIRE STRONG AND CONTINUOUS SUPERVISION. | | | | | | | X | | | | | | |
| 50. A GOOD SUPERVISOR. | | | | | | | X | | | | | | |

## SECTION V

A. WHAT ARE HIS OUTSTANDING STRENGTHS?

Subject is an excellent [ ] officer and [ ] man. He speaks fluent Spanish and has developed many valuable and productive contacts and assets among all classes of [ ] He is enthusiastic, thoughtful, considerate, friendly, and gets along well with his co-workers. While acting as Deputy Chief of Station he has demonstrated administrative and supervisory ability.

B. WHAT ARE HIS OUTSTANDING WEAKNESSES?

Being particularly interested in operational matters, he perhaps is not as thorough in the paper work and reporting that goes with it; however, since acting as Deputy Chief of Station, as indicated above, he has demonstrated increased aptitude in this respect.

C. INDICATE IF YOU THINK THAT ANY SINGLE STRENGTH OR WEAKNESS OUTWEIGHS ALL OTHER CONSIDERATIONS

No.

OFFICE OF PERSONNEL

D. DO YOU FEEL THAT HE REQUIRES CLOSE SUPERVISION? [X] NO [ ] YES. IF YES, EXPLAIN.

OCT 17 9 52 AM '55

MAIL ROOM

F. WHAT TRAINING DO YOU RECOMMEND FOR THIS INDIVIDUAL?

Additional experience in field and at Headquarters and refresher courses.

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

I would be pleased to have Subject serve with me at any post.

## SECTION VI

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

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

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

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

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

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

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

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

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

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

SECRET
(When Filled In)

WH/6

# FIELD FITNESS REPORT

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

## INSTRUCTIONS

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

TO THE FIELD SUPERVISOR: Read the entire form before attempting to complete any item. As the supervisor who assigns, directs and reviews the work of the individual, you have primary responsibility for evaluating his strengths, weaknesses, and on-the-job effectiveness as revealed by his day-to-day activities. [illegible] individual has been under your supervision for less than 30 days, you will collaborate as practicable with his previous supervisors in the [illegible] accurate and complete. Signed [illegible] with the [illegible] Report. If [illegible] throughout the period this individual has been under your supervision, you have discussed [illegible] by the Report, discussions of his work to that end may be helpful [illegible] he stands.

Posted
Review

F1
H

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

## SECTION I

| LEAVE BLANK - FOR HEADQUARTERS USE ONLY | 1. DATE OF BIRTH | 2. SEX | 3. SERVICE DESIGNATION |
|---|---|---|---|
| | | M | KUFIRE SD-F1 |

| 4. GRADE | 5. STATION DESIGNATION (Current) |
|---|---|
| GS-13 | Intelligence Officer - KUFIRE |

| 6. DUE DATE OF THIS REPORT | 7. PERIOD COVERED BY THIS REPORT (Inclusive dates) |
|---|---|
| 30 September 1954 | 17 June - 30 September 1954 |

## SECTION II (To be completed by field supervisor)

| 1. CURRENT POSITION | 2. DATE ASSUMED RESPONSIBILITY FOR POSITION |
|---|---|
| Intelligence Officer - KUFIRE 4-0/3651-11 | ~~14 Feb 54~~ ~~19 January 1953~~ BAF-116 |

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

A. Liaison with Servicio de Inteligencia Militar and Buro de Investigaciones
B. Contacts and development of operational assets
C. Handling agents
D. Reporting

## SECTION III (To be completed at headquarters only)

DO NOT COMPLETE - FOR HEADQUARTERS USE ONLY

### AUTHENTICATION OF REPORT AND SIGNATURES

| 1. NAME OF RATER (Type) | 2. NAME OF REVIEWING OFFICIAL IN FIELD (Type) |
|---|---|
| Robert E. WHEDBEE | |

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

| 4. DATE REPORT AUTHENTICATED AT HQS. | 5. NAME AND SIGNATURE OF ADMINISTRATIVE OR PERSONNEL OFFICER AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE FITNESS REPORT AND SIGNATURES |
|---|---|
| 18 Jan 1955 | J C King |

DO NOT COMPLETE - FOR HEADQUARTERS USE ONLY

FORM NO 45a
1 JUL 54

SECRET

181

## SECTION IV

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

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

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

| | | |

OFFICIAL PERSONNEL

C. INDICATE IF YOU THINK THAT ANY SINGLE STRENGTH OR WEAKNESS OUTWEIGHS ALL OTHER CONSIDERATIONS

No. See above.

JAN 24 12 38 PM '55

D. DO YOU FEEL THAT HE REQUIRES CLOSE SUPERVISION? [X] NO [ ] YES. IF YES, WHY?

But his gregarious nature makes him seek counsel and advice when he is quite capable of making the right decision himself.

MAIL ROOM

E. WHAT TRAINING DO YOU RECOMMEND FOR THIS INDIVIDUAL?

Additional experience in the field and at Headquarters, plus refresher courses.

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

## SECTION VI

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

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

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

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

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

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

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

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

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

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

14-00000

1. NAME (PRINTED) LAST [redacted] FIRST [redacted] M. INIT. | EAR RATING 11 | GRADE [redacted] | TO PRESENT POST 17 Jan 53

2. DESCRIPTION OF DUTIES SINCE LAST EER. (IF FIRST REPORT, LIST MOST RECENT FIRST. DESCRIBE CONCISELY BUT FULLY)

Case Officer for [redacted] project, including agent direction, preparation of agent requests and translation and preparation of reports. Developmental activity with new field assets.

Deputy Chief of Mission and during absence of Chief responsible for over-all direction of MPAPA activities.

3. IF COURSES OF INSTRUCTION WERE COMPLETED DURING PERIOD OF THIS REPORT, LIST TITLE, LOCATION OF SCHOOL, LENGTH OF COURSE AND DATE COMPLETED. None

| 4. PROFICIENCY IN FOREIGN LANG. | READING | | | SPEAKING | | | UNDERSTANDING | | |
|---|---|---|---|---|---|---|---|---|---|
| | EXC | GOOD | FAIR | EXC | GOOD | FAIR | EXC | GOOD | FAIR |
| Spanish | | X | | | X | | | X | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

5. MY PREFERENCE FOR NEXT DUTY AFTER TERMINATION OF CURRENT ASSIGNMENT IS: (IF IN US-SO STATE)

TYPE OF DUTY: Operations Officer

LOCATION:

(LIST ONE OR MORE IN ORDER OF PREFERENCE)

6. HAVE THERE BEEN ANY CHANGES IN PERSONAL STATUS SINCE ORIGINAL EMPLOYMENT OR LAST REPORT - WHICHEVER IS LATER?

MARITAL STATUS: YES [ ] NO [X] | NUMBER OF DEPENDENTS: YES [ ] NO [X] | EMERGENCY ADDRESSEE: YES [ ] NO [X] | LEGAL ADDRESS: YES [ ] NO [X]

IF THE ANSWER TO ANY OF THE ABOVE IS YES, ATTACH A SEPARATE DETAILED REPORT IN DUPLICATE HERETO. IN THE CASE OF MARRIAGE, THE REPORT WILL INCLUDE NAMES, ADDRESSES, AND CITIZENSHIP OF SPOUSE, FATHER-IN-LAW, MOTHER-IN-LAW, BROTHERS-IN-LAW AND SISTERS-IN-LAW.

9 June 1954
DATE

[redacted]
SIGNATURE OF EMPLOYEE

SECTIONS 7 THROUGH 11 TO BE COMPLETED BY IMMEDIATE SUPERVISOR

7. PERIOD COVERED BY THIS REPORT: DATE FROM 1 June '53 DATE TO 1 June '54

OCCASION FOR REPORT: ANNUAL [X] REASSIGNMENT OF REPORTING OFFICER [X] PROPOSED REASSIGNMENT OF EMPLOYEE REPORTED ON [ ] COVERING INITIAL 90 DAYS OF EMPLOYMENT [ ]

8. IS THIS EMPLOYEE QUALIFIED TO PERFORM ALL PRESENT DUTIES? YES [X] NO [ ] | IS EMPLOYEE BETTER QUALIFIED FOR OTHER DUTIES? YES [ ] NO [X] | IF SO, WHAT DUTY OR DUTIES

DO YOU CONCUR IN EMPLOYEES DESCRIPTION OF DUTIES UNDER SECTION 2? YES [X] NO [ ] IF NO, EXPLAIN IN SECTION 11

HAS EMPLOYEE STRIVEN FOR PROFESSIONAL IMPROVEMENT? YES [X] NO [ ] | DO YOU RECOMMEND EMPLOYEE FOR PROMOTION? YES [ ] NO [X] | IF SO, TO WHAT GRADE AND FOR WHAT POSITION? because recently promoted

9. FOR EACH FACTOR OBSERVED CHECK THE APPROPRIATE BOX TO INDICATE HOW THE EMPLOYEE COMPARES WITH ALL OTHERS OF THE SAME CLASSIFICATION WHOSE PROFESSIONAL ABILITIES ARE KNOWN TO YOU PERSONALLY. DO NOT LIMIT THIS COMPARISON TO THE OTHERS NOW UNDER YOUR SUPERVISION. DO NOT HESITATE TO MARK "NOT OBSERVED" OR ANY QUALITY WHEN APPROPRIATE.

| RATING FACTORS | NOT OBSERVED | UNSATISFACTORY | FAIR | GOOD | VERY GOOD | EXCELLENT | OUTSTANDING |
|---|---|---|---|---|---|---|---|
| A. ABILITY TO WORK AND GET ALONG WITH PEOPLE | | | | | | X | |
| B. INTEREST AND ENTHUSIASM IN WORK | | | | | | X | |
| C. SECURITY CONSCIOUSNESS | | | | | | X | |
| D. ABILITY TO GRASP INSTRUCTIONS AND PLANS | | | | | | X | |
| E. ATTENTION TO DUTY | | | | | | X | |
| F. JUDGMENT AND COMMON SENSE | | | | | | X | |
| G. ABILITY TO OBTAIN RESULTS AND GET THINGS DONE | | | | | | X | |
| H. DISCRETION | | | | | X | | |
| I. INITIATIVE | | | | | | X | |
| J. ABILITY TO HANDLE AND DIRECT PEOPLE. | | | | | X | | |
| K. PERFORMANCE OF PRESENT DUTIES (ITEM 2) | | | | | | X | |
| L. ABILITY TO EVALUATE INTELLIGENCE INFORMATION | | | | | | X | |
| M. TACT | | | | | | X | |
| N. SAGACITY (NON-GULLIBILITY) | | | | | X | | |
| O. LEADERSHIP | | | | | X | | |
| P. PHYSICAL STAMINA | | | | | | X | |
| Q. MENTAL STAMINA | | | | | X | | |

10. INDICATE YOUR ATTITUDE TOWARD HAVING THIS EMPLOYEE UNDER YOUR COMMAND OR SUPERVISION. WOULD YOU - DEFINITELY NOT WANT HIM? [ ] PREFER NOT TO HAVE HIM? [ ] BE SATISFIED TO HAVE HIM? [ ] BE PLEASED TO HAVE HIM? [ ] PARTICULARLY DESIRE HIM? [X]

11. ENTER HERE ANY DESIRED REMARKS PERTAINING TO PARTICULAR QUALIFICATIONS OR LACK THEREOF WHICH ARE CONSIDERED PERTINENT TO THE EVALUATION OF THIS EMPLOYEE. OUTSTANDING ASSETS AND/OR SERIOUS LIMITATIONS SHOULD BE STATED ALSO REASONS FOR AND RECOMMENDATIONS AS TO REASSIGNMENT WILL BE GIVEN IF APPROPRIATE TO THIS REPORT.

[redacted]

[redacted] 1954
DATE

[redacted]
SIGNATURE OF REPORTING OFFICER

[redacted]
OFFICIAL DESIGNATION OF REPORTING OFFICER

UNDER NO CIRCUMSTANCES IS THIS REPORT TO BE SHOWN TO THE EMPLOYEE REPORTED ON

CONFIDENTIAL

14-00000

1. NAME (LAST) (FIRST) (MIDDLE) | EAS RATING: 12 | SALARY: 7,610 | DATE OF LAST REPORT OR ENTRANCE ON DUTY: 2 Jan '53

2. EFFICIENCY REPORT, FIRST MUST INCLUDE FIRST, DISCLOSURE CONCISELY BUT FULLY

Operation's officer, Base officer for [redacted] Developmental work on additional sources of intelligence information, Research work on leading [redacted] personalities to expring [redacted]

3. IF COURSES OF INSTRUCTION WERE COMPLETED DURING PERIOD OF THIS REPORT, LIST TITLE, LOCATION OF SCHOOL, LENGTH OF COURSE AND DATE COMPLETED. None

| 4. PROFICIENCY IN FOREIGN LANG. | READING | | | SPEAKING | | | UNDERSTANDING | | |
|---|---|---|---|---|---|---|---|---|---|
| | EXC | GOOD | FAIR | EXC | GOOD | FAIR | EXC | GOOD | FAIR |
| | | X | | | X | | | X | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

5. MY PREFERENCE FOR NEXT DUTY AFTER TERMINATION OF CURRENT ASSIGNMENT IS: (IF IN US-SO STATE)

| TYPE OF DUTY | LOCATION |
|---|---|
| Operation Officer | |
| " | " |
| " | " |

(LIST ONE OR MORE IN ORDER OF PREFERENCE)

6. HAVE THERE BEEN ANY CHANGES IN PERSONAL STATUS SINCE ORIGINAL EMPLOYMENT OR LAST REPORT - WHICHEVER IS LATER?

MARITAL STATUS: NO X | NUMBER OF DEPENDENTS: NO X | EMERGENCY ADDRESSEE: NO X | LEGAL ADDRESS: YES X

IF THE ANSWER TO ANY OF THE ABOVE IS YES, ATTACH A SEPARATE DETAILED REPORT IN DUPLICATE HERETO. IN THE CASE OF MARRIAGE, THE REPORT WILL INCLUDE NAMES, ADDRESSES, AND CITIZENSHIP OF SPOUSE, FATHER-IN-LAW, MOTHER-IN-LAW, BROTHERS-IN-LAW AND SISTERS-IN-LAW.

1 June 1953
DATE

SECTIONS 7 THROUGH 11 TO BE COMPLETED BY IMMEDIATE SUPERVISOR

7. PERIOD COVERED BY THIS REPORT: DATE FROM 20 April '53 DATE TO 1 June '53

OCCASION FOR REPORT: ANNUAL [X] REASSIGNMENT OF REPORTING OFFICER [ ] PROPOSED REASSIGNMENT OF EMPLOYEE REPORTED ON [ ] COVERING INITIAL 90 DAYS OF EMPLOYMENT [ ]

8. IS THIS EMPLOYEE QUALIFIED TO PERFORM ALL PRESENT DUTIES? YES [X] | IS EMPLOYEE BETTER QUALIFIED FOR OTHER DUTIES? NO [X] | IF SO, WHAT DUTY OR DUTIES

DO YOU CONCUR IN EMPLOYEES DESCRIPTION OF DUTIES UNDER SECTION 3? YES [X] NO [ ] IF NO, EXPLAIN IN SECTION 11

HAS EMPLOYEE STRIVEN FOR PROFESSIONAL IMPROVEMENT? YES [X] | DO YOU RECOMMEND EMPLOYEE FOR PROMOTION? NO [X] | IF SO, TO WHAT GRADE AND FOR WHAT POSITION? Due to short time in field

9. FOR EACH FACTOR OBSERVED CHECK THE APPROPRIATE BOX TO INDICATE HOW THE EMPLOYEE COMPARES WITH ALL OTHERS OF THE SAME CLASSIFICATION WHOSE PROFESSIONAL ABILITIES ARE KNOWN TO YOU PERSONALLY. DO NOT LIMIT THIS COMPARISON TO THE OTHERS NOW UNDER YOUR SUPERVISION. DO NOT HESITATE TO MARK 'NOT OBSERVED' ON ANY QUALITY WHEN APPROPRIATE.

| RATING FACTORS | NOT OBSERVED | UNSATISFACTORY | FAIR | GOOD | VERY GOOD | EXCELLENT | OUTSTANDING |
|---|---|---|---|---|---|---|---|
| A. ABILITY TO WORK AND GET ALONG WITH PEOPLE | | | | | | X | |
| B. INTEREST AND ENTHUSIASM IN WORK | | | | | | X | |
| C. SECURITY CONSCIOUSNESS | | | | | | X | |
| D. ABILITY TO GRASP INSTRUCTIONS AND PLANS | | | | | | X | |
| E. ATTENTION TO DUTY | | | | | | X | |
| F. JUDGMENT AND COMMON SENSE | | | | | | X | |
| G. ABILITY TO OBTAIN RESULTS AND GET THINGS DONE | | | | | X | | |
| H. DISCRETION | | | | | X | | |
| I. INITIATIVE | | | | | | X | |
| J. ABILITY TO HANDLE AND DIRECT PEOPLE. | | | | | X | | |
| K. PERFORMANCE OF PRESENT DUTIES (ITEM 2) | | | | | | X | |
| L. ABILITY TO EVALUATE INTELLIGENCE INFORMATION | | | | | | X | |
| M. TACT | | | | | | X | |
| N. SAGACITY (NON-GULLIBILITY) | | | | | X | | |
| O. LEADERSHIP | | | | | X | | |
| P. PHYSICAL STAMINA | | | | | X | | |
| Q. MENTAL STAMINA | | | | | X | | |

10. INDICATE YOUR ATTITUDE TOWARD HAVING THIS EMPLOYEE UNDER YOUR COMMAND OR SUPERVISION. WOULD YOU - DEFINITELY NOT WANT HIM? [ ] PREFER NOT TO HAVE HIM? [ ] BE SATISFIED TO HAVE HIM? [ ] BE PLEASED TO HAVE HIM? [ ] PARTICULARLY DESIRE HIM? [X]

11. ENTER HERE ANY DESIRED REMARKS PERTAINING TO PARTICULAR QUALIFICATIONS OR LACK THEREOF WHICH ARE CONSIDERED PERTINENT TO THE EVALUATION OF THIS EMPLOYEE. OUTSTANDING ASSETS AND/OR SERIOUS LIMITATIONS SHOULD BE STATED ALSO REASONS FOR AND RECOMMENDATIONS AS TO REASSIGNMENT WILL BE GIVEN IF APPROPRIATE TO THIS REPORT.

(USE ADDITIONAL SPACE IF NECESSARY UPON REVERSE)

13 June 1953

[redacted]
SIGNATURE OF REVIEWING OFFICER

(USE REVERSING OFFICER'S BOX ONLY IF REPORTING OFFICER DOES NOT CONCUR WITH THIS REPORT. EXPLANATIONS WILL BE STATED IN SPACE PROVIDED ON THE REVERSE SIDE HEREOF)

[redacted]
SIGNATURE OF REPORTING OFFICER

(NOTE: NO COMMUNICATION IS THIS REPORT TO BE SHOWN TO THE EMPLOYEE REPORTED ON)

(OVER)

14-00000

12 | 7,640 | January 1953

8. DESCRIPTION OF DUTIES SINCE LAST EFFICIENCY REPORT (LIST MOST RECENT FIRST. DESCRIBE CONCISELY BUT FULLY)

Case officer for [redacted].
Developmental work on additional sources of intelligence information, research work on [redacted] personalities to examine [redacted]

9. IF COURSES OF INSTRUCTION WERE COMPLETED DURING PERIOD OF THIS REPORT, LIST TITLE, LOCATION OF SCHOOL, LENGTH OF COURSE AND DATE COMPLETED. none

| 4. PROFICIENCY IN FOREIGN LANG. | READING | | | SPEAKING | | | UNDERSTANDING | | |
|---|---|---|---|---|---|---|---|---|---|
| | EXC | GOOD | FAIR | EXC | GOOD | FAIR | EXC | GOOD | FAIR |
| Spanish | | X | | | X | | | X | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

5. MY PREFERENCE FOR NEXT DUTY AFTER TERMINATION OF CURRENT ASSIGNMENT IS: (IF IN US-SO STATE)

| TYPE OF DUTY | LOCATION |
|---|---|
| Case officer | |
| " | " |
| " | " |

(LIST ONE OR MORE IN ORDER OF PREFERENCE)

6. HAVE THERE BEEN ANY CHANGES IN PERSONAL STATUS SINCE ORIGINAL EMPLOYMENT OR LAST REPORT - WHICHEVER IS LATER?

MARITAL STATUS: YES [ ] NO [X] | NUMBER OF DEPENDENTS: YES [ ] NO [X] | EMERGENCY ADDRESSEE: YES [ ] NO [X] | LEGAL ADDRESS: YES [ ] NO [X]

IF THE ANSWER TO ANY OF THE ABOVE IS YES, ATTACH A SEPARATE DETAILED REPORT IN DUPLICATE HERETO. IN THE CASE OF MARRIAGE, THE REPORT WILL INCLUDE NAMES, ADDRESSES, AND CITIZENSHIP OF SPOUSE, FATHER-IN-LAW, MOTHER-IN-LAW, BROTHERS-IN-LAW AND SISTERS-IN-LAW.

14 May 1953
DATE

SECTIONS 7 THROUGH 11 TO BE COMPLETED BY IMMEDIATE SUPERVISOR

7. PERIOD COVERED BY THIS REPORT: DATE FROM 19 Jan. DATE TO 20 April 53

OCCASION FOR REPORT: ANNUAL [ ] REASSIGNMENT OF REPORTING OFFICER [ ] PROPOSED REASSIGNMENT OF EMPLOYEE REPORTED ON [ ] COVERING INITIAL 90 DAYS OF EMPLOYMENT [X]

8. IS THIS EMPLOYEE QUALIFIED TO PERFORM ALL PRESENT DUTIES? YES [X] NO [ ] | IS EMPLOYEE BETTER QUALIFIED FOR OTHER DUTIES? YES [ ] NO [X] | IF SO, WHAT DUTY OR DUTIES _____

DO YOU CONCUR IN EMPLOYEES DESCRIPTION OF DUTIES UNDER SECTION 2? YES [X] NO [ ] IF NO, EXPLAIN IN SECTION 11

HAS EMPLOYEE STRIVEN FOR PROFESSIONAL IMPROVEMENT? YES [X] NO [ ] | DO YOU RECOMMEND EMPLOYEE FOR PROMOTION? YES [ ] NO [X] | IF SO, TO WHAT GRADE AND FOR WHAT POSITION?

9. FOR EACH FACTOR OBSERVED CHECK THE APPROPRIATE BOX TO INDICATE HOW THE EMPLOYEE COMPARES WITH ALL OTHERS OF THE SAME CLASSIFICATION WHOSE PROFESSIONAL ABILITIES ARE KNOWN TO YOU PERSONALLY. DO NOT LIMIT THIS COMPARISON TO THE OTHERS NOW UNDER YOUR SUPERVISION. DO NOT HESITATE TO MARK 'NOT OBSERVED' ON ANY QUALITY WHEN APPROPRIATE.

| RATING FACTORS | NOT OBSERVED | UNSATISFACTORY | FAIR | GOOD | VERY GOOD | EXCELLENT | OUTSTANDING |
|---|---|---|---|---|---|---|---|
| A. ABILITY TO WORK AND GET ALONG WITH PEOPLE | | | | | | | X |
| B. INTEREST AND ENTHUSIASM IN WORK | | | | | | X | |
| C. SECURITY CONSCIOUSNESS | | | | | X | | |
| D. ABILITY TO GRASP INSTRUCTIONS AND PLANS | | | | | | X | |
| E. ATTENTION TO DUTY | | | | | X | | |
| F. JUDGMENT AND COMMON SENSE | | | | | X | | |
| G. ABILITY TO OBTAIN RESULTS AND GET THINGS DONE | | | | | X | | |
| H. DISCRETION | | | | | | X | |
| I. INITIATIVE | | | | | X | | |
| J. ABILITY TO HANDLE AND DIRECT PEOPLE. | | | | | X | | |
| K. PERFORMANCE OF PRESENT DUTIES (ITEM 2) | | | | | X | | |
| L. ABILITY TO EVALUATE INTELLIGENCE INFORMATION | | | | | X | | |
| M. TACT | | | | | | X | |
| N. SAGACITY (NON-GULLIBILITY) | | | | | | X | |
| O. LEADERSHIP | | | | | X | | |
| P. PHYSICAL STAMINA | | | | | X | | |
| Q. MENTAL STAMINA | | | | | X | | |

10. INDICATE YOUR ATTITUDE TOWARD HAVING THIS EMPLOYEE UNDER YOUR COMMAND OR SUPERVISION. WOULD YOU - DEFINITELY NOT WANT HIM? [ ] PREFER NOT TO HAVE HIM? [ ] BE SATISFIED TO HAVE HIM? [ ] BE PLEASED TO HAVE HIM? [ ] PARTICULARLY DESIRE HIM? [X]

11. ENTER HERE ANY DESIRED REMARKS PERTAINING TO PARTICULAR QUALIFICATIONS OR LACK THEREOF WHICH SHE CONSIDERED PERTINENT TO THE EVALUATION OF THIS EMPLOYEE. OUTSTANDING ASSETS AND/OR SERIOUS LIMITATIONS SHOULD BE STATED ALSO REASONS FOR AND RECOMMENDATIONS AS TO REASSIGNMENT WILL BE GIVEN IF APPROPRIATE TO THIS REPORT.

(USE ADDITIONAL SPACE IF NEEDED WHEN ENTRY EXCEEDS SPACE)

14 May 1953

(THE REPORTING OFFICER AS HEAD OF STATION DOES NOT REVIEW THIS REPORT. DESCRIPTIONS WILL BE STATED IN GENERAL TERMS AS THE REVIEWING OFFICER)

Signature of Reporting Officer

Signature of Reviewing Officer

(WHEN NO CIRCUMSTANCES IN THIS REPORT TO BE BROUGHT TO THE EMPLOYEE'S ATTENTION)

CONFIDENTIAL

14-00000

CONFIDENTIAL
(When Filled In)

# MEMORANDUM OF UNDERSTANDING

I hereby acknowledge that I have read and understand the contents of Handbook 20-4, Employee Conduct, dated 9 July 1970, and the information brochure for AOS returnees, dated May 1964.

[redacted]

Signature

19 Jan 71
Date

[redacted]

CONFIDENTIAL
(When Filled In)

# MEMORANDUM OF UNDERSTANDING

SECRET

14 June 1968

MEMORANDUM FOR: Director of Personnel

THRU: Chief, WH Personnel

SUBJECT: Immediate Family of [redacted]

It is hereby requested that Mrs. [redacted] mother-in-law of the writer, be added to Agency personnel records as one of his dependents.

The writer is personally responsible for over 51% of Mrs. [redacted] support which is reflected in his federal income tax returns.

[redacted]
Deputy Chief, WH/COG

cc: C/WH Personnel

SECRET

14-00000

SECRET

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

**IMPORTANT AGENCY INSTRUCTIONS ON BACK OF ORIGINAL**

## TO COMPLETE THIS FORM—

**1** FOLLOW THESE GENERAL INSTRUCTIONS:

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

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

| NAME (last) (first) (middle) | DATE OF BIRTH (month, day, year) | SOCIAL SECURITY NUMBER |
|---|---|---|
| 60389 | | |
| EMPLOYING DEPARTMENT OR AGENCY | LOCATION (City, State, ZIP Code) | |

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

Mark here if you WANT BOTH optional and regular insurance — [ ] (A)

ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE

I elect the $10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

Mark here if you DO NOT WANT OPTIONAL but do want regular insurance — [X] (B)

DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE

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

Mark here if you WANT NEITHER regular nor optional insurance — [ ] (C)

WAIVER OF LIFE INSURANCE COVERAGE

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

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

DATE

14 February 1968

**FOR EMPLOYING OFFICE USE ONLY**

(official receiving date stamp)

FEB 19 2 36 PM '68

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

SECRET

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

14-00000

CONFIDENTIAL
(When filled in)

# TRAINING REPORT

MANAGERIAL GRID SEMINAR (50 hours) DATES: 23-28 April 1967

Student : [redacted] Office : WH

Year of Birth: [redacted] Service Designation: D

Grade : 15 No. of Students : [redacted]

EOD Date : June 1952

## COURSE OBJECTIVES AND METHOD

Course objectives are to aid participants to: learn the managerial theories contained in the Grid; understand their personal managerial styles in Grid terms; evaluate convictions about managerial values; develop team action skills; increase candidness of communication; strengthen the use of critique for problem-solving and learning; and acquire an appreciation of Organization Culture and Development.

The method of learning offers a challenge to all participants regardless of level or experience. A Grid Seminar is not "taught" in the usual sense. In Grid teams, participants solve complex management problems. Objective solutions are made available. Individual and team performance is repeatedly assessed. Various measuring instruments are used to evaluate effectiveness.

Critique sessions assist each participant to understand how he might change his own behavior to increase his problem-solving effectiveness. Thus managers are not told the best way to manage, but they learn by convincing themselves.

About twenty to thirty hours of study are completed as prework. Insights gained are deepened and personalized during the intensive 50-hour Seminar.

## ACHIEVEMENT RECORD

This is a certificate of attendance only. No attempt was made to evaluate student achievement in this course.

FOR THE DIRECTOR OF TRAINING:

[redacted]
Chief Instructor

17 MAY 1967
Date

CONFIDENTIAL
(When filled in)

14-00000

SECRET

# FIELD REASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE — FOR HEADQUARTERS USE ONLY

| NAME OF EMPLOYEE (use pseudo only if NA) | DATE (from item 5-D) | NAME OF SUPERVISOR (true) | DATE (from item 5-D) |
|---|---|---|---|
| | 29 Sep 64 | | 29 Sep 64 |

| DATE RECEIVED AT HEADQUARTERS: | DISPATCH NUMBER: | DATE RECEIVED BY CAREER SERVICE: |
|---|---|---|
| 8 October 1964 | OSMT-3550 | |

TO BE COMPLETED BY EMPLOYEE

| 1. DATE OF BIRTH | 2. SERVICE DESIGN | 3. YOUR CURRENT POSITION, TITLE AND GRADE | 4. STATION OR BASE | 5. CRYPT FOR CURRENT COVER |
|---|---|---|---|---|
| 13 March 1915 | KUTUBE | D/Chief of Station GS-15 | Activities | |

| 6a. DATE OF PCS ARRIVAL IN FIELD | 6b. REQUESTED DATE OF DEPARTURE | 6c. EXPECTED DATE OF FIRST CHECK-IN AT HQ | 6d. DESIRED DATE TO REPORT TO DUTY AFTER LEAVE |
|---|---|---|---|
| 3 October 1960 | 10 November 1964 | 30 November 1964 | 9 December 1964 |

7. NUMBER AND AGES OF DEPENDENTS WHO WILL TRAVEL WITH YOU:

None

8. PERSONAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED IN DETERMINING NEXT ASSIGNMENT:

None

9. LIST YOUR MAJOR DUTIES DURING CURRENT TOUR (*see special note on transmittal form*). (*also attach personal cover questionnaire in accordance with CSI-F 240-8*)

D/Chief of Station
Chief, [redacted] Ops
Coordinator for [redacted] operational activities throughout WE area.

10. TRAINING DESIRED: INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS

Believe would profit from attending senior seminars on CA and CP activities.

FORM 5-63 202 OBSOLETE PREVIOUS EDITIONS

SECRET

(81)

14-00000

SECRET

11. PREFERENCE FOR NEXT ASSIGNMENT

11a. DESCRIBE BRIEFLY THE TYPE OF WORK YOU WOULD PREFER FOR NEXT ASSIGNMENT IF DIFFERENT FROM THAT INDICATED IN ITEM NO. 9 ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICE.

COS - WE or LA

Chief, Ops - At large station with diversified activities.

11b. INDICATE IF YOU DESIRE TO EXTEND YOUR CURRENT TOUR BY CHECKING IN APPROPRIATE BOX. ALSO INDICATE PREFERENCE FOR NEXT REGULAR ASSIGNMENT BY INSERTING 1, 2, & 3 (for 1st, 2nd, and 3rd choice) IN REMAINING BOXES. COMPLETE ALL ALTERNATE CHOICES AND OPTIONS IN ALL CASES EVEN THOUGH YOU ARE REQUESTING AN EXTENSION OF YOUR TOUR. Present tour ends 3 Oct. 1964 and home leave has been approved.

☐ EXTEND TOUR _____ MONTHS AT CURRENT STATION TO _____ (DATE).

☐ BE ASSIGNED TO HQTRS FOR A TOUR OF DUTY: INDICATE YOUR CHOICE OF DIVISION, STAFF OR OFFICE.
1ST CHOICE WE 2ND CHOICE LA 3RD CHOICE EE

☐ BE ASSIGNED TO ANOTHER FIELD STATION: INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIALIZATION
1ST CHOICE WE 2ND CHOICE LA 3RD CHOICE EE

☐ RETURN TO MY CURRENT STATION

TO BE COMPLETED BY FIELD STATION

12. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE AND HIS PREFERENCE FOR NEXT ASSIGNMENT, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:

Subject has done an outstanding job at this Station during his four years in [redacted] I recommend that he be returned to this Station following home leave in view of the high priority given to his present duties and responsibilities and the obvious fact that the important program which he is now heading up would suffer greatly if he were to be rotated, at this time, to another assignment. When he is eventually transferred from [redacted] I feel strongly that he should be given a chief of station assignment within the Division in view of his consistently fine record, his experience, maturity and devotion to duty.

TO BE COMPLETED BY APPROPRIATE HEADQUARTERS OFFICE

13. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF YOUR COMPONENT, INDICATE YOUR COMPONENT'S RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.

Mr. [redacted] desire for home leave and return to [redacted] for another tour has been discussed with the Secretary, CSPO/A, ~~and he~~ has been advised by WE Division that this has been approved.

DATE 9 Oct '64 TITLE C/WE/PT SIGNATURE [redacted]

FOR USE BY CAREER SERVICE

14. APPROVED ASSIGNMENT:

15. EMPLOYEE NOTIFIED BY C/WE who obtained approval from SCP. CSPO was by-passed on this. Nevertheless, [redacted] has been notified. No action on ~~the~~ this FRQ taken by CSPO. T.C.G. 10/12/64

CAREER SERVICE REPRESENTATIVE

SECRET

14-00000

SECRET

# FIELD REASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE — FOR HEADQUARTERS USE ONLY

AUTHENTICATION OF SIGNATURES AND VERIFICATION OF ITEMS 1 THROUGH 7, BELOW:

| NAME OF EMPLOYEE (from) | DATE (from item 5-1) | NAME OF SUPERVISOR (from) | DATE (from item 5-2) |
|---|---|---|---|
| [redacted] | 6 April 1962 | [redacted] | 6 April 1962 |

NAME AND SIGNATURE OF OFFICIAL AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE SIGNATURES AND VERIFY DATA IN ITEMS NOS. 1 THROUGH 7, BELOW: | DATE

TO BE COMPLETED BY EMPLOYEE

| 1. DATE OF BIRTH | 2. GRADE | 3. CURRENT POSITION TITLE AND GRADE | 7A. DATE OF PCS ARRIVAL IN FIELD ON THIS TOUR |
|---|---|---|---|
| 13 March 1915 | GS-14 | Deputy Chief of Station | 3 October 1960 |

| 4. SERVICE DESIGNATION (if known) | 5. CURRENT STATION OR FIELD BASE | 7B. EXPECTED DATE OF DEPARTURE FROM FIELD |
|---|---|---|
| | [redacted] | March 1963 |

| 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):

Deputy Chief of Station. Chief, [redacted] and Operations.

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.

See item 8 above.

B. INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE IN ORDER TO INCREASE YOUR VALUE TO THE ORGANIZATION (refer to catalog of courses, if available):

None at this time.

FORM 202 SECRET

SECRET

9. PREFERENCE FOR NEXT ASSIGNMENT (Continued)

C. INDICATE YOUR PREFERENCE FOR NEXT ASSIGNMENT BY INSERTING NUMBERS 1, 2 AND 3 (for 1st, 2nd and 3rd choice) IN THE BOXES BELOW

[1] RETURN TO MY CURRENT STATION

[3] BE ASSIGNED TO HEADQUARTERS FOR A TOUR OF DUTY. WITH RESPECT TO POSSIBLE ASSIGNMENT IN HEADQUARTERS, INDICATE CHOICE OF COMPONENT:

1ST. CHOICE VE 2ND. CHOICE VH 3RD. CHOICE CI

[2] BE ASSIGNED TO ANOTHER FIELD STATION. WITH RESPECT TO POSSIBLE REASSIGNMENT TO ANOTHER FIELD STATION, INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIFIC STATION, BASED ON QUALIFICATIONS:

1ST. CHOICE _____ 2ND. CHOICE _____ 3RD. CHOICE _____

10. HOW MUCH LEAVE DO YOU DESIRE BETWEEN ASSIGNMENTS?

INDICATE NUMBER OF WORK DAYS 30

11. INDICATE THE NUMBER AND AGE OF DEPENDENTS WHO WILL BE TRAVELLING OR MOVING WITH YOU:

None

11A. INDICATE ANY CHANGE IN YOUR PERSONAL OR FAMILY SITUATION WHICH SHOULD BE CONSIDERED IN DETERMINING YOUR NEXT ASSIGNMENT

None

12. SIGNATURE: COMPLETE ITEM NO. 5-1, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF ABOVE PORTION OF THIS FORM.

TO BE COMPLETED BY SUPERVISOR AT FIELD STATION

13. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE STATION, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:

I strongly recommend that Subject return to this post for a second tour of duty. Additional training while on home leave in the United States is not deemed necessary.

14. SIGNATURE: COMPLETE ITEM NO. 5-2, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF THIS PORTION OF THE FORM.

TO BE COMPLETED BY APPROPRIATE CAREER SERVICE OFFICER OR PERSONNEL OFFICER AT HEADQUARTERS

15. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE COMPONENT TO WHICH HE IS CURRENTLY ASSIGNED, INDICATE YOUR RECOMMENDATIONS FOR HIS NEXT ASSIGNMENT AND TRAINING:

202 forwarded for record purposes. Extension already approved by Chairman, Personnel Management Committee.

16. NAME OF CAREER SERVICE OFFICER OR PERSONNEL OFFICER

DATE 5 October 1962

FOR USE OF CAREER SERVICE

17. EMPLOYEE [ ] HAS [ ] HAS NOT BEEN NOTIFIED OF PLANNED REASSIGNMENT

18. REFERENCE DISPATCH NO. _____ CABLE NO. _____

19. TYPED OR PRINTED NAME

20. SIGNATURE

21. TITLE

22. DATE

23. COMMENTS

Second tour appr 10 Oct 62

SECRET

14-00000

# CONFIDENTIAL

(When Filled In)

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

NAME OF EMPLOYEE (Last) (First) (Middle)

## 1. RESIDENCE DATA

PLACE OF RESIDENCE WHEN APPOINTED: Auburn, N.Y.

LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad):

PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE: Jacksonville, Fla (Legal residence)

Home Leave Address: Pleasant Hill, Calif

## 2. MARITAL STATUS

CHECK (X) ONE: [XX] SINGLE [ ] MARRIED [ ] SEPARATED [ ] DIVORCED [ ] WIDOWED [ ] ANNULLED

IF MARRIED, INDICATE PLACE OF MARRIAGE | DATE OF MARRIAGE

IF DIVORCED, PLACE OF DIVORCE DECREE | DATE OF DECREE

IF WIDOWED, INDICATE PLACE SPOUSE DIED | DATE SPOUSE DIED

IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)

## 3. MEMBERS OF FAMILY

| NAME OF SPOUSE | ADDRESS (No., Street, City, Zone, State) | TELEPHONE NUMBER |
|---|---|---|
| NA | | |

| NAMES OF CHILDREN | ADDRESS | SEX | AGE |
|---|---|---|---|
| NA | | | |

| NAME OF FATHER (Or male guardian) | ADDRESS | TELEPHONE NUMBER |
|---|---|---|
| Deceased | | |

| NAME OF MOTHER (Or female guardian) | ADDRESS | TELEPHONE NUMBER |
|---|---|---|
| Deceased | | |

WHAT MEMBER(S) OF YOUR FAMILY HAS BEEN TOLD OF YOUR AFFILIATION WITH THE AGENCY FOR EMERGENCY PURPOSES?

None

## 4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

NAME (Mr., Mrs., Miss) (Last-First-Middle): Mr.

RELATIONSHIP: Brother

HOME ADDRESS (No., Street, City, Zone, State): Kansas City 12, Mo.

HOME TELEPHONE NUMBER:

BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE:

BUSINESS TELEPHONE & EXTENSION:

IS THE INDIVIDUAL NAMED ABOVE WITTING OF YOUR AGENCY AFFILIATION?

[ ] YES [X] NO

IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF?

[ ] YES [XX] NO

DOES THIS INDIVIDUAL KNOW THAT HE WAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE?

[ ] YES [X] NO

THE PERSONS NAMED IN ITEM 8 ABOVE MAY ALSO BE NOTIFIED IN CASE OF EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 8 ON THE REVERSE SIDE OF THIS FORM.

## 5. VOLUNTARY ENTRIES

INDICATE ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS

National Bank of Washington

CONTINUED ON REVERSE SIDE

## CURRENT RESIDENCE AND DEPENDENCY REPORT

FORM NO. 6 JAN 61 61 USE PREVIOUS EDITIONS.

CONFIDENTIAL

(61)

CONFIDENTIAL
(When Filled In)

5. (CONTINUED)

IN WHOSE NAME(S) ARE THE ACCOUNTS LISTED?

My name only

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

With me in my personal papers

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

6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

| SIGNED AT | DATE | SIGNATURE |
|---|---|---|
| | | |

CONFIDENTIAL

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14 December 1959

TO: Chief, CI/Support

VIA: Deputy Chief, CI Staff

FROM: Chief, CI/ICD

SUBJECT: [redacted]

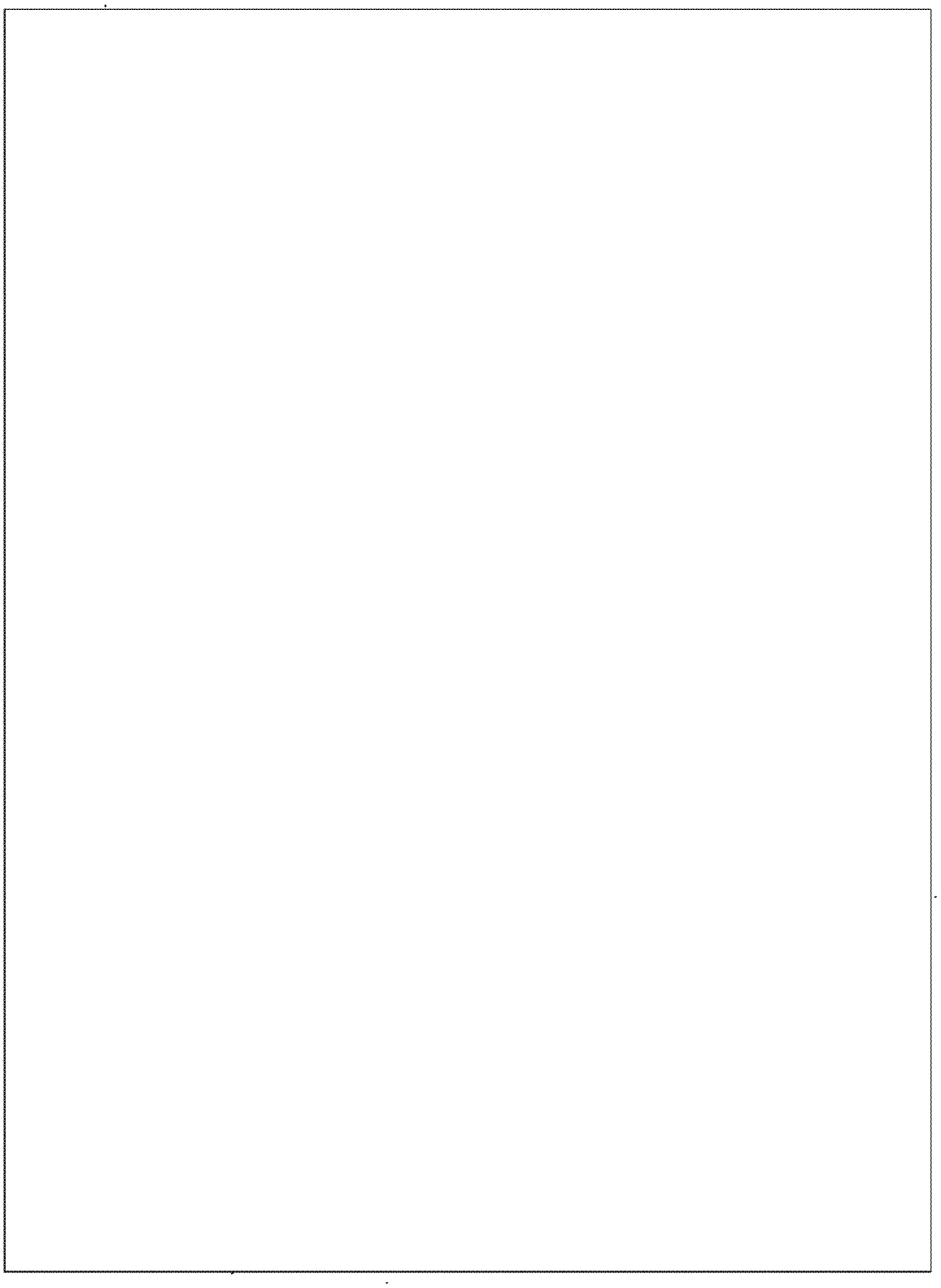
1. Subject is mentioned in a book by [redacted] entitled [redacted] Page 379 of this book is attached.

2. It is suggested that this be included in subject's personnel folder.

Attachment: (1)

[redacted] published in 1959 by The New Bobbs-Merrill Company, an Associate of Howard W. Sams & Co., Inc. Indianapolis and New York

[redacted]



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# FIELD REASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE — FOR HEADQUARTERS USE ONLY — DO NOT COMPLETE

AUTHENTICATION OF SIGNATURES AND VERIFICATION OF ITEMS 1 THROUGH 7, BELOW:

| NAME OF EMPLOYEE (Type) | DATE (From Item 8-J) | NAME OF SUPERVISOR (Type) | DATE (From Item 8-J) |
|---|---|---|---|
| | 5 Dec 57 | | 5 Dec 57 |

NAME AND SIGNATURE OF OFFICIAL AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE SIGNATURES AND VERIFY DATA IN ITEMS NOS. 1 THROUGH 7, BELOW:

DATE: 17 Dec 57

TO BE COMPLETED BY EMPLOYEE

| 1. DATE OF BIRTH | 2. GRADE | 3. CURRENT POSITION TITLE |
|---|---|---|
| | GS-11 | Deputy Chief of Station |

| 4. SERVICE DESIGNATION (if known) | 5. CURRENT STATION OR FIELD BASE |
|---|---|
| DI | Habana, Cuba |

| 6. OTHER DUTY STATIONS OR FIELD BASES DURING CURRENT TOUR | 7. EXPECTED DATE OF DEPARTURE |
|---|---|
| None | July 1958 |

8. WRITE A DESCRIPTION OF YOUR MAJOR DUTIES DURING THE CURRENT TOUR OF DUTY (see special note on Transmittal Form):

Deputy Chief of Station - supervise [ ] employees

KUTUBE Operations Officer

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.

1st Choice: See Item 8

2nd Choice: Office of the Inspector General

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):

Refresher Operations Course

FORM NO. 1 SEP 54 202

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(41)

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9. PREFERENCE FOR NEXT ASSIGNMENT (continued).

C. INDICATE YOUR PREFERENCE FOR NEXT ASSIGNMENT BY INSERTING NUMBERS 1, 2 AND 3 (for 1st, 2nd and 3rd choice) IN THE BOXES BELOW:

☐ RETURN TO MY CURRENT STATION ☒ BE ASSIGNED TO HEADQUARTERS FOR A TOUR OF DUTY

☒ BE ASSIGNED TO ANOTHER FIELD STATION

WITH RESPECT TO A POSSIBLE REASSIGNMENT TO ANOTHER FIELD STATION, INDICATE YOUR 1ST, 2ND AND 3RD CHOICE FOR GEOGRAPHIC AREA OR SPECIFIC STATION:

1ST CHOICE: _____

2ND CHOICE: _____

3RD CHOICE: _____

10. HOW MUCH LEAVE DO YOU DESIRE BETWEEN ASSIGNMENTS?

INDICATE NUMBER OF WORK DAYS 30

11. INDICATE THE NUMBER AND AGE OF DEPENDENTS WHO WILL BE TRAVELLING OR MOVING WITH YOU:

None

12. SIGNATURE: COMPLETE ITEM NO. S-1, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF ABOVE PORTION OF THIS FORM.

TO BE COMPLETED BY SUPERVISOR AT FIELD STATION

13. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE STATION, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:

Subject is qualified to be Chief of Station. Recommend assignment as requested.

14. SIGNATURE: COMPLETE ITEM NO. S-2, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF THIS PORTION OF THE FORM.

TO BE COMPLETED BY APPROPRIATE SUPERVISOR AT HEADQUARTERS

15. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE DIVISION TO WHICH HE IS CURRENTLY ASSIGNED, INDICATE YOUR RECOMMENDATIONS FOR HIS NEXT ASSIGNMENT AND TRAINING:

Recommend assignment Headquarters.

16. NAME OF SUPERVISOR

SIGNATURE

TITLE: C/WH/III

DATE: 19 December 1957

17. REMARKS (additional comment)

SECRET

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STANDARD FORM 61 (REVISED AUGUST 1949)
PROMULGATED BY CIVIL SERVICE COMMISSION
FEDERAL PERSONNEL MANUAL

# APPOINTMENT AFFIDAVITS

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

CIA
(Department or agency) (Bureau or Division) (Place of employment)

I, [redacted], *do solemnly swear (or affirm) that—*

## A. OATH OF OFFICE

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

## B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

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

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

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

## [illegible] AND OATH OF OFFICE

NAME OF EMPLOYEE — EMPLOYEE SERIAL NO — COMPLETED BY EMPLOYEE (YES / NO) — TELEPHONE EXT — SECRET (WHEN FILLED IN)

INSTRUCTIONS

THIS FORM MUST BE RETURNED WHETHER YOU HAVE HAD OVERSEAS SERVICE OR NOT. PLEASE READ CAREFULLY INSTRUCTIONS ON ACCOMPANYING CARD, THEN FILL OUT THIS FORM AS ACCURATELY AS POSSIBLE

DO NOT FOLD, STAPLE, SPINDLE, OR MUTILATE

| DO NOT WRITE IN THIS COLUMN | WHERE SERVICE WAS PERFORMED | DATES | SERVICE | RESPONSIBLE U.S. COURT DEPT OR AGENCY | DO NOT WRITE IN THIS COLUMN |
|---|---|---|---|---|---|
| 125 | Panama [illegible] | 1 02 MAR 44 | 2 Army | | 070 |
| 125 | Panama Canal Zone | 1 06 MAY 47 10 [illegible] 50 | 1 Civil Service | [illegible] | 670 |
| 170 | Cuba | 1 01 JUL 53 08 JUL 58 | 1 Occupation | | 100 52 |

[SEAL]

SECRET
(Date)

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

14-00000

# DECLARATION OF APPOINTEE

This form is to be completed before entrance on duty. Answer all questions. Any false statement in this declaration will be grounds for cancellation of application or dismissal after appointment. Impersonation is a criminal offense and will be prosecuted accordingly.

1. PRESENT ADDRESS (*street and number, city and State*) Wash. D C

2. (A) DATE OF BIRTH

(B) PLACE OF BIRTH (*city or town and State or country*) AUBURN, NEW YORK

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

Father | Auburn N.Y. | —

4. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS? ☐ YES ☒ NO

*If so, for each such relative fill in the blanks below. If additional space is necessary, complete under Item 10.*

| NAME | POST OFFICE ADDRESS (*Give street number, if any*) | (1) POSITION (2) TEMPORARY OR NOT (3) DEPARTMENT OR AGENCY IN WHICH EMPLOYED | RELATIONSHIP | MAR-RIED (*Check one*) | SINGLE |
|---|---|---|---|---|---|
| | | 1. 2. 3. | | | |
| | | 1. 2. 3. | | | |
| | | 1. 2. 3. | | | |

| INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN | YES | NO |
|---|---|---|
| 5. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?... | ✓ | |
| 6. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY?..... *If your answer is "Yes", give details in Item 10.* | | ✓ |
| 7. DO YOU RECEIVE ANY ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE?..... *If your answer is "Yes", give in Item 10 reason for retirement, (that is, age, optional disability, or by reason of voluntary or involuntary separation after 5 years' service, amount of retirement pay, and under what retirement act, and rating, if retired from military or naval service.* | | ✓ |
| 8. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT HAVE YOU BEEN DISCHARGED OR FORCED TO RESIGN FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION?..... *If your answer is "Yes", give in Item 10 the name and address of employer, date and reason in each case* | | ✓ |
| 9. HAVE YOU BEEN ARRESTED (NOT INCLUDING TRAFFIC VIOLATIONS FOR WHICH YOU WERE FINED $25 OR LESS OR FORFEITED COLLATERAL OF $25 OR LESS) SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT?... *If your answer is "Yes", list all such cases under Item 10. Give in each case (1) the date, (2) the nature of the offense or violation, (3) the name and location of the court, (4) the penalty imposed, if any, or other disposition of the case. If appointed, your fingerprints will be taken.* | | ✓ |

**10. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS**

| ITEM NO. | WRITE IN LEFT COLUMN NUMBERS OF ITEMS TO WHICH DETAILED ANSWERS APPLY |
|---|---|
| | |

## INSTRUCTIONS TO APPOINTING OFFICER

The appointing officer before whom the foregoing certificate is made shall determine to his own satisfaction that the appointment would be in conformance with the Civil Service Act, applicable Civil Service Rules and Regulations and acts of Congress pertaining to appointment.

The form should be the final basis of office, persons, suitability in connection with any record of recent discharge or arrest, and particularly for the following:

(1) *Identity of appointee.*—It is the duty of the appointing officer to guard against impersonation and to determine beyond reasonable doubt that the appointee is the same person whose appointment was authorized. The appointee's signature and handwriting are to be compared with the application and any other pertinent papers. If the appointee could not be a citizen according to the information given on this form, he should be required with the appointee on the declaration sheet, which was signed in the examination room. His physical appearance may be checked against the medical certificate. The appointee may also be questioned on his personal history for agreement with his previous statements.

(2) *Age.*—If definite age limits have been established for the position, it should be determined that applicant is not outside the age range for appointment. Until such a determination is made, the appointment may not be consummated.

(3) *Citizenship.*—The appointing officer is responsible for observing the citizenship provisions of (1) the Civil Service Rules and (2) appropriation acts. Form 61 constitutes an affidavit for both purposes and is acceptable proof of citizenship status in the absence of conflicting evidence. In doubtful cases the appointment should not be consummated until clearance has been secured from the citizenship office of the Civil Service Commission.

(4) *Members of Family.*—Section 9 of the Civil Service Act provides that whenever there are already two or more members of a family serving under permanent or permanent appointment in the competitive service, no other members of such family is eligible for probational or permanent appointment in the competitive service. The appointments of persons entitled to veteran preference are not subject to this requirement. The members of family provision does not apply to temporary appointments. Doubtful cases may be referred to the appropriate office of the Civil Service Commission for decision.

# STATEMENT OF FEDERAL CIVILIAN AND MILITARY SERVICE

OFFICE: WHT | DIVISION:

NAME (Last) (First) (Middle) | BRANCH | SECTION

I FEDERAL CIVILIAN SERVICE (BEGIN WITH THIS AGENCY AND FOLLOW IN REVERSE CHRONOLOGICAL ORDER)

| AGENCY | LOCATION | FROM DA. | FROM MO. | FROM YR. | TO DA. | TO MO. | TO YR. | TOTAL SERVICE DA. | TOTAL SERVICE MO. | TOTAL SERVICE YR. |
|---|---|---|---|---|---|---|---|---|---|---|
| CIA | Wash, DC | 26 | 6 | 1952 | | | | 1 | | |
| Canal Zone Gov | Pan. Canal | 2 | 2 | 1949 | 6 | 6 | 1952 | 5 | 4 | 3 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | SCD - 11/2-1/42 verified 9/1/47 | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | Total Civilian Service | 5 | 4 | 3 |

II MILITARY SERVICE (INCLUDE ONLY PERIODS OF ACTIVE DUTY; DO NOT INCLUDE TERMINAL LEAVE)

| BRANCH OF SERVICE | FROM DA. | FROM MO. | FROM YR. | TO DA. | TO MO. | TO YR. | TOTAL SERVICE DA. | TOTAL SERVICE MO. | TOTAL SERVICE YR. |
|---|---|---|---|---|---|---|---|---|---|
| U.S. Army | 8 | 9 | 1942 | 6 | 2 | 1946 | 29 | 4 | 3 |
| U S Army | 4 | 4 | 1946 | 2 | 2 | 1949 | 28 | 9 | 2 |
| | | | | | | | | | |
| | | | | | | Total Military Service | 57 | 13 | 5 |

III CERTIFICATION

I hereby certify that the above Civilian and Military service is complete and accurate to the best of my knowledge.

June 27, 1952
(Date)

(Signature - Type or Print)

IV REMARKS: (Continuing Active Service)

V FOR PERSONNEL OFFICE USE ONLY

(Date Last Retirement Service)

| Day | Month | Year |
|---|---|---|
| 2 | 7 | 9 |

10 USC 1641(c)(1)

WOP 27 June 52 L

14-00000

FORM DSP-34
1-26-51

If more space is required, use additional sheets of paper. Write on each sheet your name, address and date of birth. Identify each item, and attach to this application.

BUDGET BUREAU NO. 47-R071.3
APPROVAL EXPIRES August 31, 1954

1. a. NAME (Print)

b. ADDRESS

Washington D.C.

2. USE OF APPLICATION - Check one box below to indicate whether you wish this application to be considered for Foreign Service employment only, or for both Foreign Service and Departmental employment. Completion of this form is not required for Department employment only. Standard Form 57 must be filled out in any case.

☒ FOREIGN SERVICE ONLY ☐ FOREIGN SERVICE AND DEPARTMENTAL

3. PERMANENT ADDRESS (Place from which you will expect transportation of self and household effects, if any, if appointed to the Foreign Service)

Balboa, Canal Zone

4. IF BORN OUTSIDE THE UNITED STATES, HOW WAS CITIZENSHIP ACQUIRED? IF A NATURALIZED CITIZEN, GIVE PLACE, DATE, AND NUMBER OF NATURALIZATION CERTIFICATE. (Section 11 on Form 57).

NA

5. a. ARE YOU NOW INVOLVED IN ANY LITIGATION OR SEPARATION AGREEMENT? ☐ YES ☒ NO

b. DO YOU KNOW OF ANY PROSPECTIVE LITIGATION IN WHICH YOU MAY BE INVOLVED? ☐ YES ☒ NO

(Give details, if answer is yes to a. or b.)

6. WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT FOR OVERSEAS EMPLOYMENT? (Exclusive of allowances) $ PER YEAR

7. WHAT RESTRICTIONS ARE THERE, IF ANY, ON YOUR IMMEDIATE AVAILABILITY FOR DUTY IN ANY PART OF THE WORLD?

None

8. a. FULL NAME OF SPOUSE (If wife, give maiden name)

None

b. DATE OF BIRTH

c. PLACE OF BIRTH (City, State or Province, and Country)

d. IF BORN OUTSIDE THE UNITED STATES, HOW WAS CITIZENSHIP ACQUIRED?

e. IF NATURALIZED, GIVE PLACE, DATE, AND NO. OF NATURALIZATION CERTIFICATE.

9.

| NAMES OF DEPENDENTS | RELATIONSHIP | DATE OF BIRTH | WILL RESIDE WITH YOU OVERSEAS YES | NO |
|---|---|---|---|---|
| None | | | | |
| | | | | |
| | | | | |

10. a. FATHER'S NAME

b. PRESENT ADDRESS Auburn, N.Y.

c. PLACE OF BIRTH Auburn, N.Y.

11. a. MOTHER'S NAME (Maiden)

b. PRESENT ADDRESS Deceased

c. PLACE OF BIRTH Auburn, N.Y.

12. IF PARENTS BORN OUTSIDE THE UNITED STATES, DID THEY EVER OBTAIN UNITED STATES CITIZENSHIP? (Check below)

FATHER ☐ YES ☐ NO

MOTHER ☐ YES ☐ NO

13. HAVE YOU EVER APPLIED FOR A POSITION WITH THE DEPARTMENT OF STATE OR TAKEN AN EXAMINATION FOR A POSITION WITH THE DEPARTMENT OF STATE? ☐ YES ☒ NO

If "Yes" give date, nature of position applied for, and kind of examination taken, if any.

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FORM [illegible] PAGE 2

14. RELATIVES NOW RESIDING IN FOREIGN COUNTRIES

| NAME | RELATIONSHIP | ADDRESS |
|---|---|---|
| None | | |

15. FOREIGN LANGUAGES (Replaces item 19 on Form 57)

Name and indicate the extent of your competence, i.e. Excellent, Good, Fair

| A. LANGUAGE | B. READ | C. WRITE | D. SPEAK | E. UNDERSTAND |
|---|---|---|---|---|
| Spanish | Good | Good | Good | Good |

16. LIST PRESENT OR FORMER FOREIGN CONNECTIONS:

A. BUSINESS
B. EMPLOYMENT
C. MILITARY

17. DATES AND PLACES OF RESIDENCE FOR LAST 15 YEARS

| DATES | STREET AND NUMBER | CITY | STATE OR COUNTRY |
|---|---|---|---|
| 1948-52 | 0824 Arcacia Pl. | Balboa, Canal Zone | Panama |
| 1941-48 | U.S. Army | U.S. | U.S. |

18. DOES YOUR FINANCIAL POSITION PERMIT DISCHARGE OF ALL DEBTS INCURRED? [X] YES [ ] NO

IF "NO," STATE INFORMATION REQUESTED BELOW:

| NAMES OF CREDITORS | AMOUNTS DUE | DATES ON WHICH OBLIGATIONS WERE CONTRACTED |
|---|---|---|
| | | |

19. HAVE YOU EVER BEEN MEDICALLY DISCHARGED FROM THE ARMED SERVICE? [ ] YES [X] NO
IF "YES," GIVE DETAILS IN ITEM 39 OF FORM 57.

20. PRESENT MILITARY STATUS

A. ARE YOU REGISTERED WITH A SELECTIVE SERVICE BOARD? [ ] YES [X] NO IF "YES," STATE BELOW THE NUMBER AND ADDRESS OF THE BOARD, AND YOUR CLASSIFICATION:

B. DO YOU HAVE A MILITARY RESERVE STATUS? [X] YES [ ] NO IF "YES," STATE BELOW, THE BRANCH OF SERVICE; YOUR SERIAL NUMBER; YOUR ORGANIZATION UNIT AND HEADQUARTERS.

MI Reserve -0-944652 - No organization

21. LIST OTHER NAMES, IF ANY, BY WHICH YOU HAVE BEEN KNOWN INCLUDING MARRIED NAMES, IF MARRIED MORE THAN ONCE, GIVING DATE DURING WHICH NAMES WERE USED. DO NOT DUPLICATE INFORMATION SUPPLIED IN ITEM 16 ON FORM 57.

None

22. HAVE YOU EVER BEEN UNDER THE CIVIL SERVICE RETIREMENT SYSTEM?

Subject to Civil Service Retirement Act

23. SOCIAL SECURITY NUMBER, IF ANY.

24. If you believe the information you have supplied on this application does not fully show your qualifications for Foreign Service Employment, state in Item 59 of Form 57 or on a separate sheet, any additional appropriate data that you wish to have considered.

DATE September 19, 1952 SIGNATURE

14-00000

SECRET

| 1. NAME (Last, First, Middle) | 2. DATE OF BIRTH | 3. GRADE |
|---|---|---|
| | | GS-18 |
| 4. OFFICE, DIVISION, BRANCH (or overseas station and cover if lateral assignment) | 5. PRESENT POSITION | 6. EMPLOYEE EXTENSION |
| DDP/WH/COG | Ops Officer | 7461 |
| 7. PROPOSED STATION | 8. PROPOSED POSITION (Title, Number, Grade) | |
| | Chief of Station, 0198 | |
| 9. | 10. ESTIMATED DATE OF DEPARTURE | 11. NO. OF DEPENDENTS TO ACCOMPANY |
| | June 1968 | 2 |

12. COMMENTS

| 13. DATE OF REQUEST | 14. SIGNATURE OF REQUESTING OFFICIAL | 15. ROOM NUMBER AND BUILDING | 16. EXTENSION |
|---|---|---|---|
| 19 February 1968 | | 3 D 5309 Hqs | 4516 |

17. OFFICE OF MEDICAL SERVICES DISPOSITION

MEDICALLY QUALIFIED FOR PROPOSED OS PCS

18. OFFICE OF SECURITY DISPOSITION

4 12 68

19. OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION

REQUEST FOR PCS OVERSEAS EVALUATION

FORM 1-68 259a USE PREVIOUS EDITIONS

SECRET

(41)

14-00000

SECRET
(When Filled In)

# QUALIFICATIONS UPDATE

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

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

## SECTION I — BIOGRAPHIC AND POSITION DATA

| EMP. SER. NO. | NAME (Last-First-Middle) | DATE OF BIRTH |
|---|---|---|
| 060389 | | |

## SECTION II — EDUCATION

### HIGH SCHOOL

| LAST HIGH SCHOOL ATTENDED | ADDRESS (City, State, Country) | YEARS ATTENDED (From-To) | GRADUATE |
|---|---|---|---|
| | | | ☐ YES ☐ NO |

### COLLEGE OR UNIVERSITY STUDY

| NAME AND LOCATION OF COLLEGE OR UNIVERSITY | SUBJECT MAJOR | SUBJECT MINOR | YEARS ATTENDED FROM--TO-- | DEGREE RECEIVED | YEAR RECEIVED | NO. SEM/QTR. HRS. (Specify) |
|---|---|---|---|---|---|---|
| 1. | | | | | | |
| 2. | | | | | | |

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

### TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

| NAME AND ADDRESS OF SCHOOL | STUDY OR SPECIALIZATION | FROM | TO | NO. OF MONTHS |
|---|---|---|---|---|
| | | | | |

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

| NAME AND ADDRESS OF SCHOOL | STUDY OR SPECIALIZATION | FROM | TO | NO. OF MONTHS |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |

## SECTION III — MARITAL STATUS

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

2 NAME OF SPOUSE (Last) (First) (Middle) (Maiden)

| 3 DATE OF BIRTH | 4 PLACE OF BIRTH (City, State, Country) |
|---|---|
| | |

| 5 OCCUPATION | 6 PRESENT EMPLOYER |
|---|---|
| | |

| 7 CITIZENSHIP | 8 FORMER CITIZENSHIP(S) (If any) | 9 DATE U.S. CITIZENSHIP ACQUIRED |
|---|---|---|
| | | |

## SECTION IV — DEPENDENT CHILDREN AND DEPENDENTS OTHER THAN SPOUSE

| | NAME | RELATIONSHIP | DATE AND PLACE OF BIRTH | CITIZENSHIP | PERMANENT ADDRESS |
|---|---|---|---|---|---|
| 1 | ☒ ADD ☐ DELETE Mrs | Mother-in-law | Matanzas, Cuba | Cuban | Resides with me. |
| 2 | ☐ ADD ☐ DELETE | | | | |

FORM 8-68 444n



NO 14-00000

## SECTION V — GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL

| NAME OF REGION OR COUNTRY | TYPE OF SPECIALIZED KNOWLEDGE | DATES OF TRAVEL OR RESIDENCE | DATE & PLACE OF STUDY | KNOWLEDGE ACQUIRED BY - CHECK (X) | | | |
|---|---|---|---|---|---|---|---|
| | | | | MILITARY SERVICE | TRAVEL | STUDY | BOOK ASSIGNMENT |
| 1 | | | | | 1 | | |
| 2 | | | | | | | |

## SECTION VI — TYPING AND STENOGRAPHIC SKILLS

| 1. TYPING (WPM) | 2. SHORTHAND (WPM) | 3. INDICATE SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM |
|---|---|---|
| | | ☐ GREGG ☐ SPEEDWRITING ☐ STENOTYPE ☐ OTHER SPECIFY: |

## SECTION VII — SPECIAL QUALIFICATIONS

PROVIDE INFORMATION ON HOBBIES, SPORTS, LICENSES, PUBLISHED MATERIALS OR DEVICES WHICH YOU MAY HAVE INVENTED.

## SECTION VIII — MILITARY SERVICE

### CURRENT DRAFT STATUS

| 1. HAS YOUR SELECTIVE SERVICE CLASSIFICATION CHANGED? | 2. NEW CLASSIFICATION |
|---|---|
| ☐ YES ☐ NO | |

| 3. LOCAL SELECTIVE SERVICE BOARD NUMBER AND ADDRESS | 4. IF DEFERRED, GIVE REASON |
|---|---|
| | |

### MILITARY RESERVE, NATIONAL GUARD STATUS

CHECK RESERVE OR GUARD ORGANIZATION TO WHICH YOU BELONG: ☐ ARMY ☐ NAVY ☐ MARINE CORPS ☐ AIR FORCE ☐ COAST GUARD ☐ NATIONAL GUARD ☐ AIR NATIONAL GUARD

| 1. CURRENT RANK, GRADE OR RATE | 2. DATE OF APPOINTMENT IN CURRENT RANK | 3. EXPIRATION DATE OF CURRENT OBLIGATION |
|---|---|---|
| | | |

4. CHECK CURRENT RESERVE CATEGORY: ☐ READY RESERVE ☐ STANDBY (active) ☐ STANDBY (inactive) ☐ RETIRED ☐ DISCHARGED

| 5. MILITARY MOBILIZATION ASSIGNMENT | 6. RESERVE UNIT TO WHICH ASSIGNED OR ATTACHED |
|---|---|
| | |

### MILITARY SCHOOLS COMPLETED (Extended Active, Reserve Duty, or as Civilian)

| NAME AND ADDRESS OF SCHOOL | STUDY OR SPECIALIZATION | DATE COMPLETED | RESIDENT / AGENCY-SPONSORED |
|---|---|---|---|
| | | | |

## SECTION IX — PROFESSIONAL SOCIETIES AND OTHER ORGANIZATIONS

| NAME AND CHAPTER | ADDRESS (Number, Street, City, State, Country) | DATE OF MEMBERSHIP FROM | TO |
|---|---|---|---|
| 1 | | | |
| 2 | | | |
| 3 | | | |

## SECTION X — REMARKS

| DATE | 3 |
|---|---|
| 1 May 1967 | |

14-00000

SECRET

# QUALIFICATIONS SUPPLEMENT TO PERSONAL HISTORY STATEMENT

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

SECTION I — BIOGRAPHIC AND POSITION DATA

| 1 EMP SER NO | 2 NAME (Last First Middle) | 3 SEX | 4 DATE OF BIRTH | 5 SCHEDULE/GRADE/STEP |
|---|---|---|---|---|
| 060389 | | | | OS-15-04 |

| 6 SO | 7 POSITION TITLE | 8 OFFICE OF ASSIGNMENT | 9 DUTY STATION (City) |
|---|---|---|---|
| D | OPS OFFICER. D CH | HS | WASH, D.C. |

SECTION II — AGENCY OVERSEAS SERVICE

| AREA | TYPE TOUR | FROM | TO |
|---|---|---|---|
| CUBA | PCS CC | 53/01/17 | 58/11/10 |
| WESTERN HEMISPHERE | TDY CC | 59/06/18 | 59/06/27 |
| | PCS RR | 60/11/03 | 65/11/29 |
| | TDY 45 | 66/02/14 | 66/02/19 |
| EUROPEAN AREA | TDY RR | 66/05/20 | 66/05/30 |
| EUROPEAN AREA | TDY RR | 66/08/01 | 66/08/13 |
| WESTERN HEMISPHERE | TDY RR | 66/10/12 | 66/10/15 |
| " " | " | 66/12/ 8 | 66/12/14 |

OVERSEAS DATA
CODED
DATE: 2 JUN 67 INITIALS:

SECTION III — EDUCATION

| DEGREE | MAJOR FIELD | COLLEGE | YEAR |
|---|---|---|---|
| | NO COLLEGE DEGREE ON RECORD | | |

SECRET

7 JUN 1410

## SECTION IV — GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL

| NAME OF REGION OR COUNTRY | TYPE OF SPECIALIZED KNOWLEDGE | DATES OF TRAVEL OR RESIDENCE | DATE & PLACE OF STUDY | INDICATE BASIS FOR KNOWLEDGE (Check one) | | | |
|---|---|---|---|---|---|---|---|
| | | | | REST DEVICE | TRAVEL | STUDY | WORK ASSIGNMENT |
| | political topographic, cultural | 1960-1965 | | | X | | X |
| | " " | " " | | | X | | X |
| | " " | " " | | | X | | X |
| | " " | " " | | | X | | X |
| | " " | " " | | | X | | X |
| | " " | " " | | | X | | X |
| | " " | " " | | | X | | X |
| | " " | " " | | | X | | X |
| | | | | | | | |
| | | | | | | | |

## SECTION V — TYPING AND STENOGRAPHIC SKILLS

| 1 TYPING (WPM) | 2 SHORTHAND (WPM) | 3 INDICATE SHORTHAND SYSTEM USED (CHECK (X) APPROPRIATE ITEM) |
|---|---|---|
| | | ☐ GREGG ☐ SPEEDWRITING ☐ STENOTYPE ☐ OTHER (SPECIFY) |

4 INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (comptometer, mimeograph, card punch, etc.)

## SECTION VI — SPECIAL QUALIFICATIONS

1 LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH.

2 EXCLUDING BUSINESS EQUIPMENT OR MACHINES WHICH YOU MAY HAVE LISTED IN ITEM 4, SECTION V, LIST ANY SPECIAL SKILLS YOU POSSESS PERTAINING TO OTHER EQUIPMENT AND MACHINES SUCH AS OPERATION OF RADIO TRANSMITTERS (indicate CW speed sending & receiving), OFFSET PRESS, PRINT LATHE, EDP AND OTHER SCIENTIFIC & PROFESSIONAL DEVICES.

3 ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (SUCH AS PILOT, ELECTRICIAN, RADIO OPERATOR, TEACHER, LAWYER, CPA, MEDICAL TECHNICIAN, PSYCHOLOGIST, PHYSICIAN, ETC.) ▶ ☐ YES ☐ NO

4 IF YOU HAVE ANSWERED "YES" TO ITEM 3 ABOVE, INDICATE KIND OF LICENSE OR CERTIFICATION AND THE ISSUING STATE, MUNICIPALITY, ETC. (Give license, register, number if known.)

5 FIRST LICENSE/CERTIFICATE (year of issue)

6 LATEST LICENSE/CERTIFICATE (year of issue)

7 LIST AND EXPLAIN ANY PUBLISHED MATERIALS OR WORKS YOU ARE THE AUTHOR OF. IF MOST OTHER ITEMS HAVE BEEN PUBLISHED, INDICATE THE TITLE, PUBLICATION DATE AND TYPE OF WRITING (e.g., book, pamphlet, article, government publication, technical report, etc.).

8 LIST ANY PAPERS AND SPEECHES WHICH YOU HAVE PRESENTED BEFORE GROUPS AND STATE WHETHER OR NOT THESE ARE ON FILE.

9 LIST ANY HONORARY AND PROFESSIONAL ORGANIZATIONS

| SECTION IX | MARITAL STATUS | |
|---|---|---|
| 1 PRESENT STATUS (Single Married Widowed Separated Divorced Annulled Common-law) | | |
| 2 NAME OF SPOUSE | | |
| 3 DATE OF BIRTH | 4 PLACE OF BIRTH (City State Country) Habana, Cuba | |
| 5 OCCUPATION Housewife | 6 PRESENT EMPLOYER | |
| 7 CITIZENSHIP Cuban | 8 FORMER CITIZENSHIPS (COUNTRIES) None | 9 DATE U.S. CITIZENSHIP ACQUIRED |

**SECTION X — DEPENDENT CHILDREN AND DEPENDENTS OTHER THAN SPOUSE**

| NAME | RELATIONSHIP | DATE AND PLACE OF BIRTH | CITIZENSHIP | PERMANENT ADDRESS |
|---|---|---|---|---|
| | step-son | | Cuban | Washington, D.C. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**SECTION XI — PROFESSIONAL SOCIETIES AND OTHER ORGANIZATIONS**

| NAME AND CHAPTER | ADDRESS (Number Street City State Country) | DATE OF MEMBERSHIP FROM | DATE OF MEMBERSHIP TO |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

DATE: 19 April 1967

SIGNATURE:

14-00000

C O N F I D E N T I A L

DATE: 15 September 1958

PROT: 8-351

TO : Chief, WH

Director of Security

Director of Personnel

FROM : Chief, Communications Security Division

SUBJECT : Notification of Cryptographic Clearance - [redacted]

1. Subject employee has been granted a cryptographic clearance under the provisions of CIA Regulation 90-500. Clearance is effective 18 August 1958.

2. Subject has been informed of the granting of clearances, has been briefed concerning cryptographic and related communications security matters, and has signed a Briefing Statement acknowledging responsibility for the protection of cryptographic information.

3. When Subject employee no longer requires the clearance in order to perform his assigned duties, it is requested that the Communications Security Division (2411 I Bldg., Ext. 3021) be notified by _____ WH _____, that the clearance may be revoked.

FOR CHIEF, COMMUNICATIONS:

[redacted]

Chief, Protective Branch

Distribution:
1 - WH
1 - Security Office (Briefing Statement attached)
1 - Personnel (Wing 1-H Curio Hall)
1 - CC-S/PROT File

C O N F I D E N T I A L

14-00000

STANDARD FORM 57 - NOV 1947
U S CIVIL SERVICE COMMISSION

# LICATION FOR FEDERAL EMPLOYM

INSTRUCTIONS In order to prevent delay in consideration of your application, answer every question on this form clearly and completely. Type or write or print in INK. In applying for a specific United States Civil Service examination, read the examination announcement carefully and follow all directions. If you are applying for a WRITTEN examination, follow the instructions on the admission card regarding disposition of this application. If you are appearing for an UNWRITTEN examination mail this application to the office named in the announcement. Be sure to mail to the same office any other forms required by the announcement. Notify the office with which you file this application of any change in your address.

APPLICATION NO

ANNOUNCEMENT

1 NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR

2 OPTION(S) (if mentioned in examination announcement)

3 PLACE OF EMPLOYMENT APPLIED FOR (City and State)

4 DATE OF THIS APPLICATION: Oct. 19, 1952

5 MR / MRS / MISS (First name) (Middle) (Maiden, if any) (Last)

6 (A) STREET AND NUMBER OR R. D. NUMBER

(B) CITY OR POST OFFICE (including postal zone) AND STATE: Washington, D.C.

7 LEGAL OR VOTING RESIDENCE (State): New York

8 (A) OFFICE PHONE (B) HOME PHONE: Wooddley 3467

9 DATE OF BIRTH (month, day, year)

10 ☐ MARRIED ☒ SINGLE

11 PLACE OF BIRTH (city and State, if born outside U. S., name city and country): Auburn, N.Y.

12 ☒ MALE ☐ FEMALE

13 (A) HEIGHT WITHOUT SHOES: 6 FEET ..... INCHES (B) WEIGHT: 172 POUNDS

14 (A) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? ☒ YES ☐ NO

(B) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE: GS-12 Feb. 1952

**DO NOT WRITE IN THIS BLOCK**
**For Use of Civil Service Commission Only**

☐ WAIVER ☐ NON-WAIVER

MATERIAL ☐ SUBMITTED ☐ RETURNED

ENTERED REGISTER

RATINGS:

APP. REVIEW

APPROVED

| OPTION | GRADE | EARNED RATING | PREFERENCE | AUGM RATING |
|---|---|---|---|---|
| | | | ☐ 5 POINTS (TENT.) | |
| | | | ☐ 10 POINTS | |
| | | | ☐ WIFE OR WIDOW | |
| | | | ☐ DISAL. | |
| | | | ☐ BEING INVESTIGATED | |
| INITIALS AND DATE | | | | |

15. (A) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? $ ..... PER YEAR
*You will not be considered for any position with a lower entrance salary*

(B) CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT IF OFFERED FOR
☐ 1 TO 3 MONTHS ☐ 3 TO 6 MONTHS ☐ 6 TO 12 MONTHS

NOTE. *Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a probational appointment*

(C) IF YOU ARE WILLING TO TRAVEL, SPECIFY
☒ OCCASIONALLY ☐ FREQUENTLY ☐ CONSTANTLY

(D) CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED.
☐ IN WASHINGTON, D. C. ☐ ANYWHERE IN THE UNITED STATES
☒ OUTSIDE THE UNITED STATES

(E) IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, GIVE ACCEPTABLE LOCATIONS

16. EXPERIENCE. It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the appointing officials of agencies to give you full credit in determining your qualifications. Use a separate block for each position. Start with your present position and work back, explaining clearly the principal tasks which you performed in each position, accounting for all periods of unemployment. Experience gained more than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blocks. If your duties changed materially while working for the same employer, use a separate block to describe each position. You may include any pertinent religious, civic, welfare, or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Military experience should be described in the spaces below in its proper sequence.

(a) If you were ever employed in any position under a name different from that shown in Item 5 of the application, give under "Description of your work" for each position, the name used.

(b) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."

## ① PRESENT POSITION

DATES OF EMPLOYMENT (month, year): FROM July 1948 TO PRESENT TIME

EXACT TITLE OF YOUR PRESENT POSITION: Governor's Staff

CLASSIFICATION GRADE (if in Federal Service): GS 12

SALARY OR EARNINGS: STARTING $ 2900 PER yr. PRESENT $ 8810 PER yr.

PLACE OF EMPLOYMENT (City and State): Balboa Hgts., Canal Zone

NAME AND TITLE OF IMMEDIATE SUPERVISOR: Governor Francis Newcomber

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal name department, bureau or establishment, and division): Canal Zone Government, Balboa Hgts. Canal Zone

KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale silk, insurance agency, manufacture of brass pins): Agency of Federal Government operating Panama Canal.

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU: 10

REASON FOR DESIRING TO CHANGE EMPLOYMENT: Career in Foreign Service

DESCRIPTION OF WORK PERFORMED: As representative on Governor's Staff handled liaison activities between Governor's office and other Government Agencies in Panama area, including U.S. Embassy, other special duties as assigned by Governor, reviewed applications for Isthmian Canal Commission E.

On [illegible] ran [illegible]

(CONTINUED ON NEXT PAGE)

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16 CONTINUED

② DATES OF EMPLOYMENT (month, year) FROM 9/8/1941 TO 6/30/42 | EXACT TITLE OF YOUR POSITION: 1st Lt. | CLASSIFICATION GRADE (if in Federal service): | SALARY OR EARNINGS: STARTING $ 320 PER MO. FINAL $ 420 PER MO.

PLACE OF EMPLOYMENT (city and State): U.S. and Panama

NAME AND TITLE OF IMMEDIATE SUPERVISOR: Various

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division): U.S. Army

KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale silk, insurance agency, manufacture of locks, etc.): Military

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU: 0 to 50

REASON FOR LEAVING: Ser. (Honorable)

DESCRIPTION OF YOUR WORK: Enlisted man and later officer in G-2 Section, U.S. Army

③ DATES OF EMPLOYMENT (month, year) FROM 10/34 TO 6/41 | EXACT TITLE OF YOUR POSITION: Ass't Mgr. | CLASSIFICATION GRADE (if in Federal service): | SALARY OR EARNINGS: STARTING $ 120 PER MO. FINAL $ 180 PER MO.

PLACE OF EMPLOYMENT (city and State): Auburn, N.Y.

NAME AND TITLE OF IMMEDIATE SUPERVISOR: [redacted] - Owner, Mgr.

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division): [redacted]

KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale silk, insurance agency, manufacture of locks, etc.): Elec. Cont. and Supply Co.

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU: 3 - 10

REASON FOR LEAVING: Military Service

DESCRIPTION OF YOUR WORK: Buyer and merchandise man for electrical appliances and contracting supplies.

④ DATES OF EMPLOYMENT (month, year) FROM TO | EXACT TITLE OF YOUR POSITION | CLASSIFICATION GRADE (if in Federal service): | SALARY OR EARNINGS: STARTING $ PER FINAL $ PER

PLACE OF EMPLOYMENT (city and State)

NAME AND TITLE OF IMMEDIATE SUPERVISOR

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment and division)

KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale silk, insurance agency, manufacture of locks, etc.)

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU

REASON FOR LEAVING

DESCRIPTION OF YOUR WORK

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(5) DATES OF EMPLOYMENT (month, year) FROM TO | EXACT TITLE OF YOUR POSITION | CLASSIFIED (if in Federal service) | SALARY OR EARNINGS STARTING $ PER FINAL $ PER

PLACE OF EMPLOYMENT (city and State) | NAME AND TITLE OF IMMEDIATE SUPERVISOR

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division) | KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.)

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU | REASON FOR LEAVING

DESCRIPTION OF YOUR WORK

If more space is required, use a continuation sheet (Standard Form No. 58) or a sheet of paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.

17. MILITARY TRAINING. In the space below, describe any training received in the Armed Services (not already listed under Item 16) that would assist appointing officers in placing you most effectively. Indicate actual amount of training received, such as hours per week. Detailed information regarding any special service schools you attended is especially important. (Extra pages may be used to give full descriptions.)

| DATES FROM | DATES TO | LOCATION | DESCRIPTION OF TRAINING |
|---|---|---|---|
| Sep. '42 | Nov. '42 | Camp Pickett, Va. | Basic training |
| Nov. '42 | Jan. '43 | Baltimore, Md. | Hq. det. tr. |
| Sep. '43 | Oct. '43 | Chicago, Ill. | Adv. tr. |
| May '44 | Jan. '44 | Ogden, Utah | Spec. AAF training |

18. EDUCATION (Circle highest grade completed): 1 2 3 4 5 6 7 8 9 10 11 12

MARK (X) THE APPROPRIATE BOX TO INDICATE SATISFACTORY COMPLETION OF: ☐ ELEMENTARY SCHOOL ☐ JUNIOR HIGH SCHOOL ☒ SENIOR HIGH SCHOOL

(A) GIVE NAME AND LOCATION OF LAST HIGH SCHOOL ATTENDED: Auburn Senior High School, Auburn, N.Y.

(B) SUBJECTS STUDIED IN HIGH SCHOOL WHICH APPLY TO POSITION DESIRED

| (C) NAME AND LOCATION OF COLLEGE OR UNIVERSITY | MAJOR AND SPECIALTY | DATES ATTENDED FROM | DATES ATTENDED TO | YEARS COMPLETED DAY | YEARS COMPLETED NIGHT | DEGREES CONFERRED TITLE | DEGREES CONFERRED DATE | SEMESTER HOURS CREDIT |
|---|---|---|---|---|---|---|---|---|
| Loyola College, Baltimor | Geo-politica | 9/47 | 6/48 | | 1 | | | |

| (D) LIST YOUR CHIEF UNDERGRADUATE COLLEGE SUBJECTS | SEMESTER HOURS | LIST YOUR CHIEF GRADUATE COLLEGE SUBJECTS | SEMESTER HOURS |
|---|---|---|---|
| | | | |

(E) OTHER TRAINING SUCH AS VOCATIONAL, BUSINESS, STUDY COURSES GIVEN THROUGH THE ARMED FORCES INSTITUTE (show name and location of school) OR "IN SERVICE TRAINING" IN PUBLIC OR PRIVATE EMPLOYMENT

| SUBJECTS STUDIED | DATES ATTENDED FROM | DATES ATTENDED TO | YEARS COMPLETED DAY | YEARS COMPLETED NIGHT |
|---|---|---|---|---|
| | | | | |

19. INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES

| | READING EXC. | READING GOOD | READING FAIR | SPEAKING EXC. | SPEAKING GOOD | SPEAKING FAIR | UNDERSTANDING EXC. | UNDERSTANDING GOOD | UNDERSTANDING FAIR |
|---|---|---|---|---|---|---|---|---|---|
| See DES 34 | | | | | | | | | |

20. IF YOU HAVE TRAVELED OR RESIDED IN ANY FOREIGN COUNTRIES, INDICATE (1) NAMES OF COUNTRIES, (2) DATES AND LENGTH OF TIME SPENT THERE, AND (3) REASON OR PURPOSE (e. g., military service, business, education, recreation)

See Item 16 (2)

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

None

APPROXIMATE NUMBER OF WORDS PER MINUTE IN TYPING SHORTHAND

22. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (such as pilot, electrician, radio operator, teacher, lawyer, CPA, etc.)?

☐ YES ☒ NO GIVE KIND OF LICENSE AND STATE:

FIRST LICENSE OR CERTIFICATE (YEAR)

LATEST LICENSE OR CERTIFICATE (YEAR)

23. GIVE ANY SPECIAL QUALIFICATIONS NOT COVERED ELSEWHERE IN YOUR APPLICATION SUCH AS:
(A) YOUR MORE IMPORTANT PUBLICATIONS (do not submit copies unless requested)
(B) YOUR PATENTS OR INVENTIONS
(C) PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE
(D) MEMBERSHIP IN PROFESSIONAL OR SCIENTIFIC SOCIETIES, ETC.
(E) HONORS AND FELLOWSHIPS RECEIVED

None

19-00040-1

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24 REFERENCES. List three persons living in the United States or Territories of the United States who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Item 16 (EXPERIENCE).

| | FULL NAME | PRESENT BUSINESS OR HOME ADDRESS (Give complete current address, including street and number) | BUSINESS OR OCCUPATION |
|---|---|---|---|
| 1. | Mr. | Harrisburg, Pa. | Personnel Mgr. |
| 2. | | San Francisco, Calif. | Attorney |
| 3. | | Balboa, Canal Zone | Businessman |

| INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN | YES | NO |
|---|---|---|
| 25 MAY INQUIRY BE MADE OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER QUALIFICATIONS, ETC.? | X | |
| 26 ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES? | X | |
| 27 ARE YOU, NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY U. S. A. OR ANY COMMUNIST ORGANIZATION? | | X |
| 28 ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION? | | X |
| 29 ARE YOU, NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT, OR IS ANY SUCH ORGANIZATION, ASSOCIATION MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH HAS ADOPTED 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 OF SEEKING TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS? | | X |
| *If your answer to question 27, 28, or 29 above is "yes," state in Item 39 the names of all such organizations, associations, movements, groups, or combination of persons and dates of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities therein* | | |
| 30 SINCE (MAJOR NEW BIRTHDAY), HAVE YOU EVER BEEN ARRESTED, INDICTED OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING OR CONVICTED, FINED OR IMPRISONED OR PLACED ON PROBATION, OR HAVE YOU EVER BEEN FORFEITED TO FORFEIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE (EXCLUDING MINOR TRAFFIC VIOLATIONS FOR WHICH A FINE OR FORFEITURE OF $25 OR LESS WAS IMPOSED)? | | X |
| *If your answer is "Yes," list all such cases under Item 39 below. Give in each case (1) the date, (2) the nature of the offense or violation, (3) the name and location of the court, (4) the penalty imposed, if any, or other disposition of the case. If appointed, your fingerprints will be taken.* | | |
| 31 HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN, FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION)? | | X |
| *If your answer is "Yes," give in Item 39 the name and address of employer, date, and reason in each case* | | |
| 32 HAVE YOU EVER BEEN BARRED BY THE U. S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATIONS OR ACCEPTING CIVIL SERVICE APPOINTMENTS? | | X |
| *If your answer is "Yes," give dates of and reasons for such debarments in Item 39* | | |
| 33 HAVE YOU ANY PHYSICAL HANDICAP, DISEASE, OR OTHER DISABILITY WHICH SHOULD BE CONSIDERED IN ASSIGNING YOU TO WORK? | | X |
| *If your answer is "Yes," give complete details in Item 39 so that consideration can be given to your physical fitness for the job.* | | |
| 34 DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? | | X |
| *If your answer is "Yes," give complete details in Item 39* | | |

| INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN | YES | NO |
|---|---|---|
| 35 ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? | | X |
| *If your answer is "Yes," give details in Item 39.* | | |
| 36 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 12 MONTHS? | | X |
| *If your answer is "Yes," show 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* | | |

## SPECIAL INSTRUCTIONS FOR CLAIMING VETERAN PREFERENCE

A If you are claiming preference as a PEACETIME VETERAN who has been awarded a campaign badge or service ribbon, or as a DISABLED VETERAN, or as the WIFE OF A DISABLED VETERAN, or as the WIDOW OF A WAR OR CAMPAIGN VETERAN, attach Veteran Preference Claim, CSC Form 14, together with proof specified therein.

B If you are a WAR-TIME VETERAN not claiming disability preference, you should NOT submit your discharge with this application. Preference will be tentatively credited to you and if appointed, you will be required to submit to the appointing officer prior to entry on duty, official evidence of separation from active service in the armed forces of the United States in time of war.

| | YES | NO |
|---|---|---|
| 37 (A) WERE YOU EVER IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING TIME OF WAR? | X | |
| (B) IS THE WORD "HONORABLE" OR THE WORD "SATISFACTORY" USED IN YOUR DISCHARGE OR SEPARATION PAPERS TO SHOW THE TYPE OF YOUR DISCHARGE OR SEPARATION? | X | |
| (C) WAS SERVICE PERFORMED ON AN ACTIVE FULL-TIME BASIS WITH FULL MILITARY PAY AND ALLOWANCES? | X | |

| (D) DATE OF ENTRY ON ENTRIES INTO SERVICE | DATE OF SEPARATION OR SEPARATIONS |
|---|---|
| 9/8/41 | 6/30/48 |
| BRANCH OF SERVICE (*Army, Navy, Marine Corps, Coast Guard, etc.*) | SERIAL NO (*if none, give grade or rating at time of separation*) |
| Army | 0944652 |

| | YES | NO |
|---|---|---|
| 38 (A) IF YOU SERVED IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING PEACETIME ONLY, DID YOU PARTICIPATE IN A CAMPAIGN OR EXPEDITION AND RECEIVE A CAMPAIGN BADGE OR SERVICE RIBBON? | X | |
| (B) ARE YOU A DISABLED VETERAN? | | X |
| *If so, and you have not listed your disability in answer to Item 33, explain in Item 39 below* | | |
| (C) ARE YOU A VETERAN'S WIDOW WHO HAS NOT REMARRIED? | | |
| (D) ARE YOU THE WIFE OF A VETERAN WHO HAS A SERVICE CONNECTED DISABILITY WHICH DISQUALIFIES HIM FOR CIVIL SERVICE APPOINTMENT? | | |

## THIS SPACE FOR USE OF APPOINTING OFFICER ONLY

The information contained in the answers to Question 37 above has been verified by comparison with the discharge certificate on .....19.....

.....

Agency: Title.

39 SPACE FOR CONTINUED ANSWERS TO OTHER QUESTIONS (*Indicate item numbers to which answers apply*)

| ITEM NO | | ITEM NO | |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

If more space is required, use paper the same as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.

Before signing this application check back over it to make sure that you have answered ALL questions correctly.

I CERTIFY that the statements made by me in this application are [illegible] ledge and belief, and are made in good faith.

False statement on this application is punishable by Law (U. S. Code, Title 18, Section 80)

SIGNATURE OF APPLICANT

(Sign your name in INK. If you are [illegible] use initial or initials and surname) If female, [illegible] your own given name as "Mrs Mary L. Doe")

U. S. GOVERNMENT PRINTING OFFICE: 1948 O-602827 16 43864-1

14-00000

STANDARD FORM 57 NOV 1947
U S CIVIL SERVICE COMMISSION

# APPLICATION FOR FEDERAL EMPLOYMENT

INSTRUCTIONS: In order to prevent delay, your answers to every question on this form should be complete and accurate. Type or write in ink. In applying for a specific United States Civil Service examination, read the announcement carefully and follow all directions. If you are applying for a WRITTEN examination, follow the instructions on the announcement regarding disposition of this application. If you are applying for an UNASSEMBLED examination, mail this application to the office named in the announcement. Be sure to mail to the same office and by the latest date required by the announcement. Notify the office with which you file this application of any change in your address.

APPLICATION

1. NAME OF POSITION OR GRADE OF THE FIRST APPLICATION
Intelligence Officer
2. TITLE NO. (If mentioned in examination announcement)

3. PLACE OF EMPLOYMENT APPLIED FOR (City and State)

4. DATE OF THIS APPLICATION
14 July 1950

5. MR. MRS. MISS (First name) (Middle) (Maiden, if any) (Last)
X

6. (A) STREET AND NUMBER OF P. O. ADDRESS

(B) CITY OR POST OFFICE (including postal zone) AND STATE
Balboa, Canal Zone

ANNOUNCEMENT

7. LEGAL VOTING RESIDENCE (State)
New York

8. TELEPHONE (A) HOME
Balboa 3100

(B) HOME PHONE
Balboa 3223

9. DATE OF BIRTH (month, day, year)

10. [ ] MARRIED [X] SINGLE

11. PLACE OF BIRTH (City and State, if born outside U. S., name city and country)
Auburn, New York

12. [X] MALE [ ] FEMALE

13. (A) HEIGHT WITHOUT SHOES: 6 FEET 0 INCHES

(B) WEIGHT: 174 POUNDS

14. (A) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? [X] YES [ ] NO

(B) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE
GS-9, July 1950

**DO NOT WRITE IN THIS BLOCK**
For Use of Civil Service Commission Only

[ ] APPEAL [ ] WAIVER | [ ] SUBMITTED [ ] RETURNED | ENTERED REGISTER

EXAMINER | APPROVED

| OPTION | GRADE | EARNED RATING | PREFERENCE | ADJUM. RATING |
|---|---|---|---|---|
| | | | [ ] 5 POINTS (TENT.) | |
| | | | [ ] 10 POINTS | |
| | | | [ ] WIFE OR WIDOW | |
| | | | [ ] DISAL. | |
| | | | [ ] BEING INVESTIGATED | |
| INITIALS AND DATE | | | | |

15. (A) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? $ 6,000 PER YEAR
*You will not be considered for any position with a lower entrance salary.*

(B) CHECK IF YOU WILL ACCEPT SHORT TERM APPOINTMENT IF OFFERED, FOR:
[ ] 1 TO 3 MONTHS [ ] 3 TO 6 MONTHS [ ] 6 TO 12 MONTHS

NOTE. *Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a probational appointment.*

(C) IF YOU ARE WILLING TO TRAVEL, SPECIFY:
[X] OCCASIONALLY [X] FREQUENTLY [X] CONSTANTLY

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

(E) IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, GIVE ACCEPTABLE LOCATIONS.

16. EXPERIENCE. It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the appointing officials of agencies to give you full credit in determining your qualifications. Use a separate block for each position. Start with your present position and work back, explaining clearly the principal tasks which you performed in each position, accounting for all periods of unemployment. Experience gained more than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blocks. If your duties changed materially while working for the same employer, use a separate block to describe each position. You may include any pertinent religious, civic, welfare, or recreational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Military experience should be described in the spaces below in its proper sequence.

(a) If you were ever employed in any position under a name different from that shown in Item 5 of this application, give under "Description of your work" for each position, the name used.

(b) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."

## ① PRESENT POSITION

DATES OF EMPLOYMENT (month, year): FROM February 1949 TO PRESENT TIME

EXACT TITLE OF YOUR PRESENT POSITION: Ass't Chief, Civ. Int. Br.

CLASSIFICATION GRADE (If in Federal Service): GS-9a

SALARY OR EARNINGS: STARTING, $ 5,000 PER [annum]; PRESENT, $ 5,750.00 PER [illegible]

PLACE OF EMPLOYMENT (City and State): Balboa Hgts., Canal Zone

NAME AND ADDRESS OF EMPLOYER (Firm, organization, or person. If Federal, name department, bureau or establishment, and division): Civil Intelligence Branch, Executive Dept., The Panama Canal

NAME AND TITLE OF IMMEDIATE SUPERVISOR: Chief, Civil Int. Branch

KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale milk, insurance agency, manufacture of locks, etc.): U.S. Government

NUMBER AND TITLES OF EMPLOYEES SUPERVISED BY YOU: In absence of chief—11 clerks, stenos & Investigators.

REASON FOR DESIRING TO CHANGE EMPLOYMENT: Personal betterment

DESCRIPTION OF YOUR WORK: Intelligence investigations of employees of the Panama Canal-Railroad and of incidents within the Canal Zone of a suspected sabotage or espionage nature.

(CONTINUED ON NEXT PAGE)

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16 CONTINUED

② DATES OF EMPLOYMENT (month, year) FROM: Apr. 41 (App) TO: Sept 42 | EXACT TITLE OF YOUR POSITION: Electrician | CLASSIFICATION GRADE (if in Federal service) | SALARY OR EARNINGS STARTING $ 50 FINAL $ 58 PER hr

PLACE OF EMPLOYMENT (city and State): Baltimore, Maryland.

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division): M.Enterprise Elec. Co.

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU: 2-4, helpers and clerks.

NAME AND TITLE OF IMMEDIATE SUPERVISOR: Can not recall

KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.): Electrical Contracting

REASON FOR LEAVING: Enlisted in AUS

DESCRIPTION OF YOUR WORK: Employed in the capacity of a mechanic. Actual duties consisted mostly of final checkout and inspection of electrical installations on defense housing projects in Balto. area.

③ DATES OF EMPLOYMENT (month, year) FROM: May 41 (App) TO: Apr 42 | EXACT TITLE OF YOUR POSITION: Electrician | CLASSIFICATION GRADE (if in Federal service) | SALARY OR EARNINGS STARTING $ 60 FINAL $ 110 PER wk PER wk

PLACE OF EMPLOYMENT (city and State): Baltimore, Maryland

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division): H.E. Crook Co., Balto., Md.

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU: 1-3 assistants

NAME AND TITLE OF IMMEDIATE SUPERVISOR: Supt.

KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.): Construction corporation

REASON FOR LEAVING: Termination of defense contract

DESCRIPTION OF YOUR WORK: Employed as an electrician on defence contracts. Handled material and supplies.

④ DATES OF EMPLOYMENT (month, year) FROM: July 1933 TO: Apr. 1942 | EXACT TITLE OF YOUR POSITION: Ass't Mgr. | CLASSIFICATION GRADE (if in Federal service) | SALARY OR EARNINGS STARTING $ 20 FINAL $ 50 PER wk PER wk

PLACE OF EMPLOYMENT (city and State): Auburn, New York

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division): Auburn, N.Y.

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU: 2-8, salesman and mechanics

NAME AND TITLE OF IMMEDIATE SUPERVISOR: owner (father)

KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency manufacture of locks, etc.): Electrical Contracting & Supplies.

REASON FOR LEAVING: self betterment

DESCRIPTION OF YOUR WORK: Entered business as stock and supply clerk, later became salesman and in charge of a group of outdoor salesman. Advanced to Ass't manager where I was responsible for wholesale buying of contracting supplies and appliances.

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(5) DATES OF EMPLOYMENT (month, year) FROM TO | TITLE OF YOUR POSITION | RATE OF PAY | BASIS | AVERAGE EARNINGS STARTING $ PER FINAL $ PER

PLACE OF EMPLOYMENT (city and State)

NAME AND TITLE OF IMMEDIATE SUPERVISOR

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division)

KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.)

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU

REASON FOR LEAVING

DESCRIPTION OF YOUR WORK

If more space is required, use a continuation sheet (Standard Form No. 57) of a sheet of paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach it to made of this application.

17. MILITARY TRAINING. In the space below, describe any training received in the Armed Services (not already listed under Item 16) that would assist appointing officers in placing you most effectively. Indicate actual amount of training received, such as hours per week. Detailed information regarding any special service schools you attended is especially important. (Extra pages may be used for full descriptions.)

| DATES FROM | DATES TO | LOCATION | DESCRIPTION OF TRAINING |
|---|---|---|---|
| Oct. 42 | Dec. 42 | Balto., Md. | Basic CIC Agt's training Sch.-Inv. techniques. |
| Sept 43 | Nov. 43 | Chicago, Ill | Advanced CIC Agt's trn. Sch. " " |
| April 44 | June 44 | Ogden, Utah | CIC AAF Trn. Sch. Trg in sabotage detection on aircraft and aircraft installations. |

18 EDUCATION. (Circle highest grade completed):

1 2 3 4 5 6 7 8 9 10 11 12

MARK (X) THE APPROPRIATE BOX TO INDICATE SATISFACTORY COMPLETION OF:

☐ ELEMENTARY SCHOOL ☐ JUNIOR HIGH SCHOOL ☒ SENIOR HIGH SCHOOL

(A) GIVE NAME AND LOCATION OF LAST HIGH SCHOOL ATTENDED: Auburn Senior High, Auburn, N.Y.

(B) SUBJECTS STUDIED IN HIGH SCHOOL WHICH APPLY TO POSITION DESIRED: none

| (C) NAME AND LOCATION OF COLLEGE OR UNIVERSITY | MAJOR AND SPECIALTY | DATES ATTENDED FROM | DATES ATTENDED TO | YEARS COMPLETED DAY | YEARS COMPLETED NIGHT | DEGREES CONFERRED TITLE | DEGREES CONFERRED DATE | SEMESTER HOURS CREDIT |
|---|---|---|---|---|---|---|---|---|
| Loyola, Balto., Md. | - | 1947 | 1948 | - | - | | | 4 |

| (D) LIST YOUR CHIEF UNDERGRADUATE COLLEGE SUBJECTS | SEMESTER HOURS | LIST YOUR CHIEF GRADUATE COLLEGE SUBJECTS | SEMESTER HOURS |
|---|---|---|---|
| Political science | 4 | | |

(E) OTHER TRAINING (such as vocational, business study courses given through the Armed Forces or civilian agencies, correspondence schools, or business or technical institutes) OR IN SERVICE TRAINING (in public or private employment)

| SUBJECTS STUDIED | DATES ATTENDED FROM | DATES ATTENDED TO | YEARS COMPLETED DAY | YEARS COMPLETED NIGHT |
|---|---|---|---|---|
| Berlitz School of Foreign Language, Balto., Md. | | | | |
| Spanish (350 hrs. private instruction) | 1948 | 1949 | - | - |

19 (NOT AT THE EXPENSE OF FOREIGN LANGUAGE) READING, SPEAKING, UNDERSTANDING

| | READING | SPEAKING | UNDERSTANDING |
|---|---|---|---|
| Spanish | X | X | X |

☐ YES ☐ NO (GIVE KIND OF LICENSE AND STATE)

FIRST LICENSE OR CERTIFICATE (IF ANY)

Camera & Sound Tone, July 194? to present, Military Crypto

None

None

14-00000

**16. REFERENCES.** List three persons living in the United States or Territories of the United States who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Item 15 (EXPERIENCE).

| FULL NAME | (Give complete current address, including street and number) | BUSINESS OR OCCUPATION |
|---|---|---|
| 1. | Dalton, Ga. | Attorney |
| 2. | Los Angeles, Calif. | Salesman |
| 3. | Harrisburg, Pa. | Personnel Mgr. |

| INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN | YES | NO |
|---|---|---|
| 25. MAY INQUIRY BE MADE OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER, QUALIFICATIONS, ETC.? | X | |
| 26. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES? | X | |
| 27. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY, U. S. A., OR ANY COMMUNIST ORGANIZATION? | | X |
| 28. ARE YOU NOW, OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION? | | X |
| 29. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT, OR OF AN ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH HAS ADOPTED 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 OF SEEKING TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS? | | X |
| *If your answer to question 27, 28, or 29 above is "yes," state in Item 39 the names of all such organizations, associations, movements, groups, or combination of persons and dates of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities therein* | | |
| 30. SINCE YOUR 16TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, INDICTED, OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED, FINED, OR IMPRISONED OR PLACED ON PROBATION OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE (EXCLUDING MINOR TRAFFIC VIOLATIONS FOR WHICH A FINE OR FORFEITURE OF $25 OR LESS WAS IMPOSED)? *If your answer is "Yes," list all such cases under Item 39 below. Give in each case (1) the date; (2) the nature of the offense or violation, (3) the name and location of the court; (4) the penalty imposed, if any, or other disposition of the case. If appointed, your fingerprints will be taken* | | |
| 31. HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN, FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION? *If your answer is "Yes," give in Item 39 the name and address of employer, date, and reasons in each case.* | | X |
| 32. HAVE YOU EVER BEEN BARRED BY THE U. S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATIONS OR ACCEPTING CIVIL SERVICE APPOINTMENTS? *If your answer is "Yes," give date of and reasons for such debarment in Item 39.* | | X |
| 33. HAVE YOU ANY PHYSICAL HANDICAP, DISEASE, OR OTHER DISABILITY WHICH SHOULD BE CONSIDERED IN ASSIGNING YOU TO ACTIVITIES? *If your answer is "Yes," give complete details in Item 39 so that consideration can be given to your physical fitness for the job* | | X |
| 34. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? *If your answer is "Yes," give complete details in Item 39* | | X |

| INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN | YES | NO |
|---|---|---|
| 35. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? *If your answer is "Yes," give details in Item 39* | | X |
| 36. DOES THE UNITED STATES GOVERNMENT EMPLOY IN A CIVILIAN CAPACITY ANY RELATIVE OF YOURS (OR PERSON MARRIED) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS? *If your answer is "Yes," show 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* | | X |

## SPECIAL INSTRUCTIONS FOR CLAIMING VETERAN PREFERENCE

**A.** If you are claiming preference as a PEACETIME VETERAN who has been awarded a campaign badge or service ribbon, or as a DISABLED VETERAN, or as the WIFE OF A DISABLED VETERAN, or as the WIDOW OF A WAR OR CAMPAIGN VETERAN, attach Veteran Preference Claim, CSC Form 14, together with proof specified therein.

**B.** If you are a WAR TIME VETERAN not claiming disability preference, you should NOT submit your discharge with this application. Preference will be tentatively credited to you and if appointed, you will be required to submit to the appointing officer prior to entry on duty, official evidence of separation from active service in the armed forces of the United States in time of war.

| | YES | NO |
|---|---|---|
| 37. (A) WERE YOU EVER IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING TIME OF WAR? | X | |
| (B) IS THE WORD "HONORABLE" OR THE WORD "SATISFACTORY" USED IN YOUR DISCHARGE OR SEPARATION PAPERS TO SHOW THE TYPE OF YOUR DISCHARGE OR SEPARATION? | X | |
| (C) WAS SERVICE PERFORMED ON AN ACTIVE FULL-TIME BASIS WITH FULL MILITARY PAY AND ALLOWANCES? | X | |

(D) DATE OF ENTRY OR ENTRIES INTO SERVICE: Sept 42 / Apr 45

DATE OF SEPARATION OR SEPARATIONS: Feb 46 / Present

BRANCH OF SERVICE (Army, Navy, Marine Corps, Coast Guard, etc.): Army

SERIAL NO. (If none, give grade or rating at time of separation): O-914652

| | YES | NO |
|---|---|---|
| 38. (A) IF YOU SERVED IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING PEACETIME ONLY, DID YOU PARTICIPATE IN A CAMPAIGN OR EXPEDITION AND RECEIVE A CAMPAIGN BADGE OR SERVICE RIBBON? | | X |
| (B) ARE YOU A DISABLED VETERAN? *If so, and you have not listed your disability in answer to Item 33, explain in Item 39 below* | | X |
| (C) ARE YOU A VETERAN'S WIDOW WHO HAS NOT REMARRIED? | | X |
| (D) ARE YOU THE WIFE OF A VETERAN WHO HAS A SERVICE CONNECTED DISABILITY AND WHO QUALIFIES FOR CIVIL SERVICE APPOINTMENT? | | X |

## THIS SPACE FOR USE OF APPOINTING OFFICER ONLY

The information contained in the answers to Question 37 above has been verified by comparison with the discharge certificate on ....., 19.....

.....

Agency: Title:

**39.** SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS (*indicate item numbers to which answers apply*)

| ITEM NO. | | ITEM NO. | |
|---|---|---|---|
| | | | |

If more space is required, use paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.

Before signing this application check back over it to make sure that you have answered ALL questions correctly.

I CERTIFY that the statements made by me in this application are t... and belief, and are made in good faith.

False statement on this application is punishable by Law (U. S. Code, Title 18, Section 80).

SIGNATURE OF APPLICANT (

(Sign your name as it ... give ... Miss or Mrs. and ... you ... you name as Mrs. Mary L. Doe.)

U. S. GOVERNMENT PRINTING OFFICE 16—83660-1

14-00000

# PERSONAL HISTORY STATEMENT

INSTRUCTIONS: ANSWER ALL QUESTIONS COMPLETELY. IF QUESTION DOES NOT APPLY WRITE "NOT APPLICABLE". WRITE "UNKNOWN" ONLY IF YOU DO NOT KNOW THE ANSWER AND CANNOT OBTAIN THE ANSWER FROM PERSONAL RECORDS. USE A SEPARATE SHEET OF PAPER FOR EXTRA DETAILS ON ANY QUESTION OR QUESTIONS FOR WHICH YOU DO NOT HAVE SUFFICIENT ROOM. ATTACH TWO RECENT PASSPORT SIZE PICTURES TO THIS FORM. DATE TAKEN WRITTEN ON THE BACK OF EACH. TYPE, PRINT OR WRITE CAREFULLY; ILLEGIBLE OR INCOMPLETE FORMS WILL NOT RECEIVE CONSIDERATION.

HAVE YOU READ AND UNDERSTOOD THE ABOVE INSTRUCTIONS? YES [X] NO [ ]

## SECTION 1. PERSONAL BACKGROUND

| NAME | MISS [ ] MRS. [ ] MR. [X] | FIRST | MIDDLE | LAST | TELEPHONE |
|---|---|---|---|---|---|
| | | | | | Balboa 3223 |

| PRESENT ADDRESS | STREET AND NUMBER | CITY | STATE | COUNTRY |
|---|---|---|---|---|
| | | Balboa, | | Canal Zone |

| LEGAL RESIDENCE | STREET AND NUMBER | CITY | STATE | COUNTRY |
|---|---|---|---|---|
| | | Auburn, | New York | U.S.A. |

| NICKNAMES | OTHER NAMES THAT YOU HAVE USED |
|---|---|
| None | Not applicable |

| UNDER WHAT CIRCUMSTANCES HAVE YOU EVER USED THESE NAMES? | HOW LONG? |
|---|---|
| Not applicable | Not applicable |

IF LEGAL CHANGE, GIVE PARTICULARS (WHERE, WHEN AND BY WHAT AUTHORITY)

Not applicable

| DATE OF BIRTH | PLACE OF BIRTH | CITY | STATE | COUNTRY |
|---|---|---|---|---|
| | | Auburn, | New York | U.S.A. |

| PRESENT CITIZENSHIP | ACQUIRED BY: |
|---|---|
| U.S.A. | BIRTH [X] MARRIAGE [ ] NATURALIZATION [ ] |

| NATURALIZATION CERTIFICATE | NUMBER | DATE ISSUED | NAME OF COURT |
|---|---|---|---|
| | Not applicable | Not applicable | Not applicable |

| LOCATION OF COURT | CITY | STATE | COUNTRY |
|---|---|---|---|
| | Not applicable | | |

| PREVIOUS CITIZENSHIP | DATE HELD | FROM: | TO: |
|---|---|---|---|
| Not applicable | | | |

OTHER CITIZENSHIPS (GIVE PARTICULARS)

Not applicable

STEPS TAKEN TO CHANGE PRESENT NATIONALITY (GIVE PARTICULARS)

Not applicable

| LAST U.S. PASSPORT | NUMBER | DATE | PLACE OF ISSUE |
|---|---|---|---|
| | 58 | 10 Sept. 1948 | Colon, Republic of Panama |

ALL OTHER U.S. PASSPORTS YOU HAVE HAD (GIVE APPROXIMATE DATES)

None.

PASSPORTS OF OTHER NATIONS

None

| IF BORN OUTSIDE U.S. | DATE OF ARRIVAL IN THIS COUNTRY | PORT OF ENTRY | PASSPORT OF COUNTRY |
|---|---|---|---|
| | Not applicable | | |

| LAST U.S. VISA | NUMBER | TYPE | DATE | PLACE OF ISSUE |
|---|---|---|---|---|
| | Not applicable | | | |

## SECTION 2. PHYSICAL DESCRIPTION

| AGE | SEX | HEIGHT | WEIGHT | EYES | HAIR |
|---|---|---|---|---|---|
| 35 | Male | 6' | 174 lbs. | grey | grey |

| COMPLEXION | SCARS | BUILD |
|---|---|---|
| Ruddy | None | Medium |

OTHER DISTINGUISHING FEATURES

None

**SECTION 3. MARITAL STATUS**

MARRIED ☐ WIDOWED ☐ SEPARATED ☐ DATE OF SEPARATION OR DIVORCE | PLACE
SINGLE ☐ DIVORCED ☐

REASON FOR SEPARATION OR DIVORCE

NOTE: IF YOU HAVE BEEN MARRIED MORE THAN ONCE USE A SEPARATE SHEET FOR FORMER WIFE OR HUSBAND AND GIVE DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.

| NAME OF WIFE OR HUSBAND | FIRST | MIDDLE (FOR WIFE, MAIDEN) | LAST | DATE OF MARRIAGE |
|---|---|---|---|---|
| | | | | |

| PLACE OF MARRIAGE | (HIS OR HER) ADDRESS BEFORE MARRIAGE | STREET AND NUMBER | CITY | STATE | COUNTRY |
|---|---|---|---|---|---|
| | | | | | |

LIVING ☒ DECEASED ☐ | DATE OF DECEASE | CAUSE

| PRESENT OR LAST ADDRESS | STREET AND NUMBER | CITY | STATE | COUNTRY |
|---|---|---|---|---|
| | | | | |

| DATE OF BIRTH | PLACE OF BIRTH | CITY | STATE | COUNTRY |
|---|---|---|---|---|
| | Unknown | | | U.S.A. |

| CITIZENSHIP | DATE ACQUIRED | WHERE ACQUIRED | CITY | STATE | COUNTRY |
|---|---|---|---|---|---|
| U.S.A. | Not applicable | | | | |

| OCCUPATION | LAST EMPLOYER |
|---|---|
| Unknown | Unknown |

| EMPLOYER'S OR OWN BUSINESS ADDRESS | STREET AND NUMBER | CITY | STATE | COUNTRY |
|---|---|---|---|---|
| | Unknown | | | |

| DATE OF MILITARY SERVICE | FROM: | TO: | BRANCH OF SERVICE | COUNTRY |
|---|---|---|---|---|
| | Not applicable | | | |

OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN (GIVE DETAILS)
Not applicable

**SECTION 4. CHILDREN OR DEPENDENTS** (INCLUDE PARTIAL DEPENDENTS)

| NAME | RELATIONSHIP | AGE |
|---|---|---|
| NONE | | |

| CITIZENSHIP | ADDRESS STREET AND NUMBER | CITY | STATE | COUNTRY |
|---|---|---|---|---|
| | | | | |

| NAME | RELATIONSHIP | AGE |
|---|---|---|
| | | |

| CITIZENSHIP | ADDRESS STREET AND NUMBER | CITY | STATE | COUNTRY |
|---|---|---|---|---|
| | | | | |

| NAME | RELATIONSHIP | AGE |
|---|---|---|
| | | |

| CITIZENSHIP | ADDRESS STREET AND NUMBER | CITY | STATE | COUNTRY |
|---|---|---|---|---|
| | | | | |

**SECTION 5. PARENTS**

NOTE: FOR STEPFATHER, STEPMOTHER AND/OR GUARDIAN, GIVE THE SAME INFORMATION AS REQUIRED BELOW ON SEPARATE SHEET.

NAME OF FATHER | FIRST | MIDDLE | LAST | LIVING ☒ DECEASED ☐

| DATE OF DECEASE | CAUSE |
|---|---|
| Not applicable | |

| PRESENT OR LAST ADDRESS | STREET AND NUMBER | CITY | STATE | COUNTRY |
|---|---|---|---|---|
| | | | | |

| DATE OF BIRTH | PLACE OF BIRTH | CITY | STATE | COUNTRY |
|---|---|---|---|---|
| | | | | |

| CITIZENSHIP | DATE ACQUIRED | WHERE ACQUIRED | CITY | STATE | COUNTRY |
|---|---|---|---|---|---|
| U.S.A. | Not applicable | | | | |

| OCCUPATION | LAST EMPLOYER |
|---|---|
| Electrical Engineer | |

| EMPLOYER'S OR OWN BUSINESS ADDRESS | STREET AND NUMBER | CITY | STATE | COUNTRY |
|---|---|---|---|---|
| | | | | |

SECTION 5. PARENTS

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**SECTION 5. PARENTS** (CONTINUED FROM PAGE 2)

| DATE OF MILITARY SERVICE | FROM | TO | BRANCH OF SERVICE | COUNTRY |
|---|---|---|---|---|
| | | | | |

OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN (GIVE DETAILS)

| NAME OF MOTHER | FIRST | MAIDEN | LAST | LIVING / DECEASED |
|---|---|---|---|---|
| | | | | |

| DATE OF DECEASE | CAUSE |
|---|---|
| 28 Feb. 1934 | Heart Failure |

| PRESENT OR LAST ADDRESS | STREET AND NUMBER | CITY | STATE | COUNTRY |
|---|---|---|---|---|
| | | Auburn, | New York | U.S.A. |

| DATE OF BIRTH | PLACE OF BIRTH | CITY | STATE | COUNTRY |
|---|---|---|---|---|
| | | Auburn, | New York | U.S.A. |

| CITIZENSHIP | DATE ACQUIRED | WHERE ACQUIRED | CITY | STATE | COUNTRY |
|---|---|---|---|---|---|
| U.S.A. | Not Applicable | | Not Applicable | | |

| OCCUPATION | LAST EMPLOYER |
|---|---|
| Housewife | Self |

| EMPLOYER'S OR OWN BUSINESS ADDRESS | STREET AND NUMBER | CITY | STATE | COUNTRY |
|---|---|---|---|---|
| | | Auburn, | New York | U.S.A. |

GOVERNMENT SERVICE, U.S. OR FOREIGN (GIVE DETAILS)

**SECTION 6. BROTHERS AND SISTERS** (INCLUDING HALF-, STEP-, AND ADOPTED BROTHERS AND SISTERS)

| NAME | FIRST | MIDDLE | LAST |
|---|---|---|---|
| | | | |

| PRESENT ADDRESS | STREET AND NUMBER | CITY | STATE | COUNTRY |
|---|---|---|---|---|
| | | Auburn, | New York | U.S.A. |

| NAME | FIRST | MIDDLE | LAST |
|---|---|---|---|
| | | | |

| PRESENT ADDRESS | STREET AND NUMBER | CITY | STATE | COUNTRY |
|---|---|---|---|---|
| | | Auburn, | New York | U.S.A. |

| NAME | FIRST | MIDDLE | LAST |
|---|---|---|---|
| | | | |

| PRESENT ADDRESS | STREET AND NUMBER | CITY | STATE | COUNTRY |
|---|---|---|---|---|
| | | Auburn, | New York | U.S.A. |

**SECTION 7. PARENTS-IN-LAW**

| NAME OF FATHER-IN-LAW | FIRST | MIDDLE | LAST | LIVING / DECEASED |
|---|---|---|---|---|
| | | | | |

| DATE OF DECEASE | CAUSE |
|---|---|
| | |

| PRESENT OR LAST ADDRESS | STREET AND NUMBER | CITY | STATE | COUNTRY |
|---|---|---|---|---|
| | | | | |

| DATE OF BIRTH | PLACE OF BIRTH | CITY | STATE | COUNTRY |
|---|---|---|---|---|
| | | | | |

| CITIZENSHIP | DATE ACQUIRED | WHERE ACQUIRED | CITY | STATE | COUNTRY |
|---|---|---|---|---|---|
| | | | | | |

| OCCUPATION | LAST EMPLOYER |
|---|---|
| | |

| NAME OF MOTHER-IN-LAW | FIRST | MAIDEN | LAST | LIVING / DECEASED |
|---|---|---|---|---|
| | | | | |

| DATE OF DECEASE | CAUSE |
|---|---|
| | |

| PRESENT OR LAST ADDRESS | STREET AND NUMBER | CITY | STATE | COUNTRY |
|---|---|---|---|---|
| | | | | |

| DATE OF BIRTH | PLACE OF BIRTH | CITY | STATE | COUNTRY |
|---|---|---|---|---|
| | | | | |

| CITIZENSHIP | DATE ACQUIRED | WHERE ACQUIRED | CITY | STATE | COUNTRY |
|---|---|---|---|---|---|
| | | | | | |

| OCCUPATION | LAST EMPLOYER |
|---|---|
| | |

**SECTION 8. RELATIVES**

NOTE: INDICATE BELOW THE RELATIVES BY BLOOD, MARRIAGE OR ADOPTION, WHO LIVE ABROAD, ARE UNDER THE INFLUENCE OF A FOREIGN POWER, ARE NOT CITIZENS OF THE UNITED STATES, OR ARE MARRIED TO NON-CITIZENS.

| NAME | RELATIONSHIP | AGE |
|---|---|---|
| Not applicable | | |

| CITIZENSHIP | ADDRESS STREET AND NUMBER | CITY | STATE | COUNTRY |
|---|---|---|---|---|
| Not applicable | | | | |

REASON FOR LISTING UNDER THIS QUESTION: Not applicable

| NAME | RELATIONSHIP | AGE |
|---|---|---|
| Not applicable | | |

| CITIZENSHIP | ADDRESS STREET AND NUMBER | CITY | STATE | COUNTRY |
|---|---|---|---|---|
| Not applicable | | | | |

REASON FOR LISTING UNDER THIS QUESTION: Not applicable

| NAME | RELATIONSHIP | AGE |
|---|---|---|
| Not applicable | | |

| CITIZENSHIP | ADDRESS STREET AND NUMBER | CITY | STATE | COUNTRY |
|---|---|---|---|---|
| Not applicable | | | | |

REASON FOR LISTING UNDER THIS QUESTION: Not applicable

NOTE: INDICATE BELOW THE RELATIVES BY BLOOD OR MARRIAGE, IN MILITARY, NAVAL OR OTHER GOVERNMENT SERVICE (UNITED STATES OR FOREIGN)

| NAME | RELATIONSHIP | AGE |
|---|---|---|
| Not applicable | | |

| CITIZENSHIP | ADDRESS STREET AND NUMBER | CITY | STATE | COUNTRY |
|---|---|---|---|---|
| Not applicable | | | | |

TYPE AND LOCATION OF SERVICE (IF KNOWN): Not applicable

| NAME | RELATIONSHIP | AGE |
|---|---|---|
| Not applicable | | |

| CITIZENSHIP | ADDRESS STREET AND NUMBER | CITY | STATE | COUNTRY |
|---|---|---|---|---|
| Not applicable | | | | |

TYPE AND LOCATION OF SERVICE (IF KNOWN): Not applicable

| NAME | RELATIONSHIP | AGE |
|---|---|---|
| Not applicable | | |

| CITIZENSHIP | ADDRESS STREET AND NUMBER | CITY | STATE | COUNTRY |
|---|---|---|---|---|
| Not applicable | | | | |

TYPE AND LOCATION OF SERVICE (IF KNOWN): Not applicable

**SECTION 9. EDUCATION**

| SCHOOL | ADDRESS | CITY | STATE | COUNTRY |
|---|---|---|---|---|
| Holy Family | Auburn | | New York | U.S.A. |

| DATES ATTENDED | FROM | TO | DEGREE |
|---|---|---|---|
| | 1962 | 1966 | Graduated |

| SCHOOL | ADDRESS | CITY | STATE | COUNTRY |
|---|---|---|---|---|
| Auburn Senior High | Auburn | | New York | U.S.A. |

| DATES ATTENDED | FROM | TO | DEGREE |
|---|---|---|---|
| | 1966 | 1970 | Graduated |

| COLLEGE | ADDRESS | CITY | STATE | COUNTRY |
|---|---|---|---|---|
| | | | | |

| DATES ATTENDED | FROM | TO | DEGREE |
|---|---|---|---|
| | | | |

| COLLEGE | ADDRESS | CITY | STATE | COUNTRY |
|---|---|---|---|---|
| Fordham College at Lincoln Center | | | | |

| DATES ATTENDED | FROM | TO |
|---|---|---|
| | | |

SECTION 10. SELECTIVE SERVICE [illegible] CONTINUED ON PAGE 9

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**SECTION 10. SELECTIVE SERVICE STATUS**

| CLASSIFICATION | ORDER NUMBER | APPROXIMATE INDUCTION DATE | BOARD NUMBER |
|---|---|---|---|
| [illegible] | | | |

| ADDRESS OF BOARD | STREET AND NUMBER | CITY | STATE |
|---|---|---|---|
| [illegible] | | | |

IF DEFERRED, STATE REASON

**SECTION 11. MILITARY, NAVAL OR OTHER GOVERNMENT SERVICE - UNITED STATES OR FOREIGN**

| COUNTRY | SERVICE | SERVICE DATES | FROM | TO |
|---|---|---|---|---|
| [illegible] | | | [illegible] | [illegible] |

| GRADE | SERIAL NUMBER | TYPE OF DISCHARGE |
|---|---|---|
| [illegible] | [illegible] | [illegible] |

| LAST STATION | COMMANDING OFFICER |
|---|---|
| Governor's Office, The Panama Canal | Governor Newcomber |

REMARKS:

My entire military career has been spent with the Counter Intelligence Corps. At the present time I am assigned to the Gov.'s office of the Panama Canal and employed as an investigator with the Civil Intelligence Branch, The Panama Canal.

**SECTION 12. CHRONOLOGICAL HISTORY OF EMPLOYMENT** (USE ADDITIONAL SHEET IF NECESSARY)

NOTE: INCLUDE BELOW PERIODS OF UNEMPLOYMENT AND CASUAL EMPLOYMENT. GIVE ADDRESS AND STATE WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT. INCLUDE LAST 5 POSITIONS AND COVER AT LEAST 15 YEARS.

| EMPLOYER | JOB TITLE |
|---|---|
| | [illegible] |

| ADDRESS | STREET AND NUMBER | CITY | STATE | KIND OF BUSINESS |
|---|---|---|---|---|
| | | Auburn, | New York | Electrical Contracting |

| YOUR DUTIES AND SPECIALITY | NAME OF SUPERVISOR |
|---|---|
| Employed as a Clerk, later as salesman/ then became ass't mgr. | [illegible] |

| DATES COVERED | FROM: | TO: | SALARY | PER |
|---|---|---|---|---|
| | [illegible] | [illegible] | [illegible] | [illegible] |

REASONS FOR LEAVING

Left for personal reasons and self betterment

| EMPLOYER | JOB TITLE |
|---|---|
| [illegible] Co. | [illegible] |

| ADDRESS | STREET AND NUMBER | CITY | STATE | KIND OF BUSINESS |
|---|---|---|---|---|
| | | Baltimore, | [illegible] | Contracting |

| YOUR DUTIES AND SPECIALITY | NAME OF SUPERVISOR |
|---|---|
| Employed as electrician, [illegible] defense contract [illegible] | [illegible] |

| DATES COVERED | FROM: | TO: | SALARY | PER |
|---|---|---|---|---|
| | [illegible] | [illegible] | [illegible] | [illegible] |

REASONS FOR LEAVING

Termination of temporary defense contract

| EMPLOYER | JOB TITLE |
|---|---|
| Enterprise Elec. Co. | Electrician |

| ADDRESS | STREET AND NUMBER | CITY | STATE | KIND OF BUSINESS |
|---|---|---|---|---|
| | | Baltimore, | [illegible] | Contracting |

| YOUR DUTIES AND SPECIALITY | NAME OF SUPERVISOR |
|---|---|
| [illegible] of electrical installation | [illegible] |

| DATES COVERED | FROM: | TO: | SALARY | PER |
|---|---|---|---|---|
| | [illegible] | [illegible] | | |

REASONS FOR LEAVING

[illegible]

| EMPLOYER | JOB TITLE |
|---|---|
| [illegible] | |

| ADDRESS | STREET AND NUMBER | CITY | STATE | KIND OF BUSINESS |
|---|---|---|---|---|
| [illegible] | [illegible] | [illegible] | | |

(CONTINUED TO PAGE 4)

SECTION 12. CHRONOLOGICAL HISTORY OF EMPLOYMENT (CONTINUED FROM PAGE 5)

| YOUR DUTIES AND SPECIALITY | NAME OF SUPERVISOR |
|---|---|
| Intelligence specialist - Investigator | Not available |

| DATES COVERED | FROM: | TO: | SALARY | PER |
|---|---|---|---|---|
| | 1974 | Present | | |

REASONS FOR LEAVING: Not available

| EMPLOYER | JOB TITLE |
|---|---|
| Not available | |

| ADDRESS STREET AND NUMBER | CITY | STATE | KIND OF BUSINESS |
|---|---|---|---|
| Not available | | | |

| YOUR DUTIES AND SPECIALITY | NAME OF SUPERVISOR |
|---|---|
| Not available | |

| DATES COVERED | FROM: | TO: | SALARY | PER |
|---|---|---|---|---|
| | Not available | | | |

REASONS FOR LEAVING: Not available

| EMPLOYER | JOB TITLE |
|---|---|
| Not available | |

| ADDRESS STREET AND NUMBER | CITY | STATE | KIND OF BUSINESS |
|---|---|---|---|
| Not available | | | |

| YOUR DUTIES AND SPECIALITY | NAME OF SUPERVISOR |
|---|---|
| Not available | |

| DATES COVERED | FROM: | TO: | SALARY | PER |
|---|---|---|---|---|
| | Not available | | | |

REASONS FOR LEAVING: Not available

**NOTE:** IN SPACE BELOW GIVE DETAILS CONCERNING ANY POSITION FROM WHICH YOU MAY HAVE BEEN DISCHARGED OR WHICH YOU MAY HAVE LEFT UNDER CIRCUMSTANCES WHICH WERE NOT ENTIRELY FAVORABLE.

DETAILS: Not available

SECTION 13. CHARACTER REFERENCES—FIVE IN THE UNITED STATES (GIVE BUSINESS ADDRESS WHERE POSSIBLE)

| NAME | ADDRESS STREET AND NUMBER | CITY | STATE |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

SECTION 14. SOCIAL ACQUAINTANCES—FIVE IN THE UNITED STATES (GIVE BUSINESS ADDRESS WHERE POSSIBLE)

| NAME | ADDRESS STREET AND NUMBER | CITY | STATE |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

SECTION 15. NEIGHBORS—THREE IN THE UNITED STATES

14-00000

**SECTION 15. NEIGHBORS-THREE IN [illegible] STATES (AT YOUR LAST NORMAL ADDRESS)**

| NAME | ADDRESS STREET AND NUMBER | CITY | STATE |
|---|---|---|---|
| | | | |
| NAME | ADDRESS STREET AND NUMBER | CITY | STATE |
| [illegible] Elizabeth Street | | | |
| NAME | ADDRESS STREET AND NUMBER | CITY | STATE |
| | | | |

**SECTION 16. MISCELLANEOUS**

DID YOU EVER HAVE OR DO YOU NOW [illegible] MEMBERSHIP IN, OR SUPPORT ANY POLITICAL PARTY OR ORGANIZATION WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT IN THE UNITED STATES? YES ☐ NO ☐
IF ANSWER IS "YES" EXPLAIN BELOW.

DO YOU USE , OR HAVE YOU USED [illegible]?

HAVE YOU EVER BEEN ARRESTED, INDICTED OR CONVICTED FOR ANY VIOLATION OF LAW OTHER THAN A MINOR TRAFFIC VIOLATION?
IF SO, STATE NAME OF COURT, CITY, STATE, COUNTRY, NATURE OF OFFENCE, AND DISPOSITION OF CASE.
No

HAVE YOU EVER BEEN COURT-MARTIALED WHILE A MEMBER OF THE ARMED FORCES? YES ☐ NO ☒
IF ANSWER IS "YES", GIVE DETAILS BELOW:

**SECTION 17. FINANCIAL BACKGROUND**

ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? YES ☒ NO ☐ IF ANSWER IS "NO", STATE SOURCES OF OTHER INCOME.

NAMES OF BANKS WITH WHICH YOU HAVE ACCOUNTS
[illegible] City Bank of N. Y., [illegible]

HAVE YOU EVER BEEN IN BANKRUPTCY? YES ☐ NO ☒ IF ANSWER IS "YES", GIVE PARTICULARS:

**SECTION 18. CREDIT REFERENCES-THOSE IN THE UNITED STATES**

| NAME | ADDRESS STREET AND NUMBER | CITY | STATE |
|---|---|---|---|
| | | | |
| NAME | ADDRESS STREET AND NUMBER | CITY | STATE |
| | | | |
| NAME | ADDRESS STREET AND NUMBER | CITY | STATE |
| [illegible] | | | |

**SECTION 19. RESIDENCES FOR PAST 15 YEARS**

| FROM: | TO: | ADDRESS STREET AND NUMBER | CITY | STATE | COUNTRY |
|---|---|---|---|---|---|
| [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] |
| FROM: | TO: | ADDRESS STREET AND NUMBER | CITY | STATE | COUNTRY |
| [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] |
| FROM: | TO: | ADDRESS STREET AND NUMBER | CITY | STATE | COUNTRY |
| [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] |

(CONTINUED TO PAGE 8)

**SECTION 19. RESIDENCES FOR PAST 15 YEARS** (CONTINUED FROM PAGE 7)

| FROM: | TO: | ADDRESS STREET AND NUMBER | CITY | STATE | COUNTRY |
|---|---|---|---|---|---|
| FROM: | TO: | ADDRESS STREET AND NUMBER | CITY | STATE | COUNTRY |
| FROM: | TO: | ADDRESS STREET AND NUMBER | CITY | STATE | COUNTRY |
| FROM: | TO: | ADDRESS STREET AND NUMBER | CITY | STATE | COUNTRY |
| FROM: | TO: | ADDRESS STREET AND NUMBER | CITY | STATE | COUNTRY |

**SECTION 20. RESIDENCES OR TRAVEL OUTSIDE THE UNITED STATES**

| FROM: (MO. AND YR.) | TO: (MO. AND YR.) | CITY OR SECTION | COUNTRY | PURPOSE |
|---|---|---|---|---|
| FROM: (MO. AND YR.) | TO: (MO. AND YR.) | CITY OR SECTION | COUNTRY | PURPOSE |
| FROM: (MO. AND YR.) | TO: (MO. AND YR.) | CITY OR SECTION | COUNTRY | PURPOSE |
| FROM: (MO. AND YR.) | TO: (MO. AND YR.) | CITY OR SECTION | COUNTRY | PURPOSE |
| FROM: (MO. AND YR.) | TO: (MO. AND YR.) | CITY OR SECTION | COUNTRY | PURPOSE |
| FROM: (MO. AND YR.) | TO: (MO. AND YR.) | CITY OR SECTION | COUNTRY | PURPOSE |

**SECTION 21. CLUBS, SOCIETIES AND OTHER ORGANIZATIONS**

NOTE: IN SPACE BELOW LIST NAMES AND ADDRESSES OF ALL DOMESTIC AND FOREIGN CLUBS, SOCIETIES AND ORGANIZATIONS OF ALL KINDS TO WHICH YOU HAVE BELONGED, OTHER THAN RELIGIOUS SOCIETIES, POLITICAL PARTIES AND LABOR UNIONS. INCLUDE ANY ORGANIZATION HAVING HEADQUARTERS OR A BRANCH IN A FOREIGN COUNTRY OF WHICH YOU HAVE BEEN A MEMBER OR TO WHICH YOU HAVE GIVEN SUPPORT.

| NAME | STREET AND NUMBER | CITY | STATE | COUNTRY |
|---|---|---|---|---|
| NAME | STREET AND NUMBER | CITY | STATE | COUNTRY |
| NAME | STREET AND NUMBER | CITY | STATE | COUNTRY |
| NAME | STREET AND NUMBER | CITY | STATE | COUNTRY |
| NAME | STREET AND NUMBER | CITY | STATE | COUNTRY |
| NAME | STREET AND NUMBER | CITY | STATE | COUNTRY |
| NAME | STREET AND NUMBER | CITY | STATE | COUNTRY |
| NAME | STREET AND NUMBER | CITY | STATE | COUNTRY |

**SECTION 22. LANGUAGES-FOREIGN** (STATE DEGREE OF PROFICIENCY AS "SLIGHT", "FAIR" OR "FLUENT")

| LANGUAGE | SPEAK | READ | WRITE |
|---|---|---|---|
| LANGUAGE | SPEAK | READ | WRITE |
| LANGUAGE | SPEAK | READ | WRITE |
| LANGUAGE | SPEAK | READ | WRITE |
| LANGUAGE | SPEAK | READ | WRITE |
| LANGUAGE | SPEAK | READ | WRITE |
| LANGUAGE | SPEAK | READ | WRITE |

14-00000

**SECTION 23. GENERAL QUALIFI**

INDICATE ANY SPECIAL KNOWLEDGE OR TRAINING YOU HAVE, ALSO, SET FORTH ANY QUALIFICATIONS AS A RESULT OF TRAINING OR EXPERIENCE, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION.

I received [illegible] in [illegible] Course at [illegible] Chicago, Ill. in 1941, attended the advanced course at Chicago, Ill. in 1942 and received 4 weeks training at the CIO ALP school in Alton, Utah in 1944. I've worked as an [illegible] for CIO since 1942 in Cincinnati, O., Ind., Dayton, Ohio, and Baltimore and as resident agent in Columbus, Ohio and Phila., Pa.

**SECTION 24. SPORTS AND HOBBIES**

Golf, Swim

**SECTION 25. EMERGENCY ADDRESSEE**

| NAME | | | | RELATIONSHIP | |
|---|---|---|---|---|---|
| | | | | S. Wife | |
| ADDRESS — STREET AND NUMBER | CITY | STATE | COUNTRY | TELEPHONE | |
| | Akron | New York | U.S.A. | Unknown | |

**SECTION 26. INFORMATION AND FINAL COMMENTS**

NOTE: YOU ARE INFORMED THAT CORRECTNESS OF ALL STATEMENTS MADE HEREIN WILL BE INVESTIGATED, AND YOU ARE INVITED TO MAKE ANY CHANGES (OR ADDITIONS) IN YOUR STATEMENTS THAT YOU MAY THINK ADVISABLE.

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

NO

**SECTION 27. CERTIFICATION**

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

SIGNED AT Bellaire, Ohio DATE 17 Aug 1950

14-00000

SECRET

SECURITY INFORMATION

TO : Chief, Communications
Acting

DATE: 8 August 1952

FROM : Chief, Security Division

SUBJECT: [redacted]
#43726

In reply to your memorandum this is to advise that subject meets the current requirements for cryptographic clearance and is approved for such duties as of this date.

[redacted]

SECRET

14-00000

SECRET
CONFIDENTIAL
SECURITY INFORMATION
SECURITY APPROVAL

Date: 9 May 1952

TO: Chief, Covert Personnel Division

Your Reference: L-9389

FROM: Chief, Security Division

Case Number: 43726

SUBJECT: [redacted]

1. This is to advise you of security action in the subject case as indicated below:

[X] Security approval is granted the subject person for access to classified information.

[ ] Provisional clearance for full duty with CIA is granted under the provisions of Paragraph D of Regulation 10-9 which provides for a temporary appointment pending completion of full security investigation.

[ ] The Director of Central Intelligence has granted a provisional clearance for full duty with CIA under the provisions of Paragraph H of Regulation 10-9.

2. Unless the subject person enters on duty within 60 days from the above date, this approval becomes invalid.

3. Subject is to be polygraphed as part of the EOD procedures.

[redacted] 15 May

C. V. BROADLEY

[redacted]

EOD: 25 June 1952 per Miss [redacted] 6/13/52

To EOD: about 25 June 1952 in Washington per [redacted] 5/20/52

SECRET
CONFIDENTIAL

FORM NO. 30-101
AUG 1951

050 UU
40

SECRET
CONFIDENTIAL

SECURITY APPROVAL

To : Chief, Employees Division, Special Support Staff
Personnel Officers

Date: NOV 20 1950

From : Chief of Inspection and Security

Number: 43126

Subject: [redacted]
#43726

1. Note "X" below:

[X] Security approval is granted subject for access to classified information contingent upon the receipt of derogatory information at some future date.

[ ] Provisional clearance for full duty with CIA is granted under the provisions of paragraph 4, Administrative Instruction 10-2, which provides for a temporary appointment pending the completion of full security investigation.

[X] Unless the applicant enters upon duty within 60 days from above date this approval becomes invalid.

2. Your memorandum dated 14 August 1950 stated Subject is an applicant for FDT.

[redacted]
Chief, Personnel Security Division
Chief, Special Security Branch

[redacted]
22 Nov 50

SECRET
CONFIDENTIAL

FORM NO. 88-101
MAY 1948

14-00000

RECORD OF

PREVIOUS GOVERNMENT

SERVICE RETURNED TO

FEDERAL RECORDS CENTER IN

ST. LOUIS, MO.

DATE 7/13/79 JS