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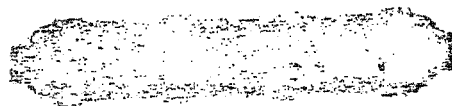
SECRET

Official Personnel Folder

SECRET

441130

10291-10000



SECRET

REPRODUCTION MASTERS

SECRET

BIOGRAPHIC PROFILE

SECRET

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

Ref. in 75

23 February 1977

Dear Mr. [REDACTED]

Enclosed is correspondence received in the Agency to be forwarded to you. Pursuant to the Privacy Act of 1974, we have made no response. In accordance with our policy, the request is mailed to you for any personal attention you wish to give it.

Sincerely,

[REDACTED]
Chief, Control Division

Dist.

Orig. - Adso.

1 - TRS

1 - [REDACTED]
OR/TRS/PCS/GSmith:1(a)(23Feb77)

☐ UNCLASSIFIED

☐ INTERNAL
USE ONLY

☐ CONFIDENTIAL

☐ SECRET

ROUTING AND RECORD SHEET

SUBJECT: (Optional)

FROM:

EXTENSION

NO

DATE

5695

02/22/77

TO: (Officer designation, room number, and building)

DATE

OFFICER'S
INITIALS

COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)

1.

OC/TRB

2.

3.

4.

5.

6.

7.

8.

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13.

14.

15.

Enclosed is correspondence received in the Agency to be forwarded to you. Pursuant to the Privacy Act of 1974, we have made no response. In accordance with our policy, the request is mailed to you for any personal attention you wish to give it.

Sincerely,

810

☐ SECRET

☐ CONFIDENTIAL

☐ INTERNAL
USE ONLY

☐ UNCLASSIFIED

21 MAR 1975

Dear Mr. [REDACTED]

I am happy to send to you, under separate cover, your Agency Retirement Medallion. The Medallion is a tangible form of recognition and appreciation of your service to the Agency. It should serve as a lasting reminder of an honorable career, rewarding associations and the knowledge that you played your part in a vital activity.

Let me, therefore, add my congratulations and wish you the very best for the future.

Sincerely,

[REDACTED]
Director of Personnel

File - Mr. [redacted]
95-6755

21 APR 1975

[redacted]
Dear Mr. [redacted]

As you bring to a close your active career of service to your country, I join your friends and colleagues in wishing you well in your retirement.

It takes the conscientious efforts of many people to do the important work of this Agency. You leave with the knowledge that you have personally contributed to our success in carrying out our mission. Your faithful and loyal support has measured up to the high ideals and traditions of the Federal service.

May I extend to you my sincere appreciation for the important work you have done.

Sincerely,

W. E. Colby

W. E. Colby
Director

Distribution:

0 - Addressee
1 - OPE

Originator: [redacted]

Director of Personnel

OP/RAD/ROH/ [redacted]

JAT/3287

(25 April 1975)

84 APR 1975

DL 11 23 MAY 75

NOTIFICATION OF PERSONNEL ACTION

1. SER.

1. SERIAL NUMBER 2. NAME (LAST FIRST MIDDLE)

3. NATURE OF PERSONNEL ACTION (DISABILITY) UNDER CIA RETIREMENT AND DISABILITY SYSTEM FROM RSL

4. EFFECTIVE DATE

5. CATEGORY OF EMPLOYMENT

MO DA YR

05 15 75

REGULAR

6. FUNDS

X V TO V

V TO CP

CP TO V

CP TO CP

7. PAN AND NSCA

8. CEC OR OTHER LEGAL AUTHORITY

5232 1992

10/14

PI 88-543 SLCY 231

9. ORGANIZATIONAL DESIGNATIONS

10. LOCATION OF OFFICIAL STATION

11. POSITION TITLE

OPS OFFICER

12. POSITION NUMBER

JCOF

13. SERVICE DESIGNATION

046

14. CLASSIFICATION SCHEDULE (25 (B) (4))

15. OCCUPATION SERIES

16. GRADE AND STEP

17. SALARY OR RATE

GS

0136.01

13 6

75461

18. REMARKS

SIGNATURE OR OTHER AUTHENTICATION

SECRET

REQUEST FOR PERSONNEL ACTION										DATE PREPARED	
1. SERIAL NUMBER										2. NAME (Last-First-Middle)	
3. NATURE OF PERSONNEL ACTION										4. EFFECTIVE DATE REQUESTED	
RETIREMENT - DISABILITY - CIARDS FROM EXTENDED SICK LEAVE										05 14 75	
5. FUNDS										6. PAY AND NYSC	
X 100 V										5237-1392-0000	
7. ORGANIZATIONAL DESIGNATION										8. CATEGORICAL EMPLOYMENT	
DDO/EA DIVISION DEVELOPMENT COMPLEMENT										REGULAR	
9. POSITION TITLE										10. LOCATION OF OFFICIAL STATION	
OPS OFFICER										WASHINGTON, D.C.	
11. CLASSIFICATION SCHEDULE (G.S. 2.8, etc.)										12. POSITION NUMBER	
GS										DCOF	
13. OCCUPATIONAL SERIES										14. GRADE AND STEP	
0136.01										13/6	
15. REMARKS										16. SALARY OR RATE	
LWD: 6 SEPTEMBER 1974										25.451 ✓	
Co-ordinated with [redacted] / ROB										22 May 1975	
CMG/MSB [redacted] 5/2/75										[redacted]	
ROB [redacted]										[redacted]	
DATE SIGNED										DATE SIGNED	
5/15/75										6/1/75	
SPACE BELOW FOR EXCLUSIVE USE OF [redacted]											
17. ACTION (CODE)											
18. DATE OF ACTION											
19. DATE OF REVIEW											
20. DATE OF REVIEW											
21. DATE OF REVIEW											
22. DATE OF REVIEW											
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98. DATE OF REVIEW											
99. DATE OF REVIEW											
100. DATE OF REVIEW											

(Signature)

DATE RECEIVED

1

1997

7-20-69 10:15 AM

20 2

SUMMARY OF AGENCY EMPLOYMENT

[REDACTED]

1955-1962: Economic Analyst - Conducted research and analysis including statistical studies of Sino-Soviet Bloc production of military equipment and related materials.

[REDACTED]

1963-1974: Intelligence Operations Officer - Served in various staff, supervisory and liaison capacities on U.S. and Asian area assignments. Was primarily concerned with the collection, evaluation and reporting of high priority intelligence of national interest including economic, political, social and military aspects of nations where assigned.

[REDACTED]

Supervised a staff [REDACTED]

[REDACTED] and provided guidance and assistance to colleagues involved in similar activities. At various times was responsible for the staffing, budgeting and management of major programs and projects.

SECRET

REQUEST FOR PERSONNEL ACTION

DATE PREPARED

9 September 1974

1. SERIAL NUMBER		2. NAME (Last-First-Middle)	
3. NATURE OF PERSONNEL ACTION Reassignment			
4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 09 05 74		5. CATEGORY OF EMPLOYMENT Regular	
6. FUNDS X V TO V O TO V		7. PAN AND NSCA 5237-1392 0000	
8. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATION DDO/EA Division Development Complement		10. LOCATION OF OFFICIAL STATION Washington, D.C.	
11. POSITION TITLE Ops Officer		12. POSITION NUMBER 9997	
13. CAREER SERVICE DESIGNATION DMG			
14. CLASSIFICATION SCHEDULE (GS, FS, etc.) GS		15. OCCUPATIONAL SERIES 0136.01	
16. GRADE AND STEP 13 6		17. SALARY OR RATE \$24,122	
18. REMARKS *HB:EA Reassigned from: DDO/EA/JK/K Position #4408 Pending Disability Retirement *OTHER			
19A. [Signature]		19B. [Signature]	
DATE SIGNED 09/10/74		DATE SIGNED 11 Sept 74	
CEA/PERS		CMG/MID	
SPACE BELOW FOR EXCLUSIVE USE OF			
20. ACTION CODE 37	21. EMPLOY CODE 18	22. OFFICE CODE 45817 EA	23. STATION CODE 75013
24. DATE OF BIRTH MO DA YR	25. DATE OF GRADE MO DA YR	26. DATE OF LEAVE MO DA YR	27. DATE OF LEAVE MO DA YR
28. DATE OF LEAVE MO DA YR	29. SPECIAL ASSIGNMENT 1-2000 2-2000 3-2000	30. SEPARATION DATA CODE TYPE	31. CORRECTION/CONVERSION DATA MO DA YR
32. SECURITY MO DA YR	33. LEA MO DA YR	34. PRIOR/HEALTH INSURANCE CODE	35. SOCIAL SECURITY NO.
36. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE	37. LEAVE CAT. CODE	38. FEDERAL TAX DATA CODE	39. STATE TAX DATA CODE
40. POSITION CONTROL CERTIFICATION CODE	41. OF APPROVAL CODE	42. DATE APPROVED 9/13/74	

FORM 1152

USE PREVIOUS EDITION

SECRET

CLASSIFIED BY 01-0312

11-7
APR 74

ADMINISTRATIVE

6 SEP 1974

MEMORANDUM FOR : [REDACTED]
THROUGH : Head of D Career Service
SUBJECT : Notification of Approval of Disability Retirement

1. This is to inform you that the Director of Personnel has approved your request for disability retirement under the CIA Retirement and Disability System. On the basis of medical evidence, the Director of Personnel has determined that your disability is of a permanent nature; therefore, no further medical review of your case will be required.

2. Your retirement will become effective 14 May 1975, the expiration date of your accrued sick leave. You may be assured that every effort will be made to expedite delivery of your first check following completion of the administrative details required to effect your retirement.

[REDACTED]
Chief
Retirement Affairs Division

Distribution:

- 0 - Addressee
- 1 - D Career Service
- 1 - OMS
- 1 - OPF
- 1 - ROB Soft File
- 1 - ROB Reader

OP/RAD/ROB/ [REDACTED] jat/3257 (5 September 1974)

ADMINISTRATIVE
INTERNAL USE ONLY

2 JUL 1974

MEMORANDUM FOR : Chairman, Board of Medical Examiners

SUBJECT : Request for Medical Evaluation -
[REDACTED]

1. Subject, a participant in the CIA Retirement and Disability System, has applied for disability retirement under the provisions of Section 231 of Public Law 88-643, Central Intelligence Agency Retirement Act of 1964 for Certain Employees. It is requested that a medical examination be arranged for Subject and that a written report of the Board of Medical Examiners as prescribed in paragraph f. (4) of HR 20-50 be submitted to the Director of Personnel.

2. Attached are copies of the Supervisor's Statement and the Application for Disability Retirement. The Office of Personnel has been advised by the Office of Medical Services that a private physician's statement has been forwarded directly to them.

3. Mr. [REDACTED] will remain on duty pending a decision on his application for retirement.

[REDACTED]
Deputy Director of Personnel
for Special Programs

Attachments:

- a. Supervisor's Statement
- b. Application

Distribution:

- 0 & 1 - Addressee
- 1 - D/Pers
- 1 - OPF
- 1 - ROB Soft File
- 1 - ROB Folder

OP/RAD/ROB/[REDACTED]jat/3257 (28 June 1974)

ADMINISTRATIVE
INTERNAL USE ONLY

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED: 3 JANUARY 1974	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)									
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE REQUESTED				5. CATEGORY OF EMPLOYMENT					
REASSIGNMENT		MONTH DAY YEAR 01 20 74				REGULAR					
6. FUNDS		X V TO V		V TO O		7. FINANCIAL ANALYSIS NO. CHARGEABLE		8. LEGAL AUTHORITY (Complied by Office of Personnel)			
		O TO V		O TO O		4237-1374-0000					
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDO/EAST ASIA DIVISION						WASHINGTON, D.C.					
11. POSITION TITLE						12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION			
OPS OFFICER						1313		D			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0136.01		13 6		\$24,122			
18. REMARKS											
FROM: EA/PMI #4024											
DATE SIGNED: 7 Jan 74											
CFA/PERS 1/10/74											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODE	22. STATION CODE	23. INTEGRITY CODE	24. POSTING CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LID			
3-10	4500	EA	7503								
28. RET. EMPLOY	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA	33. SECURITY REQ. NO.	34. SEX					
35. VET. PREFERENCE	36. SERV. COMP. DATE	37. LONG. COMP. DATE	38. CAREER LATEFEED	39. HEALTH INSURANCE	40. SOCIAL SECURITY NO.						
41. PERSONS COVERED GOVERNMENT SERVICE			42. LEAVE-CAF CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA				
45. POSITION CONTROL CERTIFICATION				46. C.F. APPROVAL			DATE APPROVED				

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING
AND DECLASSIFICATION

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED

2 OCTOBER

1. SERIAL NUMBER		2. NAME (Last-First-Middle)	
[Redacted]			
3. REASON FOR REQUEST		4. EFFECTIVE DATE REQUESTED	
REASSIGNMENT AND TRANSFER TO VOUCHERED FUNDS		MONTH DAY YEAR 10 14 73	
5. FUNDS		6. LEGAL AUTHORITY (Completed by Office of Personnel)	
XX V TO V O TO V		4237-1374-0000	
7. ORGANIZATIONAL DESIGNATION		8. LOCATION OF OFFICIAL STATION	
DDO/EA DIVISION		WASH., D.C.	
9. POSITION TITLE		10. POSITION NUMBER	
OPS OFFICER (D-13)		4024	
11. CLASSIFICATION SCHEDULE (GS, LB, etc.)		12. CAREER SERVICE DESIGNATION	
GS		D	
13. OCCUPATIONAL SERIES		14. GRADE AND STEP	
0136.01		13 6 2	
15. REMARKS			
FROM: DDO/EA/PMI/MS/#4939/MANILA, P.I.			
DATE SIGNED		DATE SIGNED	
10/2/73		10-2-73	
SPACE BELOW FOR EXCLUSIVE USE			
16. ACTION CODE	17. EMPLOY CODE	18. OFFICE CODING	19. STATION CODE
10	10	US/NO/EA	7003
20. DATE OF BIRTH	21. DATE OF GRADE	22. DATE OF LST	23. SECURITY RIG NO
MO DA YR	MO DA YR	MO DA YR	MO DA YR
24. VET. PREFERENCE	25. SERV. COMP. DATE	26. LONG. COMP. DATE	27. CAREER CATEGORY
CODE	MO DA YR	MO DA YR	CODE
0-NO PRE			1-YES
1-1 PT			2-NO
2-10 PT			
28. PREVIOUS CIVILIAN GOVERNMENT SERVICE	29. LEAVE CAT	30. FEDERAL TAX DATA	31. STATE TAX DATA
CODE	CODE	CODE	CODE
0-NO PREVIOUS SERVICE	1-YES	1-YES	1-YES
1-NO SERVIC IN SERVICE	2-NO	2-NO	2-NO
2-22 YEAR IN SERVICE (LESS THAN 3 YEARS)			
3-22 YEAR IN SERVICE (MORE THAN 3 YEARS)			
32. POSITION CONTROL CERTIFICATION		33. DATE APPROVED	
URB 10-4-78		980773	

FORM 8-72 1152

USE PREVIOUS EDITION

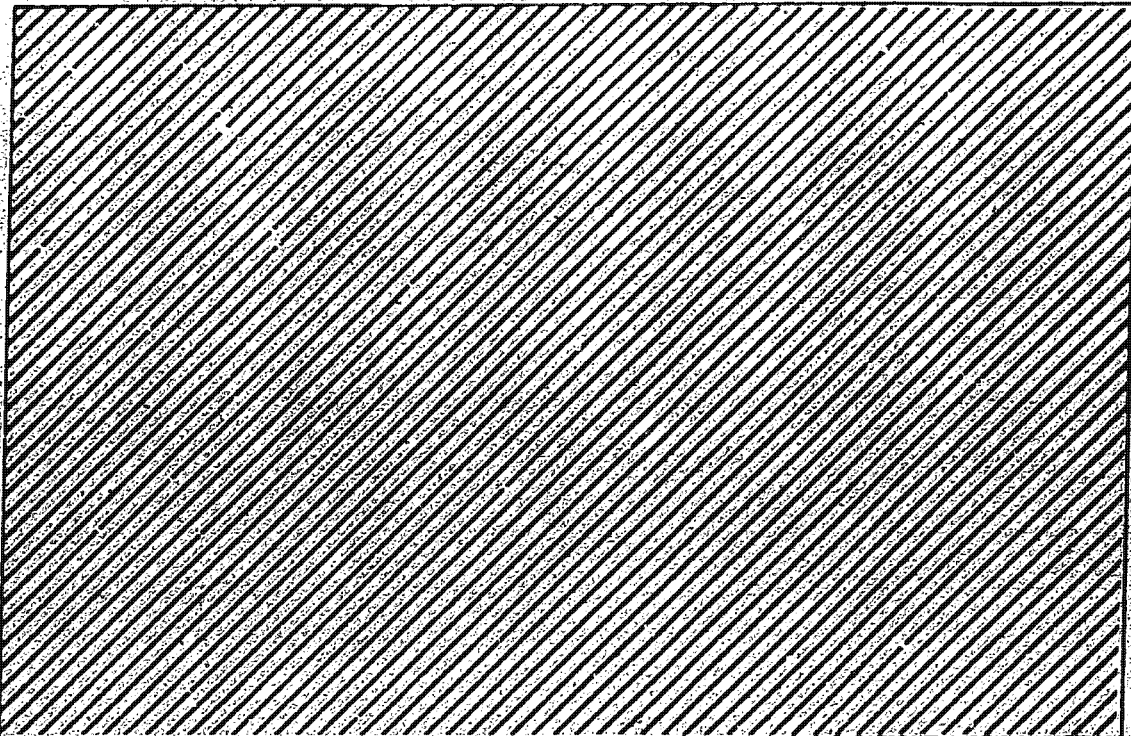
SECRET

CLASSIFIED BY 01-0332

11-71

APR 68

ADMINISTRATIVE - INTERNAL USE ONLY



NAME OF EMPLOYEE (Last-First-Middle) 	NAME AND RELATIONSHIP OF DEPENDENT* 	CLAIM NUMBER 74-0194
---	--	-------------------------

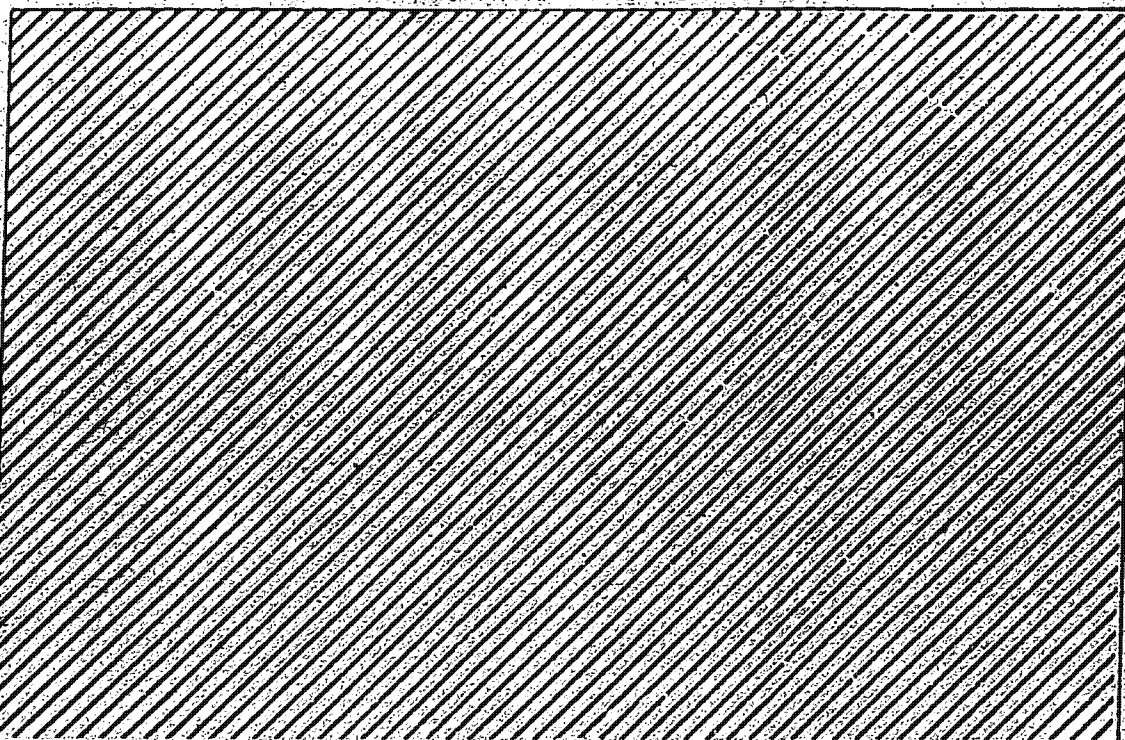
There is on file in the Personal Affairs Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on 1 July 1973.

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

DATE OF NOTICE 11 Sept 1973	SIGNATURE OF BSO REPRESENTATIVE
--------------------------------	--

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

ADMINISTRATIVE - INTERNAL USE ONLY



NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT	CLAIM NUMBER
	Self	74-0096

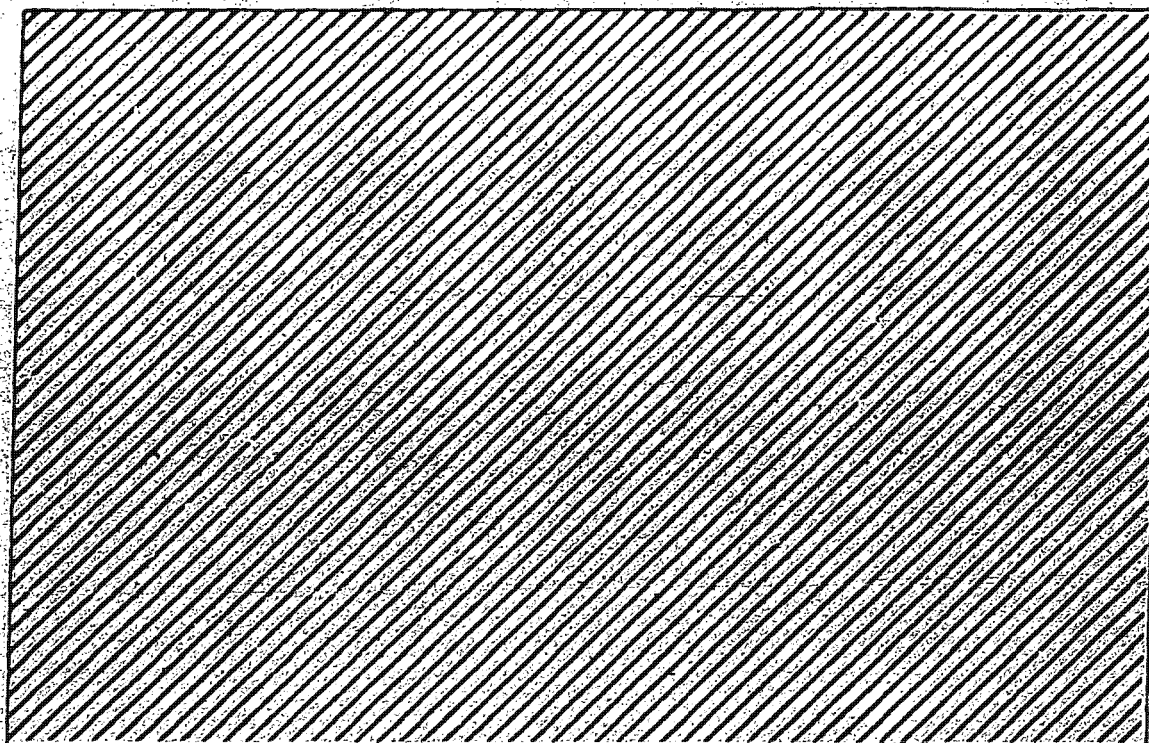
There is on file in the Personal Affairs Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on 30 June 1973.

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

DATE OF NOTICE	SIGNATURE OF BDD REPRESENTATIVE
27 August 1973	

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle) 	NAME AND RELATIONSHIP OF DEPENDENT SELF	CLAIM NUMBER 72-0959
---	--	-------------------------

There is on file in the Personal Affairs Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on 18 February 1972.

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

DATE OF NOTICE 9 May 72	SIGNATURE OF USG REPRESENTATIVE
----------------------------	--

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET

1-21641

MEMORANDUM FOR: Deputy Director for Plans 20 Apr 71
THROUGH : Director of Personnel
SUBJECT : Departure Short of Tour and Home Leave -
[redacted]
REFERENCE : CSN 20-89, PERSONNEL, 16 April 1971

1. Paragraph four contains a recommendation for your approval.

2. [redacted] is a GS-13 Operations Officer who has been assigned [redacted] since 20 May 1969. His current tour will end on 19 May 1971; his request for a second tour after home leave has been approved.

3. Mr. [redacted] wife has acrophobia and does not fly. In view of her condition she has been authorized round-trip travel by sea. The Division has authorized [redacted] and children to accompany her on the voyage [redacted] to the U. S.

4. [redacted] advises that the [redacted] can be accommodated on a ship scheduled to sail [redacted] on 3 May. In order to make the sailing, [redacted] would have to depart post before completion of his tour. The Far East Division recommends approval [redacted] short of tour for home leave.

William E. Nelson
William E. Nelson
Chief, Far East Division

CONCUR:

J. C. [redacted]
Director of Personnel

20 April 1971
Date

The request contained in Paragraph four is APPROVED:

D. M. [redacted]
Deputy Director for Plans

3 May 71
Date

SECRET

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
1. SERIAL NUMBER						18 AUGUST 1970	
2. NAME (Last-First-Middle)							
3. N. NAME							
4. EFFECTIVE DATE REQUESTED						5. CATEGORY OF EMPLOYMENT	
08-21-70						REGULAR	
6. FUNDS						7. FINANCIAL ANALYSIS NO. CHARGEABLE	
V TO V						1137-1639	
CP TO V						8. LEGAL AUTHORITY (Completed by Office of Personnel)	
X CP TO V							
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION	
DDP/FE FOREIGN FIELD							
11. POSITION TITLE						12. POSITION NUMBER	
OPS. OFFICER						4945	
14. CLASSIFICATION SCHEDULE (GS, F.B., etc.)						15. OCCUPATIONAL SERIES	
GS						0136.01	
16. GRADE AND STEP						17. SALARY OR RATE	
13 4						\$ 18,437.	
18. REMARKS							
FROM: NAME/4947							
18A. DATE SIGNED 18B. DATE SIGNED 19. ACTION CODE 20. EMPLOY CODE 21. OFFICE CODING 22. STATION CODE 23. INTEGRATE CODE 24. HQ/OPS CODE 25. DATE OF BIRTH 26. DATE OF GRACE 27. DATE OF LEI 28. NTE EXPIRES 29. SPECIAL REFERENCE 30. RETIREMENT DATE 31. SEPARATION DATA CODE 32. CORRECTION 33. SECURITY REQ NO. 34. SEN 35. SET PREFERENCE 36. SERV. COMP. DATE 37. LOCS COMP DATE 38. EARLIER CATEGORY 39. REGAL HEALTH INSURANCE 40. SOCIAL SECURITY NO. 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE 42. LEAVE CAT. 43. FEDERAL TAX DATA 44. STATE TAX DATA 45. POSITION CONTROL CERTIFICATION 46. OF APPROVAL 47. DATE APPROVED							

FORM 1152 1-67 PREVIOUS EDITION

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING AND
DECLASSIFICATION

SECRET

(If Not Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED		
1. SERIAL NUMBER										18 AUGUST 1970		
2. NAME (Last-First-Middle)												
3. NATURE OF PERSONNEL										4. EFFECTIVE DATE REQUESTED		
REASSIGNMENT										MONTH DAY YEAR		
5. CATEGORY OF EMPLOYMENT										REGULAR		
6. FUNDS										7. FINANCIAL ANALYSIS NO. CHARGEABLE		
V TO V										2137-1639		
C TO V										8. LEGAL AUTHORITY (Completed by Office of Personnel)		
9. ORGANIZATIONAL DESIGNATIONS										10. LOCATION OF OFFICIAL STATION		
REP/FE FOREIGN FIELD												
11. POSITION TITLE										12. POSITION NUMBER		
OPS OFFICER										3-14		
14. CLASSIFICATION SCHEDULE (GS, LS, etc.)										15. OCCUPATIONAL SERIES		
GS										0136.01		
16. GRADE AND STEP										17. SALARY OR RATE		
13										18,437.		
18. REMARKS												
FROM: 3AUG/1970												
19A. SIGNATURE												
DATE SIGNED 18 AUG 1970												
19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER												
DATE SIGNED												
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL												
19. ACTION CODE	24. EMPLOY CODE	21. OFFICE CODES	22. STATION CODE	23. INTEREST CODE	24. MOBILE CODE	25. DATE OF BIRTH	26. DATE OF ENTRY	27. DATE OF LEI				
		NUMERIC ALPHABETIC				MO. DA. YR.	MO. DA. YR.	MO. DA. YR.				
28. RET. EXPIRES	29. SPECIAL REFERENCE	30. EMPLOYMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION-CIRCULATION DATA	EOD DATA			33. SECURITY RES. NO.	34. SEE			
MO. DA. YR.		1-150 1-151 1-152 1-153	CODE	TYPE	MO. DA. YR.							
35. VET. PREFERENCE	36. SERV. COMP. DATA	37. LOSS. COMP. DATA	38. CAREER CATEGORY	39. HEALTH INSURANCE	40. SOCIAL SECURITY NO.							
CODE	1-100 1-101 1-102	MO. DA. YR.	CODE	CODE	MO. DA. YR.	CODE						
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE	42. LEAVE CAT.	43. FEDERAL TAX DATA	44. STATE TAX DATA									
CODE	1-100 1-101 1-102 1-103 1-104 1-105 1-106 1-107 1-108 1-109 1-110 1-111 1-112 1-113 1-114 1-115 1-116 1-117 1-118 1-119 1-120	CODE	CODE	MO. DA. YR.	CODE	MO. DA. YR.	CODE	MO. DA. YR.	CODE	MO. DA. YR.	CODE	MO. DA. YR.
45. POSITION CONTROL CERTIFICATION												
46. OF APPROVAL												
47. APPROVED												

FORM 1152 1-67 USE PREVIOUS EDITION

SECRET

CLASSIFIED BY 100-101-10-10

(1)

SECRET

(If Not Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED

14 April 1969

1. OFFICER NUMBER		2. NAME (Last-First-Middle)	
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE REQUESTED	
REASSIGNMENT		MONTH DAY YEAR 05 02 69	
5. CATEGORY OF EMPLOYMENT		REGULAR	
6. POINTS		7. FINANCIAL ANALYSIS NO. CHARGEABLE	
V TO V O TO V XX O TO O		9137-1639	
8. LEGAL AUTHORITY (Completed by Office of Personnel)		9. ORGANIZATIONAL DESIGNATIONS	
		DDP/FE FOREIGN FIELD	
10. LOCATION OF OFFICIAL STATION		11. POSITION TITLE	
		OPS. OFFICER	
12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION	
4947		D	
14. CLASSIFICATION SCHEDULE (GS, I.B., etc.)		15. OCCUPATIONAL SERIES	
GS		0136.01	
16. GRADE AND STEP		17. SALARY OR RATE	
13 3		\$ 15,369. ✓	
18. REMARKS			
FROM: DDP/FE PMI/ 4024			
Home Base: FE			
29 APR 1969 05/534-16-69 11-5-69			
19. SIGNATURE OF REQUESTING OFFICER		20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER	
29 APR 1969		29 APR 1969	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
21. ACTION CODE	22. EMPLOY CODE	23. OFFICE CODE	24. STATION CODE
37 10	10	10	10
25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LET	28. DATE OF ENTRY
37 10	10	10	10
29. DATE OF ENTRY	30. DATE OF GRADE	31. DATE OF ENTRY	32. DATE OF GRADE
37 10	10	10	10
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37. DATE OF ENTRY	38. DATE OF GRADE	39. DATE OF ENTRY	40. DATE OF GRADE
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37 10	10	10	10
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37 10	10	10	10
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37 10	10	10	10
93. DATE OF ENTRY	94. DATE OF GRADE	95. DATE OF ENTRY	96. DATE OF GRADE
37 10	10	10	10
97. DATE OF ENTRY	98. DATE OF GRADE	99. DATE OF ENTRY	100. DATE OF GRADE
37 10	10	10	10

FORM 1152 9-67

SECRET

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
				11 April 1969	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)			
F 8					
3. PERSONNEL ACTION		4. EFFECTIVE DATE REQUESTED		5. CATEGORY OF EMPLOYMENT	
CONVERSION FROM PBR STATUS		MONTH 04 YEAR 69		REGULAR	
6. PRICE		7. FINANCIAL ANALYSIS NO. CHARGEABLE		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
V TO V		9137-1375			
Q TO V		X		Q TO Q	
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION			
DDP/FE FE/PRI -		WASHINGTON, D. C.			
11. POSITION TITLE		12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION	
OPS OFFICER (13)		4024		D	
14. CLASSIFICATION SCHEDULE (GS/LS/PL/PS)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP	
GS		0136.01		13 3	
17. SALARY OR RATE		18. REMARKS			
\$ 15,369		Wash, D.C. V.M. Dow (FE) FROM: Same			
19A. DATE SIGNED		19B. DATE SIGNED		19C. DATE SIGNED	
4/10/69		4/10/69		4/10/69	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
20. POSITION CODE	21. OFFICE CODE	22. STATION CODE	23. PAYSCALE CODE	24. ROUTES CODE	25. DATE OF BIRTH
SC 10	45146156	75013			
26. DATE OF ENTRY	27. SPECIAL REFERENCE	28. RETIREMENT DATE	29. SEPARATION DATE	30. EXEMPTION	31. SECURITY REQ NO
32. DATE OF ENTRY	33. DATE OF ENTRY	34. DATE OF ENTRY	35. DATE OF ENTRY	36. DATE OF ENTRY	37. DATE OF ENTRY
38. DATE OF ENTRY	39. DATE OF ENTRY	40. DATE OF ENTRY	41. DATE OF ENTRY	42. DATE OF ENTRY	43. DATE OF ENTRY
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578. DATE OF ENTRY	579. DATE OF ENTRY	580. DATE OF ENTRY	581. DATE OF ENTRY	582. DATE OF ENTRY	

10 Area Paved by

LAST PAGES

1. SERIAL NUMBER		2. NAME (Last-First-Middle)		3. EFFECTIVE DATE REQUESTED		4. CATEGORY OF EMPLOYMENT	
[REDACTED]		[REDACTED]		MONTH DAY YEAR 10 30 68		REGULAR	
5. NATURE OF PERSONNEL ACTION				6. FINANCIAL ANALYSIS AND CHARGEABLE		7. LEGAL AUTHORITY (Complied by Office of Personnel)	
PROMOTION				9137 1375			
8. FUNDS				10. LOCATION OF OFFICIAL STATION			
TO V OF TO V				V TO OF OF TO OF			
9. ORGANIZATIONAL DESIGNATIONS				11. POSITION NUMBER		12. CAREER SERVICE DESIGNATION	
DDP/VE				4034		D	
FE/PHI - [REDACTED]				13. GRADE AND STEP		14. SALARY OF RATE	
[REDACTED]				05/5		\$13,330	
				13/3		\$16,360	
15. REMARKS				16. CLASSIFICATION SCHEDULE (GS, FS, etc.)		17. OCCUPATIONAL SERIES	
FROM: SAME (03-12/6 to 03-13/3)				0136.01		0136.01	
Payroll Called							
18. SIGNATURE OF REQUESTING OFFICIAL				19. DATE SIGNED		20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER	
[REDACTED]				10/17		[REDACTED]	
21. SIGNATURE OF REQUESTING OFFICIAL				22. DATE SIGNED		23. SIGNATURE OF CAREER SERVICE APPROVING OFFICER	
[REDACTED]				10/17		[REDACTED]	
SPACE BELOW FOR EXCLUSIVE USE OF							
24. ACTION CODE		25. TO EMPLOY CODE		26. GS/FS CODES		27. STATION CODE	
033		10		45143		15013	
28. DATE EXPIRES		29. DATE OF BIRTH		30. DATE OF BIRTH		31. DATE OF BIRTH	
1-1-71		1-1-71		1-1-71		1-1-71	
32. DATE OF BIRTH		33. DATE OF BIRTH		34. DATE OF BIRTH		35. DATE OF BIRTH	
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104. DATE OF BIRTH		105. DATE OF BIRTH		106. DATE OF BIRTH		107. DATE OF BIRTH	
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108. DATE OF BIRTH		109. DATE OF BIRTH		110. DATE OF BIRTH		111. DATE OF BIRTH	
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112. DATE OF BIRTH							

1152 024 FEB 07 1964

SECRET

SECRET

S-E-C-R-E-T



MEMORANDUM FOR: Clandestine Services Career Service Board

SUBJECT : Recommendation for Promotion from GS-12 to GS-13 for [redacted]

1. FE Division recommends the promotion of [redacted] from GS-12 to GS-13.
2. [redacted] first joined the Agency in 1955 in the DDI. He rose rapidly from GS-07 to GS-12 which grade he achieved in March 1961. He spent one overseas tour [redacted] In April 1963 he transferred to the DDP. This action and the adjustments it necessitated have undoubtedly held him back from the normal career advancement to be expected for one of his ability.
3. In the DDP [redacted] first served in Vietnam Operations in Headquarters and then from 1964-1966 in Saigon. There he performed effectively in both liaison and unilateral operations [redacted] He personally recruited several agents and established a successful [redacted] He was first recommended for promotion to GS-13 during his Vietnam tour.
4. In November 1966 [redacted] joined FE/PMI, first on the [redacted] He has served as [redacted] Desk and Branch referent for Communist Party Operations, where he proved himself to be an excellent analyst. He has also served as a desk officer handling a variety of projects. He has performed his duties in a consistently strong manner, and has shown sound operational judgment. [redacted] writes well, and gets along extremely well with his co-workers and contacts. He is now scheduled for a field assignment [redacted] in 1969. In view of his strong Headquarters desk performance and his previous recommendation from Vietnam, [redacted] was recommended for promotion again in February 1968.
5. [redacted] is an experienced and competent Headquarters and field operations officer. He has repeatedly demonstrated his ability to perform at the GS-13 level. In consideration of his fine record of productivity I recommend that he be promoted to GS-13.

William E. Nelson
William E. Nelson
Chief, Far East Division

18 Nov 1964

REQUEST FOR PERSONNEL ACTION										DATE PREPARED	
1. SERIAL NUMBER										2 May 1968	
2. REPORT (Last-First-Middle)											
3. NATURE OF PERSONNEL ACTION REASSIGNMENT										4. EFFECTIVE DATE REQUESTED MONTH: 05 DAY: 19 YEAR: 68	
5. CATEGORIES OF EMPLOYMENT REGULAR											
6. FUNDS DDP V TO V V TO O U TO V XX O TO O										7. FINANCIAL ANALYSIS NO. CHARGEABLE 8137-1375	
8. ORGANIZATIONAL DESIGNATIONS DDP/VE										9. LOCATION OF OFFICE/STATION WASHINGTON, D.C.	
10. POSITION NAME										11. POSITION NUMBER 4025	
12. CLASSIFICATION SYMBOL (GS 1B, etc.) PUR										13. OCCUPATIONAL SERIES 0136.01	
14. GRADE AND STEP 5/5										15. SALARY OR RATE 12,604	
16. REMARKS FROM: DEVELOPMENT COMP. SLOT WAS VACANT <i>X Wash, D.C.</i>											
17. SIGNATURE OF REQUESTING OFFICIAL										18. SIGNATURE OF CAREER SERVICE APPROVING OFFICER	
19. ACTION LOG										20. DATE SHOWN	
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SECRET

30 January 1968

MEMORANDUM FOR: FE Career Management Committee

SUBJECT: Recommendation for Promotion from GS-12 to GS-13 of [redacted]

1. This office wishes to reiterate its previous endorsement of the Saigon Station's recommendation for the promotion of [redacted] from GS-12 to GS-13.

2. [redacted] was initially assigned to the [redacted] as an Operations Officer responsible for Headquarters support of the [redacted] Communist Party Operations Program. This was a demanding task requiring sound operational judgment, experience, and the capacity to absorb large quantities of operational data and information. Despite no prior background [redacted] quickly got on top of the material and projects and made a valuable contribution. He also had other duties concerned with support for other Station unilateral activity.

3. [redacted]

4. [redacted] is a capable and experienced Operations Officer. He has proven in Vietnam a unique ability to develop valuable operational assets [redacted] and his work in this branch has been excellent. In view of this good record of productivity, and as a stimulus for future development, I strongly recommend that [redacted] be promoted to GS-13.

[redacted]
Acting Chief, FE/PMI

SECRET

12. The following is a list of the names of the persons who have been appointed to the various positions in the organization of the American Society of International Law:

DATE 000000

1. SERIAL NUMBER		2. NAME (Last-First-Middle)																																																																																
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8. ORGANIZATIONAL DESIGNATIONS DDP/FE Development Complement		9. LOCATION OF OFFICIAL STATION Washington, D.C.																																																																																
10. POSITION TITLE Ops Officer		11. POSITION NUMBER 9997																																																																																
12. CLASSIFICATION (K, L, M, N, P, Q, R, S, T, U, V, W, X, Y, Z) PJR GS		13. OCCUPATIONAL SERIES 0136.01																																																																																
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(S No. 1-112-1a)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
				20 NOVEMBER 1967	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)			
		✓			
3. NATURE OF PERSONNEL ACTION			4. EFFECTIVE DATE REQUESTED		5. CATEGORY OF EMPLOYMENT
			MONTH DAY YEAR 11 21 67		REGULAR
6. PUNDS			7. FINANCIAL ANALYSIS NO. CHARGEABLE		8. (LEGAL AUTHORITY) (Complied by Office of Personnel)
☒ V NO V ☐ V NO O ☒ O NO V ☐ O NO O			8137 1375		
9. ORGANIZATIONAL DESIGNATIONS			10. LOCATION OF OFFICIAL STATION		
DDP/FE DEVELOPMENT COMPLEMENT			WASHINGTON, D. C.		
11. POSITION TITLE			12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION
OPS. OFFICER			9997		D
14. CLASSIFICATION SCHEDULE (1-5, 1-B, 2-B)		15. OCCUPATIONAL DESIG.	16. GRADE AND STEP		17. SALARY OR RATE
FSR GS		0136.01	5 5 12 5		12,074 12,443
18. REMARKS					
<u>All</u> SICK AND <u>All</u> HOURS ANNUAL LEAVE TO BE TRANSFERRED					
MARITAL STATUS: MARRIED * <i>Clinton D.C.</i> * <i>C. D. C.</i>					
19A. SIGNATURE OF REQUESTING OFFICIAL		DATE SIGNED	19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICIAL		DATE SIGNED
[Signature] X 5083			[Signature] X 5083		
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
1. ACTION	2. ACTION	3. ACTION	4. ACTION	5. ACTION	6. ACTION
55 18	11397 FE	75613			
7. ACTION	8. ACTION	9. ACTION	10. ACTION	11. ACTION	12. ACTION
13. ACTION	14. ACTION	15. ACTION	16. ACTION	17. ACTION	18. ACTION
19. ACTION	20. ACTION	21. ACTION	22. ACTION	23. ACTION	24. ACTION
25. ACTION	26. ACTION	27. ACTION	28. ACTION	29. ACTION	30. ACTION
31. ACTION	32. ACTION	33. ACTION	34. ACTION	35. ACTION	36. ACTION
37. ACTION	38. ACTION	39. ACTION	40. ACTION	41. ACTION	42. ACTION
43. ACTION	44. ACTION	45. ACTION	46. ACTION	47. ACTION	48. ACTION
49. ACTION	50. ACTION	51. ACTION	52. ACTION	53. ACTION	54. ACTION
55. ACTION	56. ACTION	57. ACTION	58. ACTION	59. ACTION	60. ACTION

1157

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SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED 30 October 1967	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)			
3. NATURE OF PERSONNEL ACTION Reassignment and Transfer to Confidential Funds			4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 10 19 67		5. CATEGORY OF EMPLOYMENT Regular
6. FUNDS	V TO V	X	V TO O	7. FINANCIAL ANALYSIS NO. CHARGEABLE 8137-1392	8. LEGAL AUTHORITY (Completed by Office of Personnel)
	O TO V		O TO O		
9. ORGANIZATIONAL DESIGNATIONS DDP/FE FE/Development Complement			10. LOCATION OF OFFICIAL STATION Washington, D.C.		
11. POSITION TITLE Ops Officer			12. POSITION NUMBER 9997		13. CAREER SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0136.01		17. SALARY OR RATE \$ 12,443	
		16. GRADE AND STEP 12 5			
18. REMARKS					
19. SIGNATURE OF REQUESTING OFFICER		DATE SIGNED 30 OCT 1967		19A. SIGNATURE OF CAREER SERVICE APPROVING OFFICER	
				DATE SIGNED 3. Oct 67	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
20. ACTION CODE 90	21. EMPLOY CODE 103	22. OFFICE CODES PHONETIC ALPHABETIC LS492 FE	23. STATION CODE 25013	24. PAYROLL CODE 1	25. DATE OF BIRTH MO DA YR
26. NET EMPLOY MO DA YR	27. SPECIAL REFERENCE 1-101 2-101 3-101	28. OFFICIAL DATA CODE	29. SEPARATION DATA CODE TYPE MO DA YR	30. COLLECTION (COMBINATION) DATA TYPE MO DA YR	31. SECURITY REG NO
32. NET PREFERENCE CODE 1-101 2-101 3-101	33. SLEP (CMP) DATA MO DA YR	34. LCP (CMP) DATA MO DA YR	35. (LCP) (LCP) (LCP) CODE CODE CODE	36. (LCP) (LCP) (LCP) CODE CODE CODE	37. SOCIAL SECURITY NO
38. PHYSICAL FITNESS GOVERNMENT SERVICE CODE 1-101 2-101 3-101		39. LEAD (LCP) CODE	40. REGION (LCP) DATA CODE CODE CODE		41. STAFF (LCP) DATA CODE CODE CODE
42. POSITION CLASSIFICATION CERTIFICATION		43. O.P. APPROVAL		DATE APPROVED	

1152 1152 PERSONNEL ACTION

SECRET

1152 1152 PERSONNEL ACTION

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED

13 May 1967

1. SERIAL NUMBER				2. NAME (Last, First, Middle)			
3. NATURE OF PERSONNEL ACTION Reassignment				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 05 21 67		5. CATEGORY OF EMPLOYMENT Regular	
6. FUNDS X V TO V O TO V		V TO O O TO O		7. COST CENTER NO. CHARGEABLE 7237-1385		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS DDP/FE				10. LOCATION OF OFFICIAL STATION Washington, D.C.			
11. POSITION TITLE Ops Officer D-12				12. POSITION NUMBER 3877		13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 12 5		17. SALARY OR RATE \$ 12,443	
18. REMARKS FROM:							
10A. SIGNATURE OF REQUESTER				DATE SIGNED 5/15/67		10B. SIGNATURE OF CAREER SERVICE	
DATE SIGNED 7/18/67							
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE 37	20. EMPLOY CODE 10	21. OFFICE CODES NUMERIC ALPHABETIC 45740 EC	22. STATION CODE 75212	23. INTERPRET CODE	24. MOBILE CODE 1	25. DATE OF BIRTH MO DA YR	26. DATE OF GRADE MO DA YR
27. DATE OF LEE MO DA YR	28. MISC. EMPLOY. MO DA YR	29. SPECIAL REFERENCE 1-CX 2-FEB 3-NOB	30. RETIREMENT DATA CODE	31. SEPARATION DATA CODE	32. COLLECTION CANCELLATION DATA PPH MO DA YR	33. SECURITY REQ. NO.	34. SEE
35. MISC. PREFERENCE CODE 8-NONE 1-5/77 2-10/77	36. SERV. COMP. DATE MO DA YR	37. LONG. COMP. DATE MO DA YR	38. CAREER CATEGORY CODE LAW BIV PROV. TEMP	39. HEALTH INSURANCE CODE 9-BALYR 1-NIL	40. SOCIAL SECURITY NO.		
41. PREVIOUS COMPONENT SERVICE DATA CODE 8-NO PREVIOUS SERVICE 1-NO PREVIOUS SERVICE 2-RELEA. IN SERVICE (LESS THAN 3 YEARS) 3-RELEA. IN SERVICE (MORE THAN 3 YEARS)		42. LEAVE CAT. CODE	43. HIGHER PAY DATA CODE FORN ASSIGNED 1-FYI 2-NO	44. PAY TAB RESUMPTIONS CODE FORN ASSIGNED 1-FYI 2-NO	45. STATE TAX DATA CODE FORN ASSIGNED 1-FYI 2-NO	46. STATE TAX DATA CODE FORN ASSIGNED 1-FYI 2-NO	
47. POSITION CONTROL CERTIFICATION 05-16:67N				48. DATE APPROVED 25/66			

FORM 1152 USE PREVIOUS EDITION

SECRET

OFFICIAL USE ONLY (Do Not Distribute)

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
				20 October 1966	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)			
3. NATURE OF PERSONNEL ACTION			4. EFFECTIVE DATE REQUESTED		5. CATEGORY OF EMPLOYMENT
Reassignment and Transfer to Vouchered Funds			MONTH DAY YEAR 11 20 66		Regular
6. FUNDS	V TO V	V TO O	7. FINANCIAL ANALYSIS NO. CHARGEABLE		8. LEGAL AUTHORITY (Completed by Office of Personnel)
X	O TO V	O TO O	7237-1585		
9. ORGANIZATIONAL DESIGNATIONS			10. LOCATION OF OFFICIAL STATION		
DDP/FE			Washington, D.C.		
11. POSITION TITLE		12. POSITION NUMBER	13. CAREER SERVICE DESIGNATION		
Ops Officer		D-12	4025		
14. CLASSIFICATION SCHEDULE (GS, LR, etc.)		15. OCCUPATIONAL SERIES	16. GRADE AND STEP		17. SALARY OR RATE
GS		0136.01	12 5		\$ 12,443
18. REMARKS					
FROM: [Redacted] Subject is occupying a vacant slot.					
Security Agency: [Redacted] <i>Security Agency: [Redacted] 10/26/66</i> <i>Dec 11/3/66</i> cy Security cy FE/B&F					
19A. [Redacted]		DATE SIGNED		19B. SIGNATURE OF APPROVING OFFICER	
		10/31/66		[Redacted]	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
20. ACTION CODE	21. EFFECT CODE	22. OFFICE CODING	23. STATION CODE	24. UTILITY CODE	25. DATE OF BIRTH
16	10	45149 FE 25013			MO DA YR
26. DATE OF DEATH	27. SPECIAL REFERENCE	28. RETIREMENT DATA	29. SEPARATION DATA CODE	30. CORRECTION/CANCELLATION DATA	31. SECURITY REG. NO.
MO DA YR	1-100	1-100	1-100	1-100	1-100
32. VET PREFERENCE	33. VET COMP DATE	34. VET COMP DATE	35. CAREER CATEGORY	36. FEEL HEALTH INSURANCE	37. SOCIAL SECURITY NO.
CODE	MO DA YR	MO DA YR	CODE	CODE	CODE
38. PREVIOUS CIVILIAN GOVERNMENT SERVICE	39. LEAVE CAT CODE	40. FEDERAL TAX DATA	41. STATE TAX DATA		
CODE	CODE	CODE	CODE		
42. POSITION CONTROL CERTIFICATION		43. DDP APPROVAL		44. DATE APPROVED	
11-03-66N		[Redacted]		11-03-66	

FORM 1152 (All Persons Edition)

SECRET

(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)

(The following information was obtained from the file maintained by the FBI in connection with the above captioned matter.)

F23

1152 USE PREVIOUS EDITIONS

SECRET

12-11-63 12:00 PM 12-11-63 12:00 PM

SECRET

(S) (S) (S) (S) (S)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED 3 November 1964	
1. NAME (Last, First, Middle)											
2. NATURE OF PERSONNEL ACTION REASSIGNMENT										3. EFFECTIVE DATE REQUESTED MONTH: 12 DAY: 1 YEAR: 64	
4. FUNDS VIOV ☐ VIOO ☐ CIOV ☐ X CIOO ☐										5. CATEGORY OF EMPLOYMENT REGULAR	
6. ORGANIZATIONAL DESIGNATION DDP/FE										7. COST CENTER NO. CHAROP 5137-1487	
8. LOCATION OF OFFICIAL STATION [Redacted] Viet Nam										9. LEGAL AUTHORITY (Completed by Office of Personnel)	
10. POSITION TITLE OPS OFFICER (1002)										11. POSITION NUMBER 4608	
12. CLASSIFICATION SCHEDULE (G.S. E.R. No.) GS										13. CAREER SERVICE DESIGNATION D	
14. OCCUPATIONAL SERIES 0136.01										15. GRADE AND STEP 12 4	
16. REMARKS Subject to Medical Approval. FROM: DDP/FE FE/DEV COMP [Signature] 27F [Handwritten: 11/15/64, 11/12/64]										17. SALARY OR RATE \$ 11,305	
ONE COPY TO SECURITY ONE COPY TO CF PAYROLL FOR FURTHER INFORMATION CALL X5459 RECEIVED BY CSPD [Signature]											
18. SIGNATURE OF REQUESTING OFFICIAL [Redacted]				DATE SIGNED 11/10/64		19. SIGNATURE OF CAREER SERVICE APPROVING OFFICER [Redacted]				DATE SIGNED 11-10-64	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
20. ACTION CODE [Redacted]		21. EMPLOY CODE [Redacted]		22. STATION CODE [Redacted]		23. EMPLOY CODE [Redacted]		24. DATE OF BIRTH [Redacted]		25. DATE OF DEATH [Redacted]	
26. ATE EMPLOY [Redacted]		27. SOCIAL SECURITY [Redacted]		28. RETIREMENT DATA [Redacted]		29. SEPARATION DATA [Redacted]		30. LOCATION CANCELLATION DATA [Redacted]		31. SECURITY [Redacted]	
32. VET PREFERENCE [Redacted]		33. VET COMP DATA [Redacted]		34. LONG COMP DATA [Redacted]		35. CAREER EMPLOY [Redacted]		36. PHYSICAL HEALTH INSURANCE [Redacted]		37. SOCIAL SECURITY NO. [Redacted]	
38. PREVIOUS GOVERNMENT SERVICE DATA [Redacted]		39. LEAVE DATA [Redacted]		40. FEDERAL TAX DATA [Redacted]		41. HEALTH INS. CODE [Redacted]		42. SOCIAL SECURITY NO. [Redacted]		43. STATE DATA [Redacted]	
44. POSITION CONTROL CERTIFICATION [Signature] (2)						45. OFF APPROVAL [Redacted]			DATE APPROVED 11-10-64		

FORM 1152 USE PREVIOUS EDITION

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EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

U.S. Airm. Aided In

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2. ~~MAJOR~~ ~~1800-1811~~ - ~~Mobile~~

A - EFFECTIVE DATE MONSTER

A CATEGORY OF EMPLOYMENT

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Regular

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840. 84

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COST CENTER NO CHARGE

6. LOCAL AUTHORITY (Completed by Office of

5137-1392

9. ORGANIZATIONAL DISPOSITIONS

DDP/FE CS/CS
Development Complement

10. LOCATION OF OFFICIAL STATION

Washington, D. C.

CUSTOM TITLE

12. POSITION NUMBER

12. CAREER SERVICE DESIGNATION

14. CLASSIFICATION NUMBER (G.S. 1-110)

OCCUPATIONAL SKILLS

10. FACE AND SIGN

12. SMART OR PAIR

12 MAY 2015

All sick and All hours annual leave to be transferred

MARITAL STATUS: Married

J. Manning

1. THE SIGNATURE OF CAREER SERVICE APPROVING OFFICER

DATE USED

USING HIM ON THE OFFICE OF PERSONNEL

| | | | | | | | | |
|--|--|--|--|---|--|--|---|---|
| 19. AGENCY CODE
55 | 20. TAMP CODE
13 | 21. OFFICE CODES
NUMERIC
15497 | 22. ALPHABETIC
EE | 23. STATUS CODE
75312 | 24. INTEREST CODE
1 | 25. DATE OF BIRTH
[REDACTED] | 26. DATE OF GRAD
MO. DA. YR.
[REDACTED] | 27. DATE OF HI
MO. DA. YR.
[REDACTED] |
| 28. MTE LIPASS
MO. DA. YR.
[REDACTED] | 29. SPECIAL REFERENCE
1-CA
3-CA
[REDACTED] | 30. TREATMENT DATA
CODE
[REDACTED] | 31. LIPASS/CHG DATA CODE
[REDACTED] | 32. CORRECTION/EXEMPTION DATA
TYPE
[REDACTED] | 33. SECURITY RIG 50
[REDACTED] | FOD DATA → | | 34. SEX
[REDACTED] |
| 35. PIT PREPENSE
CODE
1-1 P
2-1 P
[REDACTED] | 36. VISA LOAF DATE
MO. DA. YR.
[REDACTED] | 37. LONG LOAF DATE
MO. DA. YR.
[REDACTED] | 38. LAFER CATEGORY
LAF RST
750-1100
[REDACTED] | 39. RIGID HEALTH INSURANCE
CODE
1-115
[REDACTED] | 40. SOCIAL SECURITY NO
[REDACTED] | 41. PREVIOUS EMPLOYMENT SERVICE DATA
CODE
0-50 PREVIOUS SERVICE
1-NO DATA IN SERVICE
2-GRAD 2 SERVICE (LAST YEAR 3 YEARS)
3-GRAD 10 SERVICE (LAST YEAR 3 YEARS) | | |
| 42. LEAVE CAT
CODE
[REDACTED] | 43. NORM EMPLOYED
CODE
1-YES
3-NO
[REDACTED] | 44. NORM TAA DATA
CODE
NO TAA EXEMPTIONS
[REDACTED] | 45. NORM EMPLOYED
CODE
1-YES
3-NO
[REDACTED] | 46. STATE TAA DATA
CODE
NO TAA STATE CODE
EXEMPT
[REDACTED] | 47. POSITION CONTROL CERTIFICATION
[REDACTED] | | | |
| 48. COF APPROVAL
[REDACTED] | | | | 49. DATE APPROVED
[REDACTED] | | | | |

SECRET

1970-1971
1972-1973
1974-1975

SECRET

(If Not Filled In)

| REQUEST FOR PERSONNEL ACTION | | | | DATE PREPARED | |
|--|--|--|--|---|--|
| 1. SERIAL NUMBER | | | | 3 September 1964 | |
| 2. NAME (Last-First-Middle) | | | | | |
| 3. NATURE OF PERSONNEL ACTION | | | | 4. EFFECTIVE DATE REQUESTED | |
| REASSIGNMENT AND TRANSFER TO
CONFIDENTIAL FUNDS | | | | MONTH DAY YEAR
9 13 64 | |
| 5. FUNDS | | | | 6. CATEGORY OF EMPLOYMENT | |
| V TU V X V TO O
O TO V O TO O | | | | REGULAR | |
| 7. COST CENTER NO. CHARGEABLE | | | | 8. LEGAL AUTHORITY (Completed by Office of Personnel) | |
| 5137-1392 | | | | | |
| 9. ORGANIZATIONAL DESIGNATIONS | | | | 10. LOCATION OF OFFICIAL STATION | |
| DDP/FE <i>cs/cs</i>
DEVELOPMENT COMPLEMENT | | | | WASHINGTON, D.C. | |
| 11. POSITION TITLE | | | | 12. POSITION NUMBER | |
| OPS OFFICER | | | | 9997 | |
| 13. CAREER SERVICE DESIGNATION | | | | D | |
| 14. CLASSIFICATION SCHEDULE (GS, PM, etc.) | | | | 15. OCCUPATIONAL SERIES | |
| GS | | | | 0136.01 | |
| 16. GRADE AND STEP | | | | 17. SALARY OR RATE | |
| 12 @ 4 | | | | 11,315
\$10,960 | |
| 18. REMARKS | | | | | |

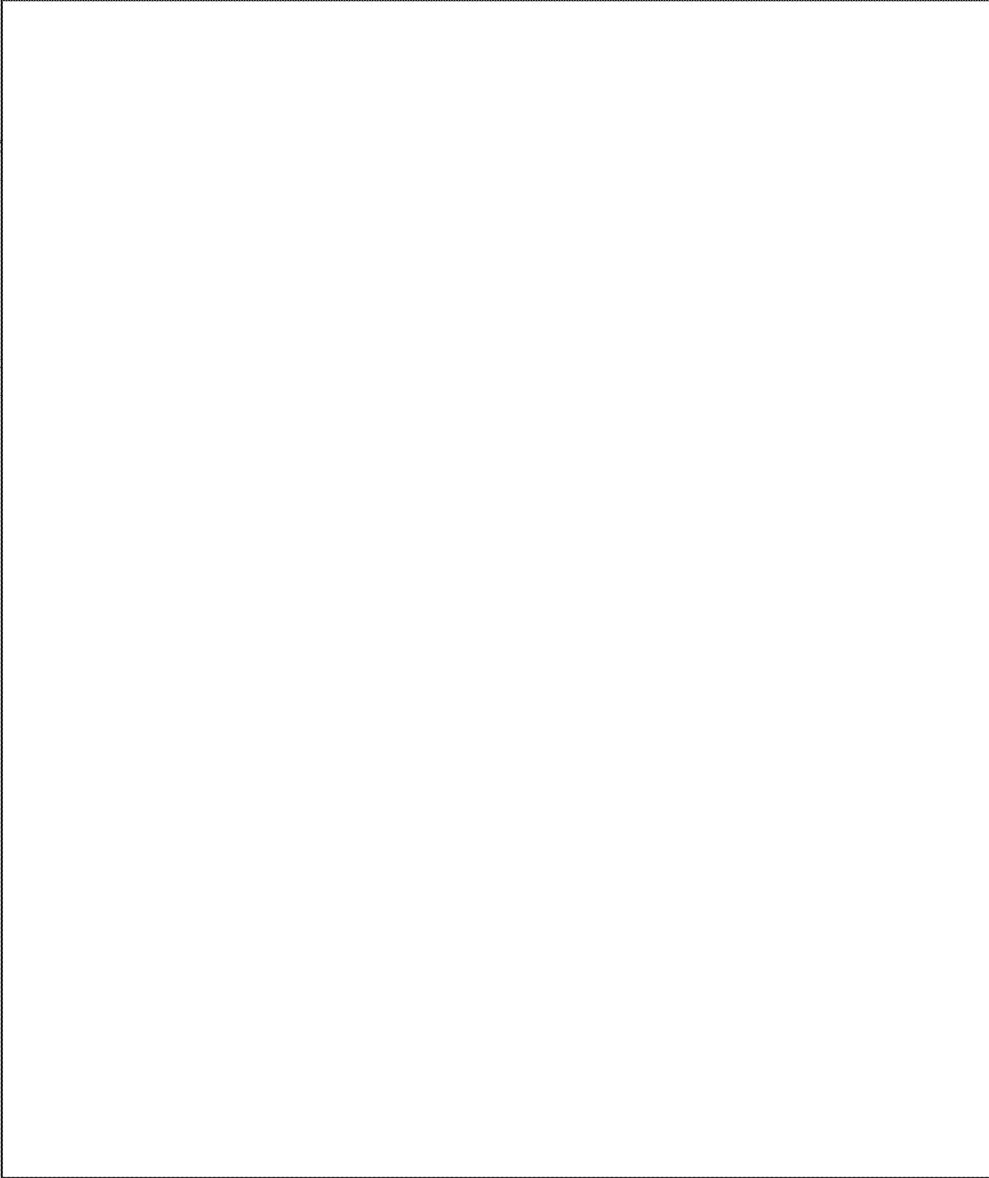
ONE COPY TO SECURITY
ONE COPY TO VOUCHERED PAYROLL

FOR FURTHER INFORMATION CALL 55459

| 18A. SIGNATURE OF REQUESTING OFFICIAL | | DATE SIGNED | | 18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER | | DATE SIGNED | |
|---------------------------------------|--|-------------|--|--|--|-------------|--|
| | | 9/11/64 | | | | 9-11-64 | |
| 19. ACTION CODE | | | | | | | |
| 20. EMP. CODE | | | | | | | |
| 21. OFFICE CODING | | | | | | | |
| 22. STATION CODE | | | | | | | |
| 23. INTEREST CODE | | | | | | | |
| 24. MOBILE CODE | | | | | | | |
| 25. DATE OF BIRTH | | | | | | | |
| 26. DATE OF GRADE | | | | | | | |
| 27. DATE OF LIT | | | | | | | |
| 28. NIT EXPIRY | | | | | | | |
| 29. SPECIAL REFERENCE | | | | | | | |
| 30. RETIREMENT DATA | | | | | | | |
| 31. SEPARATION DATA CODE | | | | | | | |
| 32. CORRECTION IDENTIFICATION DATA | | | | | | | |
| 33. SECURITY BIO NO | | | | | | | |
| 34. SER | | | | | | | |
| 35. VET. PREFERENCE | | | | | | | |
| 36. SERV. COMP. DATE | | | | | | | |
| 37. LONG. COMP. DATE | | | | | | | |
| 38. CAREER CATEGORY | | | | | | | |
| 39. LEGAL HEALTH INSURANCE | | | | | | | |
| 40. SOCIAL SECURITY NO. | | | | | | | |
| 41. PREVIOUS GOVERNMENT SERVICE DATA | | | | | | | |
| 42. SERV. CAT. CODE | | | | | | | |
| 43. FEDERAL TAX DATA | | | | | | | |
| 44. STATE TAX DATA | | | | | | | |
| 45. PAYMENT CHANGES | | | | | | | |
| 46. DATE APPROVED | | | | | | | |

14-00000

SUBJECT: Letter of Condolence



SECRET

REQUEST FOR PERSONNEL ACTION

DATE PREPARED

19 MARCH 1963

D. NATURE OF PERSONAL ACTION

REASSIGNMENT And change of Service Designation

4. EFFECTIVE DATE REQUESTED:

| | | |
|----|---|----|
| 04 | 1 | 63 |
|----|---|----|

9. CATEGORY OF EMPLOYMENT

REGULAR

0. 1403

Doc

Y T O Y

Y. TO CO.

7. COST CENTER NO. CHARGE-
ABLE

8. LOCAL AUTHORITY (Completed by
Office of Personnel)

9. ORGANIZATIONAL DESIGNATIONS

UDP/FE

10. LOCATION OF OFFICIAL STATION

WASHINGTON, D. C.

11. POSITION TITLE

OPB OFFICER

12. POSITION NUMBER

2603

13. CAREER SERVICE DESIGNATION

五

14. CLASSIFICATION SCHEDULE (GS, LD, etc.)

09

18. OCCUPATIONAL SERIES

0136.01

10. GRADE AND STEP

12

17. SALARY OR RATE

9790

78. **APPROX**

FROM: DDI/OKP

4.01 1372 100 1400 11824.

~~SECRET~~

Page 1

[illegible]

8 Mar 1963

MEMORANDUM FOR: CSFO/Branch C

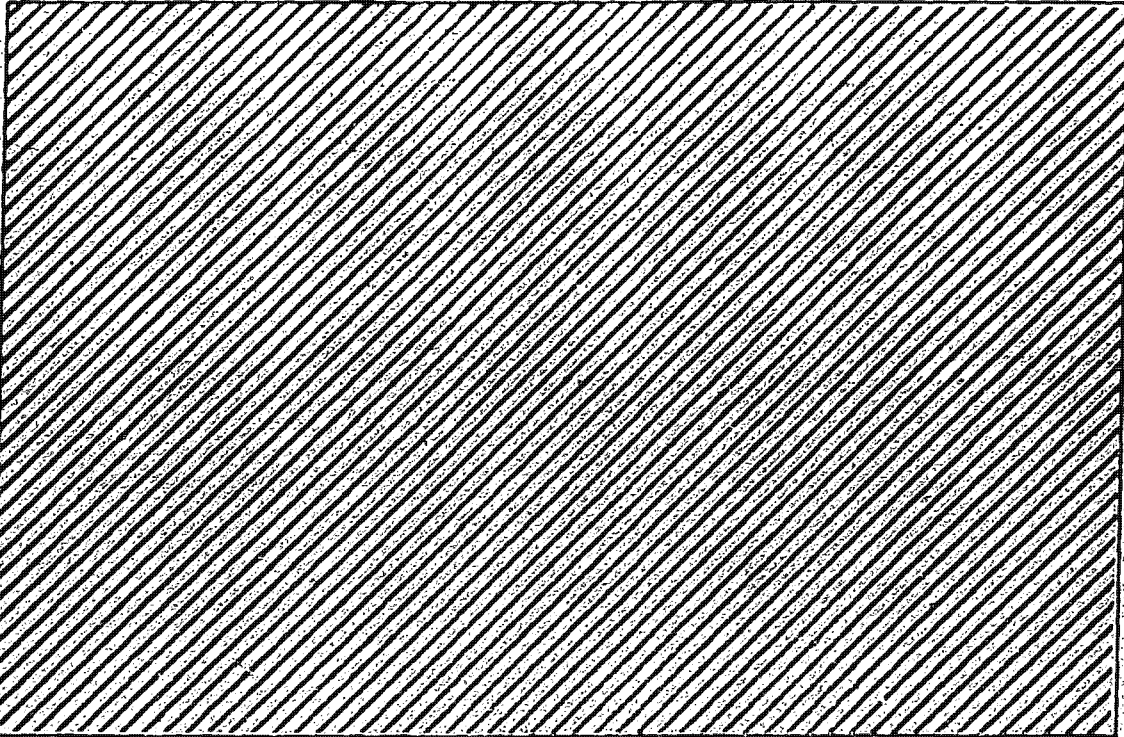


Approved by C/PNC
R.S. Shroy, Secy/PNC
15 MAR 1963

SECRET
(When Filled In)

| REQUEST FOR PERSONNEL ACTION | | | | DATE PREPARED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|---|----------------------------|--------------------------|--|--------------------------------------|--|-------------------------|--|-------------------|--|-------------------|--|-------------------|--|----------|--|-----------|--|-------|--|---|--|--|--|--|--|-------------------|--|-----------------------|--|---------------------|--|--------------------------|--|--------------------------------------|--|-------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------------------------------|--|----------------------|--|--------------------|--|-------------------------|--|-------------------------|--|-------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|------------------------------------|--|-------------|--|-------------------|--|-------------------|--|-------------------|--|-------------------|--|-------------|--|--|--|--------|--|--|--|--|--|--|--|
| 1. SERIAL NUMBER | | 2. NAME (Last-First-Middle) | | 23 November 1962 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION
Reassignment and Transfer to Vouchered Funds | | 4. EFFECTIVE DATE REQUESTED
MONTH: 11 DAY: 23 YEAR: 1962 | | 5. CATEGORY OF EMPLOYMENT
Regular | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. FUNDS
V. TO V. ☒ CF TO V. ☐ V TO CF ☐ CF TO CF ☐ | | 7. COST CENTER NO. CHARGEABLE
3257-1019-6000 | | 8. LEGAL AUTHORITY (Completed by Office of Personnel) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. ORGANIZATIONAL DESIGNATIONS
DDI/CRP | | 10. LOCATION OF OFFICIAL STATION
Washington, D. C. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. POSITION TITLE
I.O. (Factory Markers) | | 12. POSITION NUMBER
1564 | | 13. CAREER SERVICE DESIGNATION
IR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.)
GS | | 15. OCCUPATIONAL SERIES
1390-08
0132-06 | | 16. GRADE AND STEP
12 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 17. SALARY OR RATE
9,790 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18. REMARKS
Attached are:
Form W-4, Employee's Withholding Exemption Certificate
Form D-4-A, Certificate of Non-Residence in the District of Columbia
Form Va.-4, Virginia Employee's Withholding Exemption Certificate
Copies to:
Payroll
Security | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | DATE SIGNED
17 DEC 1962 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">19. EMPLOYEE CODE</td> <td colspan="2">20. OFFICE CODE</td> <td colspan="2">21. STATION CODE</td> <td colspan="2">22. EMPLOYEE CODE</td> <td colspan="2">23. DATE OF BIRTH</td> <td colspan="2">24. DATE OF DEATH</td> </tr> <tr> <td colspan="2">10 37 10</td> <td colspan="2">28100 ORR</td> <td colspan="2">75013</td> <td colspan="2">1</td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2">25. DATE OF BIRTH</td> <td colspan="2">26. SPECIAL REFERENCE</td> <td colspan="2">27. RETIREMENT DATA</td> <td colspan="2">28. SEPARATION DATA CODE</td> <td colspan="2">29. CORRECTION/RECLASSIFICATION DATA</td> <td colspan="2">30. SOCIAL SECURITY NO.</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2">31. PREVIOUS GOVERNMENT SERVICE DATA</td> <td colspan="2">32. FEDERAL TAX DATA</td> <td colspan="2">33. STATE TAX DATA</td> <td colspan="2">34. SOCIAL SECURITY NO.</td> <td colspan="2">35. SOCIAL SECURITY NO.</td> <td colspan="2">36. SOCIAL SECURITY NO.</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2">37. POSITION CONTROL CERTIFICATION</td> <td colspan="2">38. G.P. AP</td> <td colspan="2">39. DATE APPROVED</td> <td colspan="2">40. DATE APPROVED</td> <td colspan="2">41. DATE APPROVED</td> <td colspan="2">42. DATE APPROVED</td> </tr> <tr> <td colspan="2">18 DEC 1962</td> <td colspan="2"></td> <td colspan="2">Dec 62</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> </table> | | | | | | 19. EMPLOYEE CODE | | 20. OFFICE CODE | | 21. STATION CODE | | 22. EMPLOYEE CODE | | 23. DATE OF BIRTH | | 24. DATE OF DEATH | | 10 37 10 | | 28100 ORR | | 75013 | | 1 | | | | | | 25. DATE OF BIRTH | | 26. SPECIAL REFERENCE | | 27. RETIREMENT DATA | | 28. SEPARATION DATA CODE | | 29. CORRECTION/RECLASSIFICATION DATA | | 30. SOCIAL SECURITY NO. | | | | | | | | | | | | | | 31. PREVIOUS GOVERNMENT SERVICE DATA | | 32. FEDERAL TAX DATA | | 33. STATE TAX DATA | | 34. SOCIAL SECURITY NO. | | 35. SOCIAL SECURITY NO. | | 36. SOCIAL SECURITY NO. | | | | | | | | | | | | | | 37. POSITION CONTROL CERTIFICATION | | 38. G.P. AP | | 39. DATE APPROVED | | 40. DATE APPROVED | | 41. DATE APPROVED | | 42. DATE APPROVED | | 18 DEC 1962 | | | | Dec 62 | | | | | | | |
| 19. EMPLOYEE CODE | | 20. OFFICE CODE | | 21. STATION CODE | | 22. EMPLOYEE CODE | | 23. DATE OF BIRTH | | 24. DATE OF DEATH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 37 10 | | 28100 ORR | | 75013 | | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25. DATE OF BIRTH | | 26. SPECIAL REFERENCE | | 27. RETIREMENT DATA | | 28. SEPARATION DATA CODE | | 29. CORRECTION/RECLASSIFICATION DATA | | 30. SOCIAL SECURITY NO. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 31. PREVIOUS GOVERNMENT SERVICE DATA | | 32. FEDERAL TAX DATA | | 33. STATE TAX DATA | | 34. SOCIAL SECURITY NO. | | 35. SOCIAL SECURITY NO. | | 36. SOCIAL SECURITY NO. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 37. POSITION CONTROL CERTIFICATION | | 38. G.P. AP | | 39. DATE APPROVED | | 40. DATE APPROVED | | 41. DATE APPROVED | | 42. DATE APPROVED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 DEC 1962 | | | | Dec 62 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SECRET
(When Filled In)

| | | |
|--|-------------------------------------|-------------------------------|
|  | | |
| NAME OF EMPLOYEE (Last-First-Middle)
<i>John, Lawrence</i> | NAME AND RELATIONSHIP OF DEPENDENT* | CLAIM NUMBER
<i>62-503</i> |
| <p>There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on <u>1 April 62</u>.</p> <p>This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.</p> | | |
| DATE OF NOTICE
* 2 JUL 1962 | | |
| NOTICE OF OFFICIAL DISABILITY CLAIM FILE | | |

SECRET

(When Filled In)

| REQUEST FOR PERSONNEL ACTION | | | | | | DATE PREPARED
15 March 1961 | |
|---|--|------------------------------------|--|--|--|--|--|
| 1. SERIAL NUMBER | | 2. NAME (Last-First-Middle) | | | | | |
| | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION
Promotion | | | | 4. EFFECTIVE DATE REQUESTED
MONTH DAY YEAR
3 14 61 | | 5. CATEGORY OF EMPLOYMENT
Regular | |
| 6. FUNDS | | V TO V | | V TO CF | | 7. LEGAL AUTHORITY (Completed by
Office of Personnel) | |
| | | CF TO V | | X | | 8. COST CENTER NO. CHARGE
1137-7000-6135 | |
| 9. ORGANIZATIONAL DESIGNATIONS
Office of DDI
Strategic Intelligence Staff | | | | 10. LOCATION OF OFFICIAL STATION | | | |
| | | | | | | | |
| 11. POSITION TITLE | | | | 12. POSITION NUMBER
1-96 | | 13. PCN CONTROL NO. | |
| | | | | | | 14. CAREER SERVICE DESIGNATION
IR | |
| 15. CLASSIFICATION SCHEDULE (OS, LD, etc.)
OS | | 16. OCCUPATIONAL SERIES
1390.06 | | 17. GRADE AND STEP
12 1 | | 18. SALARY OR RATE
8955 | |
| 19. REMARKS
FROM: Same as above
Approved by DDI - per attached memo | | | | | | | |
| 19A. SIGNATURE OF REQUESTING OFFICER | | | | 19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER | | | |
| | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | |
| 20. ACTION CODE | | 21. OFFICE CODE | | 22. ACTION CODE | | 23. ACTION CODE | |
| 22 19 | | 22 522 | | 22 522 | | 22 522 | |
| 24. DATE RECEIVED | | 25. DATE RECEIVED | | 26. DATE RECEIVED | | 27. DATE RECEIVED | |
| | | | | | | | |
| 28. SET PRECEDENCE | | 29. SET PRECEDENCE | | 30. SET PRECEDENCE | | 31. SET PRECEDENCE | |
| | | | | | | | |
| 32. SET PRECEDENCE | | 33. SET PRECEDENCE | | 34. SET PRECEDENCE | | 35. SET PRECEDENCE | |
| | | | | | | | |
| 36. SET PRECEDENCE | | 37. SET PRECEDENCE | | 38. SET PRECEDENCE | | 39. SET PRECEDENCE | |
| | | | | | | | |
| 40. POSITION CONTROL CERTIFICATION | | | | 41. POSITION CONTROL CERTIFICATION | | | |
| | | | | | | | |

FORM 1152 2000-01-01 2000-01-01 2000-01-01

SECRET

101

SECRET

23 FEB 1961

MEMORANDUM FOR: Director of Personnel

THROUGH: Chief, FS, DD/P

THROUGH: Assistant to the DD/I (Administration) *hsl*

SUBJECT: Promotion

SECRET

SUBJECT:

Promotion

CONCURRENCES:

3/1/61
Date

3/10/61
Date

SECRET

(When Filled In)

| | | | | | | | | | | | |
|---------------|----|------------------------------|---------------|---------------------------------|--|------------------|---------|-------------------------|---------------|-------------|--|
| DATE PREPARED | | REQUEST FOR PERSONNEL ACTION | | | | V to V | | V to UV | | | |
| Mo | Da | Yr | | | | | UV to V | | UV to UV | | |
| 1. Serial No. | | 2. Name (Last-First-Middle) | | | | 3. Date of Birth | | 4. Var. Prof. | | 5. Sex | |
| | | | | | | Mo Da Yr | | None-0
1-10
10-10 | | 6. CS - LOD | |
| 7. SCD | | 8. CSC Reim. | | 9. CSC Or Other Legal Authority | | 10. Appr. Action | | 11. FEGLI | | 12. LCD | |
| Mo | Da | Yr | Yes-1
No-2 | Code | | Mo | Da | Yr | Yes-1
No-2 | Code | |

PREVIOUS ASSIGNMENT

| | | | | | | | | | | | |
|--------------------------------|--|----------------------|--|--------|--|----------------------------------|--|----------------------|--|--------------------------|--|
| 14. Organizational Designation | | | | Code | | 15. Location Of Official Station | | | | Station Code | |
| DDI OPR | | | | | | Wash., D.C. | | | | | |
| 16. Dept. Field | | 17. Position Title | | | | 18. Position No. | | 19. Serv. | | 20. Occup. Series | |
| DDI
Field | | Identification Spec. | | | | 623.01 | | CS | | 1390.06 | |
| 21. Grade & Step | | 22. Salary Or Rate | | 23. SD | | 24. Date Of Grade | | 25. PSI Due | | 26. Appropriation Number | |
| 11-2 | | \$ 7,270 | | TR | | Mo Da Yr
10 20 57 | | Mo Da Yr
10 16 60 | | 9 5700 20 | |

ACTION

| | | | | | | | | | | | |
|-------------------------------------|--|------|--|----------------------|--|----------------------|--|------|--|---------------------|--|
| 27. Nature Of Action | | Code | | 28. Eff. Date | | 29. Type Of Employee | | Code | | 30. Separation Date | |
| Reassignment to Capital
Quarters | | 06 | | Mo Da Yr
07 26 59 | | Regular | | 01 | | | |

PRESENT ASSIGNMENT

| | | | | | | | | | | | |
|--|--|--------------------|--|--------|--|----------------------------------|--|----------------------|--|-------------------|--|
| 31. Organizational Designation | | | | Code | | 32. Location Of Official Station | | | | Station Code | |
| OFFICE OF DDI
PR-5744
Strategic Intelligence Staff | | | | 1825 | | | | | | 37587 | |
| 33. Dept. Field | | 34. Position Title | | | | 35. Position No. | | 36. Serv. | | 37. Occup. Series | |
| DDI
Field | | I.O. Facility Mark | | | | 8-96 | | | | | |
| 38. Grade & Step | | 39. Salary Or Rate | | 40. SD | | 41. Date Of Grade | | 42. PSI Due | | 43. Appropriation | |
| 11-2 | | \$ 7270 | | | | Mo Da Yr
10 20 57 | | Mo Da Yr
10 15 60 | | 9 5700 20 | |

SOURCE OF REQUEST

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| Please transfer from (vouchered to unvouchered) funds on 30 July 1955.
Subject to release | | | | | | | | | | | |
| Who is returning to AF Ser. 1955 | | | | | | | | | | | |

SECRET

Charles, according
to legend.

VOUCHERED

| REQUEST FOR PERSONNEL ACTION | | | | | | | | | | | | VOUCHERED | | | | | | |
|------------------------------|--|--|-----------------------------|--|---------------------------------|--|------------------|--|-------------------|---------------|--|--------------|--|-------------|--|--------------|--|--|
| 1. Serial No. | | | 2. Name (Last-First-Middle) | | | | 3. Date of Birth | | | 4. Ver. Prof. | | 5. Sex | | 6. CS - EOD | | | | |
| | | | | | | | Mo Da Yr | | | None-0 Lode | | M | | Mo Da Yr | | | | |
| | | | | | | | | | | No-1 Lode | | | | | | | | |
| | | | | | | | | | | No-2 Lode | | | | | | | | |
| 7. SCD | | | 8. CSC Rating | | 9. CSC Or Other Legal Authority | | | | 10. Appt. Altidiv | | | 11. FEGLI | | 12. LCD | | 13. S - L | | |
| Mo Da Yr | | | Yes - 1 Code | | | | | | Mo Da Yr | | | Yes - 1 Code | | Mo Da Yr | | Yes - 1 Code | | |
| | | | No - 2 | | | | | | | | | No - 2 | | | | | | |
| | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | |
|---|--|--------------------------------|---|--------------|--|------------------------------|--|--|--|
| 14. Organizational Designations
DDI/Office of Research & Reports | | | Code | | 15. Location Of Official Station
Washington, D.C. | | | Station Code | |
| 16. Dept. Field | | | 17. Position Title
Identification Specialist | | | 18. Position No.
923.01 | | 19. Serv. 20. Occup. Series
OS 130.06 | |
| Dept. X
Utiliz.
Frag. | | Code | | | | | | | |
| 21. Grade & Step
9-2 | | 22. Salary Or Rate
\$ 5575. | | 23. SD
IR | | 24. Date Of Grnt
Mo Da Yr | | 25. PSI Due
Mo Da Yr | |
| | | | | | | | | 26. Appropriation Number
8-5709-20 | |

| | | | | | |
|----------------------|------|------------------------------------|----------------------|------|----------------------|
| 27. Notice Of Action | Code | 28. Eff. Date
Mo. Day Yr. | 29. Type Of Employee | Code | 30. Termination Date |
| Promotion | | ASAP
01/01/77 | Regular | | |

| | | | | | | |
|--|--|---|--|----------------------------|------------------|---|
| 31. Organizational Designations
FBI/Office of Research & Reports
<div style="border: 1px solid black; height: 40px; width: 100%;"></div> | | | 32. Location Of Official Station
Washington, D.C. | | 33. Section Code | |
| 34. Dept. Field
Dept. X
Unit
Field | | 35. Position Title
Identification Specialist | | 36. Position No.
923.01 | | 37. Serv. No.
08 |
| 38. Grade & Step
11-1 | | 39. Salary Or Rate
\$ 6390. | | 40. ID
IR | | 41. Date Of Code
Mo Da Yr
7 12 27 |
| | | | | 42. PSI Due | | 43. Appropriation Number
8-5709-20 |

SOURCE OF REQUEST

| Clearance | Signature | Date | Clearance | Signature | Date |
|-------------------|-----------|------|----------------|--------------------|---------------|
| A. Control Board | | | D. Disposal | | |
| B. Post Control | | | E. | | |
| C. Classification | | | F. Approved By | <i>[Signature]</i> | <i>[Date]</i> |

Received

1129

SECRET

| | | | |
|--|--|--|--|
| STANDARD FORM 52
REQUEST FOR PERSONNEL ACTION | | 21 JUN 1956
VOUCHERED | |
| REQUESTING OFFICE: Fill in Items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.
If applicable, obtain resignation and fill in separation data on reverse. | | | |
| 1. NAME (Mr. XXXXXX One given name, initials(s), and surname) | | 2. DATE OF BIRTH | |
| 3. NATURE OF ACTION REQUESTED
A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)

Promotion
B. POSITION (Specify whether establish, change grade or title, etc.) | | 4. REGISTER NO. | |
| | | 5. DATE OF REQUEST
12 June 56 | |
| 6. EFFECTIVE DATE
A. PROPOSED
ASAP
B. APPROVED | | 7. C. C. OR OTHER
LEGAL AUTHORITY | |
| | | | |
| FROM: 99(5)
<div style="border: 1px solid black; height: 100px; width: 100%;"></div> | | TO: 99(4)
<div style="border: 1px solid black; height: 100px; width: 100%;"></div> | |
| 8. POSITION TITLE AND NUMBER | | 9. SERVICE GRADE AND SALARY | |
| 10. ORGANIZATIONAL DESIGNATIONS | | 11. HEADQUARTERS | |
| 12. FIELD OR DEPARTMENTAL
☐ FIELD ☒ DEPARTMENTAL | | 13. FIELD OR DEPARTMENTAL
☐ FIELD ☒ DEPARTMENTAL | |
| 14. REMARKS (Use reverse if necessary)

Complies with CIA Regulation 20-530 | | | |
| | | | |
| 15. VETERAN PREFERENCE | | 16. TO-TO-TO CLASSIFICATION ACTION | |
| NONE ☐ WW ☐ OTHER ☐ 1ST ☐ 2ND ☐ 3RD ☐ 4TH ☐ 5TH ☐ 6TH ☐ 7TH ☐ 8TH ☐ 9TH ☐ 10TH ☐ 11TH ☐ 12TH ☐ 13TH ☐ 14TH ☐ 15TH ☐ 16TH ☐ 17TH ☐ 18TH ☐ 19TH ☐ 20TH ☐ 21ST ☐ 22ND ☐ 23RD ☐ 24TH ☐ 25TH ☐ 26TH ☐ 27TH ☐ 28TH ☐ 29TH ☐ 30TH ☐ 31ST ☐ 32ND ☐ 33RD ☐ 34TH ☐ 35TH ☐ 36TH ☐ 37TH ☐ 38TH ☐ 39TH ☐ 40TH ☐ 41ST ☐ 42ND ☐ 43RD ☐ 44TH ☐ 45TH ☐ 46TH ☐ 47TH ☐ 48TH ☐ 49TH ☐ 50TH ☐ 51ST ☐ 52ND ☐ 53RD ☐ 54TH ☐ 55TH ☐ 56TH ☐ 57TH ☐ 58TH ☐ 59TH ☐ 60TH ☐ 61ST ☐ 62ND ☐ 63RD ☐ 64TH ☐ 65TH ☐ 66TH ☐ 67TH ☐ 68TH ☐ 69TH ☐ 70TH ☐ 71ST ☐ 72ND ☐ 73RD ☐ 74TH ☐ 75TH ☐ 76TH ☐ 77TH ☐ 78TH ☐ 79TH ☐ 80TH ☐ 81ST ☐ 82ND ☐ 83RD ☐ 84TH ☐ 85TH ☐ 86TH ☐ 87TH ☐ 88TH ☐ 89TH ☐ 90TH ☐ 91ST ☐ 92ND ☐ 93RD ☐ 94TH ☐ 95TH ☐ 96TH ☐ 97TH ☐ 98TH ☐ 99TH ☐ 100TH ☐ 101ST ☐ 102ND ☐ 103RD ☐ 104TH ☐ 105TH ☐ 106TH ☐ 107TH ☐ 108TH ☐ 109TH ☐ 110TH ☐ 111ST ☐ 112ND ☐ 113RD ☐ 114TH ☐ 115TH ☐ 116TH ☐ 117TH ☐ 118TH ☐ 119TH ☐ 120TH ☐ 121ST ☐ 122ND ☐ 123RD ☐ 124TH ☐ 125TH ☐ 126TH ☐ 127TH ☐ 128TH ☐ 129TH ☐ 130TH ☐ 131ST ☐ 132ND ☐ 133RD ☐ 134TH ☐ 135TH ☐ 136TH ☐ 137TH ☐ 138TH ☐ 139TH ☐ 140TH ☐ 141ST ☐ 142ND ☐ 143RD ☐ 144TH ☐ 145TH ☐ 146TH ☐ 147TH ☐ 148TH ☐ 149TH ☐ 150TH ☐ 151ST ☐ 152ND ☐ 153RD ☐ 154TH ☐ 155TH ☐ 156TH ☐ 157TH ☐ 158TH ☐ 159TH ☐ 160TH ☐ 161ST ☐ 162ND ☐ 163RD ☐ 164TH ☐ 165TH ☐ 166TH ☐ 167TH ☐ 168TH ☐ 169TH ☐ 170TH ☐ 171ST ☐ 172ND ☐ 173RD ☐ 174TH ☐ 175TH ☐ 176TH ☐ 177TH ☐ 178TH ☐ 179TH ☐ 180TH ☐ 181ST ☐ 182ND ☐ 183RD ☐ 184TH ☐ 185TH ☐ 186TH ☐ 187TH ☐ 188TH ☐ 189TH ☐ 190TH ☐ 191ST ☐ 192ND ☐ 193RD ☐ 194TH ☐ 195TH ☐ 196TH ☐ 197TH ☐ 198TH ☐ 199TH ☐ 200TH ☐ 201ST ☐ 202ND ☐ 203RD ☐ 204TH ☐ 205TH ☐ 206TH ☐ 207TH ☐ 208TH ☐ 209TH ☐ 210TH ☐ 211ST ☐ 212ND ☐ 213RD ☐ 214TH ☐ 215TH ☐ 216TH ☐ 217TH ☐ 218TH ☐ 219TH ☐ 220TH ☐ 221ST ☐ 222ND ☐ 223RD ☐ 224TH ☐ 225TH ☐ 226TH ☐ 227TH ☐ 228TH ☐ 229TH ☐ 230TH ☐ 231ST ☐ 232ND ☐ 233RD ☐ 234TH ☐ 235TH ☐ 236TH ☐ 237TH ☐ 238TH ☐ 239TH ☐ 240TH ☐ 241ST ☐ 242ND ☐ 243RD ☐ 244TH ☐ 245TH ☐ 246TH ☐ 247TH ☐ 248TH ☐ 249TH ☐ 250TH ☐ 251ST ☐ 252ND ☐ 253RD ☐ 254TH ☐ 255TH ☐ 256TH ☐ 257TH ☐ 258TH ☐ 259TH ☐ 260TH ☐ 261ST ☐ 262ND ☐ 263RD ☐ 264TH ☐ 265TH ☐ 266TH ☐ 267TH ☐ 268TH ☐ 269TH ☐ 270TH ☐ 271ST ☐ 272ND ☐ 273RD ☐ 274TH ☐ 275TH ☐ 276TH ☐ 277TH ☐ 278TH ☐ 279TH ☐ 280TH ☐ 281ST ☐ 282ND ☐ 283RD ☐ 284TH ☐ 285TH ☐ 286TH ☐ 287TH ☐ 288TH ☐ 289TH ☐ 290TH ☐ 291ST ☐ 292ND ☐ 293RD ☐ 294TH ☐ 295TH ☐ 296TH ☐ 297TH ☐ 298TH ☐ 299TH ☐ 300TH ☐ 301ST ☐ 302ND ☐ 303RD ☐ 304TH ☐ 305TH ☐ 306TH ☐ 307TH ☐ 308TH ☐ 309TH ☐ 310TH ☐ 311ST ☐ 312ND ☐ 313RD ☐ 314TH ☐ 315TH ☐ 316TH ☐ 317TH ☐ 318TH ☐ 319TH ☐ 320TH ☐ 321ST ☐ 322ND ☐ 323RD ☐ 324TH ☐ 325TH ☐ 326TH ☐ 327TH ☐ 328TH ☐ 329TH ☐ 330TH ☐ 331ST ☐ 332ND ☐ 333RD ☐ 334TH ☐ 335TH ☐ 336TH ☐ 337TH ☐ 338TH ☐ 339TH ☐ 340TH ☐ 341ST ☐ 342ND ☐ 343RD ☐ 344TH ☐ 345TH ☐ 346TH ☐ 347TH ☐ 348TH ☐ 349TH ☐ 350TH ☐ 351ST ☐ 352ND ☐ 353RD ☐ 354TH ☐ 355TH ☐ 356TH ☐ 357TH ☐ 358TH ☐ 359TH ☐ 360TH ☐ 361ST ☐ 362ND ☐ 363RD ☐ 364TH ☐ 365TH ☐ 366TH ☐ 367TH ☐ 368TH ☐ 369TH ☐ 370TH ☐ 371ST ☐ 372ND ☐ 373RD ☐ 374TH ☐ 375TH ☐ 376TH ☐ 377TH ☐ 378TH ☐ 379TH ☐ 380TH ☐ 381ST ☐ 382ND ☐ 383RD ☐ 384TH ☐ 385TH ☐ 386TH ☐ 387TH ☐ 388TH ☐ 389TH ☐ 390TH ☐ 391ST ☐ 392ND ☐ 393RD ☐ 394TH ☐ 395TH ☐ 396TH ☐ 397TH ☐ 398TH ☐ 399TH ☐ 400TH ☐ 401ST ☐ 402ND ☐ 403RD ☐ 404TH ☐ 405TH ☐ 406TH ☐ 407TH ☐ 408TH ☐ 409TH ☐ 410TH ☐ 411ST ☐ 412ND ☐ 413RD ☐ 414TH ☐ 415TH ☐ 416TH ☐ 417TH ☐ 418TH ☐ 419TH ☐ 420TH ☐ 421ST ☐ 422ND ☐ 423RD ☐ 424TH ☐ 425TH ☐ 426TH ☐ 427TH ☐ 428TH ☐ 429TH ☐ 430TH ☐ 431ST ☐ 432ND ☐ 433RD ☐ 434TH ☐ 435TH ☐ 436TH ☐ 437TH ☐ 438TH ☐ 439TH ☐ 440TH ☐ 441ST ☐ 442ND ☐ 443RD ☐ 444TH ☐ 445TH ☐ 446TH ☐ 447TH ☐ 448TH ☐ 449TH ☐ 450TH ☐ 451ST ☐ 452ND ☐ 453RD ☐ 454TH ☐ 455TH ☐ 456TH ☐ 457TH ☐ 458TH ☐ 459TH ☐ 460TH ☐ 461ST ☐ 462ND ☐ 463RD ☐ 464TH ☐ 465TH ☐ 466TH ☐ 467TH ☐ 468TH ☐ 469TH ☐ 470TH ☐ 471ST ☐ 472ND ☐ 473RD ☐ 474TH ☐ 475TH ☐ 476TH ☐ 477TH ☐ 478TH ☐ 479TH ☐ 480TH ☐ 481ST ☐ 482ND ☐ 483RD ☐ 484TH ☐ 485TH ☐ 486TH ☐ 487TH ☐ 488TH ☐ 489TH ☐ 490TH ☐ 491ST ☐ 492ND ☐ 493RD ☐ 494TH ☐ 495TH ☐ 496TH ☐ 497TH ☐ 498TH ☐ 499TH ☐ 500TH ☐ 501ST ☐ 502ND ☐ 503RD ☐ 504TH ☐ 505TH ☐ 506TH ☐ 507TH ☐ 508TH ☐ 509TH ☐ 510TH ☐ 511ST ☐ 512ND ☐ 513RD ☐ 514TH ☐ 515TH ☐ 516TH ☐ 517TH ☐ 518TH ☐ 519TH ☐ 520TH ☐ 521ST ☐ 522ND ☐ 523RD ☐ 524TH ☐ 525TH ☐ 526TH ☐ 527TH ☐ 528TH ☐ 529TH ☐ 530TH ☐ 531ST ☐ 532ND ☐ 533RD ☐ 534TH ☐ 535TH ☐ 536TH ☐ 537TH ☐ 538TH ☐ 539TH ☐ 540TH ☐ 541ST ☐ 542ND ☐ 543RD ☐ 544TH ☐ 545TH ☐ 546TH ☐ 547TH ☐ 548TH ☐ 549TH ☐ 550TH ☐ 551ST ☐ 552ND ☐ 553RD ☐ 554TH ☐ 555TH ☐ 556TH ☐ 557TH ☐ 558TH ☐ 559TH ☐ 560TH ☐ 561ST ☐ 562ND ☐ 563RD ☐ 564TH ☐ 565TH ☐ 566TH ☐ 567TH ☐ 568TH ☐ 569TH ☐ 570TH ☐ 571ST ☐ 572ND ☐ 573RD ☐ 574TH ☐ 575TH ☐ 576TH ☐ 577TH ☐ 578TH ☐ 579TH ☐ 580TH ☐ 581ST ☐ 582ND ☐ 583RD ☐ 584TH ☐ 585TH ☐ 586TH ☐ 587TH ☐ 588TH ☐ 589TH ☐ 590TH ☐ 591ST ☐ 592ND ☐ 593RD ☐ 594TH ☐ 595TH ☐ 596TH ☐ 597TH ☐ 598TH ☐ 599TH ☐ 600TH ☐ 601ST ☐ 602ND ☐ 603RD ☐ 604TH ☐ 605TH ☐ 606TH ☐ 607TH ☐ 608TH ☐ 609TH ☐ 610TH ☐ 611ST ☐ 612ND ☐ 613RD ☐ 614TH ☐ 615TH ☐ 616TH ☐ 617TH ☐ 618TH ☐ 619TH ☐ 620TH ☐ 621ST ☐ 622ND ☐ 623RD ☐ 624TH ☐ 625TH ☐ 626TH ☐ 627TH ☐ 628TH ☐ 629TH ☐ 630TH ☐ 631ST ☐ 632ND ☐ 633RD ☐ 634TH ☐ 635TH ☐ 636TH ☐ 637TH ☐ 638TH ☐ 639TH ☐ 640TH ☐ 641ST ☐ 642ND ☐ 643RD ☐ 644TH ☐ 645TH ☐ 646TH ☐ 647TH ☐ 648TH ☐ 649TH ☐ 650TH ☐ 651ST ☐ 652ND ☐ 653RD ☐ 654TH ☐ 655TH ☐ 656TH ☐ 657TH ☐ 658TH ☐ 659TH ☐ 660TH ☐ 661ST ☐ 662ND ☐ 663RD ☐ 664TH ☐ 665TH ☐ 666TH ☐ 667TH ☐ 668TH ☐ 669TH ☐ 670TH ☐ 671ST ☐ 672ND ☐ 673RD ☐ 674TH ☐ 675TH ☐ 676TH ☐ 677TH ☐ 678TH ☐ 679TH ☐ 680TH ☐ 681ST ☐ 682ND ☐ 683RD ☐ 684TH ☐ 685TH ☐ 686TH ☐ 687TH ☐ 688TH ☐ 689TH ☐ 690TH ☐ 691ST ☐ 692ND ☐ 693RD ☐ 694TH ☐ 695TH ☐ 696TH ☐ 697TH ☐ 698TH ☐ 699TH ☐ 700TH ☐ 701ST ☐ 702ND ☐ 703RD ☐ 704TH ☐ 705TH ☐ 706TH ☐ 707TH ☐ 708TH ☐ 709TH ☐ 710TH ☐ 711ST ☐ 712ND ☐ 713RD ☐ 714TH ☐ 715TH ☐ 716TH ☐ 717TH ☐ 718TH ☐ 719TH ☐ 720TH ☐ 721ST ☐ 722ND ☐ 723RD ☐ 724TH ☐ 725TH ☐ 726TH ☐ 727TH ☐ 728TH ☐ 729TH ☐ 730TH ☐ 731ST ☐ 732ND ☐ 733RD ☐ 734TH ☐ 735TH ☐ 736TH ☐ 737TH ☐ 738TH ☐ 739TH ☐ 740TH ☐ 741ST ☐ 742ND ☐ 743RD ☐ 744TH ☐ 745TH ☐ 746TH ☐ 747TH ☐ 748TH ☐ 749TH ☐ 750TH ☐ 751ST ☐ 752ND ☐ 753RD ☐ 754TH ☐ 755TH ☐ 756TH ☐ 757TH ☐ 758TH ☐ 759TH ☐ 760TH ☐ 761ST ☐ 762ND ☐ 763RD ☐ 764TH ☐ 765TH ☐ 766TH ☐ 767TH ☐ 768TH ☐ 769TH ☐ 770TH ☐ 771ST ☐ 772ND ☐ 773RD ☐ 774TH ☐ 775TH ☐ 776TH ☐ 777TH ☐ 778TH ☐ 779TH ☐ 780TH ☐ 781ST ☐ 782ND ☐ 783RD ☐ 784TH ☐ 785TH ☐ 786TH ☐ 787TH ☐ 788TH ☐ 789TH ☐ 790TH ☐ 791ST ☐ 792ND ☐ 793RD ☐ 794TH ☐ 795TH ☐ 796TH ☐ 797TH ☐ 798TH ☐ 799TH ☐ 800TH ☐ 801ST ☐ 802ND ☐ 803RD ☐ 804TH ☐ 805TH ☐ 806TH ☐ 807TH ☐ 808TH ☐ 809TH ☐ 810TH ☐ 811ST ☐ 812ND ☐ 813RD ☐ 814TH ☐ 815TH ☐ 816TH ☐ 817TH ☐ 818TH ☐ 819TH ☐ 820TH ☐ 821ST ☐ 822ND ☐ 823RD ☐ 824TH ☐ 825TH ☐ 826TH ☐ 827TH ☐ 828TH ☐ 829TH ☐ 830TH ☐ 831ST ☐ 832ND ☐ 833RD ☐ 834TH ☐ 835TH ☐ 836TH ☐ 837TH ☐ 838TH ☐ 839TH ☐ 840TH ☐ 841ST ☐ 842ND ☐ 843RD ☐ 844TH ☐ 845TH ☐ 846TH ☐ 847TH ☐ 848TH ☐ 849TH ☐ 850TH ☐ 851ST ☐ 852ND ☐ 853RD ☐ 854TH ☐ 855TH ☐ 856TH ☐ 857TH ☐ 858TH ☐ 859TH ☐ 860TH ☐ 861ST ☐ 862ND ☐ 863RD ☐ 864TH ☐ 865TH ☐ 866TH ☐ 867TH ☐ 868TH ☐ 869TH ☐ 870TH ☐ 871ST ☐ 872ND ☐ 873RD ☐ 874TH ☐ 875TH ☐ 876TH ☐ 877TH ☐ 878TH ☐ 879TH ☐ 880TH ☐ 881ST ☐ 882ND ☐ 883RD ☐ 884TH ☐ 885TH ☐ 886TH ☐ 887TH ☐ 888TH ☐ 889TH ☐ 890TH ☐ 891ST ☐ 892ND ☐ 893RD ☐ 894TH ☐ 895TH ☐ 896TH ☐ 897TH ☐ 898TH ☐ 899TH ☐ 900TH ☐ 901ST ☐ 902ND ☐ 903RD ☐ 904TH ☐ 905TH ☐ 906TH ☐ 907TH ☐ 908TH ☐ 909TH ☐ 910TH ☐ 911ST ☐ 912ND ☐ 913RD ☐ 914TH ☐ 915TH ☐ 916TH ☐ 917TH ☐ 918TH ☐ 919TH ☐ 920TH ☐ 921ST ☐ 922ND ☐ 923RD ☐ 924TH ☐ 925TH ☐ 926TH ☐ 927TH ☐ 928TH ☐ 929TH ☐ 930TH ☐ 931ST ☐ 932ND ☐ 933RD ☐ 934TH ☐ 935TH ☐ 936TH ☐ 937TH ☐ 938TH ☐ 939TH ☐ 940TH ☐ 941ST ☐ 942ND ☐ 943RD ☐ 944TH ☐ 945TH ☐ 946TH ☐ 947TH ☐ 948TH ☐ 949TH ☐ 950TH ☐ 951ST ☐ 952ND ☐ 953RD ☐ 954TH ☐ 955TH ☐ 956TH ☐ 957TH ☐ 958TH ☐ 959TH ☐ 960TH ☐ 961ST ☐ 962ND ☐ 963RD ☐ 964TH ☐ 965TH ☐ 966TH ☐ 967TH ☐ 968TH ☐ 969TH ☐ 970TH ☐ 971ST ☐ 972ND ☐ 973RD ☐ 974TH ☐ 975TH ☐ 976TH ☐ 977TH ☐ 978TH ☐ 979TH ☐ 980TH ☐ 981ST ☐ 982ND ☐ 983RD ☐ 984TH ☐ 985TH ☐ 986TH ☐ 987TH ☐ 988TH ☐ 989TH ☐ 990TH ☐ 991ST ☐ 992ND ☐ 993RD ☐ 994TH ☐ 995TH ☐ 996TH ☐ 997TH ☐ 998TH ☐ 999TH ☐ 1000TH ☐ 1001ST ☐ 1002ND ☐ 1003RD ☐ 1004TH ☐ 1005TH ☐ 1006TH ☐ 1007TH ☐ 1008TH ☐ 1009TH ☐ 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SECRET
SECURITY INFORMATION

| | | | |
|---|--|--|--|
| ENTRANCE ON DUTY NOTICE | | 1. DATE:
22 June 1955 | |
| 2. TO: [REDACTED] | | 3. OFFICE (DIVISION, BRANCH, ETC.):
DIE/CBR | |
| 4. THE INDIVIDUAL MEETS THE STANDARDS FOR EMPLOYMENT WITH THIS AGENCY SUBJECT TO THE TYPE OF CLEARANCE INDICATED IN ITEM NO. 9. THE SIGNED CLEARANCE FROM IAS FOR ENTRANCE ON DUTY HAS BEEN MADE A PART OF THE PERSONNEL FILE OF THIS INDIVIDUAL. HE/SHE IS REPORTING FOR DUTY THIS DATE. | | | |
| 5. NAME: [REDACTED] | | 6. JOB TITLE AND GRADE:
Ident. Spec. GS-7 | |
| 7. EFFECTIVE DATE:
15 June 1955 | | 8. ☒ S.E.O.D.
☐ REASSIGNMENT
OTHER: _____ | |
| | | 9. TYPE CLEARANCE:
Provisional | |
| 10. REMARKS: (include Medical or Other Limitations)

Subject to BOD, testing, 24 June 1955.

[REDACTED] | | | |
| DISTRIBUTION: ORIGINAL AND COPY (WHITE) TO ITAM NO. 2, COPY (PINK) TO PERSONNEL FOLDER | | | |

FORM NO. 37-114 PREVIOUS EDITIONS ARE TO BE USED
NOV 1952

SECRET

| | | | |
|---|--|---|--|
| STANDARD FORM 52
FORM 52 OF THE
U. S. CIVIL SERVICE COMMISSION
SUBJECT: PERSONNEL
SERIAL: CHAPTER 11 | | VOUCHERED 16 FEB 1955 | |
| REQUEST FOR PERSONNEL ACTION | | | |
| REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.
If applicable, obtain resignation and fill in separation data on reverse. | | | |
| 1. NAME (Mr. <u>XXXXX</u> - One given name, initials, and surname) | | 2. DATE OF BIRTH | |
| 3. NATURE OF ACTION REQUESTED
A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)
Appointment | | 4. EFFECTIVE DATE
A. PROPOSED
ASEP | |
| B. APPROVED | | 5. DATE OF REQUEST
2 Feb 55 | |
| 6. FROM— | | 7. C-5 OR OTHER
LEGAL AUTHORITY | |
| 8. POSITION TITLE AND
NUMBER | | 9. IDENTIFICATION SPECIALIST P-925.00.99 | |
| 10. SERVICE, GRADE, AND
SALARY | | CB-1390.06-07 \$4205.00 per annum | |
| 11. ORGANIZATIONAL
DESIGNATION | | DDI/Office of Research and Reports | |
| 12. HEADQUARTERS | | Office of Chief, | |
| 13. FIELD OR DEPARTMENTAL | | Washington, D. D. | |
| 14. FIELD | | 15. DEPARTMENTAL | |
| 16. REMARKS (Use reverse if necessary) | | 17. FIELD OR DEPARTMENTAL | |
| Attachments:
1 Interview Sheet
2 cys. Report of Medical History
2 cys. of Letter of Commendation | | 18. FIELD | |
| 19. FIELD | | 20. DEPARTMENTAL | |
| 21. FIELD | | 22. DEPARTMENTAL | |
| 23. FIELD | | 24. DEPARTMENTAL | |
| 25. FIELD | | 26. DEPARTMENTAL | |
| 27. FIELD | | 28. DEPARTMENTAL | |
| 29. FIELD | | 30. DEPARTMENTAL | |
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| 91. FIELD | | 92. DEPARTMENTAL | |
| 93. FIELD | | 94. DEPARTMENTAL | |
| 95. FIELD | | 96. DEPARTMENTAL | |
| 97. FIELD | | 98. DEPARTMENTAL | |
| 99. FIELD | | 100. DEPARTMENTAL | |

CONFIDENTIAL

DATE: JUN 9 1955

TO : Placement and Utilization Division, Personnel Office

FROM : Assistant Director, ORR

SUBJECT: [REDACTED]

The case of [REDACTED] [REDACTED] a
(provisionally) cleared applicant has been thoroughly reviewed
and this Office does guarantee that the position to which he
is to be assigned does fall within the personnel ceiling of
ORR. Therefore, it is requested that the above-named indi-
vidual be brought on duty as soon as possible.

FOR THE ASSISTANT DIRECTOR [REDACTED]

Chief, Administrative Staff, ORR

CONFIDENTIAL

STANDARD FORM NO. 64

CONFIDENTIAL

Office Memorandum • UNITED STATES GOVERNMENT

TO : Placement and Utilization Division, O/P

DATE: 21 April 1955

ATTN : [REDACTED]

FROM : Personnel Officer, OPR

SUBJECT: [REDACTED] - Request for Provisional Clearance

1. It is requested that a Provisional Clearance be granted for [REDACTED] to allow his entrance on duty at the earliest opportunity.

2. This Office is prepared to assign [REDACTED] to an unclassified project [REDACTED]

[REDACTED]

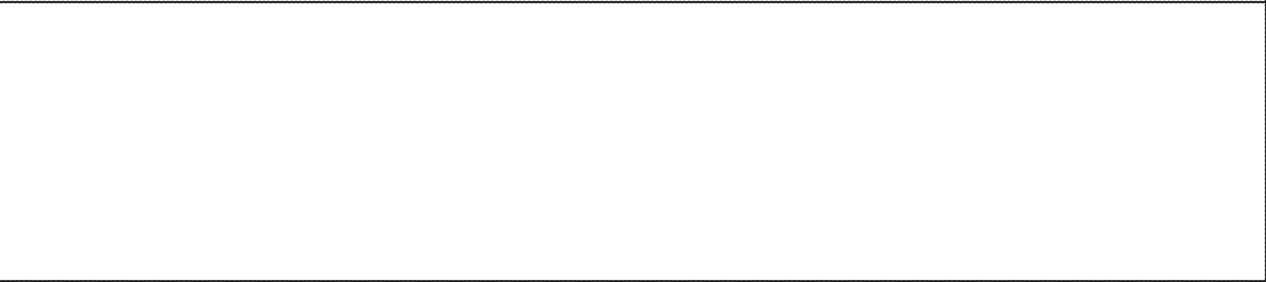
[REDACTED]

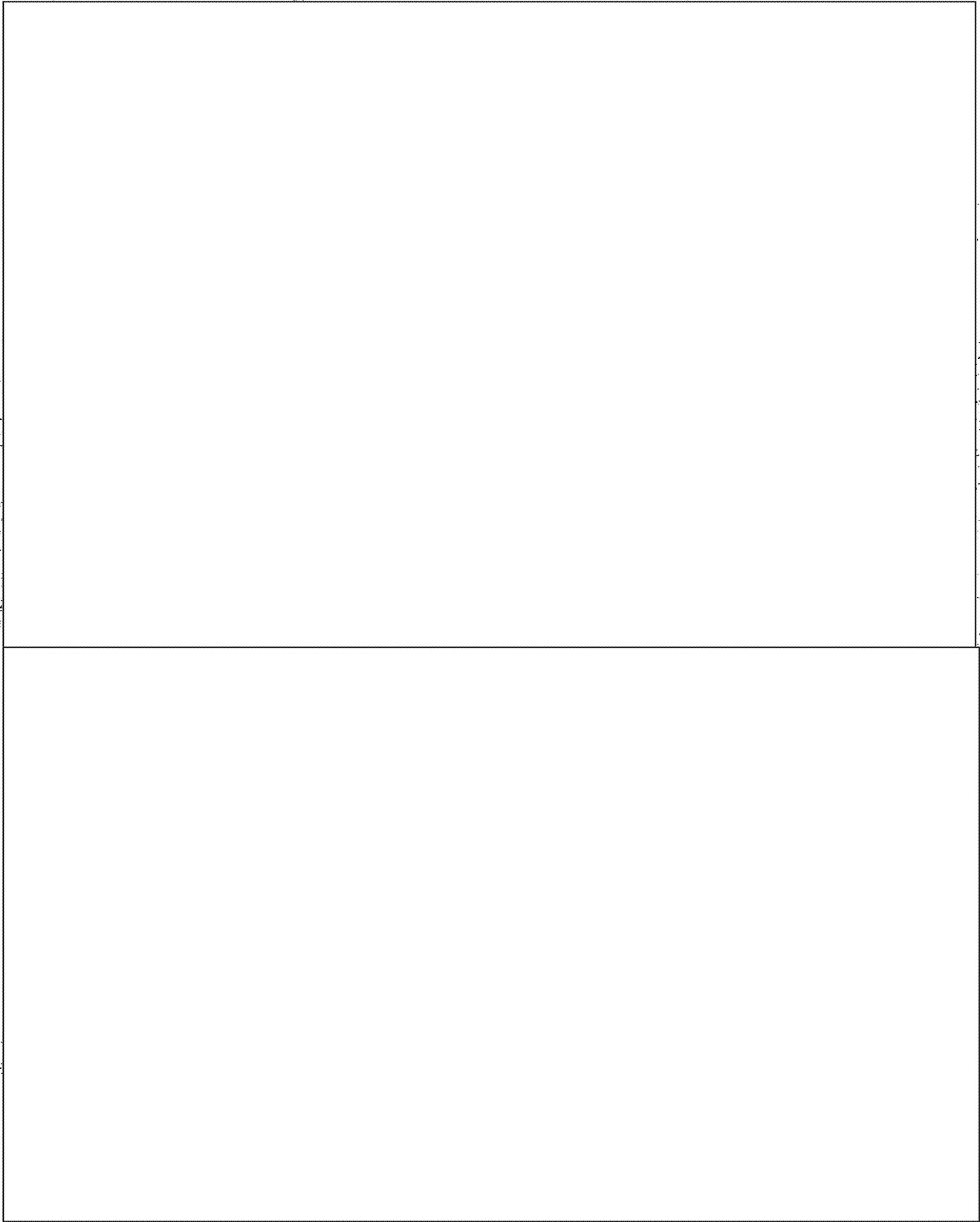
St/A/RR

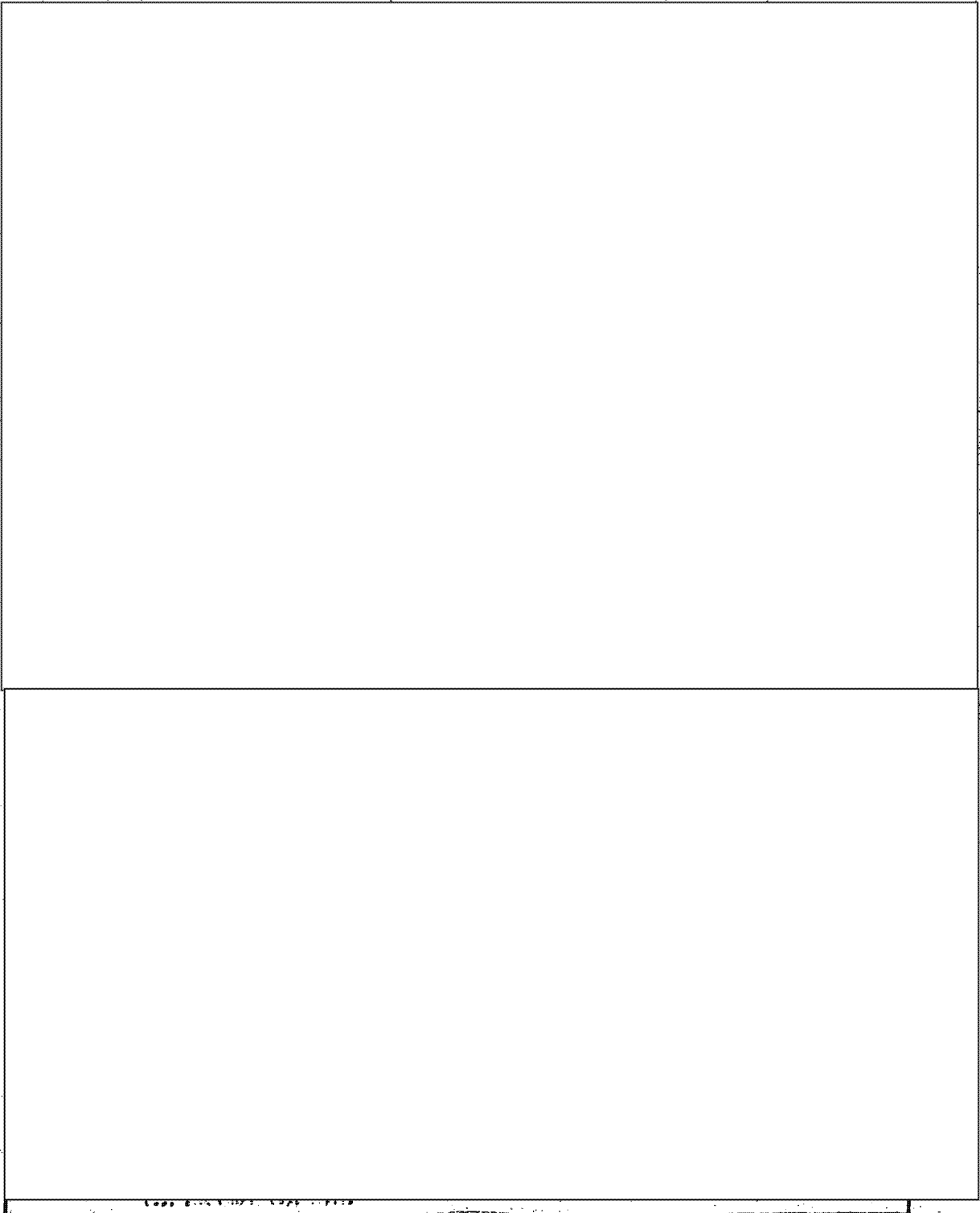
Distribution:

- 0 & 1 - Addressee
- 2 - St/A/RR
- 2 - AD/RR

CONFIDENTIAL





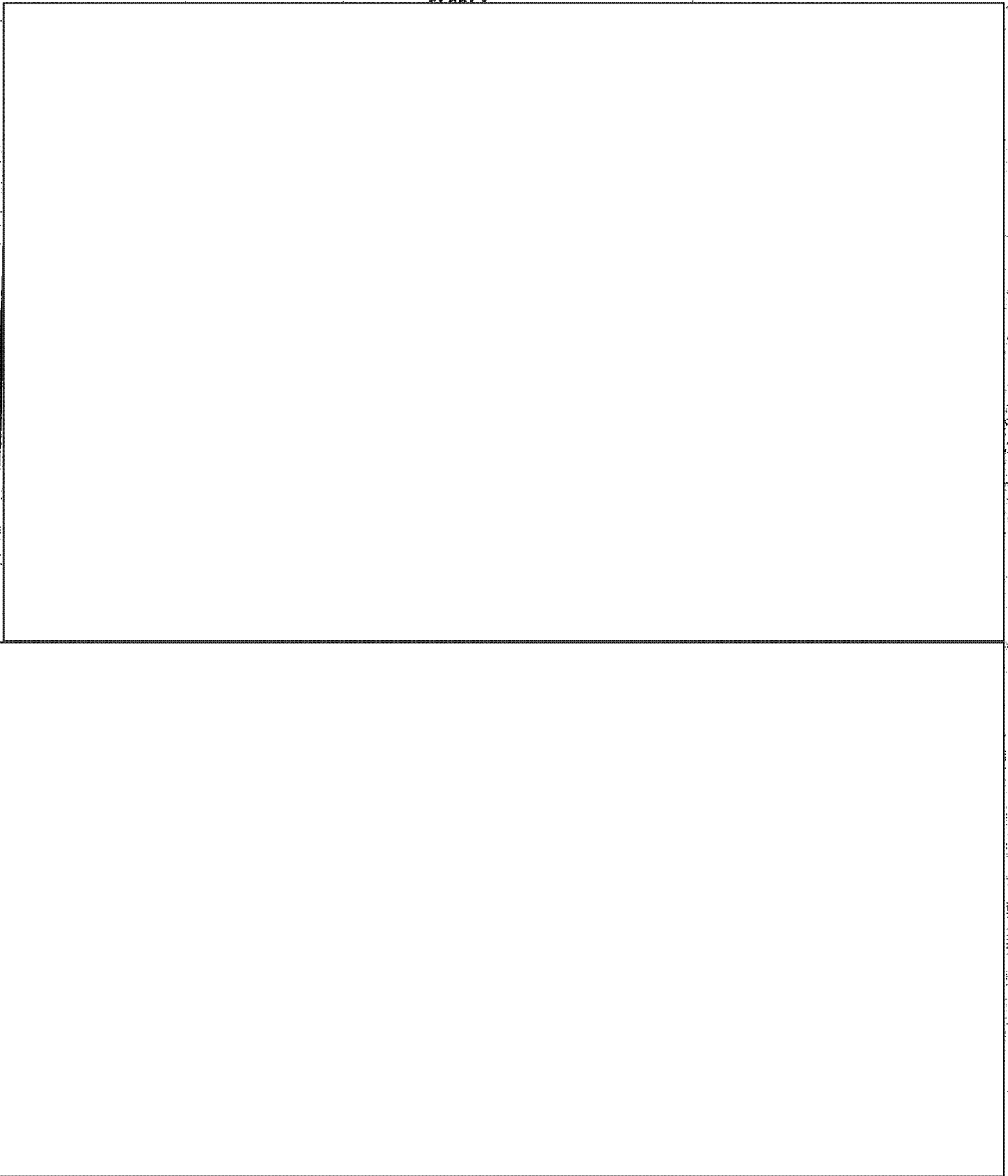


FORM 1551 MAY 1962 EDITION
GSA GEN. REG. NO. 27

U.S. GOVERNMENT PRINTING OFFICE: 1962

413-20-811

SECRET



"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF
TITLE 5, U.S.C. AND EXECUTIVE ORDER 11611 PURSUANT TO AUTHORITY OF DCI
AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE
DATED 08 OCTOBER 1962."

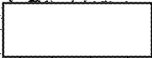
EFFECTIVE DATE OF PAY ADJUSTMENT: 13 OCTOBER 1974

| NAME | SERIAL | ORGN. | FUNDS | GR-STEP | NEW
SALARY |
|------|--------|-------|-------|---------|---------------|
| | 45 997 | V | | GS 13 6 | \$25,451 |

SECRET

1 July 1959

File: K - 2303

MEMORANDUM FOR: Chief, Records and Services Division
Office of PersonnelSUBJECT: 

cc: SSB/OS

JUL 3 1959
SECRET
JUL 15 1959
JUL 15 1959
JUL 15 1959

(4-23-00)

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

EFFECTIVE DATE OF DESIGNATION: 01 MAY 1974.

42371374

DLN: 28 MAY 75

SECRET
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION | | | | | | | | | | | | | | | | | | | | | |
|--|--|-----------------------|------------------------------------|--|---|--|--------------------------------|--|--|---|--|--------------------------------|--|--------------------------------|--|--|--|--|--|----------------------------|--|
| 1. SERIAL NUMBER: 2. NAME (LAST, FIRST, MIDDLE) | | | | | | | | | | | | | | | | | | | | | |
| 3. TYPE OF PERSONNEL ACTION (RETIREMENT, (DISABILITY) UNDER CIA RETIREMENT AND DISABILITY SYSTEM FROM CSI) | | | | | | | | | | | | | | | | | | | | | |
| 4. EFFECTIVE DATE
MO DA YR
15 14 75 | | | | 5. CATEGORY OF EMPLOYMENT
REGULAR | | | | | | | | | | | | | | | | | |
| 6. FUNDS
X V TO V
CF TO V | | | | 7. FAN AND NSCA
5237 15 12 1000 | | | | 8. CSC OR OTHER LEGAL AUTHORITY
PI. 35-543 SECT 231 | | | | | | | | | | | | | |
| 9. ORGANIZATIONAL DESIGNATIONS
DDO/EA DIVISION
DEVELOPMENT COMPLEMENT | | | | | 10. LOCATION OF OFFICIAL STATION
WASH., D.C. | | | | | | | | | | | | | | | | |
| 11. POSITION TITLE
OPS. OFFICER | | | | | 12. POSITION NUMBER
DCOF | | 13. SERVICE DESIGNATION
DMG | | | | | | | | | | | | | | |
| 14. CLASSIFICATION SCHEDULE (GS, IB, etc.)
GS | | | 15. OCCUPATIONAL SERIES
2136.01 | | 16. GRADE AND STEP
13 6 | | 17. SALARY OR RATE
25051 | | | | | | | | | | | | | | |
| 18. REMARKS | | | | | | | | | | | | | | | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | | | | | | | | | | | | | |
| 19. ACTION CODE
15 | | 20. EMPLOY CODE
42 | | 21. OFFICE CODING
NUMERIC ALPHABETIC | | 22. STATION CODE | | 23. INTEGRITY 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 | | | | | |
| 28. NTE EXPIRES
MO DA YR | | 29. SPECIAL REFERENCE | | 30. RETIREMENT DATA
CSC
CSC
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CSC | | 31. SEPARATION DATA CODE
SEPARATION | | 32. CORRECTION/CANCELLATION
TYPE MO DA | | 33. VET PREFERENCE
CODE
1 0-NO
2 5-PT
3 10-PT | | 34. SEPV COMP DATE
MO DA YR | | 35. LONG COMP DATE
MO DA YR | | 36. CAREER CATEGORY
CODE
L-10
L-11
L-12
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L-100 | | 37. FEDERAL TAX DATA
FORM EXECUTED YES NO
2 NO | | 38. TAX EXEMPTED
YES NO | |
| 39. SIGNATURE OR OTHER AUTHENTICATION | | | | | | | | | | | | | | | | | | | | | |

PLN 1100
376 May 75

1000
1000

SECRET

BBG: 25 SEPT 74

SECRET
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION | | | | | | | | | | | |
|--|-----------------------|--|--|--------------------------------------|---|---|---------------------------------------|---|-----------------|--|--|
| 1. SERIAL NUMBER | | 2. NAME (LAST-FIRST MIDDLE) | | | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION
EXTENDED SICK LEAVE - DISABILITY
RETIREMENT NTE: 14 MAY 1975 | | | | | | | | | | | |
| 4. EFFECTIVE DATE
MO DA YR
09 06 74 | | | | 5. CATEGORY OF EMPLOYMENT
REGULAR | | | | | | | |
| 6. FUNDS | | X V TO V | | V TO CF | | 7. PAN AND NSCA
5237 1392 0000 | | 8. CSC OR OTHER LEGAL AUTHORITY
50 USC 403 J | | | |
| CF TO V | | CF TO CF | | | | | | | | | |
| 9. ORGANIZATIONAL DESIGNATIONS
DDO/EA DIVISION
DEVELOPMENT COMPLEMENT | | | | | | 10. LOCATION OF OFFICIAL STATION
WASH., D.C. | | | | | |
| 11. POSITION TITLE
OPS OFFICER | | | | | | 12. POSITION NUMBER
9997 | | 13. SERVICE DESIGNATION
DMG | | | |
| 14. CLASSIFICATION SCHEDULE (GS, LE, etc.)
GS | | | | 15. OCCUPATIONAL SERIES
0136.01 | | 16. GRADE AND STEP
13 6 | | 17. SALARY OR RATE
24122 | | | |
| 18. DATES:
LWD: 06 SEPTEMBER 1974
OTHER: | | | | | | | | | | | |
| HOME BASE: EA | | | | | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | | | |
| 19. ACTION CODE
31 | 20. EMPLOY CODE
40 | 21. OFFICE CODING
NONRESIDENT
45997 EA | | 22. STATION CODE
75013 | 23. INTEREST CODE | 24. PAY GRADE CODE
1 | 25. DATE OF BIRTH | 26. DATE OF GRADE | 27. DATE OF LST | | |
| 28. DATE EXPIRES
MO DA YR
05 14 75 | | 29. SPECIAL REFERENCE
SL | 30. RETIREMENT DATA
1. CIVIL
2. MILITARY
3. OTHER | 31. SEPARATION DATA CODE | 32. CORRECTION/COMPLAINT CODE
MO DA YR | | 33. SECURITY REG NO. | | 34. SEX | | |
| 35. VET PREFERENCE | | 36. SERV COMP DATE | 37. LOYAL COMP DATE | 38. CAREER CATEGORY | | 39. HEALTH INSURANCE
1. YES
2. NO | | 40. SOCIAL SECURITY NO. | | | |
| 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE
CODE
1. NO PREVIOUS SERVICE
2. NO MILITARY SERVICE
3. 50 USC 403 J (1) (2) (3) (4) (5)
4. 50 USC 403 J (1) (2) (3) (4) (5) | | | | 42. LEAVE CAT CODE | 43. FEDERAL TAX DATA
1. YES
2. NO | | 44. STATE TAX DATA
1. YES
2. NO | | | | |
| SIGNATURE OR OTHER AUTHENTICATION | | | | | | | | | | | |
| <div style="border: 1px solid black; padding: 10px; display: inline-block;"> <p>POSTED</p> <p>8/24/74</p> </div> | | | | | | | | | | | |

DMS: 16 SEPT 74

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

CF

| | | | |
|--|-------------------------|----------------------------------|---------------------------------|
| 1. SERIAL NUMBER | | 2. NAME (LAST FIRST MIDDLE) | |
| | | | |
| 3. NATURE OF PERSONNEL ACTION | | 4. EFFECTIVE DATE | 5. CATEGORY OF EMPLOYMENT |
| REASSIGNMENT | | NO DA YR
15 74 | REGULAR |
| 6. FUNDS | 7. V TO V
CF TO V | 8. PAN AND NSCA | 9. CSC OR OTHER LEGAL AUTHORITY |
| | | 5257 1300 1001 | 5 USC 433 J |
| 10. ORGANIZATIONAL DESIGNATION | | 11. LOCATION OF OFFICIAL STATION | |
| DDO/EA DIVISION
DEVELOPMENT COMPLEMENT | | ASH, D.C. | |
| 12. POSITION TITLE | | 13. POSITION NUMBER | 14. SERVICE DESIGNATION |
| OPS OFFICER | | 3097 | DNC |
| 15. CLASSIFICATION SCHEDULE (GS, GS, etc.) | 16. OCCUPATIONAL SERIES | 17. GRADE AND STEP | 18. SALARY OR RATE |
| GS | 1156.01 | 13 5 | 25122 |
| 19. REMARKS | | | |
| OTHER | | | |
| HOME BASE: EA | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | |
| 20. ACTION CODE | 21. OFFICE CODING | 22. STATION CODE | 23. INTEGRATE CODE |
| 37 | 45007 CA | 75013 | |
| 24. DATE OF BIRTH | 25. DATE OF GRADE | 26. DATE OF LET | |
| | | | |
| 27. NIE EMPLOY | 28. SPECIAL REFERENCE | 29. RETIREMENT DATA | 30. SEPARATION DATA CODE |
| | | | |
| 31. VET PREFERENCE | 32. SERV COMP DATE | 33. LONG COMP DATE | 34. CAREER CATEGORY |
| | | | |
| 35. PREVIOUS CIVILIAN GOVERNMENT SERVICE | 36. LEAVE CAT CODE | 37. FEDERAL PAY DATA | 38. STATE PAY DATA |
| | | | |
| SIGNATURE (OR OTHER AUTHENTICATION) | | | |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>POSTED</p> <p><i>OK 11/17/74</i></p> </div> | | | |

SECRET
(When Filled In)

REF: 22 JAN 74

NOTIFICATION OF PERSONNEL ACTION

OFF

1. SERIAL NUMBER 2. NAME (LAST FIRST MIDDLE)

3. NATURE OF PERSONNEL ACTION

REASSIGNMENT

4. EFFECTIVE DATE

01 20 74

5. CATEGORY OF EMPLOYMENT

REGULAR

6. FUNDS

X

V TO V

V TO CF

CF TO V

CF TO CF

7. PAN AND NSCA

4227 1374

8. CSC OR OTHER LEGAL AUTHORITY

50 USC 403

9. ORGANIZATIONAL DESIGNATIONS

DDO/EA DIVISION

10. LOCATION OF OFFICIAL STATION

WASH D.C.

11. POSITION TITLE

OPS OFFICER

12. POSITION NUMBER

11408

13. SERVICE DESIGNATION

D

14. CLASSIFICATION SCHEDULE (GS, LS, SM)

GS

15. OCCUPATIONAL SERIES

0136.01

16. GRADE AND STEP

13 6

17. SALARY OR RATE

24122

18. REMARKS

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

| | | | | | | | | |
|---|-----------------------|----------------------|---------------------|-------------------------------|-------------------------------|-------------------------|-------------------------|-------------------------|
| 19. ACTING CODE | 20. EMPLOY CODE | 21. OFFICE SYMBOL | 22. STATION CODE | 23. INTEROFF CODE | 24. HOME CODE | 25. DATE OF BIRTH | 26. DATE OF LEAVE | 27. DATE OF LEAVE |
| 27 | 10 | 45080 | EA | 75013 | 1 | | | |
| 28. ACTING DATE | 29. SPECIAL REFERENCE | 30. RETIREMENT DATA | 31. SEPARATION DATA | 32. LEAVE / Compensation Data | 33. LEAVE / Compensation Data | 34. SOCIAL SECURITY NO. | 35. SOCIAL SECURITY NO. | 36. SOCIAL SECURITY NO. |
| | | | | | | | | |
| 37. ACT. PREFERENCE | 38. SERV. COMP. DATE | 39. LEAVE COMP. DATE | 40. CAREER CATEGORY | 41. HEALTH / HEALTH INSURANCE | 42. HEALTH / HEALTH INSURANCE | 43. SOCIAL SECURITY NO. | 44. SOCIAL SECURITY NO. | 45. SOCIAL SECURITY NO. |
| | | | | | | | | |
| 46. PREVIOUS FEDERAL GOVERNMENT SERVICE | 47. LEAVE CAT. CODE | 48. REENTRY DATA | 49. STATUS DATA | 50. STATUS DATA | 51. STATUS DATA | 52. STATUS DATA | 53. STATUS DATA | 54. STATUS DATA |
| | | | | | | | | |

SIGNATURE OR OTHER AUTHENTICATION

FOOTED

446-15578

SECRET

F-#8

| | | | | | | | | | |
|--|------|--------------------|--------------|-----------------|------|----------|----------------|---------------|------|
| 1. SERIAL NO | | 2. NAME | | 3. ORGANIZATION | | 4. FUNDS | | 5. LWOP HOUSE | |
| | | | | GS 443 | | CP | | | |
| 6. OLD SALARY RATE | | 7. NEW SALARY RATE | | 8. TYPE ACTION | | | | | |
| Grade | Step | Salary | Low Pct Date | Grade | Step | Salary | EFFECTIVE DATE | SI | ADJ. |
| GS 13 | 5 | 23433 | 10/17/71 | GS 13 | 6 | 24122 | 10/14/73 | | |
| CERTIFICATION AND AUTHENTICATION | | | | | | | | | |
| I CERTIFY THAT THE WORK OF THE ABOVE NAMED INDIVIDUAL IS OF ACCEPTABLE LEVEL OF COMPETENCE. | | | | | | | | | |
| SIGNATURE | | | | DATE | | | | | |
| | | | | 10 OCT 1973 | | | | | |
| ☐ NO EXCESS SWOP
☒ IN PAY STATUS AT END OF WAITING PERIOD
☐ LWOP STATUS AT END OF WAITING PERIOD | | | | | | | | | |
| CLERK'S INITIALS | | | | ACCEPTED BY | | | | | |
| 151 | | | | | | | | | |
| FORM 7-66 560 E Use previous editions PAY CHANGE NOTIFICATION (4-51) | | | | | | | | | |

UUUU

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

EFFECTIVE DATE OF PAY ADJUSTMENT: 14 OCTOBER 1973

| NAME | SERIAL | ORCA | FUNDS | ON-STEP | NEW SALARY |
|------|--------|------|-------|---------|------------|
| | | | | GS 13 5 | 23433 |

KHN: 15 OCT 73

SECRET
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION | | | | | | | | | |
|---|--|---|--|--|--|---|--|---|--|
| 1. SERIAL NUMBER | | 2. NAME (LAST, FIRST, MIDDLE) | | | | | | | |
| | | | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION
REASSIGNMENT AND
TRANSFER TO VOUCHERED FUNDS | | | | 4. EFFECTIVE DATE
10 14 73 | | 5. CATEGORY OF EMPLOYMENT
REGULAR | | | |
| 6. FUNDS | | 7. PAY AND PAYA | | 8. CEC OR OTHER LEGAL AUTHORITY | | | | | |
| ☒ V TO V
☐ V TO CF
☐ CF TO V
☐ CF TO CF | | 4237 1374 0000 | | 50 USC 403 J | | | | | |
| 9. ORGANIZATIONAL DESIGNATION
DDO/EA DIVISION | | | | 10. LOCATION OF OFFICIAL STATION
WASH., D.C. | | | | | |
| 11. POSITION TITLE
OPS OFFICER | | | | 12. POSITION NUMBER
4024 | | 13. SERVICE DESIGNATION
D | | | |
| 14. CLASSIFICATION SCHEDULE (OS 1B 00) | | 15. OCCUPATIONAL SERIES | | 16. GRADE AND STEP | | 17. SALARY OR RATE | | | |
| GS | | 0136.01 | | 13 6 | | 24122 | | | |
| 18. REMARKS | | | | | | | | | |
| | | | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | |
| 19. ACTION CODE
16 | | 20. TRANSFER CODE
10 | | 21. OFFICE CODE
45140 EA | | 22. POSITION CODE
75013 | | 23. ASSIGNMENT CODE
1 | |
| 24. DATE OF ACTION
10 14 73 | | 25. DATE OF TRANSFER
10 14 73 | | 26. DATE OF OFFICE
10 14 73 | | 27. DATE OF POSITION
10 14 73 | | 28. DATE OF ASSIGNMENT
10 14 73 | |
| 29. PREVIOUS CODE | | 30. NEW CODE | | 31. PREVIOUS GRADE | | 32. NEW GRADE | | 33. PREVIOUS STEP | |
| 34. PREVIOUS PAY | | 35. NEW PAY | | 36. PREVIOUS RATE | | 37. NEW RATE | | 38. PREVIOUS SALARY | |
| 39. PREVIOUS SALARY | | 40. NEW SALARY | | 41. PREVIOUS RATE | | 42. NEW RATE | | 43. PREVIOUS STEP | |
| 44. PREVIOUS STEP | | 45. NEW STEP | | 46. PREVIOUS RATE | | 47. NEW RATE | | 48. PREVIOUS SALARY | |
| 49. PREVIOUS SALARY | | 50. NEW SALARY | | 51. PREVIOUS RATE | | 52. NEW RATE | | 53. PREVIOUS STEP | |
| 54. PREVIOUS STEP | | 55. NEW STEP | | 56. PREVIOUS RATE | | 57. NEW RATE | | 58. PREVIOUS SALARY | |
| 59. PREVIOUS SALARY | | 60. NEW SALARY | | 61. PREVIOUS RATE | | 62. NEW RATE | | 63. PREVIOUS STEP | |
| 64. PREVIOUS STEP | | 65. NEW STEP | | 66. PREVIOUS RATE | | 67. NEW RATE | | 68. PREVIOUS SALARY | |
| 69. PREVIOUS SALARY | | 70. NEW SALARY | | 71. PREVIOUS RATE | | 72. NEW RATE | | 73. PREVIOUS STEP | |
| 74. PREVIOUS STEP | | 75. NEW STEP | | 76. PREVIOUS RATE | | 77. NEW RATE | | 78. PREVIOUS SALARY | |
| 79. PREVIOUS SALARY | | 80. NEW SALARY | | 81. PREVIOUS RATE | | 82. NEW RATE | | 83. PREVIOUS STEP | |
| 84. PREVIOUS STEP | | 85. NEW STEP | | 86. PREVIOUS RATE | | 87. NEW RATE | | 88. PREVIOUS SALARY | |
| 89. PREVIOUS SALARY | | 90. NEW SALARY | | 91. PREVIOUS RATE | | 92. NEW RATE | | 93. PREVIOUS STEP | |
| 94. PREVIOUS STEP | | 95. NEW STEP | | 96. PREVIOUS RATE | | 97. NEW RATE | | 98. PREVIOUS SALARY | |
| 99. PREVIOUS SALARY | | 100. NEW SALARY | | 101. PREVIOUS RATE | | 102. NEW RATE | | 103. PREVIOUS STEP | |
| 104. PREVIOUS STEP | | 105. NEW STEP | | 106. PREVIOUS RATE | | 107. NEW RATE | | 108. PREVIOUS SALARY | |
| 109. PREVIOUS SALARY | | 110. NEW SALARY | | 111. PREVIOUS RATE | | 112. NEW RATE | | 113. PREVIOUS STEP | |
| 114. PREVIOUS STEP | | 115. NEW STEP | | 116. PREVIOUS RATE | | 117. NEW RATE | | 118. PREVIOUS SALARY | |
| 119. PREVIOUS SALARY | | 120. NEW SALARY | | 121. PREVIOUS RATE | | 122. NEW RATE | | 123. PREVIOUS STEP | |
| 124. PREVIOUS STEP | | 125. NEW STEP | | 126. PREVIOUS RATE | | 127. NEW RATE | | 128. PREVIOUS SALARY | |
| 129. PREVIOUS SALARY | | 130. NEW SALARY | | 131. PREVIOUS RATE | | 132. NEW RATE | | 133. PREVIOUS STEP | |
| 134. PREVIOUS STEP | | 135. NEW STEP | | 136. PREVIOUS RATE | | 137. NEW RATE | | 138. PREVIOUS SALARY | |
| 139. PREVIOUS SALARY | | 140. NEW SALARY | | 141. PREVIOUS RATE | | 142. NEW RATE | | 143. PREVIOUS STEP | |
| 144. PREVIOUS STEP | | 145. NEW STEP | | 146. PREVIOUS RATE | | 147. NEW RATE | | 148. PREVIOUS SALARY | |
| 149. PREVIOUS SALARY | | 150. NEW SALARY | | 151. PREVIOUS RATE | | 152. NEW RATE | | 153. PREVIOUS STEP | |
| 154. PREVIOUS STEP | | 155. NEW STEP | | 156. PREVIOUS RATE | | 157. NEW RATE | | 158. PREVIOUS SALARY | |
| 159. PREVIOUS SALARY | | 160. NEW SALARY | | 161. PREVIOUS RATE | | 162. NEW RATE | | 163. PREVIOUS STEP | |
| 164. PREVIOUS STEP | | 165. NEW STEP | | 166. PREVIOUS RATE | | 167. NEW RATE | | 168. PREVIOUS SALARY | |
| 169. PREVIOUS SALARY | | 170. NEW SALARY | | 171. PREVIOUS RATE | | 172. NEW RATE | | 173. PREVIOUS STEP | |
| 174. PREVIOUS STEP | | 175. NEW STEP | | 176. PREVIOUS RATE | | 177. NEW RATE | | 178. PREVIOUS SALARY | |
| 179. PREVIOUS SALARY | | 180. NEW SALARY | | 181. PREVIOUS RATE | | 182. NEW RATE | | 183. PREVIOUS STEP | |
| 184. PREVIOUS STEP | | 185. NEW STEP | | 186. PREVIOUS RATE | | 187. NEW RATE | | 188. PREVIOUS SALARY | |
| 189. PREVIOUS SALARY | | 190. NEW SALARY | | 191. PREVIOUS RATE | | 192. NEW RATE | | 193. PREVIOUS STEP | |
| 194. PREVIOUS STEP | | 195. NEW STEP | | 196. PREVIOUS RATE | | 197. NEW RATE | | 198. PREVIOUS SALARY | |
| 199. PREVIOUS SALARY | | 200. NEW SALARY | | 201. PREVIOUS RATE | | 202. NEW RATE | | 203. PREVIOUS STEP | |
| 204. PREVIOUS STEP | | 205. NEW STEP | | 206. PREVIOUS RATE | | 207. NEW RATE | | 208. PREVIOUS SALARY | |
| 209. PREVIOUS SALARY | | 210. NEW SALARY | | 211. PREVIOUS RATE | | 212. NEW RATE | | 213. PREVIOUS STEP | |
| 214. PREVIOUS STEP | | 215. NEW STEP | | 216. PREVIOUS RATE | | 217. NEW RATE | | 218. PREVIOUS SALARY | |
| 219. PREVIOUS SALARY | | 220. NEW SALARY | | 221. PREVIOUS RATE | | 222. NEW RATE | | 223. PREVIOUS STEP | |
| 224. PREVIOUS STEP | | 225. NEW STEP | | 226. PREVIOUS RATE | | 227. NEW RATE | | 228. PREVIOUS SALARY | |
| 229. PREVIOUS SALARY | | 230. NEW SALARY | | 231. PREVIOUS RATE | | 232. NEW RATE | | 233. PREVIOUS STEP | |
| 234. PREVIOUS STEP | | 235. NEW STEP | | 236. PREVIOUS RATE | | 237. NEW RATE | | 238. PREVIOUS SALARY | |
| 239. PREVIOUS SALARY | | 240. NEW SALARY | | 241. PREVIOUS RATE | | 242. NEW RATE | | 243. PREVIOUS STEP | |
| 244. PREVIOUS STEP | | 245. NEW STEP | | 246. PREVIOUS RATE | | 247. NEW RATE | | 248. PREVIOUS SALARY | |
| 249. PREVIOUS SALARY | | 250. NEW SALARY | | 251. PREVIOUS RATE | | 252. NEW RATE | | 253. PREVIOUS STEP | |
| 254. PREVIOUS STEP | | 255. NEW STEP | | 256. PREVIOUS RATE | | 257. NEW RATE | | 258. PREVIOUS SALARY | |
| 259. PREVIOUS SALARY | | 260. NEW SALARY | | 261. PREVIOUS RATE | | 262. NEW RATE | | 263. PREVIOUS STEP | |
| 264. PREVIOUS STEP | | 265. NEW STEP | | 266. PREVIOUS RATE | | 267. NEW RATE | | 268. PREVIOUS SALARY | |
| 269. PREVIOUS SALARY | | 270. NEW SALARY | | 271. PREVIOUS RATE | | 272. NEW RATE | | 273. PREVIOUS STEP | |
| 274. PREVIOUS STEP | | 275. NEW STEP | | 276. PREVIOUS RATE | | 277. NEW RATE | | 278. PREVIOUS SALARY | |
| 279. PREVIOUS SALARY | | 280. NEW SALARY | | 281. PREVIOUS RATE | | 282. NEW RATE | | 283. PREVIOUS STEP | |
| 284. PREVIOUS STEP | | 285. NEW STEP | | 286. PREVIOUS RATE | | 287. NEW RATE | | 288. PREVIOUS SALARY | |
| 289. PREVIOUS SALARY | | 290. NEW SALARY | | 291. PREVIOUS RATE | | 292. NEW RATE | | 293. PREVIOUS STEP | |
| 294. PREVIOUS STEP | | 295. NEW STEP | | 296. PREVIOUS RATE | | 297. NEW RATE | | 298. PREVIOUS SALARY | |
| 299. PREVIOUS SALARY | | 300. NEW SALARY | | 301. PREVIOUS RATE | | 302. NEW RATE | | 303. PREVIOUS STEP | |
| 304. PREVIOUS STEP | | 305. NEW STEP | | 306. PREVIOUS RATE | | 307. NEW RATE | | 308. PREVIOUS SALARY | |
| 309. PREVIOUS SALARY | | 310. NEW SALARY | | 311. PREVIOUS RATE | | 312. NEW RATE | | 313. PREVIOUS STEP | |
| 314. PREVIOUS STEP | | 315. NEW STEP | | 316. PREVIOUS RATE | | 317. NEW RATE | | 318. PREVIOUS SALARY | |
| 319. PREVIOUS SALARY | | 320. NEW SALARY | | 321. PREVIOUS RATE | | 322. NEW RATE | | 323. PREVIOUS STEP | |
| 324. PREVIOUS STEP | | 325. NEW STEP | | 326. PREVIOUS RATE | | 327. NEW RATE | | 328. PREVIOUS SALARY | |
| 329. PREVIOUS SALARY | | 330. NEW SALARY | | 331. PREVIOUS RATE | | 332. NEW RATE | | 333. PREVIOUS STEP | |
| 334. PREVIOUS STEP | | 335. NEW STEP | | 336. PREVIOUS RATE | | 337. NEW RATE | | 338. PREVIOUS SALARY | |
| 339. PREVIOUS SALARY | | 340. NEW SALARY | | 341. PREVIOUS RATE | | 342. NEW RATE | | 343. PREVIOUS STEP | |
| 344. PREVIOUS STEP | | 345. NEW STEP | | 346. PREVIOUS RATE | | 347. NEW RATE | | 348. PREVIOUS SALARY | |
| 349. PREVIOUS SALARY | | 350. NEW SALARY | | 351. PREVIOUS RATE | | 352. NEW RATE | | 353. PREVIOUS STEP | |
| 354. PREVIOUS STEP | | 355. NEW STEP | | 356. PREVIOUS RATE | | 357. NEW RATE | | 358. PREVIOUS SALARY | |
| 359. PREVIOUS SALARY | | 360. NEW SALARY | | 361. PREVIOUS RATE | | 362. NEW RATE | | 363. PREVIOUS STEP | |
| 364. PREVIOUS STEP | | 365. NEW STEP | | 366. PREVIOUS RATE | | 367. NEW RATE | | 368. PREVIOUS SALARY | |
| 369. PREVIOUS SALARY | | 370. NEW SALARY | | 371. PREVIOUS RATE | | 372. NEW RATE | | 373. PREVIOUS STEP | |
| 374. PREVIOUS STEP | | 375. NEW STEP | | 376. PREVIOUS RATE | | 377. NEW RATE | | 378. PREVIOUS SALARY | |
| 379. PREVIOUS SALARY | | 380. NEW SALARY | | 381. PREVIOUS RATE | | 382. NEW RATE | | 383. PREVIOUS STEP | |
| 384. PREVIOUS STEP | | 385. NEW STEP | | 386. PREVIOUS RATE | | 387. NEW RATE | | 388. PREVIOUS SALARY | |
| 389. PREVIOUS SALARY | | 390. NEW SALARY | | 391. PREVIOUS RATE | | 392. NEW RATE | | 393. PREVIOUS STEP | |
| 394. PREVIOUS STEP | | 395. NEW STEP | | 396. PREVIOUS RATE | | 397. NEW RATE | | 398. PREVIOUS SALARY | |
| 399. PREVIOUS SALARY | | 400. NEW SALARY | | 399. PREVIOUS RATE | | 399. NEW RATE | | 399. PREVIOUS STEP | |

SIGNATURE OF OFFICIAL AUTHORIZING
10 15 73
10 16 73

FORM 1-73

USE PREVIOUS EDITION

SECRET

1-73 (MAY 67)

16

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

EFFECTIVE DATE OF PAY ADJUSTMENT: 07 JANUARY 1973

NAME

SERIAL ORGN. FUNDS GR-STEP

45 440 CF GS 13 5

NEW
SALARY

\$22,328

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

003 04750/73

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

3. NATURE OF PERSONNEL ACTION

REASSIGNMENT

4. EFFECTIVE DATE

05/24/73

5. CATEGORY OF EMPLOYMENT

6. FUNDS

V TO V

V TO O

O TO V

A O TO O

7. PAY AND NSCA

5137 1034 0000

8. CSC OR OTHER LEGAL AUTHORITY

9. ORGANIZATIONAL DESIGNATIONS

000/EE DIVISION

10. LOCATION OF OFFICIAL STATION

11. POSITION TITLE

OPS. OFFICER

12. POSITION NUMBER

4535

13. CAREER SERVICE DESIGNATION

U

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

GS

15. OCCUPATIONAL SERIES

0130.01

16. GRADE AND STEP

13

17. SALARY OR RATE

18. REMARKS

SIGNATURE OF OTHER AUTHORITY

"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 6 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 9 JANUARY 1972

| | | | | | |
|------------|------------|-------|-------|------------|------------|
| NAME | SERIAL | ORGN. | FUNDS | GR-STEP | NEW SALARY |
| [REDACTED] | [REDACTED] | 45 | 440 | CF GS 13-5 | \$21,237 |

F-22

| | | | | | | | | | |
|---|------|------------|----------------|--------------------|------|----------|----------------|----------------|------|
| 1. SERIAL NO. | | 2. NAME | | 3. ORGANIZATION | | 4. FUNDS | | 5. LWOP HOURS | |
| [REDACTED] | | [REDACTED] | | 45 440 | | CF | | | |
| 6. OLD SALARY RATE | | | | 7. NEW SALARY RATE | | | | 8. TYPE ACTION | |
| Grade | Step | Salary | Last Eff. Date | Grade | Step | Salary | EFFECTIVE DATE | SP | ADJ. |
| GS 13 | 4 | \$19,537 | 10/19/69 | GS 13 | 5 | \$20,125 | 10/17/71 | | |
| CERTIFICATION AND AUTHENTICATION | | | | | | | | | |
| I CERTIFY THAT THE WORK OF THE ABOVE-NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE. | | | | | | | | | |
| SIGNATURE | | | | DATE | | | | | |
| [REDACTED] | | | | 20 October 72 | | | | | |
| ☐ NO EXCESS LWOP
☐ IN PAY STATUS AT END OF WAITING PERIOD
☐ LWOP STATUS AT END OF WAITING PERIOD | | | | | | | | | |
| CLEARER INITIALS | | | | APPROVED BY | | | | | |
| [REDACTED] | | | | [REDACTED] | | | | | |

PAY CHANGE NOTIFICATION

776/37

"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] | [REDACTED] | 49 | 440 | CF GS 13 4 | \$19,537 |

SECRET

(When Filled In)

SEP 1 1970

NOTIFICATION OF PERSONNEL ACTION

| | | | |
|--|------------------------------|----------------------------------|--------------------|
| 1. SERIAL NUMBER | | 2. NAME (LAST FIRST MIDDLE) | |
| 3. NATURE OF PERSONNEL ACTION | | 4. EFFECTIVE DATE | |
| REASSIGNMENT | | 09 21 70 | |
| 5. FUNDS | | 6. CATEGORY OF EMPLOYMENT | |
| V TO V
CF TO V ☒ | | REGULAR | |
| 7. Financial Analysis Fee Chargeable | | 8. CSC OR OTHER LEGAL AUTHORITY | |
| 1137 1633 6000 | | 50 USC 403 J | |
| 9. ORGANIZATIONAL DESIGNATIONS | | 10. LOCATION OF OFFICIAL STATION | |
| DDP/FE | | | |
| 11. POSITION TITLE | | 12. POSITION NUMBER | |
| OPS OFFICER | | 1915 | |
| 13. CLASSIFICATION SCHEDULE (GS, GS, IN, E) | | 14. SALARY OR RATE | |
| GS | | 15437 | |
| 15. OCCUPATIONAL SERIES | | 16. GRADE AND STEP | |
| 0136.01 | | 13-4 | |
| 17. REMARKS | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | |
| 18. ACTION CODE | 19. OFFICE CODE | 20. ACTION CODE | 21. ACTION CODE |
| 37 | FE | 37507 | |
| 22. DATE OF BIRTH | 23. DATE OF GRADE | 24. DATE OF PAY | 25. DATE OF PAY |
| | | | |
| 26. SPECIAL REFERENCE | 27. RETIREMENT DATA | 28. DATA CODE | 29. DATA CODE |
| | | | |
| 30. PAY PREFERENCE | 31. PAY PREFERENCE | 32. PAY PREFERENCE | 33. PAY PREFERENCE |
| | | | |
| 34. FEDERAL GOVERNMENT SERVICE | 35. STATE GOVERNMENT SERVICE | 36. FEDERAL TAX DATA | 37. STATE TAX DATA |
| | | | |
| SIGNATURE OF OTHER AUTHENTICATOR | | | |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED
 9-21-70 </div> | | | |

FORM 100-10
1-64U.S. GOVERNMENT
PRINTING OFFICE

SECRET

FVD

U.S. GOVERNMENT
PRINTING OFFICEU.S. GOVERNMENT
PRINTING OFFICE

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

[Redacted Name]

SERIAL ORGN. FUNDS GR-STEP

[Redacted Serial] 45 440 CF GS 13 4

NEW SALARY

\$18,487

F22

| | | | | | | | | | |
|--|------|------------|---------------|-----------------|------|----------|----------------|---------------|-----|
| 1. SERIAL NO. | | 2. NAME | | 3. ORGANIZATION | | 4. FUNDS | | 5. LWOP HOURS | |
| [Redacted] | | [Redacted] | | 45 440 | | CF | | | |
| OLD SALARY RATE | | | | NEW SALARY RATE | | | | TYPE ACTION | |
| Grade | Step | Salary | Low Eff. Date | Grade | Step | Salary | EFFECTIVE DATE | SI | ADD |
| GS 13 | 3 | \$16,865 | 10/20/68 | GS 13 | 4 | \$17,393 | 10/19/69 | | |
| CERTIFICATION AND AUTHENTICATION | | | | | | | | | |
| I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE. | | | | | | | | | |
| SIGNATURE [Redacted] | | | | DATE 6 OCT 69 | | | | | |
| ☒ NO EXTENS LWOP
☐ ON PAY STATUS AT END OF WAITING PERIOD
☐ EMP'S CHARGES AT END OF WAITING PERIOD | | | | | | | | | |
| EMP'S INITIALS [Redacted] | | | | [Redacted] | | | | | |
| DTIC 1-00 PAGE 1
PAY CHANGE NOTIFICATION | | | | | | | | | |

22 OCT 69

14-00000

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

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 JULY 1969

| NAME | SERIAL | ORGN | FUNDS | GR-STEP | NEW
SALARY |
|------|--------|------|-------|------------|---------------|
| | | 45 | 440 | CF GS 13 3 | \$16,866 |

SECRET
(When Filled In)

PVD: 2 MAY 69

NOTIFICATION OF PERSONNEL ACTION

| | | | |
|--|--|---|--|
| 1. SERIAL NUMBER | | 2. NAME (LAST FIRST MIDDLE) | |
| 3. NATURE OF PERSONNEL ACTION | | | |
| REASSIGNMENT | | 4. EFFECTIVE DATE
MO DA YR
05 02 69 | |
| 5. CATEGORY OF EMPLOYMENT
REGULAR | | 6. CSC OR OTHER LEGAL AUTHORITY | |
| 7. Financial Analysis No. Chargeable | | 8. CSC OR OTHER LEGAL AUTHORITY | |
| 9. ORGANIZATIONAL DESIGNATIONS
DUP/FE | | 10. LOCATION OF OFFICIAL STATION | |
| 11. POSITION TITLE
OPS OFFICER | | 12. POSITION NUMBER
4347 | |
| 13. CLASSIFICATION SCHEDULE (OS 18, etc.)
GS | | 14. OCCUPATIONAL SERIES
0135.01 | |
| 15. GRADE AND STEP
13 3 | | 16. SALARY OR RATE
15369 | |
| 17. REMARKS
HOME BASE: FE | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | |
| 18. ACTION CODE | | 19. EMPLOY CODE | |
| 37 | | 10 | |
| 20. OFFICE CODING
NUMBER ALPHABETIC
45440 FL | | 21. STATION CODE
57557 | |
| 22. INTEGRITY CODE | | 23. MODAL CODE | |
| | | 3 | |
| 24. DATE OF BIRTH
MO DA YR
01 01 68 | | 25. DATE OF GRADE
MO DA YR
01 01 68 | |
| 26. DATE OF REL
MO DA YR
01 01 68 | | 27. SECURITY
R10 P00 | |
| 28. VET PREFERENCE | | 29. SERV COMP DATE | |
| 30. SERV COMP DATE | | 31. LONG COMP DATE | |
| 32. CAREER CATEGORY | | 33. HEALTH / HEALTH DISBURSE | |
| 34. SOCIAL SECURITY NO | | 35. SOCIAL SECURITY NO | |
| 36. PREVIOUS CIVILIAN GOVERNMENT SERVICE | | 37. LEAVE CAT CODE | |
| 38. FEDERAL TAX DATA | | 39. STATE TAX DATA | |
| 40. FEDERAL TAX DATA | | 41. STATE TAX DATA | |

SIGNATURE OR OTHER AUTHENTICATION

POSTED

4087

1100
1100
1100

1. The first part of the document is a list of names and addresses, which appears to be a directory or a list of contacts. The names are written in a cursive script, and the addresses are listed below them. The list includes names such as "John A. Smith", "John B. Smith", "John C. Smith", "John D. Smith", "John E. Smith", "John F. Smith", "John G. Smith", "John H. Smith", "John I. Smith", "John J. Smith", "John K. Smith", "John L. Smith", "John M. Smith", "John N. Smith", "John O. Smith", "John P. Smith", "John Q. Smith", "John R. Smith", "John S. Smith", "John T. Smith", "John U. Smith", "John V. Smith", "John W. Smith", "John X. Smith", "John Y. Smith", and "John Z. Smith".

JLB: 14 APR 69

SECRET
(When Filled In)

OCF

NOTIFICATION OF PERSONNEL ACTION

| | | | |
|--|-------------------------------|----------------------------------|---------------------------|
| 1. SERIAL NUMBER | | 2. NAME (LAST, FIRST, MIDDLE) | |
| | | | |
| 3. NATURE OF PERSONNEL ACTION | | 4. EFFECTIVE DATE | 5. CATEGORY OF EMPLOYMENT |
| CONVERSION | | 04/16/69 | REGULAR |
| 6. FUNDS | 7. FUNDING AND/OR NO. CHARGES | 8. CSC OR OTHER LEGAL AUTHORITY | |
| V TO V
C TO V
X
C TO C | 9137 1275 0000 | 50 USC 403 J | |
| 9. ORGANIZATIONAL DESIGNATIONS | | 10. LOCATION OF OFFICIAL STATION | |
| DDP/FE | | WASH., D.C. | |
| 11. POSITION/TITLE | | 12. PAY GRADE NUMBER | 13. SERVICE DESIGNATION |
| OPS OFFICER | | 4024 | D |
| 14. CLASSIFICATION SCHEDULE (GS, LS, etc.) | 15. OCCUPATIONAL SERIES | 16. GRADE AND STEP | 17. SALARY OF RATE |
| GS | 0136, 01 | 13 3 | 15363 |
| 18. REMARKS | | | |
| WASH., D.C. | | | |
| HOME BASE: FE | | | |

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

| | | | | | | | | |
|--|-----------------|-----------------------|----------------------|---------------------|--------------------------|-----------------------------|-------------------------|-------------------------|
| 19. ACTION CODE | 20. EMPLOY CODE | 21. OFFICE CODE | | 22. PAY GRADE CODE | 23. PAY GRADE CODE | 24. DATE OF BIRTH | 25. DATE OF DATA | 26. DATE OF DATA |
| 56 | 10 | 45140 | FE | 75013 | | | | |
| 27. INT. LABELS | | 28. SPECIAL REFERENCE | | 29. RETIREMENT DATA | 30. SEPARATION DATA CODE | 31. CURRENT EMPLOYMENT DATA | | 32. SOCIAL SECURITY NO. |
| | | | | | | MOD DATA | | |
| 33. VET PREFERENCE | | 34. SERV. COMP. DATE | 35. LONG. COMP. DATE | 36. CAREER CATEGORY | 37. HEALTH INSURANCE | | 38. SOCIAL SECURITY NO. | |
| | | | | | | | | |
| 39. PREVIOUS CIVILIAN GOVERNMENT SERVICE | | 40. SEAFARER CODE | 41. PRELIM. TAX DATA | | 42. STATE TAX DATA | | | |
| | | | | | | | | |

SIGNATURE OR OTHER AUTHENTICATION

POSTED

FORM 1150
5-62Use Previous
Edition

SECRET

PLW

| | |
|-------|--|
| 14-10 | |
| 14-10 | |
| 14-10 | |

SDF: 7 NOV 68

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

ODF

| | | | |
|--|--------------------------------------|-----------------------------------|---------------------------------------|
| 1. SERIAL NUMBER | | 2. NAME (LAST, FIRST, MIDDLE) | |
| [REDACTED] | | [REDACTED] | |
| 3. TYPE OF PERSONNEL ACTION | | 4. EFFECTIVE DATE | 5. CATEGORY OF EMPLOYMENT |
| PROMOTION | | MO DA YR
10 20 68 | REGULAR |
| 6. FUNDS | 7. Financial Analysis No. Chargeable | 8. CSC OR OTHER LEGAL AUTHORITY | |
| V TO V
CF TO V
X
CF TO CF | 9137 1375 0000 | 50 USC 403 J | |
| 9. ORGANIZATIONAL DESIGNATIONS | | 10. LOCATION OF OFFICIAL STATION | |
| DDP/FE | | WASH., D.C. | |
| 11. POSITION TITLE | | 12. POSITION NUMBER | 13. SERVICE DESIGNATION |
| OPS OFFICER | | 4024 | 0 |
| 14. CLASSIFICATION SCHEDULE (GS, LE, FE) | 15. OCCASIONAL RATE | 16. GRADE AND STEP | 17. SALARY OR RATE |
| GS | 0136.01 | 05 5
13 3 | 13330
15369 |
| 18. REMARKS | | | |
| WASH., D.C. | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | |
| 19. ACTION CODE | 20. Entry Code | 21. OFFICE CODING | 22. STATION CODE |
| 22 | 10 | 45140 FC | 75013 |
| 23. INTEGRITY CODE | 24. Major Code | 25. DATE OF BIRTH | 26. DATE OF GRADE |
| S | 1 | MO DA YR
10 20 68 | MO DA YR
10 20 68 |
| 27. INTERESTS | 28. SPECIAL REFERENCE | 29. RETIREMENT DATA | 30. SEPARATION DATA CODE |
| NO DA YR | NO DA YR | NO DA YR | NO DA YR |
| 31. VET PREFERENCE | 32. SERV. COMP. DATE | 33. LONG. COMP. DATE | 34. CAREER CATEGORY |
| COG: 0 - NONE
1 - 1 YR
2 - 2 YR | MO DA YR | MO DA YR | COG: 0 - NONE
1 - 1 YR
2 - 2 YR |
| 35. PREVIOUS CIVILIAN GOVERNMENT SERVICE | 36. LEAVE CAT. CODE | 37. FEDERAL TAX DATA | 38. STATE TAX DATA |
| CODE: 0 - NO PREVIOUS SERVICE
1 - NO PRIOR IN SERVICE
2 - YEARS IN SERVICE (LESS THAN 1 YR)
3 - YEARS IN SERVICE (MORE THAN 1 YR) | CODE: 0 - NO
1 - YES
2 - NO | CODE: 0 - NO
1 - YES
2 - NO | CODE: 0 - NO
1 - YES
2 - NO |
| SIGNATURE OR OTHER AUTHENTICATION | | | |
| [REDACTED] | | | |

POSTED

(When Filled In)

FORM 1150
5-68 May 70 EdUse Previous
Edition

SECRET

JLB

Excluded from automatic
downgrading and
declassification

58

| | | | | | | | | | |
|--|------|---------|----------------|---|------|----------|----------------|----------------|------|
| 1. SERIAL NO. | | 2. NAME | | 3. ORGANIZATION | | 4. FUNDS | | 5. LWOP HOURS | |
| | | | | 45 140 | | 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 12 | 5 | 13798 | 09/11/66 | GS 12 | 6 | 14204 | 09/08/68 | | |
| CERTIFICATION AND AUTHENTICATION | | | | | | | | | |
| I CERTIFY | | | | D EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE | | | | | |
| SIGNATURE | | | | DATE | | | | | |
| | | | | | | | | | |
| ☐ NO EXCESS LWOP
☐ IN PAY STATUS AT END OF WAITING PERIOD
☐ | | | | 3
0.00 | | | | | |
| CLERK'S INITIALS | | | | BY | | | | | |
| | | | | | | | | | |
| FORM 7-66 560 E | | | | PAY CHANGE NOTIFICATION | | | | (4-51) | |

"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 | GR-STEP | OLD SALARY | NEW SALARY |
|------|--------|-------|-------|---------|------------|------------|
| | | 45 | 140 | CF | GS 12 5 | 137,998 |

JLB: 17N MAY 68

SECRET
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION | | | | | | | | | |
|---|--|-----------------------------|-------------------------|----------------------------------|--------------------|--------------------------------------|--------------------|---------------------------------|--|
| 1. SERIAL NUMBER | | 2. NAME (LAST-FIRST-MIDDLE) | | | | | | | |
| | | | | | | | | | |
| 3. EFFECTIVE DATE | | | | 5. CATEGORY OF EMPLOYMENT | | | | | |
| MO DA YR | | | | REGULAR | | | | | |
| 05 19 68 | | | | | | | | | |
| 4. FUNDS | | V TO V | | V TO CF | | 7. Financial Analysis No. Chargeable | | 8. CSC OR OTHER LEGAL AUTHORITY | |
| | | CF TO V | | CF TO CF | | 8137 1375 0000 | | 50 USC 403 J | |
| 9. ORGANIZATIONAL DESIGNATIONS | | | | 10. LOCATION OF OFFICIAL STATION | | | | | |
| DDP/FE | | | | WASH., D.C. | | | | | |
| | | | | | | | | | |
| 11. POSITION TITLE | | | | 12. POSITION NUMBER | | 13. SERVICE DESIGNATION | | | |
| OPS OFFICER | | | | 4025 | | D | | | |
| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.) | | | 15. OCCUPATIONAL SERIES | | 16. GRADE AND STEP | | 17. SALARY OR RATE | | |
| GS | | | 0136.01 | | 05 5
12 5 | | 12604
12989 | | |
| 18. REMARKS | | | | | | | | | |
| WASH., D.C. | | | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | |
| 19. ACTION CODE | | 20. EMPLOY CODE | | 21. OFFICE CODING | | 22. STATION CODE | | 23. INTERIE CODE | |
| 37 | | 10 | | 45140 FE | | 75013 | | S | |
| 24. DATE OF BIRTH | | 25. DATE OF GRADE | | 26. DATE OF LEI | | 27. SECURITY REG. NO. | | 28. SEX | |
| MO DA YR | | MO DA YR | | MO DA YR | | MO DA YR | | MO DA YR | |
| | | | | | | | | | |
| 29. SPECIAL REFERENCE | | 30. RETIREMENT DATA | | 31. SEPARATION DATA CODE | | 32. CORRECTION/COMBINATION DATA | | 33. SECURITY REG. NO. | |
| | | CSC
CA
FCA
NONE | | CODE | | CODE | | CODE | |
| 34. VET. PREFERENCE | | 35. SERV. COMP. DATE | | 36. LONG. COMP. DATE | | 37. CAREER CATEGORY | | 38. REG. 7 HEALTH INSURANCE | |
| CODE | | MO DA YR | | MO DA YR | | CODE | | CODE | |
| | | | | | | | | | |
| 39. PREVIOUS CIVILIAN GOVERNMENT SERVICE | | | | 40. LEAVE CAT. CODE | | 41. FEDERAL TAX DATA | | 42. STATE TAX DATA | |
| CODE | | | | CODE | | CODE | | CODE | |
| 1. NO PREVIOUS SERVICE
2. HAD PREVIOUS SERVICE
3. SERVED IN SERVICE (LESS THAN 3 YRS.)
4. SERVED IN SERVICE (MORE THAN 3 YRS.) | | | | 1. YES
2. NO | | 1. YES
2. NO | | 1. YES
2. NO | |
| | | | | | | | | | |
| SIGNATURE OR OFFICER AUTHENTICATION | | | | | | | | | |
| | | | | | | | | | |

FORM 1150
Use Previous Edition

SECRET

PLW

POSTED
after 10/1/68Excluded from automatic
downgrading and
declassification

(When Filled In)

"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 |
|------|--------|-------|-------|------------|---------------|---------------|
| | | 45 | 997 | CF GS 12 5 | \$12,443 | \$12,989 |

FVO: 1 APR 68

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

| | | | |
|---|--------------------------------------|--------------------------------------|---------------------------|
| 1. SERIAL NUMBER | | 2. NAME (LAST FIRST MIDDLE) | |
| 3. NATURE OF PERSONNEL ACTION | | 4. EFFECTIVE DATE | 5. CATEGORY OF EMPLOYMENT |
| SUSPENSION FOR THREE WORKING DAYS | | 04 01 68 | REGULAR |
| 6. FUNDS | 7. Financial Analysis No. Chargeable | 8. CSC OR OTHER LEGAL AUTHORITY | |
| Y TO V
CF TO V
X
CF TO CF | 6137 1375 0000 | 56 USC 403 J | |
| 9. ORGANIZATIONAL DESIGNATION | | 10. LOCATION OF OFFICIAL STATION | |
| ODP/FE
DEVELOPMENT COMPLEMENT | | WASH., D.C. | |
| 11. POSITION TITLE | | 12. POSITION NUMBER | 13. SERVICE DESIGNATION |
| GPS OFFICER | | 0997 | D |
| 14. CLASSIFICATION SCHEDULE (GS, LB, PN) | 15. OCCUPATIONAL SERIES | 16. GRADE AND STEP | 17. SALARY OR RATE |
| FSR
GS | 0136.01 | 05 5
12 5 | 12604
12989 |
| 18. REMARKS | | | |
| SUSPENDED FOR THREE WORKING DAYS FOR INFRACTION OF AGENCY PHYSICAL SECURITY REGULATIONS. TO RETURN TO DUTY EOS 4 APRIL 1968. EMPLOYEE IS WARNED THAT FURTHER VIOLATIONS WILL BE VIEWED WITH EXTREME SERIOUSNESS.
OTHER | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | |
| 19. ACTION CODE | 20. EMPLOY CODE | 21. OFFICE CODE (10) | 22. STATION CODE |
| | | NUMBER | ALPHABETIC |
| 23. INT. EXPIRES | 24. SPECIAL REFERENCE | 25. METEORITE DATA | 26. SEPARATION DATA CODE |
| NO. DA YE | | 1. CMC
2. FEA
3. FEA
4. FEA | |
| 27. VET. PREFERENCE | 28. SERV. COMP. DATE | 29. LONG. COMP. DATE | 30. CAREER CATEGORY |
| CODE | NO. DA YE | NO. DA YE | CODE |
| 31. PREVIOUS CIVILIAN GOVERNMENT SERVICE | 32. LEAVE CAT. CODE | 33. FEDERAL TAX DATA | 34. STATE TAX DATA |
| CODE | CODE | CODE | CODE |
| 1. NO PREVIOUS SERVICE
2. NO PREVIOUS SERVICE
3. PREVIOUS SERVICE (LTD. TERM) (18)
4. PREVIOUS SERVICE (LTD. TERM) (18) | 1. YES
2. NO | 1. YES
2. NO | 1. YES
2. NO |
| SIGNATURE OR OTHER AUTHENTICATION | | | |

POSTED

EXCLUDED FROM AUTOMATIC
DOWNGRADING AND
DECLASSIFICATION

(When Filled In)

FORM 1150
3-66Use Previous
Edition

SECRET

SF

SECRET
(When Filled In)

SE 27 15V 67

NOTIFICATION OF PERSONNEL ACTION

| | | | |
|---|-------------------------|--------------------------------------|---------------------------------|
| 1. SERIAL NUMBER | | 2. NAME (LAST-FIRST-MIDDLE) | |
| | | | |
| 3. NATURE OF PERSONNEL ACTION | | 4. EFFECTIVE DATE | 5. CATEGORY OF EMPLOYMENT |
| | | NO. DA YR
11 21 67 | REGULAR |
| 6. FUNDS | V TO V
OF TO V | 7. Financial Analysis No. Chargeable | 8. CSC OR OTHER LEGAL AUTHORITY |
| | X OF TO V | 8137 1375 0000 | 50 USC 403 J |
| 9. ORGANIZATIONAL DESIGNATIONS | | 10. LOCATION OF OFFICIAL STATION | |
| DDP/FE
DEVELOPMENT COMPLEMENT | | WASH., D.C. | |
| 11. POSITION TITLE | | 12. POSITION NUMBER | 13. SERVICE DESIGNATION |
| CPS OFFICER | | 9997 | D |
| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.) | 15. OCCUPATIONAL SERIES | 16. GRADE AND STEP | 17. SALARY OR RATE |
| GS | 0136.01 | GS 5
12 5 | 12074
12443 |
| 18. REMARKS | | | |
| CT:ER | | | |
| | | | |
| MARITAL STATUS—MARRIED | | | |
| | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | |
| 19. ACTION CODE | 20. EMPLOY CODE | 21. OFFICE CODE | 22. STATION CODE |
| 55 | 19 | 45997 FE | 75013 |
| 23. INTEREST CODE | 24. HOURS CODE | 25. DATE OF BIRTH | 26. DATE OF GRADE |
| S | 1 | | |
| 27. DATE OF LEI | 28. DATE OF BIRTH | 29. DATE OF GRADE | 30. DATE OF LEI |
| | | | |
| 31. NO. EXPIRES | 32. SPECIAL REFERENCE | 33. RETIREMENT DATA | 34. SEP. ACTION DATA CODE |
| | | | |
| 35. VET. PREFERENCE | 36. SERV. COMP. DATE | 37. LONG COMP. DATE | 38. CAREER CATEGORY |
| | | | |
| 39. FEDERAL TAX DATA | 40. HEALTH INSURANCE | 41. SOCIAL SECURITY NO. | |
| | | | |
| 42. PREVIOUS CIVILIAN GOVERNMENT SERVICE | 43. LEAVE CAT. CODE | 44. FEDERAL TAX DATA | 45. STATE TAX DATA |
| | | | |
| SIGNATURE OR OTHER AUTHENTICATION | | | |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED
 <i>RS</i>
 11-23-67 </div> | | | |

FORM 1150
1-66

Use Previous
Edition

SECRET

PLW

GROUP 1
Excluded from automatic
downgrading and
declassification

(When Filled In)

SECRET
(When Filled In)

L 0 1 1
608

AM-100-100-107

NOTIFICATION OF PERSONNEL ACTION

| | | | |
|--|--------------------------------------|----------------------------------|---------------------------|
| 1. SERIAL NUMBER | | 2. NAME (LAST-FIRST-MIDDLE) | |
| | | | |
| 3. NATURE OF PERSONNEL ACTION | | 4. EFFECTIVE DATE | 5. CATEGORY OF EMPLOYMENT |
| REASSIGNMENT AND TRANSFER TO
CONFIDENTIAL FUNDS | | NO. MO. YR.
11 11 17 | REGULAR |
| 6. FUNDS | 7. Financial Analysis No. Chargeable | 8. CSC OR OTHER LEGAL AUTHORITY | |
| <div style="display: flex; justify-content: space-between;"> <div>V TO V</div> <div>X</div> <div>V TO C</div> </div> <div style="display: flex; justify-content: space-between;"> <div>C TO V</div> <div>C TO C</div> </div> | 9137-1202-0000 | 50 USC 402 J | |
| 9. ORGANIZATIONAL DESIGNATIONS | | 10. LOCATION OF OFFICIAL STATION | |
| DDP/FE
FE DEVELOPMENT COMPLEMENT | | WASH. D.C. | |
| 11. POSITION TITLE | | 12. POSITION NUMBER | 13. SERVICE DESIGNATION |
| CPS OFFICER | | 1197 | D |
| 14. CLASSIFICATION SCHEDULE (GS, LR, WL) | 15. OCCUPATIONAL SERIES | 16. GRADE AND STEP | 17. SALARY OR RATE |
| GS | 0136.01 | 12-5 | 12145 |
| 18. REMARKS | | | |
| TRAINING | | | |

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

| | | | | | | | | |
|--|--|---------------------------------------|--------------------------|------------------------------|-------------------------|-------------------|---------------------|-----------------|
| 19. REGION CODE | 20. EMPLOY CODE | 21. OFFICE CODE
NUMERIC ALPHABETIC | 22. STATION CODE | 23. INTEGRAL CODE | 24. PAYMENT CODE | 25. DATE OF BIRTH | 26. DATE OF GRADE | 27. DATE OF LEI |
| 28 | 13 | 45097 | 12 | 25112 | | | | |
| 28. NTE EXPIRES | 29. SPECIAL REFERENCE | 30. RETIREMENT DATA | 31. SEPARATION DATA CODE | 32. CORRECTION | EOD DATA | | 33. SECURITY RFG NO | 34. SER. |
| NO. DAT. YR. | | | | | | | | |
| 35. VET. PREFERENCE | 36. SERV. COMP. DATE | 37. LEAVE COMP. DATE | 38. CARRIER CATEGORY | 39. FEGLI / HEALTH INSURANCE | 40. SOCIAL SECURITY NO. | | | |
| CODE | 31. NONE
2. 5 YRS
3. 10 YRS | NO. DA. YR. | CODE | CODE | 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 3 YRS. OR MORE
3. BREAK IN SERVICE MORE THAN 3 YRS. | CODE | CODE | | | | | |

SIGNATURE OR OTHER AUTHENTICATION

11/16/17

FORM 1100

Use Previous Edition

SECRET

EVD

(When Filled In)
 FORM 1100

(When Filled In)

SECRET
(When Filled In)

BJT: 25 MAY 67

NOTIFICATION OF PERSONNEL ACTION

OCF

| | | | |
|--|-----------------------------------|----------------------------------|---------------------------|
| 1. SERIAL NUMBER | | 2. NAME (LAST-FIRST-MIDDLE) | |
| 3. NATURE OF PERSONNEL ACTION | | 4. EFFECTIVE DATE | 5. CATEGORY OF EMPLOYMENT |
| REASSIGNMENT | | 05 21 67 | REGULAR |
| 6. FUNDS | 7. Financial Admin No. Chargeable | 8. CSC OR OTHER LEGAL AUTHORITY | |
| X | 7237 1385 0000 | 50 USC 403 J | |
| 9. ORGANIZATIONAL DESIGNATIONS | | 10. LOCATION OF OFFICIAL STATION | |
| DDP/FE | | WASH., D.C. | |
| 11. POSITION TITLE | | 12. POSITION NUMBER | 13. SERVICE DESIGNATION |
| OPS OFFICER | | 3877 | D |
| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.) | 15. OCCUPATIONAL SERIES | 16. GRADE AND STEP | 17. SALARY OR RATE |
| GS | 0136.01 | 12 5 | 12443 |
| 18. REMARKS | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | |
| 19. ACTION CODE | 20. EMPLOY CODE | 21. OFFICE CODING | 22. STATION CODE |
| 37 | 10 | 45140 | FE |
| 23. DATE OF BIRTH | 24. DATE OF GRADE | 25. DATE OF LEE | 26. DATE OF LEE |
| 1 | | | |
| 27. DATE OF BIRTH | 28. DATE OF GRADE | 29. DATE OF LEE | 30. DATE OF LEE |
| | | | |
| 31. RETIREMENT DATA | 32. CORRECTION/CANCELLATION DATA | 33. SECURITY REF NO. | 34. SER |
| | | | |
| 35. VET. PREFERENCE | 36. SERV. COMP. DATE | 37. INHS. COMP. DATE | 38. CAREER CATEGORY |
| | | | |
| 39. PREVIOUS CIVILIAN GOVERNMENT SERVICE | 40. FEDERAL TAX DATA | 41. STATE TAX DATA | 42. SOCIAL SECURITY NO. |
| | | | |
| SIGNATURE OR OTHER AUTHENTICATION | | | |

POSTED

1150

Use Previous
LEADS

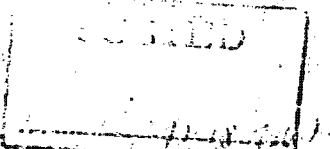
SECRET

BJT

(When Filled In)

MRT: 17 NOV 66

SECRET
(When Filled In)

| OFC | | | | | | | | | | NOTIFICATION OF PERSONNEL ACTION | | | | | | | | | |
|---|--|-----------------------|--|---|------------------------------------|--------------------------|--|-----------------------------------|--|---|--|--------------------|--|-------------------|--------------------------------------|-----------------|--|--|--|
| 1. SERIAL NUMBER | | | | | 2. NAME (LAST-FIRST-MIDDLE) | | | | | | | | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION
REASSIGNMENT AND TRANSFER
TO VOUCHERED FUNDS | | | | | | | | | | 4. EFFECTIVE DATE
11 20 66 | | | | | 5. CATEGORY OF EMPLOYMENT
REGULAR | | | | |
| 6. FUNDS | | | | | 7. CDS CENTER NO. CHARGEABLE | | | | | 8. CTK OR OTHER LEGAL AUTHORITY | | | | | | | | | |
| X | | | | | 7237 1385 0000 | | | | | 50 USC 403 J | | | | | | | | | |
| 9. ORGANIZATIONAL DESIGNATION
DDP/FE | | | | | | | | | | 10. LOCATION OF OFFICIAL STATION
WASH., D.C. | | | | | | | | | |
| 11. POSITION TITLE
OPS OFFICER | | | | | | | | | | 12. POSITION NUMBER
4025 | | | | | 13. SERVICE DESIGNATION
D | | | | |
| 14. CLASSIFICATION SCHEDULE (GS-18, etc.)
GS | | | | | 15. OCCUPATIONAL SERIES
0136.01 | | | | | 16. GRADE AND STEP
12 5 | | | | | 17. SALARY OR RATE
12443 | | | | |
| 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. INTEREST CODE | | 24. GRADE CODE | | 25. DATE OF BIRTH | | 26. DATE OF GRADE | | 27. DATE OF LST | | | |
| 16 | | 10 | | 45140 FE | | 75013 | | | | I | | | | | | | | | |
| 28. DATE EXPIRES | | 29. SPECIAL REFERENCE | | 30. RETIREMENT DATA | | 31. SEPARATION DATA CODE | | 32. CLASSIFICATION/EXEMPTION DATA | | 33. SECURITY SET NO. | | 34. SEE | | | | | | | |
| | | | | | | | | | | EOD DATA | | | | | | | | | |
| 35. VET. PREFERENCE | | 36. SERV. COMP. DATE | | 37. LCL. COMP. DATE | | 38. CAREER CATEGORY | | 39. PEST/HEALTH INSURANCE | | 40. SOCIAL SECURITY NO. | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| 41. PREVIOUS GOVERNMENT SERVICE DATA | | | | 42. LEAVE CAT. | | | | 43. FEDERAL TAX DATA | | | | 44. STATE TAX DATA | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| SIGNATURE OR OTHER AUTHENTICATION | | | | | | | | | | | | | | | | | | | |
| <div style="text-align: center;">  </div> | | | | | | | | | | | | | | | | | | | |

FORM 11-62 1122

When Filled In
2-60000

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

(When Filled In)

RZF: 26 SEPT 66

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

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

3. NATURE OF PERSONNEL ACTION
DESIGNATION AS PARTICIPANT IN CIA
RETIREMENT AND DISABILITY SYSTEM4. EFFECTIVE DATE
MO. DA. YR.
09 25 66

5. CATEGORY OF EMPLOYMENT

REGULAR

6. FUNDS

V TO V

V TO V

V TO V

X

V TO V

7. COST CENTER NO. CHARGEABLE

7137 1487 0000

8. CAC OR OTHER LEGAL AUTHORITY

PL 88-643 SECT. 203

9. ORGANIZATIONAL DESIGNATIONS

10. LOCATION OF OFFICIAL STATION

DCP/FE

11. POSITION TITLE

12. POSITION NUMBER

13. SERVICE DESIGNATION

D

14. CLASSIFICATION SCHEDULE (GS, LO, etc.)

15. OCCUPATIONAL SERIES

16. GRADE AND STEP

12

17. SALARY OR RATE

18. REMARKS

EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF
THIS DESIGNATION AND 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
NUMERIC ALPHABETIC | 22. STATION CODE | 23. INTEREST CODE | 24. HONOR CODE | 25. DATE OF BIRTH
MO. DA. YR. | 26. DATE OF GRADE
MO. DA. YR. | 27. DATE OF LEI
MO. DA. YR. |
| 28. NTE EXPIRES
MO. DA. YR. | 29. SPECIAL REFERENCE
1. CAC
2. OTHER
3. NONE | 30. RETIREMENT DATA
CODE
2 | 31. SEPARATION DATA CODE | 32. CORRECTION/CANCELLATION DATA
TYPE MO. DA. YR. | 33. SECURITY REQ. NO. | 34. SECURITY | 35. SER | |
| 36. PFT. PREFERENCE
1. NONE
2. NO PFT.
3. PFT. | 37. SERV. COMP. DATE
MO. DA. YR. | 38. LONG. COMP. DATE
MO. DA. YR. | 39. CAREER CATEGORY
CAN. CIV. CODE
ACCL. EMP. | 40. FEELI / HEALTH INSURANCE
CODE 0. DRIVER 1. YES | 41. SOCIAL SECURITY NO. | | | |
| 42. PREVIOUS GOVERNMENT SERVICE DATA
CASE
1. NO PREVIOUS SERVICE
2. NO BREAK IN SERVICE
3. BREAK IN SERVICE LESS THAN 1 YEAR
4. BREAK IN SERVICE MORE THAN 1 YEAR | 43. LEAVE CAT CODE | 44. FEDERAL TAX DATA
FORM 1041, 1042, 1043
1. YES
2. NO | 45. NO. TAX EXEMPTIONS | 46. STATE TAX DATA
FORM 1041, 1042, 1043
1. YES
2. NO | 47. NO. TAX EXEMPTIONS | | | |

SIGNATURE OR OTHER AUTHENTICATION

POSTED

9-27-66/hm

FORM 1150
11-62Use Previous
Edition

SECRET

1150
Form 1150 (Previous
Editions are
obsolete)

(When Filled In)

123

| | | | | | | | |
|---|------|---|--------------|-------------------------|------|----------------|----------------|
| 1. Serial No. | | 2. Name | | 3. Civil Control Number | | 4. LWOP Status | |
| | | | | 45 500 CF | | | |
| 5. OLD SALARY RATE | | | | 6. NEW SALARY RATE | | | |
| Grade | Step | Salary | Last PM Date | Grade | Step | Salary | Effective Date |
| GS 12 | 4 | 111,723 | 09/13/64 | GS 12 | 5 | 122,001 | 09/11/66 |
| 7. TYPE ACTION | | | | | | | |
| PSA LS ASD | | | | | | | |
| 8. Remarks and Authorization | | | | | | | |
| / (X) 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: | |  8/24/66 | | | | | |
| PAY CHANGE NOTIFICATION | | | | | | | |

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 69-504 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 | ORGAN. | FUNDUS | CH-2100 | OLD SALARY | NEW SALARY |
|------|--------|--------|--------|---------|------------|-----------------|
| | | | | | GS 12 4 | 111,723 122,001 |

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 OCTOBER 1965

| NAME | SERIAL | ORGN. | FUND | GR-STEP | OLD
SALARY | NEW
SALARY |
|------|--------|-------|------|------------|---------------|---------------|
| | | 45 | 500 | CF GS 12 4 | \$11,315 | \$11,723 |

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

[illegible]

SECRET
(When Filled In)

DLR: 30 SEPT 64

NOTIFICATION OF PERSONNEL ACTION

| | | | | | | | |
|--|-------------------------------|----------------------------------|---------------------------|--------|----------------|--------------|--|
| 1. SERIAL NUMBER | | 2. NAME (LAST, FIRST, MIDDLE) | | | | | |
| [REDACTED] | | [REDACTED] | | | | | |
| 3. NATURE OF PERSONNEL ACTION
(CANCELLATION) | | 4. EFFECTIVE DATE
MO. DA. YR. | 5. CATEGORY OF EMPLOYMENT | | | | |
| [REDACTED] | | 09 18 64 | REGULAR | | | | |
| 6. FUNDS | 7. COST CENTER NO. CHARGEABLE | 8. CSC OR OTHER LEGAL AUTHORITY | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>U TO U</td> <td>V TO U</td> </tr> <tr> <td>U TO V</td> <td>X TO U</td> </tr> </table> | U TO U | V TO U | U TO V | X TO U | 5137 1392 0000 | 50 USC 403 J | |
| U TO U | V TO U | | | | | | |
| U TO V | X TO U | | | | | | |
| 9. ORGANIZATIONAL DESIGNATIONS | | 10. LOCATION OF OFFICIAL STATION | | | | | |
| DDP, FE
CS/CS DEVELOPMENT COMPLEMENT | | WASH., D. C. | | | | | |
| 11. POSITION TITLE | | 12. POSITION NUMBER | 13. SERVICE DESIGNATION | | | | |
| OPS OFFICER | | 9997 | D | | | | |
| 14. CLASSIFICATION SCHEDULE (GS, LO, etc.) | 15. OCCUPATIONAL SERIES | 16. GRADE AND STEP | 17. SALARY OR RATE | | | | |
| GS | 0136.01 | 05 2-
12 4 | 10290
11315 | | | | |
| 18. REMARKS
ADMIN ERROR | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | |
| 19. ACTION CODE | 20. OFFICE CODES | 21. STATION CODE | 22. INTEGRATED CODE | | | | |
| 01 | 13 | 45002 | FE | | | | |
| 23. DATE OF BIRTH | 24. DATE OF GRADE | 25. DATE OF LEI | | | | | |
| [REDACTED] | [REDACTED] | [REDACTED] | | | | | |
| 26. DATE OF EXPIRATION | 27. SPECIAL REFERENCE | 28. PARATION DATA (CODE) | 29. CORRECTING | | | | |
| | | 55-09118-64 | | | | | |
| 30. PAY GRADE | | 31. SOCIAL SECURITY NO. | | | | | |
| [REDACTED] | | [REDACTED] | | | | | |
| 32. PAY GRADE | | 33. SOCIAL SECURITY NO. | | | | | |
| [REDACTED] | | [REDACTED] | | | | | |
| 34. PAY GRADE | | 35. SOCIAL SECURITY NO. | | | | | |
| [REDACTED] | | [REDACTED] | | | | | |
| 36. PAY GRADE | | 37. SOCIAL SECURITY NO. | | | | | |
| [REDACTED] | | [REDACTED] | | | | | |
| 38. PAY GRADE | | 39. SOCIAL SECURITY NO. | | | | | |
| [REDACTED] | | [REDACTED] | | | | | |
| 39. PAY GRADE | | 40. SOCIAL SECURITY NO. | | | | | |
| [REDACTED] | | [REDACTED] | | | | | |
| 41. SIGNATURE OF OTHER AUTHORITY ACTION | | | | | | | |
| <div style="border: 1px solid black; padding: 10px; display: inline-block;"> <p align="center">POSTED</p> <p align="center">10/22/64 ZK</p> </div> | | | | | | | |

FORM 1120

Use Previous Edition

SECRET

When Filled In

DL5: 23 SEPT 64

SECRET
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION | | | | | | | | | |
|--|-----------------------|-----------------------------|--------------------------|----------------------------------|-------------------------|----------------------------------|-------------------|----------------------------------|--|
| 1. SERIAL NUMBER | | 2. NAME (LAST-FIRST-MIDDLE) | | | | | | | |
| | | | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION | | | | 4. EFFECTIVE DATE | | 5. CATEGORY OF EMPLOYMENT | | | |
| | | | | 09 13 64 | | REGULAR | | | |
| 6. FUNDS | | 7. TO V | | 8. TO U | | 9. COST CENTER NO. (CHECKABLE) | | 10. CMC OR OTHER LEGAL AUTHORITY | |
| X | | | | | | 5137 1392 0000 | | 50 USC 403 J | |
| 11. ORGANIZATIONAL DESIGNATION | | | | | | 12. LOCATION OF OFFICIAL STATION | | | |
| DDP FE
CS/CS DEVELOPMENT COMPLEMENT | | | | | | WASH., D. C. | | | |
| 13. POSITION TITLE | | | | | | 14. POSITION NUMBER | | 15. SERVICE DESIGNATION | |
| OPS OFF | | | | | | 9997 | | D | |
| 16. CLASSIFICATION SCHEDULE (SEE B. 40) | | | | 17. OCCUPATIONAL SERIES | | 18. GRADE AND STEP | | 19. SALARY OR RATE | |
| GS | | | | 0136.01 | | GS 2
12 4 | | 10290
11315 | |
| 20. REMARKS | | | | | | | | | |
| | | | | | | | | | |
| 21. ACTION | | | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | |
| 22. ACTION CODE | 23. EMPLOY CODE | 24. OFFICE CODING | 25. STATION CODE | 26. INTEREST CODE | 27. PRIORITY | 28. DATE OF BIRTH | 29. DATE OF GRADE | 30. DATE OF LST | |
| 55 | 13 | 45397 FE | 75013 | 1 | 1 | | | | |
| 31. BIE EPISODES | 32. SPECIAL REFERENCE | 33. RETIREMENT DATA | 34. SEPARATION DATE CODE | 35. CONVECTION CANCELLATION DATA | 36. SECURITY REF NO | 37. SECURITY | 38. SEP | | |
| | | | | | | | | | |
| 39. DEF PREFERENCE | 40. SEPT. COMP DATE | 41. LONG COMP DATE | 42. CARRIER CATEGORY | 43. FEEL / HEALTH INSURANCE | 44. SOCIAL SECURITY NO. | | | | |
| | | | | | | | | | |
| 45. PREVIOUS GOVERNMENT SERVICE DATA | 46. LEAVE CAT CODE | 47. ALGEBRA TAN DATA | 48. STATE TAN DATA | | | | | | |
| | | | | | | | | | |
| SIGNATURE ON OTHER AUTHORIZATION | | | | | | | | | |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> 101 TD
 [Signature] </div> | | | | | | | | | |

FORM 1150
11 22Use Previous
Edition

SECRET

1. This form is to be used for the purpose of recording personnel actions. It is to be filled out by the personnel office and submitted to the appropriate authority for approval.

2. This form is to be used for the purpose of recording personnel actions. It is to be filled out by the personnel office and submitted to the appropriate authority for approval.

JGD: 11 SEPT 64

SECRET
(When Filled In)

| OCF | | | | | | | | | | NOTIFICATION OF PERSONNEL ACTION | | | | | | | | | |
|---|--|--------------------------------|--|---------------------------------|------------------------------------|-----------------------------|--|--|--|---|--|-------------------------------|--|--------------------------------|--------------------------------------|-----------------------------|--|--|--|
| 1. SERIAL NUMBER | | | | | 2. NAME (LAST-FIRST-MIDDLE) | | | | | | | | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION
REASSIGNMENT AND TRANSFER TO
CONFIDENTIAL FUNDS | | | | | | | | | | 4. EFFECTIVE DATE
MO DA YR
09 13 64 | | | | | 5. CATEGORY OF EMPLOYMENT
REGULAR | | | | |
| 6. FUNDS | | V TO V | | X | | V TO C | | 7. COST CENTER NO. CHARGEABLE | | 8. CSC OR OTHER LEGAL AUTHORITY | | | | | | | | | |
| | | C TO V | | | | C TO C | | 5137 1392 0000 | | 50 USC 403 J | | | | | | | | | |
| 9. ORGANIZATIONAL DESIGNATIONS
DDP/FE
CS/CS DEVELOPMENT COMPLEMENT | | | | | | | | | | 10. LOCATION OF OFFICIAL STATION
WASH., D. C. | | | | | | | | | |
| 11. POSITION TITLE
OPS OFFICER | | | | | | | | | | 12. POSITION NUMBER
9997 | | | | | 13. SERVICE DESIGNATION
D | | | | |
| 14. CLASSIFICATION (SCHEDULE HS, LS, etc.)
GS | | | | | 15. OCCUPATIONAL SERIES
0136.01 | | | | | 16. GRADE AND STEP
12 4 | | | | | 17. SALARY OR RATE
11315 | | | | |
| 18. REMARKS
TRAINING.
SUBJECT TO APPROVED MEDICAL CLEARANCE PRIOR TO BEING SENT OVERSEAS. | | | | | | | | | | | | | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | | | | | | | | | | | |
| 19. ACTION
(CODE) | | 20. EMPLOYEE
(CODE) | | 21. CIVILIAN (DD-100)
(CODE) | | 22. STATION
(CODE) | | 23. INTEGRAL
(CODE) | | 24. RESERVE
(CODE) | | 25. DATE OF BIRTH
MO DA YR | | 26. DATE OF EXPIRY
MO DA YR | | 27. DATE OF LEE
MO DA YR | | | |
| 20 13 | | 45997 FE | | 75013 | | | | | | | | | | | | | | | |
| 28. OFF EXPIRES
MO DA YR | | 29. SPECIAL
REFERENCE | | 30. RETIREMENT DATA
CODE | | 31. SEPARATION
DATA CODE | | 32. CORRECTION/ANCELLATION DATA
TYPE MO DA YR | | 33. SECURITY
RIG NO | | 34. SEC
RIG NO | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| 35. PAY PREFERENCE
CODE | | 36. SERV COMP DATE
MO DA YR | | 37. LONG COMP DATE
MO DA YR | | 38. CAREER CATEGORY
CODE | | 39. PERSAL PLANTD INSURANCE
CODE | | 40. SOCIAL SECURITY NO | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| 41. PREVIOUS GOVERNMENT SERVICE DATA
CODE | | 42. LEAVE CAT
CODE | | 43. FOREIGN TAX DATA
CODE | | 44. STATE TAX DATA
CODE | | 45. MILITARY DATA
CODE | | 46. STATE DATA
CODE | | 47. STATE DATA
CODE | | 48. STATE DATA
CODE | | 49. STATE DATA
CODE | | | |
| | | | | | | | | | | | | | | | | | | | |
| SIGNATURE OR OTHER AUTHENTICATION | | | | | | | | | | | | | | | | | | | |
| FROM: FE | | | | | | | | | | <div style="border: 1px solid black; padding: 5px; display: inline-block;"> 10 FED </div> | | | | | | | | | |

FORM 1155

Use Previous
Editions

15 SEP 64 SECRET

DEPT
OF DEFENSE
OFFICE OF THE
SECRETARY

(When Filled In)

| | | | | | | | |
|--|------|---------|--------------|-----------------------|------|---------------|----------------|
| 1. Serial No. | | 2. Name | | 3. Cost Center Number | | 4. LWOP Hours | |
| | | | | 27 RF
45 160 V | | | |
| 5. OLD SALARY RATE | | | | 6. NEW SALARY RATE | | | |
| Grade | Step | Salary | Last EW Date | Grade | Step | Salary | Effective Date |
| GS 12 3 | | 10,960 | 09/19/63 | GS 12 4 | | 11,315 | 09/13/64 |
| 7. TYPE ACTION | | | | | | | |
| PM LB AD | | | | | | | |
| 8. Remarks and Authorization | | | | | | | |
| / / NO EXCESS LWOP
/ / IN PAY STATUS AT END OF WAITING PERIOD
/ / LWOP STATUS AT END OF WAITING PERIOD
CLERKS INITIALS AUDITED BY
O. <i>[Signature]</i>
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS
OF AN ACCEPTABLE LEVEL OF COMPETENCE.
SIGNATURE <i>[Signature]</i> DATE <i>[Signature]</i>
PAY CHANGE NOTIFICATION <i>[Signature]</i> | | | | | | | |

Form 560

Obsolete Previous Edition

(4-51)

NOTED 1-10-64

SEP 14 10 38 AM '64

DEC 64

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

2. NAME (LAST-FIRST MIDDLE)

REASSIGNMENT

4. EFFECTIVE DATE

12 1 02 64

5. CATEGORY OF EMPLOYMENT

REGULAR

6. FUNDS

V TO V

V TO CP

CP TO V

X

CP TO CP

7. GPO CENTER NO. CHARGEABLE

5137 1487 0000

8. CSC OR OTHER LEGAL AUTHORITY

50 USC 403 J

9. ORGANIZATIONAL DESIGNATIONS

10. LOCATION OF OFFICIAL STATION

DOP FE

OPS OFFICER

4608

D

14. CLASSIFICATION SCHEDULE (GS, AB, etc.)

GS

15. OCCUPATIONAL SERIES

0136.01

16. GRADE AND STEP

12 4

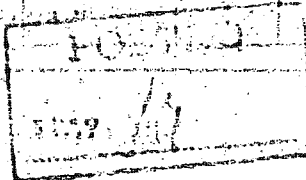
17. SALARY GR. RATE

11315

18. REMARKS

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

| | | | | | | | | |
|--------------------------------------|-----------------------|-------------------|--------------------------|-------------------|-----------------|---------------------|------------------|-----------------|
| 19. ACTION CODE | 20. EMPLOY CODE | 21. OFFICE CODING | 22. STATION CODE | 23. INTEROFF CODE | 24. REPORT CODE | 25. DATE OF BIRTH | 26. DATE OF SECE | 27. DATE OF LST |
| 37 | 10 | 45300 FE | 74205 | | 3 | | | |
| 28. NTS SPECIAL | 29. SPECIAL REFERENCE | 30. RESIDENT DATA | 31. SEPARATION DATA CODE | 32. CORREL DATA | 33. EOD DATA | 34. SECURITY RTO NO | 35. SER | |
| | | | | | | | | |
| 36. VET PREFERENCE | 37. SERV EMP CODE | 38. EMPLOY CODE | 39. EMPLOY CODE | 40. EMPLOY CODE | 41. EMPLOY CODE | 42. EMPLOY CODE | 43. EMPLOY CODE | 44. EMPLOY CODE |
| | | | | | | | | |
| 45. PREVIOUS EMPLOYMENT SERVICE DATA | 46. EMPLOY CODE | 47. EMPLOY CODE | 48. EMPLOY CODE | 49. EMPLOY CODE | 50. EMPLOY CODE | 51. EMPLOY CODE | 52. EMPLOY CODE | 53. EMPLOY CODE |
| | | | | | | | | |



1122

1122

1122

1122

1122

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

ADPC 09/01/64

| | | | | | | | | | |
|--|--------|----------------------------------|--------|--------|--------|--------|--|---------------------------------|--|
| 1. SERIAL NUMBER | | 2. NAME (LAST / FIRST / MIDDLE) | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION | | 4. EFFECTIVE DATE | | | | | | | |
| REASSIGNMENT | | MO DA YR
08 31 64 | | | | | | | |
| 5. FUNDS | | 6. CATEGORY OF EMPLOYMENT | | | | | | | |
| <table border="1"> <tr> <td>R</td> <td>V TO V</td> <td>V TO U</td> </tr> <tr> <td>U TO V</td> <td>U TO U</td> <td></td> </tr> </table> | | R | V TO V | V TO U | U TO V | U TO U | | 7. COST CENTER NO. (CHARGEABLE) | |
| R | V TO V | V TO U | | | | | | | |
| U TO V | U TO U | | | | | | | | |
| | | 8. CYC OR OTHER LEGAL AUTHORITY | | | | | | | |
| 9. ORGANIZATIONAL DESIGNATIONS | | 10. LOCATION OF OFFICIAL STATION | | | | | | | |
| DDP/FE DIVISION | | WASH., D. C. | | | | | | | |
| 11. POSITION TITLE | | 12. POSITION NUMBER | | | | | | | |
| OPS OFFICER | | 4429 | | | | | | | |
| 13. CLASSIFICATION SCHEDULE (GS, LO, etc.) | | 14. GRADE AND STEP | | | | | | | |
| GS | | 12 | | | | | | | |
| 15. OCCUPATIONAL SERIES | | 17. SALARY OR RATE | | | | | | | |
| 0136.01 | | | | | | | | | |
| 18. REMARKS | | | | | | | | | |
| SIGNATURE OR OTHER AUTHENTICATION | | | | | | | | | |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> FOI b 7 D
 3/1/64 m21 </div> | | | | | | | | | |

4-2-2017 10:27

**Use Personal
Identity**

SECRET

10-10-68

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840. 84

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 | ORON FUNDS | GR-ST | OLD
SALARY | NEW
SALARY |
|------|--------|------------|-----------|---------------|---------------|
| | | 45 160 | V GS 12 3 | \$10,105 | \$10,640 |

| | | | | | | | |
|--|------|---------|-----------|-----------------------|------|---------------|----------------|
| 1. Serial No. | | 2. Name | | 3. Cost Center Number | | 4. LWOP Hours | |
| | | | | 50 160 V 7 | | | |
| 5. OLD SALARY RATE | | | | 6. NEW SALARY RATE | | | |
| Grade | Step | Salary | Eff. Date | Grade | Step | Salary | Effective Date |
| GS 12 | 2 | \$9,790 | 09/15/62 | GS 12 | 3 | \$10,105 | 09/15/63 |
| 7. TYPE ACTION | | | | | | | |
| PSI LSI ADJ. | | | | | | | |
| 8. Remarks and Authentication | | | | | | | |
| / / NO EXCESS LWOP
/ / IN PAY STATUS AT END OF WAITING PERIOD
/ / LWOP STATUS AT END OF WAITING PERIOD
CLERK'S INITIALS AUDITED BY
[Signature] | | | | | | | |
| I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE. | | | | | | | |
| SIGNATURE [Signature] | | | | DATE 2/5/64 | | | |
| PAY CHANGE NOTIFICATION | | | | | | | |

SECRET
(When Filled In)

RZR: 29 APR 63

| NOTIFICATION OF PERSONNEL ACTION | | | | | | | | | |
|--|--|------------------------------------|--|---|--|--------------------------------------|--|----------------------------------|--|
| 1. SERIAL NUMBER | | 2. NAME (LAST FIRST MIDDLE) | | | | | | | |
| | | | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION
REASSIGNMENT AND CHANGE OF SERVICE DESIGNATION | | | | 4. EFFECTIVE DATE
MO. DA. YR.
04 120 63 | | 5. CATEGORY OF EMPLOYMENT
REGULAR | | | |
| 6. FUNDS | | 7. COST CENTER NO. CHARGEABLE | | 8. CSC OR OTHER LEGAL AUTHORITY | | | | | |
| X | | 3237 1250 1000 | | 50 USC 403 J | | | | | |
| 9. ORGANIZATIONAL DESIGNATION
DDP/EC | | | | 10. LOCATION OF OFFICIAL STATION
WASH., D.C. | | | | | |
| | | | | 11. POSITION NUMBER
2003 | | 12. SERVICE DESIGNATION
D | | | |
| 13. CLASSIFICATION SCHEDULE (GS, LO, etc.)
CS | | 14. OCCUPATIONAL SERIES
0135.01 | | 15. GRADE AND STEP
12 2 | | 16. SALARY OR RATE
9790 | | | |
| 17. REMARKS | | | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | |
| 18. ACTION (2) Code | | 19. OFFICE CODES | | 20. STATION CODE | | 21. PAYROLL CODE | | 22. DATE OF BIRTH | |
| 37 10 | | 50150 FE | | 75013 | | 1 | | | |
| 23. DATE EXPIRES | | 24. SPECIAL REFERENCE | | 25. RETIREMENT DATA | | 26. SEPARATION DATA CODE | | 27. CORRECTION/CANCELLATION DATA | |
| | | | | | | | | EOD DATA | |
| 28. VET. PREFERENCE | | 29. SERV. COMP. DATE | | 30. LONG COMP. DATE | | 31. CAREER CATEGORY | | 32. FEGLI/HEALTH INSURANCE | |
| | | | | | | | | | |
| 33. PREVIOUS GOVERNMENT SERVICE DATA | | 34. LEAVE/CAF | | 35. FEDERAL TEE DATA | | 36. STATE TEE DATA | | | |
| | | | | | | | | | |
| SIGNATURE OR OTHER AUTHENTICATION | | | | | | | | | |
| <div style="float: right; border: 1px solid black; padding: 5px;"> POSTED
 <i>estale/K</i> </div> | | | | | | | | | |

FORM 1150

Use Previous Edition

2 APR 63

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC
DOWNGRADING AND
DECLASSIFICATION

FORM 1150-2

ABM: 20 DEC 62

SECRET
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION | | | | | | | | | | | |
|--|-----------------|------------------------------|-------------------|-------------------------|-------------------|--|-------------------|--------------------------------------|-----------------|------------------------------|-------------|
| 1. SERIAL NUMBER | | 2. NAME (LAST-FIRST-MIDDLE) | | | | | | | | | |
| | | | | | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION
REASSIGNMENT AND TRANSFER TO
VOUCHERED FUNDS | | | | | | 4. EFFECTIVE DATE
MO. DA. YR.
12 23 62 | | 5. CATEGORY OF EMPLOYMENT
REGULAR | | | |
| 6. FUNDS | | V TO V | | V TO CF | | 7. COST CENTER NO. CHARGEABLE | | 8. CSC OR OTHER LEGAL AUTHORITY | | | |
| X | | CF TO V | | CF TO CF | | 3257 1019 6000 | | 50 USC 403 J | | | |
| 9. ORGANIZATIONAL DESIGNATIONS
DDI ORR
OFFICE OF THE ASSISTANT DIRECTOR | | | | | | 10. LOCATION OF OFFICIAL STATION
WASH., D. C. | | | | | |
| 11. POSITION/TITLE | | | | | | 12. POSITION NUMBER
1564 | | 13. CAREER SERVICE DESIGNATION
IR | | | |
| 14. CLASSIFICATION SCHEDULE (CL. LB. MC) | | | | 15. OCCUPATIONAL SERIES | | 16. GRADE AND STEP | | 17. SALARY OR RATE | | | |
| GS | | | | 1390.08 | | 12 2 | | 9790 | | | |
| 18. REMARKS | | | | | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | | | |
| 19. ACTION CODE | 20. EMPLOY CODE | 21. OFFICE CODING | | 22. STATION CODE | 23. INTERIOR CODE | 24. REG. CODE | 25. DATE OF BIRTH | 26. DATA OF GRADE | 27. DATE OF LEI | | |
| 16 | 10 | NUMERIC
88100 | ALPHABETIC
ORR | 75013 | | | MO. DA. YR. | MO. DA. YR. | MO. DA. YR. | MO. DA. YR. | MO. DA. YR. |
| 28. INT. EXPIRES | | 29. SPECIAL REFERENCE | | 30. RETIREMENT DATA | | 31. SEPARATION DATA CODE | | 32. CORRECTION/CANCELLATION DATA | | 33. SECURITY REQ. NO. | |
| MO. DA. YR. | | 1. CSC
2. FICA
3. ACNP | | CODE | | DATA CODE | | TYPE MO. DA. YR. | | EOD DATA | |
| 34. VET. PREFERENCE | | 35. SERV. COMP. DATE | | 36. LONG. COMP. DATE | | 37. CAREER CATEGORY | | 38. FECLT / HEALTH INSURANCE | | 39. SOCIAL SECURITY NO. | |
| CODE | | MO. DA. YR. | | MO. DA. YR. | | CAR. MSA. PRUL. TEMP. | | CODE CODE | | O. BAILER
1. YES
2. NO | |
| 40. PREVIOUS GOVERNMENT SERVICE DATA | | | | 41. LEAVE CAT | | 42. FEDERAL TAX DATA | | 43. STATE TAX DATA | | | |
| CODE | | | | CODE | | CODE | | CODE | | | |
| 1. NO PREVIOUS SERVICE
2. NO BREAK IN SERVICE
3. BREAK IN SERVICE LESS THAN 3 YRS
4. BREAK IN SERVICE MORE THAN 3 YRS | | | | 1. YES
2. NO | | 1. YES
2. NO | | 1. YES
2. NO | | | |
| SIGNATURE OR OTHER AUTHENTICATION | | | | | | | | | | | |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED
 20 DEC 62 </div> | | | | | | | | | | | |

FORM 1150
6-62Use Previous
Edition

SECRET

 10-911
 (When Filled In)

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND
 DCI MEMORANDUM DATED 1 AUGUST 1954, SALARY IS ADJUSTED AS FOLLOWS.
 EFFECTIVE 14 OCTOBER 1962

| NAME | SERIAL | ORGN | FUNDS | OLD
GR-ST | OLD
SALARY | NEW
GR-ST | NEW
SALARY |
|------------|--------|------|-------|--------------|---------------|--------------|---------------|
| [REDACTED] | 70530 | | CF | 12 2 | \$ 9215 | 12 2 | \$ 9700 |

| | | | | | | | |
|--|------|------------|-----------|-----------------------|------|---------------|-----------|
| 1. Serial No. | | 2. Name | | 3. Cost Center Number | | 4. LWOP Hours | |
| [REDACTED] | | [REDACTED] | | 70 530 CF 3 | | | |
| 5. OLD SALARY RATE | | | | 6. NEW SALARY RATE | | | |
| Grade | Step | Salary | Eff. Date | Grade | Step | Salary | Eff. Date |
| GS 12 | 1 | \$ 8,955 | 03/19/61 | GS 12 | 2 | \$ 9,215 | 09/16/62 |
| 7. TYPE ACTION | | | | | | | |
| PSI (S) ADJ. | | | | | | | |
| 8. Remarks and Authentication | | | | | | | |
| / / NO EXCESS LWOP / / EXCESS LWOP
/ / IN PAY STATUS AT END OF WAITING PERIOD
/ / IN LWOP STATUS AT END OF WAITING PERIOD
CLERKS INITIALS
PAY C [REDACTED] AUTHORIZATION | | | | | | | |

PSC: 17 MARCH 1961

SECRET
(When Filled In)

| OCF NOTIFICATION OF PERSONNEL ACTION | | | | | | | | | | | |
|--|-----------------|-----------------------------|-----|-------------------------|-----------------------|----------------------------------|-------------------|----------------------------------|-----------------|-------------------------|---------|
| 1. SERIAL NUMBER | | 2. NAME (LAST-FIRST-MIDDLE) | | | | | | | | | |
| | | | | | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION | | | | | | 4. EFFECTIVE DATE | | 5. CATEGORY OF EMPLOYMENT | | | |
| PROMOTION | | | | | | 03 19 61 | | 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 | | 1137 7000 6135 | | 50 USC 403 J | | | |
| 9. ORGANIZATIONAL DESIGNATIONS | | | | | | 10. LOCATION OF OFFICIAL STATION | | | | | |
| OFFICE OF DDI (TOKYO)
STRATEGIC INTELLIGENCE STAFF | | | | | | | | | | | |
| 11. POSITION TITLE | | | | | | 12. POSITION NUMBER | | 13. CAREER SERVICE DESIGNATION | | | |
| | | | | | | 0096 | | 1R | | | |
| 14. CLASSIFICATION SCHEDULE (GS, WB, etc.) | | | | 15. OCCUPATIONAL SERIES | | 16. GRADE AND STEP | | 17. SALARY OR RATE | | | |
| GS | | | | 1390.08 | | 12 1 | | 8955 | | | |
| 18. REMARKS | | | | | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | | | |
| 19. ACTION CODE | 20. EMPLOY CODE | 21. OFFICE CODING | | 22. STATION CODE | 23. INTELLIGENCE CODE | 24. MODAL CODE | 25. DATE OF BIRTH | 26. DATE OF GRADE | 27. DATE OF LBL | | |
| 22 | 10 | 70530 | DDI | 37587 | | 3 | | 03 19 61 | 03 19 61 | | |
| 28. NTE EXPIRES | | 29. SPECIAL REFERENCE | | 30. RETIREMENT DATA | | 31. SEPARATION DATA CODE | | 32. CORRECTION/CANCELLATION DATA | | 33. SECURITY REL. NO. | 34. SEX |
| | | | | | | | | EOD DATA | | | |
| 35. VET. PREFERENCE | | 36. SEAV. COMP. DATE | | 37. LONG COMP. DATE | | 38. MIL. SERV. CREDIT/LED | | 39. HEALTH/HEALTH INSURANCE | | 40. SOCIAL SECURITY NO. | |
| | | | | | | | | | | | |
| 41. PREVIOUS GOVERNMENT SERVICE DATA | | | | 42. LEAVE CAT. | | 43. FEDERAL TAX DATA | | 44. STATE TAX DATA | | | |
| | | | | | | | | | | | |

POSTED

MAR 28 1961

Form 6-63 1150

Obsolete Previous Editions

SECRET

16-511

SECRET
(WHEN FILLED IN)

| | | | | | | | | | | | |
|---|------|----------|---------------------|----|--------------------|--|---------|----------|----------------|----|----|
| 1. EMP. SERIAL NO. | | 2. NAME | | | 3. ASSIGNED ORGAN | | 4. FUND | | 5. ALLOTMENT | | |
| | | | | | DDI 3 | | 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 11 | 2 | \$ 7,820 | 04 | 19 | 59 | GS 11 | 3 | \$ 8,090 | 10 | 16 | 60 |
| TO BE COMPLETED BY THE OFFICE OF COMPTROLLER | | | | | | | | | | | |
| 8. CHECK ONE ☐ NO EXCESS LWOP ☐ EXCESS LWOP | | | | | | 9. NUMBER OF HOURS LWOP | | | | | |
| IF EXCESS LWOP, CHECK FOLLOWING: | | | | | | 10. INITIALS OF CLERK | | | | | |
| ☐ IN PAY STATUS AT END OF WAITING PERIOD | | | | | | <div style="border: 1px solid black; width: 100px; height: 50px; display: flex; align-items: center; justify-content: center;"> </div> | | | | | |
| ☐ IN LWOP STATUS AT END OF WAITING PERIOD | | | | | | | | | | | |
| TO BE COMPLETED BY THE OFFICE OF PERSONNEL | | | | | | | | | | | |
| 12. TYPE OF ACTION | | | | | | 13. REMARKS | | | | | |
| ☐ P.S.I. ☐ L.A.L. ☐ PAY ADJUSTMENT | | | | | | <div style="border: 1px solid black; width: 100px; height: 50px; display: flex; align-items: center; justify-content: center;"> </div> | | | | | |
| | | | | | | | | | | | |
| 14. AUTHENTICATION | | | | | | | | | | | |
| <div style="border: 1px solid black; width: 200px; height: 40px; margin: 0 auto;"></div> <div style="text-align: right; margin-top: 10px;">WA</div> | | | | | | | | | | | |
| PAY CHANGE NOTIFICATION | | | | | | | | | | | |

FORM 5-59

560

OBsolete PREVIOUS EDITION REPLACES FORM 560A AND 560B

SECRET

OFFICIAL PERSONNEL FOLDER

(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.

| SD | NAME | SERIAL | ORGN | GR-ST | OLD SALARY | NEW SALARY |
|----|--|---|-------|---------|------------|------------|
| IR | <div style="border: 1px solid black; width: 100px; height: 25px;"></div> | <div style="border: 1px solid black; width: 70px; height: 35px;"></div> | 18 25 | GS-11 2 | \$ 7,270 | \$ 7,820 |

/S/

DIRECTOR OF PERSONNEL

IN LIEU OF FORM 1150 THIS NOTIFICATION EFFECTS A CHANGE IN OCCUPATIONAL
SERIES RESULTING FROM APPLICATION OF STAFFING COMPLEMENT CHANGE

AUTHORIZATION NUMBER 22 DATED 1 JULY 1960.

| SD | NAME | SERIAL | ORGN | OLD OCC SERIES | NEW OCC SERIES |
|----|------|--------|-------|----------------|----------------|
| IR | | | 18 25 | 1390.06 | 1390.08 |

/S/

DIRECTOR OF PERSONNEL

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

JFC:7 JULY 59

| | | | | | | | | | | | | | | | | | |
|-------------------------|--|--|-----------------------------|--|--|---------------------------------|--|--|-----------------------------|--|---------------|---------------|-------------------------|-----------|--|-------------------------|--|
| 1. Serial No. | | | 2. Name (Last-First-Middle) | | | 3. Date Of Birth | | | 4. Var. Pref. | | 5. Sex | | 6. CS: EOD | | | | |
| | | | | | | | | | None-0
5 Pt-1
10 Pt-2 | | Code
1 M 1 | | Mo. Da. Yr.
06 15 55 | | | | |
| 7. SCD | | | 8. CSC Rmt. | | | 9. CSC Or Other Legal Authority | | | 10. Asst. Adj. Gen. | | | 11. FEGLI | | 12. LCD | | 13. All. Serv. Code | |
| Mo. Da. Yr.
04 16 54 | | | Yes-1
No-2 | | | Code
1 | | | Mo. Da. Yr.
04 16 54 | | | Yes-1
No-2 | | Code
1 | | Mo. Da. Yr.
06 15 55 | |
| | | | | | | 50 USCA 403 J | | | | | | | | | | | |

PREVIOUS ASSIGNMENT

| | | | | | | | | | | | | | |
|------------------------------------|--|--|--|--------------------|--|----------------------------------|--|-------------------------|--|-------------------------|--|--------------------------|--|
| 14. Organizational Designations | | | | Code | | 15. Location Of Official Station | | | | Station Code | | | |
| DDI ORR | | | | | | WASH., D.C. | | | | 75013 | | | |
| 16. Dept. - Field | | | | 17. Position Title | | 18. Position No. | | | | 19. Serv. | | | |
| Dept. - 1
USIA - 3
Frgn. - 5 | | | | Code
2 | | IDENTIFICATION SPEC | | | | 923.01 | | | |
| 20. Grade & Step | | | | 22. Salary Or Rate | | 23. SD | | 24. Date Of Grade | | 25. Pos. D. No. | | 26. Appropriation Number | |
| 11 2 | | | | \$ 7270 | | IR | | Mo. Da. Yr.
10 20 57 | | Mo. Da. Yr.
04 19 59 | | 8 5709 20 | |

ACTION

| | | | | | | | | | | | |
|--|--|------|--|-------------------------|--|----------------------|--|------|--|---------------------|--|
| 27. Nature Of Action | | Code | | 28. Eff. Date | | 29. Type Of Employee | | Code | | 30. Separation Date | |
| REASSIGNMENT TRANSFER TO
CONFIDENTIAL FUNDS | | 06 | | Mo. Da. Yr.
07 26 59 | | REGULAR | | 01 | | | |

PRESENT ASSIGNMENT

| | | | | | | | | | | | | | |
|---|--|--|--|--------------------|--|----------------------------------|--|-------------------------|--|-------------------------|--|--------------------------|--|
| 31. Organizational Designations | | | | Code | | 32. Location Of Official Station | | | | Station Code | | | |
| OFFICE OF SOI (TOKYO)
STRATEGIC INTELLIGENCE START | | | | 1825 | | | | | | 37587 | | | |
| 33. Dept. - Field | | | | 34. Position Title | | 35. Position No. | | | | 36. Serv. | | | |
| Dept. - 1
USIA - 3
Frgn. - 5 | | | | Code
5 | | 002 | | | | 05 | | | |
| 37. Grade & Step | | | | 38. Salary Or Rate | | 40. SD | | 41. Date Of Grade | | 42. Pos. D. No. | | 43. Appropriation Number | |
| 11 2 | | | | \$ 7270 | | IR | | Mo. Da. Yr.
10 20 57 | | Mo. Da. Yr.
10 11 59 | | 2 3700 75 901 | |

44. Remarks:
SUBJECT TO APPROVED MEDICAL CLEARANCE PRIOR TO BEING SENT OVERSEAS.

POSTED
Cp 23.146

SECRET
(WHEN FILLED IN)

| | | | | | | | | | |
|--|------|----------|---------------------|--------------------|-------------------------|--------------------|------|--------------|----------------|
| 1. EMP. SERIAL NO. | | 2. NAME | | 3. ASSIGNED ORGAN. | | 4. FUNDS | | 5. ALLOTMENT | |
| | | | | DDI/ORR 3 | | V-20 | | | |
| 6. OLD SALARY RATE | | | | | | | | | |
| GRADE | STEP | SALARY | LAST EFFECTIVE DATE | | | 7. NEW SALARY RATE | | | |
| | | | MO. | DA. | YR. | GRADE | STEP | SALARY | EFFECTIVE DATE |
| GS 11 | 1 | \$ 7,036 | 10 | 20 | 57 | GS 11 | 2 | \$ 7,270 | 04 19 59 |
| TO BE COMPLETED BY THE OFFICE OF THE COMPTROLLER | | | | | | | | | |
| 8. CHECK ONE ☒ NO EXCESS LWOP ☐ EXCESS LWOP | | | | | 9. NUMBER OF HOURS LWOP | | | | |
| IF EXCESS LWOP, CHECK FOLLOWING: | | | | | 10. INITIALS OF CLERK | | | | |
| ☐ IN PAY STATUS AT END OF WAITING PERIOD | | | | | 11. AUDITED BY | | | | |
| ☐ IN LWOP STATUS AT END OF WAITING PERIOD | | | | | | | | | |
| TO BE COMPLETED BY THE OFFICE OF PERSONNEL | | | | | | | | | |
| 12. PROJECTED SALARY RATE AND EFFECTIVE DATE | | | | | | 13. REMARKS | | | |
| GRADE | STEP | SALARY | MO. | DA. | YR. | | | | |
| | | | | | | | | | |
| 14. AUTHENTICATION | | | | | | | | | |
| <div style="position: absolute; top: 10px; left: 10px; transform: rotate(-90deg); transform-origin: left top;"> GS. 11 GS 1; 18 PM 59
 PAYROLL BRANCH </div> <div style="position: absolute; top: 50px; left: 50px; width: 300px; height: 50px; background-color: black;"></div> <div style="position: absolute; top: 20px; right: 20px; font-size: 2em;"> CP
 zu </div> | | | | | | | | | |

FORM NO. 5406
1 MAR 58

SECRET

PERSONNEL FOLDER (4)

IN LIEU OF FORM 1156 THIS NOTIFICATION EFFECTS RESLOTTING RESULTING
FROM R-20-250

| SER. | NAME | SD | OLD SLOT | NEW SLOT | DATE |
|------|------|----|----------|----------|----------|
| | | IR | 0925.01 | 923 | 03/11/59 |

SECRET

GENERAL SCHEDULE SALARY INCREASE RETROACTIVELY EFFECTIVE
12 JANUARY 1959 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 |
|------------|--------|------------|------------|------------|
| [REDACTED] | | GS-11-1 | \$ 6,390 | \$ 7,030 |

[REDACTED]
/S/ DIRECTOR OF PERSONNEL

SECRET

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

| | | | | | | | | | | | | | | |
|---------------|-----|-----------------------------|-------|---------------------------------|---------------|-----|------------------|------|----------|-----|-------------|------|--------------------|--|
| 1. Serial No. | | 2. Name (Last-First-Middle) | | 3. Date Of Birth | | | 4. Vet. Prof. | | 5. Sex | | 6. CS - EOD | | | |
| | | | | Mo. | Da. | Yr. | None-0 | Code | | | Mo. | Da. | Yr. | |
| | | | | | | | 5: Pt. 1 | | | | | | | |
| | | | | | | | 10: Pt. 2 | | | | | | | |
| 7. SCD | | 8. CSC Point | | 9. CSC Or Other Legal Authority | | | 10. Appt. AHlday | | 11. EGLI | | 12. LCD | | 13. In. Serv. Code | |
| Mo. | Da. | Yr. | Yes-1 | Code | | | | Mo. | Da. | Yr. | Yes-1 | Code | | |
| 1 | 1 | | No-2 | 1 | 50 USC 3162 J | | | | | | | | | |

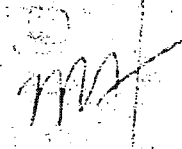
PREVIOUS ASSIGNMENT

| | | | | | | | | | | | |
|---------------------------------|------|--------------------|--|------------------|--|----------------------------------|--|-------------------|--|--------------------------|--|
| 14. Organizational Designations | | | | Code | | 15. Location Of Official Station | | | | Station Code | |
| CDI - OR | | | | | | WASH., D.C. | | | | | |
| | | | | | | | | | | | |
| 16. Dept. Field | | 17. Position Title | | 18. Position No. | | 19. Serv. | | 20. Occup. Series | | | |
| Dept. 8 | Code | | | | | | | | | | |
| USStd. 4 | | IDENTIFICATION OPS | | | | | | 13000 | | | |
| From 6 | | | | | | | | | | | |
| 21. Grade & Step | | 22. Salary Or Rate | | 23. SD | | 24. Date Of Grada | | 25. PSI Due | | 26. Appropriation Number | |
| 2 | | \$ 575 | | OR | | Mo. Da. Yr. | | Mo. Da. Yr. | | | |
| | | | | | | | | | | | |

ACTION

| | | | | | | | | | | | |
|----------------------|--|------|--|---------------|--|----------------------|--|------|--|---------------------|--|
| 27. Nature Of Action | | Code | | 28. Eff. Date | | 29. Type Of Employee | | Code | | 30. Separation Data | |
| PROJECTED | | | | Mo. Da. Yr. | | REGULAR | | | | | |
| | | | | | | | | | | | |

PRESENT ASSIGNMENT

| | | | | | | | | | | | |
|--|------|--------------------|--|------------------|--|----------------------------------|--|-------------------|--|--------------------------|--|
| 31. Organizational Designations | | | | Code | | 32. Location Of Official Station | | | | Station Code | |
| CDI - OR | | | | | | WASH., D.C. | | | | | |
| | | | | | | | | | | | |
| 33. Dept. Field | | 34. Position Title | | 35. Position No. | | 36. Serv. | | 37. Occup. Series | | | |
| Dept. 2 | Code | | | | | | | | | | |
| USStd. 4 | | IDENTIFICATION OPS | | | | | | 13000 | | | |
| From 6 | | | | | | | | | | | |
| 38. Grade & Step | | 39. Salary Or Rate | | 40. SD | | 41. Date Of Grada | | 42. PSI Due | | 43. Appropriation Number | |
| 1 | | \$ 575 | | OR | | Mo. Da. Yr. | | Mo. Da. Yr. | | 5712 | |
| | | | | | | | | | | | |
| 44. Remarks | | | | | | | | | | | |
| <div style="text-align: right;"> 
 11502 </div> | | | | | | | | | | | |

SECRET
(WHEN FILLED IN)

| | | | | | | | | | |
|--|------|----------|---------------------|--------------------|-----|--------------------|------|--------------|----------------|
| 1. EMP. SERIAL NO. | | 2. NAME | | 3. ASSIGNED ORGAN. | | 4. FUNDS | | 5. ALLOTMENT | |
| | | | | DDI/ORR 3 | | V-20 | | | |
| 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. |
| 9 | 1 | \$ 5,440 | 07 | 01 | 56 | 9 | 2 | \$ 5,575 | 06 30 57 |
| REMARKS | | | | | | | | | |
| | | | | | | | | | |
| CERTIFICATION | | | | | | | | | |
| I CERTIFY THAT THE SERVICE AND CONDUCT OF THE ABOVE NAMED EMPLOYEE ARE SATISFACTORY. | | | | | | | | | |
| | | | DATE | SIGNATURE | | | | | |
| | | | 23 May 57 | | | | | | |
| PERIODIC STEP INCREASE | | | | | | | | | |

FORM NO. 560
1 MAR 55

SECRET

PERSONNEL FOLDER (4)

SECRET
(WHEN FILLED IN)

| | | | | | | | | | | | | | | | | | | | | | |
|---|------|----------|---------------------|--------------------|-----|--------------------|------|--------------|----------------|-------|------|--------|-----|-----|-----|--|--|--|--|--|--|
| 1. EMP. SERIAL NO. | | 2. NAME | | 3. ASSIGNED ORGAN. | | 4. FUNDS | | 5. ALLOTMENT | | | | | | | | | | | | | |
| | | | | DDI/ORR | | V-20 | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | |
| 9 | 1 | \$ 5,440 | 07 | 01 | 56 | 9 | 2 | \$ 5,575 | 06 30 57 | | | | | | | | | | | | |
| <p align="center">TO BE COMPLETED BY THE OFFICE OF COMPTROLLER</p> <p>8. CHECK ONE: ☐ NO INCREASE ☐ INCREASE</p> <p>9. NUMBER OF HOURS LOST</p> <p>10. INITIALS OF CLERK</p> <p>11. AUDITED BY</p> | | | | | | | | | | | | | | | | | | | | | |
| <p align="center">TO BE COMPLETED BY THE OFFICE OF PERSONNEL</p> <p>12. PROPOSED SALARY RATE AND EFFECTIVE DATE</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>GRADE</td> <td>STEP</td> <td>SALARY</td> <td>MO.</td> <td>DA.</td> <td>YR.</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>13. REMARKS</p> | | | | | | | | | | GRADE | STEP | SALARY | MO. | DA. | YR. | | | | | | |
| GRADE | STEP | SALARY | MO. | DA. | YR. | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| 14. CERTIFICATION | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| PERIODIC STEP INCREASE | | | | | | | | | | | | | | | | | | | | | |

FORM NO. 560
1 MAR 55

SECRET

PERSONNEL FOLDER

STANDARD FORM 52
PRINTED BY THE
U. S. GOVERNMENT PRINTING OFFICE
WASHINGTON, D. C. 20540

REQUEST FOR PERSONNEL ACTION

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

| | | | |
|---|------------------|---|-------------------------------------|
| 1. NAME (Mr., Miss, Mrs., One (free name, initial(s), and surname)) | 2. DATE OF BIRTH | 3. REQUEST NO. | 4. DATE OF REQUEST
18 April 1957 |
| 5. NATURE OF ACTION REQUESTED:
A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)
Reassignment | | 6. EFFECTIVE DATE
A. PROPOSED:
ASAP
B. APPROVED:
2 JUN 1957 | 7. C.S. OR OTHER
LEGAL AUTHORITY |
| 8. POSITION (Specify whether establish, change grade or title, etc.) | | | |

| | |
|--|--|
| FROM—
Identification Specialist P-924.03
GS-1390.06-09 \$5440.00 per annum
DDI/Office of Research and Reports
Chief,
[redacted]
Washington, D.C. | TO—
Identification Specialist P-923.01
GS-1390.06-09 \$5440.00 per annum
DDI/Office of Research and Reports
[redacted]
Washington, D.C. |
| 9. POSITION TITLE AND NUMBER | 10. SERVICE GRADE AND SALARY |
| 11. ORGANIZATIONAL DESIGNATION | 12. FIELD OR DEPARTMENTAL |
| 13. HEADQUARTERS | 14. FIELD |

| | | | |
|--|--|---|--|
| 15. REMARKS (Use reverse if necessary)
Reassignment submitted to conform to T/O reorganization | | | |
| 16. REQUESTED BY (A)
[redacted]
Signature: [redacted]
Title: Chief, Administrative Staff, O-2 | | 17. REQUEST APPROVED BY (B)
[redacted]
Signature: [redacted]
Title: [redacted] | |
| 18. POSITION CLASSIFICATION ACTION
NEW VICE I A REAL
SD/IR | | 19. DATE OF APPOINTMENT
20. DATE OF RESIGNATION
(115-100) | |
| 21. DATE OF APPOINTMENT
22. DATE OF RESIGNATION
(115-100) | | 23. DATE OF APPOINTMENT
24. DATE OF RESIGNATION
(115-100) | |
| 25. DATE OF APPOINTMENT
26. DATE OF RESIGNATION
(115-100) | | 27. DATE OF APPOINTMENT
28. DATE OF RESIGNATION
(115-100) | |

| | | | |
|------------------------------------|--|------------------------------------|--|
| 29. STANDARD FORM 52 (A) (115-100) | | 30. STANDARD FORM 52 (B) (115-100) | |
| 31. STANDARD FORM 52 (C) (115-100) | | 32. STANDARD FORM 52 (D) (115-100) | |
| 33. STANDARD FORM 52 (E) (115-100) | | 34. STANDARD FORM 52 (F) (115-100) | |
| 35. STANDARD FORM 52 (G) (115-100) | | 36. STANDARD FORM 52 (H) (115-100) | |
| 37. STANDARD FORM 52 (I) (115-100) | | 38. STANDARD FORM 52 (J) (115-100) | |
| 39. STANDARD FORM 52 (K) (115-100) | | 40. STANDARD FORM 52 (L) (115-100) | |
| 41. STANDARD FORM 52 (M) (115-100) | | 42. STANDARD FORM 52 (N) (115-100) | |
| 43. STANDARD FORM 52 (O) (115-100) | | 44. STANDARD FORM 52 (P) (115-100) | |
| 45. STANDARD FORM 52 (Q) (115-100) | | 46. STANDARD FORM 52 (R) (115-100) | |
| 47. STANDARD FORM 52 (S) (115-100) | | 48. STANDARD FORM 52 (T) (115-100) | |
| 49. STANDARD FORM 52 (U) (115-100) | | 50. STANDARD FORM 52 (V) (115-100) | |
| 51. STANDARD FORM 52 (W) (115-100) | | 52. STANDARD FORM 52 (X) (115-100) | |
| 53. STANDARD FORM 52 (Y) (115-100) | | 54. STANDARD FORM 52 (Z) (115-100) | |

PERIODIC STEP INCREASE CERTIFICATION

CONFIDENTIAL
When Filled In

U. S. GOVERNMENT PRINTING OFFICE: 1954-120080

| Agency and organizational designation | | 1. Period covered | | 3. Stock No. | | 4. Slip No. | | | | | | |
|--|--------------------------------------|---------------------|---------------------|---------------------------------------|------|-------------|------|-----------------|-----------|-----------------|--|---------|
| [Redacted] | | | | 6-5709-20 | | | | | | | | |
| Social security account number when appropriate | | 5. Grade and salary | | | | | | | | | | |
| [Redacted] | | GS-7 \$4525 | | | | | | | | | | |
| PAYROLL CHANGE DATA | | | | | | | | | | | | |
| | BASE PAY | OVERTIME | | GROSS PAY | RET. | FEDERAL TAX | BOND | R.C.A. | STATE TAX | GROUP LIFE INS. | | NET PAY |
| 7. Previous period | | | | | | | | | | | | |
| 8. New period | | | | | | | | | | | | |
| 9. Pay this period | | | | | | | | | | | | |
| 10. Remarks | | | | | | | | 11. Approved by | | 12. Prepared by | | |
| | | | | | | | | OFF 21 | | SJP 23A/R56 | | |
| | | | | | | | | | | 13. Audited by | | |
| | | | | | | | | | | | | |
| ☒ Periodic step increase ☐ Pay advance ☐ Other step increase | | | | | | | | | | | | |
| 14. Effective date | 15. Date last equivalent retroactive | 16. Old salary rate | 17. New salary rate | SIGNATURE AND COMMENTS
[Signature] | | | | | | | | |
| JUN 56 | 15 JUN 55 | \$4525 | \$4660 | | | | | | | | | |
| 19. LWOP data (Fill in appropriate spaces covering LWOP during following periods)
☐ No excess LWOP. Total excess LWOP | | | | | | | | | | | | |
| 20. Check applicable box in case of excess LWOP:
☐ In pay rate or step of rating period.
☐ In pay rate or step of rating period. | | | | | | | | | | | | |
| STANDARD FORM NO. 1126d-Rev. 5-54
Form prescribed by Comp. Gen. U. S.
October 26, 1954, General Regulation No. 107 | | | | | | | | | | | | |

PERSONNEL: PAYROLL CHANGE SLIP — PERSONNEL COPY

CENTRAL INTELLIGENCE AGENCY P.C. 27 May 1955
SR-9297-1 CB

NOTIFICATION OF PERSONNEL ACTION

| | | | | |
|--|--|---|---|--------------|
| 1. NAME (LAST, FIRST, MIDDLE, AND SUFFIX) (INITIALS, AND SURNAME) | | 2. DATE OF BIRTH | 3. JOURNAL OR ACTION NO. | 4. DATE |
| | | | | 15 June 1955 |
| 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 | |
| RECEIVED APPOINTMENT | | 15 June 1955 | 50 USCA 403.1 | |
| FROM | | TO | | |
| 8. POSITION TITLE | | Ident. Specialist P 925.99 | | |
| 9. SERVICE, SERIES, GRADE, SALARY | | GS-1390.06-7 \$4205.00 per annum | | |
| 10. ORGANIZATIONAL DESIGNATIONS | | DDI/Office of Research and Reports
Office of Chief, | | |
| 11. HEADQUARTERS | | Washington, D.C. | | |
| 12. FIELD OR DEPT'L | | FIELD ☐ DEPARTMENTAL ☒ | | |
| 13. VETERAN'S PREFERENCE | | 14. POSITION CLASSIFICATION ACTION | | |
| 13A. QUAL. 13B. OTHER 13C. 13D. 13E. 13F. 13G. 13H. 13I. 13J. 13K. 13L. 13M. 13N. 13O. 13P. 13Q. 13R. 13S. 13T. 13U. 13V. 13W. 13X. 13Y. 13Z. | | 14A. 14B. 14C. 14D. 14E. 14F. 14G. 14H. 14I. 14J. 14K. 14L. 14M. 14N. 14O. 14P. 14Q. 14R. 14S. 14T. 14U. 14V. 14W. 14X. 14Y. 14Z. | | |
| 15. 16. 17. APPROPRIATION | | 18. SUBJECT TO C.S. RETIREMENT ACT (YES-NO) | | |
| M. E. TO 5-5700-20 | | Yes | | |
| 19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY) | | 15 June 1955 | | |
| 20. LEGAL RESIDENCE | | STATE: New York | | |
| 21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements. | | | | |
| Subject to the satisfactory completion of a trial period of one year and a medical examination. | | | | |
| R3-69 | | | | |
| RD 06/15/55
CSD 06/15/55
L2 06/15/55 | | | | |
| POSTED
27 JUN 1955 | | | | |

4. PERSONNEL FOLDER COPY

STANDARD FORM 50 (2 PART)
 200 APRIL 1954
 AUTHORITY: 5 U.S.C. 552
 U.S. CIVIL SERVICE COMMISSION
 CHAPTER 51, FEDERAL PERSONNEL MANUAL

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

mdg

| | | | | |
|---|--|--|---|---|
| 1. NAME (MR., MRS., MISS, DR., OR OTHER TITLE, INITIALS, AND SURNAME) | | 2. DATE OF BIRTH | 3. JOURNAL OR ACTION NO. | 4. DATE |
| | | | | 26 June 1956 |
| This is to notify you of the following action affecting your employment: | | | | |
| 5. NATURE OF ACTION (SEE STANDARD TERMINOLOGY) | | 6. EFFECTIVE DATE | 7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY | |
| PROMOTION | | 1 July 1956 | 50 U.S.C. 403 j | |
| FROM | | TO | | |
| P-25.99
GS-1390.06-7 \$4660.00 per annum | | Identification Specialist P-25.99
GS-1390.06-9 \$5460.00 per annum | | |
| 8. POSITION TITLE | | Identification Specialist P-25.99
GS-1390.06-9 \$5460.00 per annum | | |
| 9. SERVICE STRIP, GRADE, SALARY | | | | |
| 10. ORGANIZATIONAL DESIGNATION | | DDI/Office of Research and Reports
Office of Chief, | | |
| 11. HEADQUARTERS | | Washington, D. C. | | |
| 12. FIELD OR DEPT. | | FIELD ☐ DEPARTMENTAL ☒ | | |
| 13. VETERAN'S PREFERENCE | | 14. POSITION CLASSIFICATION ACTION | | |
| NONE ☐ WHITE ☐ OTHER ☒ 5-PT ☐ 10-POINT ☐
1 | | YES ☐ NO ☐ L & A ☐ REAL ☐
SD-IR | | |
| 15. APPROPRIATION | | 16. BUDGETARY CODE | 17. DATE OF PROMOTION | 18. LEGAL RESIDENCE |
| FROM: 7-579-20
TO: 750-13 | | 8-2 | | ☐ CLAIMED ☐ PROVED
97377 |
| 19. REMARKS | | | | |
| b 203 06/25/56
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED
 6/27/56 </div> | | | | |

4. PERSONNEL FOLDER COPY

CLASSIFICATION

FITNESS REPORT

SECTION A

GENERAL INFORMATION

| | | | | | |
|--|-----------------------------------|-----------------------------------|--|--|----------------------------------|
| 1. EMPLOYEE NUMBER | 2. NAME (Last, First, and Middle) | 3. DATE OF BIRTH | 4. SEX | 5. GRADE | 6. SD |
| | | | M | GS-13 | D |
| 7. OFFICIAL POSITION TITLE | 8. OFF/DIV/BR OF ASSIGNMENT | 9. CURRENT STATION | 10. CODE (11-54) | 11. NOS | 12. OF |
| Ops Officer | DDO/EA | Hqs | | | |
| 11. TYPE OF APPOINTMENT | | | 12. TYPE OF REPORT | | |
| ☒ CAREER | ☐ RESERVE | ☐ CONTRACT | ☐ OTHER (Spec) | ☐ TEMPORARY | ☐ ANNUAL |
| | | | | ☒ REASSIGNMENT | ☐ SPECIAL |
| 13. REPORTING PERIOD (From-to) | | | 14. DATE REPORT DUE IN O.P. supervisor | | |
| Feb - Jul 1974 | | | | | |

SECTION B

QUALIFICATIONS UPDATE

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

SECTION C

PERFORMANCE EVALUATION

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

SPECIFIC DUTIES

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

| | |
|---------------------|---------------|
| SPECIFIC DUTY NO. 1 | RATING LETTER |
| See Section C | |
| 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

Place this personal appraisal about the employee's overall performance in the current position and as a summary of specific duties performed during the rating period. 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

CLASSIFICATION

SECTION D

NARRATIVE COMMENTS

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

SECTION E

CERTIFICATION AND COMMENTS

1. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

5

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

DATE

15 July 1974

OFFICIAL TITLE OF SUPERVISOR

Chief, EA/

TYPED OR PRINTED NAME AND SIGNATURE

2. BY EMPLOYEE

STATEMENT CONCERNING THIS EVALUATION OF MY PERFORMANCE

DATE

15 JULY 1974

SIGNATURE OF EMPLOYEE

HAVE ATTACHED

HAVE NOT ATTACHED

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I fully agree with the supervisor's narrative comments. It would be grossly misleading to attempt to provide letter ratings or a performance evaluation under the unique conditions which obtained throughout this period.

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

IN/FA

4. BY EMPLOYEE

EMPLOYEE'S FULL NAME SHOWN TO EMPLOYEE

DATE

15 JULY 1974

SIGNATURE

CLASSIFICATION

SECRET

28 August 1974

MEMORANDUM FOR THE RECORD

SUBJECT: Meritorious Unit Citation

On 20 August 1974 the Director of Central Intelligence approved award of the Meritorious Unit Citation [redacted] in recognition of the outstanding performance of the following employees during the period June 1971 to December 1973:

Recorder
Honor and Merit Awards Board

SECRET

CONFIDENTIAL

| | | | | | | | |
|---|---|------------------------------------|--|--|-----------------------------------|--|----------------------------------|
| FITNESS REPORT | | | | NOTE: Supervisor or Reviewing Official may assign a higher classification if CONFIDENTIAL is not adequate for the report when completed. | | | |
| SECTION A. GENERAL INFORMATION | | | | | | | |
| 1. EMPLOYEE NUMBER | | 2. NAME (last, first, middle) | | 3. DATE OF BIRTH | | 4. SEX | 5. GRADE |
| | | | | | | M | GS-13 D |
| 7. OFFICIAL POSITION TITLE | | | | 8. OFF/DIV/BR OF ASSIGNMENT | | 9. CURRENT STATION | |
| Ops Officer | | | | FE | | | |
| 10. TYPE OF APPOINTMENT | | | | 11. TYPE OF REPORT | | | |
| ☒ CAREER | ☐ CAREER PROVISIONAL | ☐ RESERVE | ☒ ANNUAL | ☐ 21-MONTH | ☐ 30-MONTH | ☒ REASSIGNMENT | ☐ SPECIAL |
| ☐ CONTRACT | ☐ SPECIAL | ☐ TEMPORARY | 12. REPORTING PERIOD (From-to) | | 13. DATE REPORT DUE IN O.P. | | |
| | | | | 30 Nov 72-31 July 73 | | 30 September 1973 | |
| SECTION B. PERFORMANCE EVALUATION | | | | | | | |
| <p>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.</p> <p>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> <p>P - Proficient: Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p>S - Strong: Performance is characterized by exceptional proficiency.</p> <p>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.</p> | | | | | | | |
| SPECIFIC DUTIES | | | | | | | |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised). | | | | | | | |
| SPECIFIC DUTY NO. 1 | | | | | | RATING LETTER | |
| <div style="border: 1px solid black; height: 150px; width: 100%;"></div> | | | | | | P | |
| | | | | | | RATING LETTER | |
| | | | | | | P | |
| | | | | | | RATING LETTER | |
| | | | | | | S | |
| RATING LETTER | | | | | | | |
| P | | | | | | | |
| RATING LETTER | | | | | | | |
| P | | | | | | | |
| RATING LETTER | | | | | | | |
| SPECIFIC DUTY NO. 2 | | | | | | RATING LETTER | |
| Prepare reports, correspondence and other management/administrative requirements. | | | | | | P | |
| 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, his production, dependability, cooperation, personal traits, etc. Evaluate his performance in relation to his 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 closely reflects his level of performance. | | | | | | | |

CONFIDENTIAL

SECTION C

NARRATIVE COMMENTS

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

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 | |
| 21 August 1973 | | |
| 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 |
| 21 August 1973 | DCOS | |
| 3. BY REVIEWING OFFICIAL | | |
| COMMITTEE OF REVIEWING OFFICIAL | | |
| | | |
| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPED OR PRINTED NAME AND SIGNATURE |
| 5 September 1973 | COS | /S/ |

CONFIDENTIAL

CONFIDENTIAL

Section C. Narrative Comments (Continued)

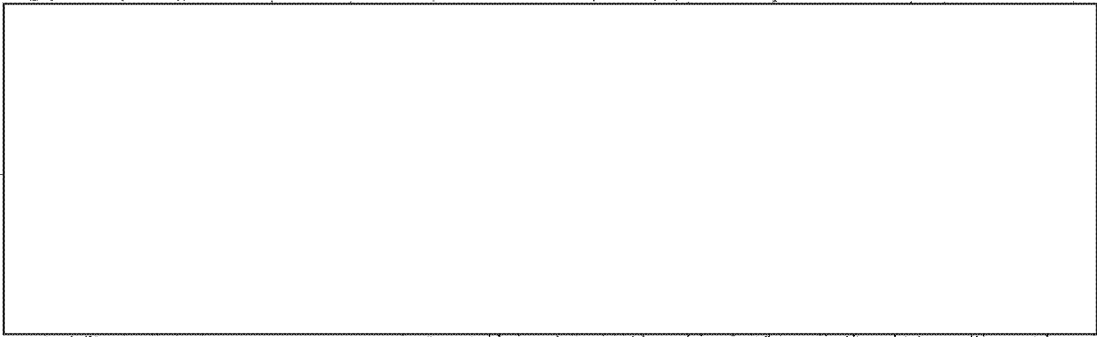
A blank sheet of white graph paper with a light gray grid. The grid consists of small squares, approximately 10 units wide by 10 units high. A thicker vertical line runs down the left side, creating a margin. A thicker horizontal line runs across the middle, dividing the page into two equal halves. The intersection of these two lines is at the center of the grid.

CONFIDENTIAL.

14-00000

Reviewing Comments
(Continued)

CONFIDENTIAL



CONFIDENTIAL

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-13 D |
| 5. OFFICIAL POSITION/TITLE | | | 7. DIVISION OF ASSIGNMENT | | |
| Ops. Officer | | | DDI/FE | | |
| 9. CHECK (X) TYPE OF APPOINTMENT | | | 10. CHECK (X) TYPE OF REPORT | | |
| ☒ CAREER ☐ RESERVE ☐ TEMPORARY
☐ CAREER-PROVISIONAL (See Instructions - Section C)
☐ SPECIAL (Specify): | | | ☒ INITIAL ☐ REASSIGNMENT SUPERVISOR
☐ ANNUAL ☐ REASSIGNMENT EMPLOYEE
☐ SPECIAL (Specify): | | |
| 11. DATE REPORT DUE IN O.P. | | | 12. REPORTING PERIOD (From - to) | | |
| | | | 30 November 1971 - 30 November 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). | | | | | |
| SPECIFIC DUTY NO. 1 | | | | | RATING LETTER |
| | | | | | S |
| | | | | | RATING LETTER |
| | | | | | S |
| | | | | | RATING LETTER |
| | | | | | P |
| | | | | | RATING LETTER |
| | | | | | P |
| | | | | | RATING LETTER |
| | | | | | RATING LETTER |
| | | | | | P |
| 3. Prepare reports, correspondence and other management/administrative requirements. | | | | | P |
| 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 and 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 |
| | | | | | P |

SECRET

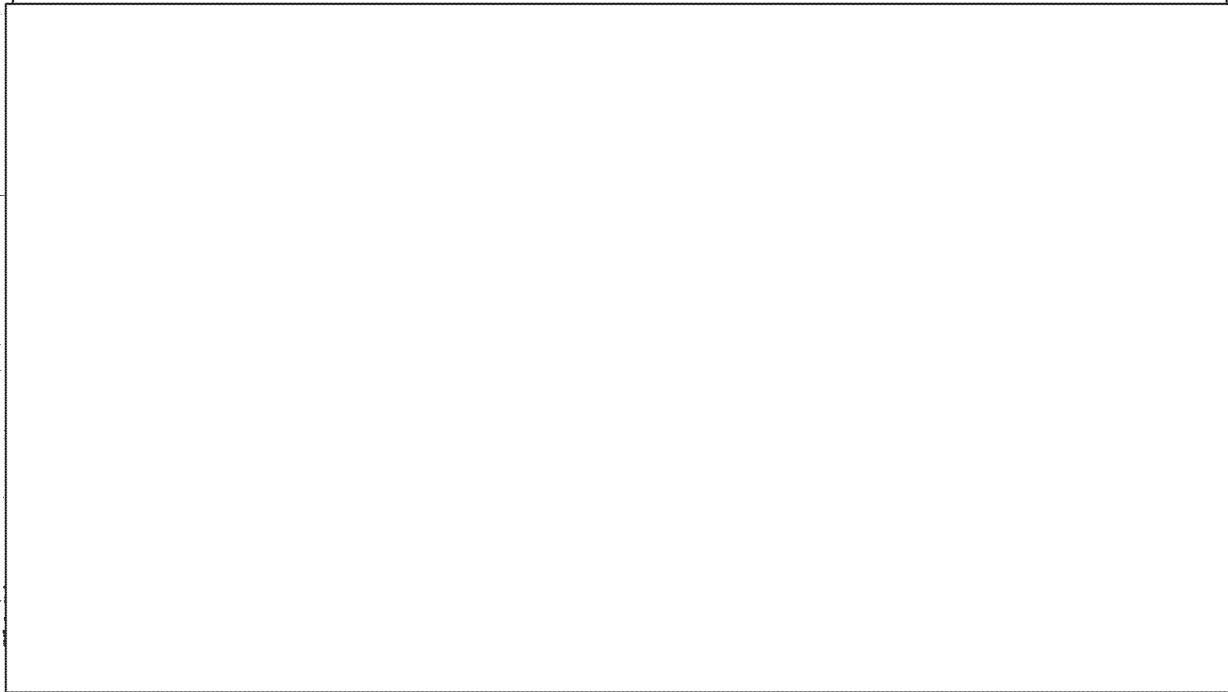
| SECTION C | NARRATIVE COMMENTS |
|--|--------------------|
| <p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. <u>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.</u> If extra space is needed to complete Section C, attach a separate sheet of paper.</p> | |

| SECTION D CERTIFICATION AND COMMENTS | | |
|--|---|-------------------------------------|
| 1. BY EMPLOYEE | | |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT | | |
| DATE | SIGNATURE OF EMPLOYEE | |
| 24 November 1972 | /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 |
| 24 November 1972 | Deputy Chief of Station | /s/ [] |
| 3. BY REVIEWING OFFICIAL | | |
| | | |
| (CONTINUED) | | |
| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPED OR PRINTED NAME AND SIGNATURE |
| 24 November 1972 | Chief of Station | /s/ [] |

SECRET

S E C R E T

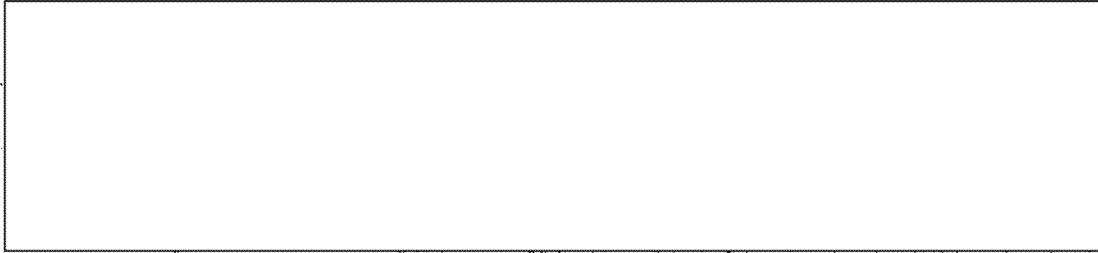
SECTION C - Narrative Comments (continued)



~~S-E-C-R-E-T~~

S E C R E T

SECTION D - Comments of Reviewing Official (continued)



S E C R E T

SECRET

(When Filled In)

| FITNESS REPORT | | | | EMPLOYEE SERIAL NUMBER | |
|---|--|---|---|------------------------|----------------|
| SECTION A GENERAL | | | | | |
| 1. NAME (Last) (First) (Middle) | | | 2. DATE OF BIRTH | 3. SEX | 4. GRADE 5. SD |
| | | | | M | 09-13 D |
| 6. OFFICIAL POSITION TITLE | | | 7. OFF/DIV/SP OF ASSIGNMENT 8. CURRENT STATION | | |
| Ops. Officer | | | DDP/FE | | |
| 9. CHECK (X) TYPE OF APPOINTMENT | | | 10. CHECK (X) TYPE OF REPORT | | |
| ☒ CAREER ☐ RESERVE ☐ TEMPORARY | | | ☐ INITIAL ☐ REASSIGNMENT SUPERVISOR | | |
| ☐ CAREER-PROVISIONAL (See Instructions - Section C) | | | ☒ ANNUAL ☐ REASSIGNMENT EMPLOYEE | | |
| SPECIAL (Specify): | | | SPECIAL (Specify): | | |
| 11. DATE REPORT DUE IN O.P. | | | 12. REPORTING PERIOD (From - to) | | |
| 28 February 1972 | | | 1 August 1971 - 31 December 1971 | | |
| SECTION B PERFORMANCE EVALUATION | | | | | |
| <u>U-Unsatisfactory</u> | | Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C. | | | |
| <u>M-Marginal</u> | | 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. | | | |
| <u>P-Proficient</u> | | Performance is satisfactory. Desired results are being produced in the manner expected. | | | |
| <u>S-Strong</u> | | Performance is characterized by exceptional proficiency. | | | |
| <u>O-Outstanding</u> | | Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition. | | | |
| SPECIFIC DUTIES | | | | | |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised). | | | | | |
| SPECIFIC DUTY NO. 1 | | | | | RATING LETTER |
| | | | | | B |
| | | | | | RATING LETTER |
| | | | | | P |
| | | | | | RATING LETTER |
| | | | | | P |
| | | | | | RATING LETTER |
| | | | | | 6 |
| | | | | | RATING LETTER |
| | | | | | P |
| | | | | | P |
| | | | | | RATING LETTER |
| | | | | | P |
| | | | | | RATING LETTER |
| OVERALL PERFORMANCE | | | | | 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. | | | | | P |

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

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

| |
|--|
| |
|--|

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

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

DATE

29 November 1971

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

29 November 1971

OFFICIAL TITLE OF SUPERVISOR

COS

TYPED OR PRINTED NAME AND SIGNATURE

/s/

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

| |
|--|
| |
|--|

DATE

02 DEC 1971

OFFICIAL TITLE OF REVIEWING OFFICIAL

CFE

TYPED OR PRINTED NAME AND SIGNATURE

SECRET

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for ~~improvement of performance~~. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper. Aug 20 11 00 AM '71

(Continued)

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

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

DATE

31 July 1971

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

31 July 1971

OFFICIAL TITLE OF SUPERVISOR

Deputy Chief of Station

TYPED OR PRINTED NAME AND SIGNATURE

/s/

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

DATE

6 August 1971

OFFICIAL TITLE OF REVIEWING OFFICIAL

Chief of Station

TYPED OR PRINTED NAME AND SIGNATURE

/s/

SECRET

S E C R E T

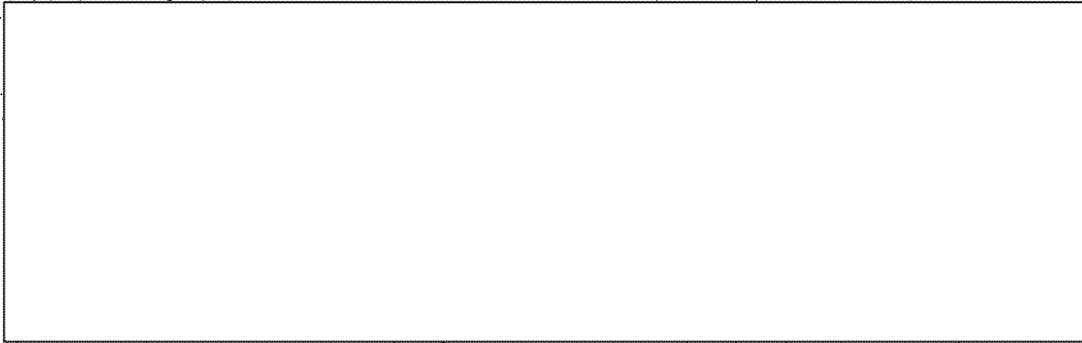
NARRATIVE (Continued)



S E C R E T

S E C R E T

REVIEWING COMMENTS (continued)



S E C R E T

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-13 D |
| 5. OFFICIAL POSITION TITLE | | | 6. OFF DIV/BR OF ASSIGNMENT | | |
| Ops. Officer | | | DDP/FE | | |
| 7. CHECK (X) TYPE OF APPOINTMENT | | | 8. CURRENT STATION | | |
| ☒ CAREER
☐ RESERVE
☐ TEMPORARY
☐ CAREER-PROVISIONAL (See Instructions - Section C)
☐ SPECIAL (Specify) | | | 9. CHECK (X) TYPE OF REPORT
☒ INITIAL
☐ ANNUAL
☐ REASSIGNMENT SUPERVISOR
☐ REASSIGNMENT EMPLOYEE
☐ SPECIAL (Specify) | | |
| 11. DATE REPORT DUE IN O.P. | | | 12. REPORTING PERIOD (From - To) | | |
| 28 February 1971 | | | 1 May 1970 to 31 December 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-Profluent Performance is satisfactory. Desired results are being produced in the manner expected.
S-Strong Performance is characterized by exceptional proficiency.
O-Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition. | | | | | |
| SPECIFIC DUTIES | | | | | |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised). | | | | | |
| SPECIFIC DUTY NO. 1 Station Communist Movement (CM) Officer responsible for functional coordination of overall program, including program guidance, analysis and research, and maintenance of central subject files pertinent to program targets (1 May - 10 August 1970). | | | | | S |
| SPECIFIC DUTY NO. 2 | | | | | S |
| | | | | | P |
| | | | | | S |
| | | | | | P |
| | | | | | P |
| Prepare reports, correspondence, and other management/administrative requirements. | | | | | P |
| OVERALL PERFORMANCE IN CURRENT POSITION | | | | | |
| 1. Sum into one word, describing about the employee which summarizes his effectiveness in his present position such as performance of specific duties, productivity, conduct on job, cooperativeness, judgment, personal traits or habits, and particular limitations or defects. 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 best summarizes his level of performance. | | | | | S |

SECRET

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

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

5

1.

BY EMPLOYEE

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

DATE

12 February 1971

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

17 February 1971

OFFICIAL TITLE OF SUPERVISOR

DCCB

TYPED OR PRINTED NAME AND SIGNATURE

/s/

3.

BY REVIEWING OFFICIAL

COMPLETION OF REPORT

DATE

17 February 1971

OFFICIAL TITLE OF REVIEWING OFFICIAL

S/S

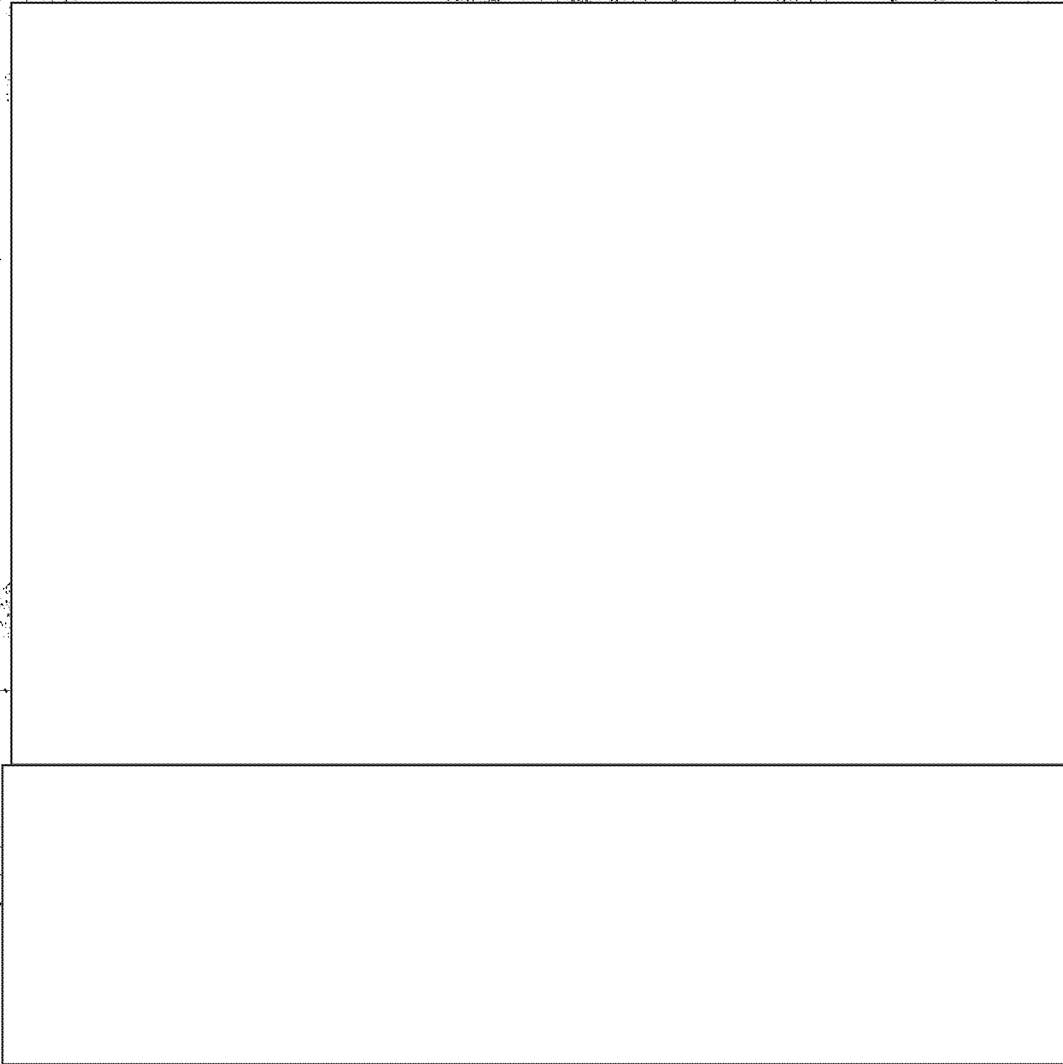
TYPED OR PRINTED NAME AND SIGNATURE

/s/

SECRET

S E C R E T

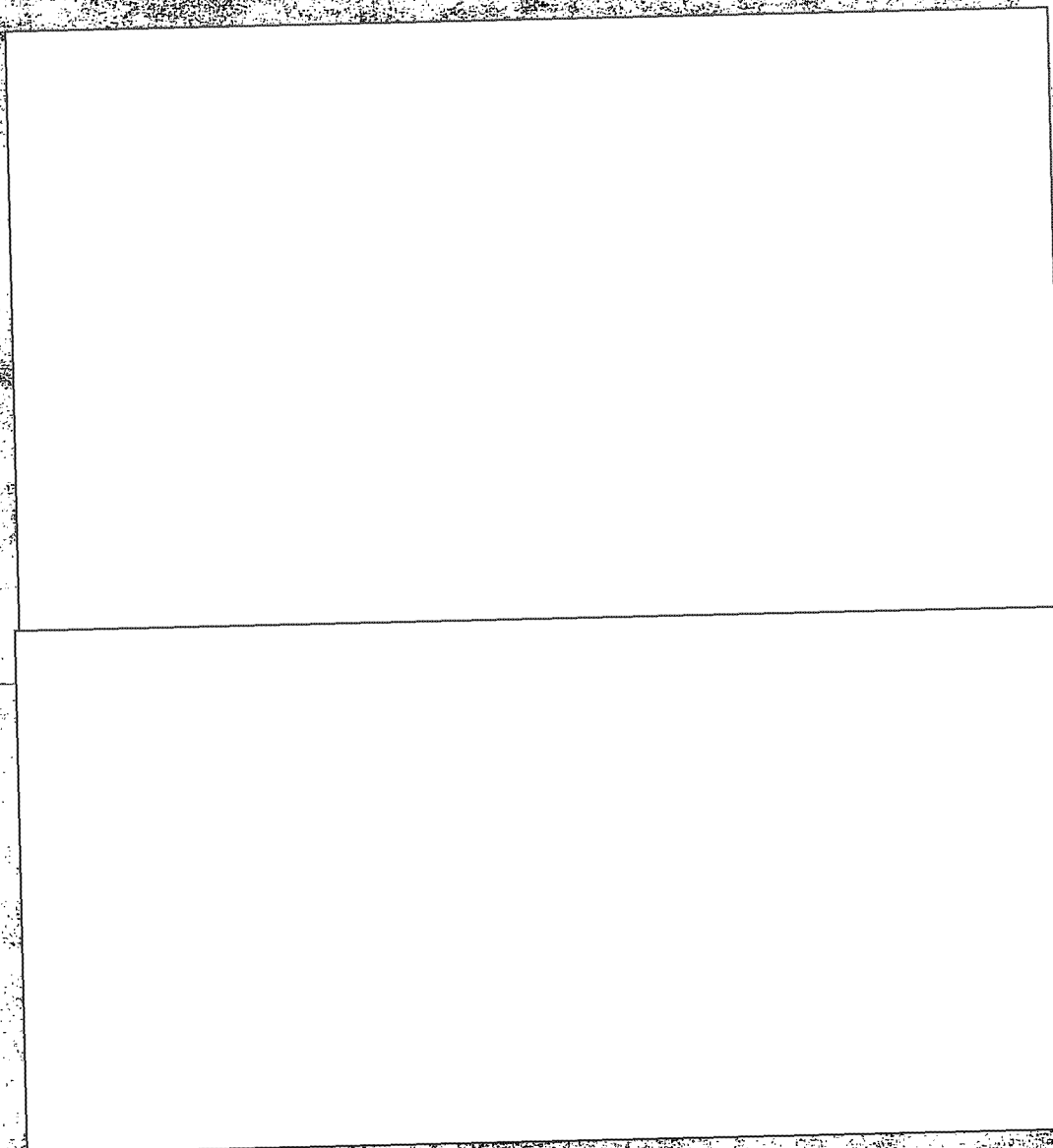
NARRATIVE (con'td)



S E C R E T

SECRET

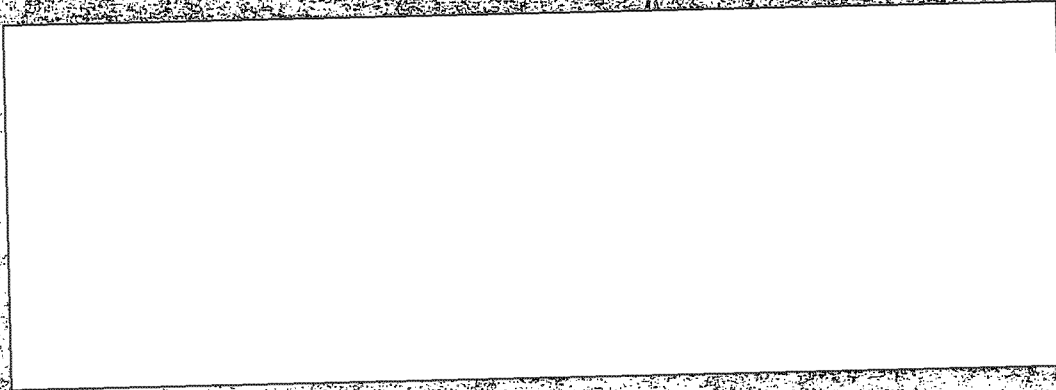
NARRATIVE (CON'TD)



SECRET

SECRET

NARRATIVE (CON. TD)



SECRET

SECRET
(When Filled In)

| FITNESS REPORT | | | | EMPLOYEE SERIAL NUMBER | | | | | | | | | | | | | | | |
|--|---------------|--|--|------------------------|--|---------------------|---------------|--|---|--|---|--|---|--|---|--|---|---------------------|--|
| <div>SECTION A</div> <div>GENERAL</div> <div> <div>1. NAME</div> <div>First () Middle () Last ()</div> <div>2. DATE OF BIRTH</div> <div>3. SEX</div> <div>4. GRADE</div> <div>5. ID</div> </div> <div> <div>6. OFFICIAL POSITION TITLE</div> <div>Ops Officer</div> <div>7. OFF. DIV. OR OF. ASSIGNMENT</div> <div>DDP/FE/</div> <div>8. CURRENT STATION</div> <div></div> </div> <div> <div>9. CHECK (X) TYPE OF APPOINTMENT</div> <div> ☒ CAREER ☐ RESERVE ☐ TEMPORARY </div> <div>10. CHECK (X) TYPE OF REPORT</div> <div> ☒ INITIAL ☒ REASSIGNMENT SUPERVISOR ☐ REASSIGNMENT EMPLOYEE </div> </div> <div> <div>11. DATE REPORT DUE IN O.P.</div> <div>28 February 1970</div> <div>12. REPORTING PERIOD (From - to)</div> <div>1 January 1970 - 30 April 1970</div> </div> | | | | | | | | | | | | | | | | | | | |
| <div>SECTION B</div> <div>PERFORMANCE EVALUATION</div> <div> <div>U-Unsatisfactory</div> <div>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.</div> </div> <div> <div>M-Marginal</div> <div>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.</div> </div> <div> <div>P-Proficient</div> <div>Performance is satisfactory. Desired results are being produced in the manner expected.</div> </div> <div> <div>S-Strong</div> <div>Performance is characterized by exceptional proficiency.</div> </div> <div> <div>O-Outstanding</div> <div>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.</div> </div> | | | | | | | | | | | | | | | | | | | |
| <div>SPECIFIC DUTIES</div> <div> <p>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).</p> </div> <table border="1"> <thead> <tr> <th>SPECIFIC DUTY NO. 1</th> <th>RATING LETTER</th> </tr> </thead> <tbody> <tr> <td></td> <td>S</td> </tr> <tr> <td></td> <td>S</td> </tr> <tr> <td></td> <td>S</td> </tr> <tr> <td></td> <td>S</td> </tr> <tr> <td> SPECIFIC DUTY NO. 5
 Managerial and supervisory conduct in performance of duties and cost consciousness in the use of own time, other personnel, equipment, funds and on-the-job initiative. </td> <td>P</td> </tr> <tr> <td>SPECIFIC DUTY NO. 6</td> <td></td> </tr> </tbody> </table> | | | | | | SPECIFIC DUTY NO. 1 | RATING LETTER | | S | | S | | S | | S | SPECIFIC DUTY NO. 5
Managerial and supervisory conduct in performance of duties and cost consciousness in the use of own time, other personnel, equipment, funds and on-the-job initiative. | P | SPECIFIC DUTY NO. 6 | |
| SPECIFIC DUTY NO. 1 | RATING LETTER | | | | | | | | | | | | | | | | | | |
| | S | | | | | | | | | | | | | | | | | | |
| | S | | | | | | | | | | | | | | | | | | |
| | S | | | | | | | | | | | | | | | | | | |
| | S | | | | | | | | | | | | | | | | | | |
| SPECIFIC DUTY NO. 5
Managerial and supervisory conduct in performance of duties and cost consciousness in the use of own time, other personnel, equipment, funds and on-the-job initiative. | P | | | | | | | | | | | | | | | | | | |
| SPECIFIC DUTY NO. 6 | | | | | | | | | | | | | | | | | | | |
| <div>OVERALL PERFORMANCE IN CURRENT POSITION</div> <div> <p>Use this space to describe 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.</p> </div> <div> <div>17 JUN 1970</div> <div>S</div> </div> | | | | | | | | | | | | | | | | | | | |

SECRET

SECTION C

NARRATIVE COMMENTS

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

JUN 16 3 10 PM '70

No substantive change from previous Fitness Report. The comments therein remain essentially valid. Subject will be acting capacity covering in the main the current supervisor's functional responsibilities for an interim period of over two months. Through a deliberately imposed trial period in preparation for this change, Subject has moved in strongly and with good judgment. The variation in Rating Letter grades reflects the longer period of assessment. Subject has improved demonstrably in approaches and initiative under Specific Duty No. 3; under Specific Duty No. 6 the current Supervisor has noted a tendency to be less than prompt in finalizing support actions so vital to liaison as such and our own support elements; finally, the present Supervisor finds room for improvement in the conduct of intra-Station relationships, but this is admittedly a highly subjective view. There remains no question about overall professionalism and capabilities.

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 | |
| 8 May 1970 | /s/ [] | |
| 2. BY SUPERVISOR | | |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION | |
| 12 months | | |
| DATE | OFFICIAL TITLE OF SUPERVISOR | TYPED OR PRINTED NAME AND SIGNATURE |
| 8 May 1970 | Opn Officer | /s/ [] |
| 3. BY REVIEWING OFFICIAL | | |
| COMMENTS OF REVIEWING OFFICIAL: | | |
| <p>The reviewing comments made in the previous fitness report continue to apply for this brief rating period. For the same reasons stated therein, I would rate Subject in Duty #1 as Proficient and the overall grade of Proficient. Duty #1 is Subject's principal function assigned in his Letter of Instruction (LOI). During the past two weeks and for a two week period in mid April when Subject managed the [] and his cases all by himself, I have observed a distinct increase in his effectiveness. He has worked long and hard, has shown initiative and imagination, has kept DCOS/COS currently briefed, and has shown good judgment in the decisions he</p> | | |
| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPED OR PRINTED NAME AND SIGNATURE |
| 22 May 1970 | DCOS | /s/ [] |

SECRET

COMMENTS OF REVIEWING OFFICIAL

made and recommendations referred to DCOS/COS. Subject has been encouraged to continue to exploit these strengths, as well as to expedite the preparation of written reports as noted by the Rating Officer. I have no doubt that Subject can and will exploit his potential to the maximum capacity during the next rating period in order to increase his rating, his comparative standing among the Station's other GS-13 officers, and to fulfill more thoroughly the priorities in his LOI.

SECRET
(When Filled In)

| FITNESS REPORT | | | | EMPLOYEE SERIAL NUMBER | |
|---|--|---|--------|------------------------|---------------|
| SECTION A GENERAL | | | | | |
| 1. NAME: (Last) (First) (Middle) | | 2. DATE OF BIRTH | 3. SEA | 4. GRADE | 5. DO |
| | | | M | GS-13 | D |
| 6. OFFICIAL POSITION TITLE | | 7. OFF. DIV./BR. OF ASSIGNMENT | | 8. CURRENT STATION | |
| Operations Officer | | DDP/FE | | | |
| 9. CHECK (X) TYPE OF APPOINTMENT | | 10. CHECK (X) TYPE OF REPORT | | | |
| ☒ CAREER ☐ RESERVE ☐ TEMPORARY | | ☐ INITIAL ☐ REASSIGNMENT SUPERVISOR | | | |
| ☐ CAREER-PROVISIONAL (See Instructions - Section C) | | ☒ ANNUAL ☐ REASSIGNMENT EMPLOYEE | | | |
| SPECIAL (Specify): | | SPECIAL (Specify): | | | |
| 11. DATE REPORT DUE IN O.P. | | 12. REPORTING PERIOD (From - to) | | | |
| 21 February 1970 | | 20 May 1969 - 31 December 1969 | | | |
| 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 |
| | | | | | S |
| | | | | | RATING LETTER |
| | | | | | S |
| | | | | | RATING LETTER |
| | | | | | P |
| | | | | | RATING LETTER |
| | | | | | S |
| | | | | | RATING LETTER |
| | | | | | P |
| | | | | | RATING LETTER |
| | | | | | P |
| SPECIFIC DUTY NO. 4 Managerial and supervisory conduct in performance of duties and cost consciousness in the use of own time, other personnel, equipment, funds and on-the-job initiative. | | | | | RATING LETTER |
| | | | | | 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 |

SECRET

SECTION C NARRATIVE COMMENTS

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

Subject arrived at Station in May 1969 well prepared and took over from his predecessor in an organized and professional manner; there were no hitches, either in terms of personality conflicts or operational lag. He has since continued to demonstrate care in preparation and approach to what is a demanding and highly varied assignment; he "uses" his past experience with originality and selective aggressiveness, and more important, with a keen sense of adaptability to his operational environment. Subject is definitely not a clock-watcher and gives of his own time freely and at his own initiative. Subject's initiative in [redacted] is limited only by the broad scope of duties already assigned.

Section B Specific Duties are directly related to Subject's Letter of Instruction dated 26 May 1969. In discharging his responsibilities [redacted] which includes advice and guidance to other Mission Intelligence components in addition to Station officers, Subject is limited only by the extent to which he is called on; he himself is thoroughly grounded and available for the discharge of this function. He

/continued ----/

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 | |
| 26 February 1970 | /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 |
| 26 February 1970 | Ops Officer | /s/ [redacted] |
| 3. BY REVIEWING OFFICIAL | | |
| COMMENTS OF REVIEWING OFFICIAL | | |
| <p>Concur generally with ratings and narrative comments. Subject is a dedicated, responsive and methodical officer whose previous duty Station was Headquarters [redacted]. In a relatively brief period of time Subject has obtained a good knowledge of the [redacted] operational information. Probably because of the presence of knowledgeable senior ops officers at the Station, Subject has been somewhat reserved in executing his assigned responsibility [redacted]. I believe Subject could have been more vigorous in this primary area of responsibility. This may change when these officers are rotated this spring and summer. This matter has been discussed with Subject by COS/DCOS and encouraged him to assume a more aggressive and substantive</p> | | |
| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPED OR PRINTED NAME AND SIGNATURE |
| 26 February 1970 | DCOS | /s/ [redacted] |

SECRET

SECRET

SECTION C - /continued --/

not necessarily conducive to easier relationships with local counterparts, Subject handles himself with professionalism, tact and understanding, well designed to absorb increasing sensitivities and still get the job done. Operational and performance consultations are held constantly -- daily on specifics and at least weekly on detailed performance and operational objectives. These sessions are frank and Subject is as much contributor as receiver, but he is distinctly receptive to realistic supervision and guidance for operational continuity. Subject is markedly security conscious, [redacted] and is perhaps overly cost conscious. His work in analysis and research in the complex [redacted] field, bringing together and collating viably positive intelligence (which otherwise be lost) in draft form is exemplary; his finished written work requires and is getting continuing attention. In fairness to Subject on latter point, he does very well in this area when adequate time is available to "finish" the product; on balance we prefer him active and mobile and can live with this marginal fault while evident efforts to improve continue. Overall, Subject is a well-rounded operations officer, a credit to the Agency and capable of larger responsibilities.

SECRET

SECRET

Reviewing Comments (continued)

role in suggesting operational ideas, levying tailored intelligence requirements, etc. to the various ops officers. Accordingly, for this rating period, I would rate Subject in Duty #1 at Proficient with an over-all rating of Proficient. Subject has the potential to increase his capability in the operations and ops management spheres. Subject and his rating officer work effectively as a team; consultations between them have produced some positive results.

SECRET

SECRET
(When Filled In)

| FITNESS REPORT | | | | | | EMPLOYEE SERIAL NUMBER
<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> | |
|---|--|--|---|---|--|---|-------------------|
| SECTION A GENERAL | | | | | | | |
| 1. NAME (Last) (First) (Middle)
<div style="border: 1px solid black; width: 100%; height: 20px;"></div> | | | 2. DATE OF BIRTH
<div style="border: 1px solid black; width: 100%; height: 20px;"></div> | | 3. SEX
M | 4. GRADE
GS-13 | 5. SD
D |
| 6. OFFICIAL POSITION TITLE
Operations Officer | | | 7. OFF/DIV/BR OF ASSIGNMENT
DDP/FE/ | | 8. CURRENT STATION
Headquarters | | |
| 9. CHECK (X) TYPE OF APPOINTMENT | | | 10. CHECK (X) TYPE OF REPORT | | | | |
| ☒ CAREER ☐ RESERVE ☐ TEMPORARY | | | ☐ INITIAL | | ☐ REASSIGNMENT SUPERVISOR | | |
| ☐ CAREER PROVISIONAL (See Instructions - Section C) | | | ☐ ANNUAL | | ☒ REASSIGNMENT EMPLOYEE | | |
| ☐ SPECIAL (Specify): | | | ☐ SPECIAL (Specify): | | | | |
| 11. DATE REPORT DUE IN O.P. | | | | 12. REPORTING PERIOD (From - To)
1 January 1969 - 10 May 1969 | | | |
| SECTION B PERFORMANCE EVALUATION | | | | | | | |
| <p>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.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>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.</p> | | | | | | | |
| SPECIFIC DUTIES | | | | | | | |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised). | | | | | | | |
| SPECIFIC DUTY NO. 1 | | | | | | RATING LETTER | |
| <div style="border: 1px solid black; width: 100%; height: 100px;"></div> | | | | | | S | |
| | | | | | | RATING LETTER | |
| | | | | | | S | |
| | | | | | | RATING LETTER | |
| SPECIFIC DUTY NO. 2 | | | | | | RATING LETTER | |
| Preparation and coordination of correspondence, studies, etc., in connection with Desk activities | | | | | | P | |
| SPECIFIC DUTY NO. 3 | | | | | | RATING LETTER | |
| SPECIFIC DUTY NO. 4 | | | | | | RATING LETTER | |
| OVERALL PERFORMANCE IN CURRENT POSITION | | | | | | | |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance. | | | | | | RATING LETTER | |
| | | | | | | S | |

SECRET

(When Filled In)

| SECTION C | | NARRATIVE COMMENTS | |
|--|--------------------------------------|----------------------------|--|
| <p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p> | | | |
| <p>During the reporting period [] has assumed greater responsibility as an Acting Desk Chief. As such he is responsible for the support of the operations of a large and active Station and for the direction of some eight employees either serving on this Desk or in process for the field. On balance he has done extremely well. His ability to express himself well verbally or in writing has stood him in good stead. His operational judgment is extremely good. He gets along well with his subordinates, delegates to them, and has obtained good production from them. He is highly cost conscious.</p> <p>He has made progress in speeding up the preparation of his written material. After serving with him for some two years the undersigned is convinced that [] has considerable potential for further advancement as a manager and operations officer.</p> | | | |
| SECTION D | | CERTIFICATION AND COMMENTS | |
| 1. BY EMPLOYEE | | | |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT | | | |
| DATE | [] | | |
| 28 April 1969 | [] | | |
| 2. MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION | | BY SUPERVISOR | |
| IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION | | | |
| DATE | OFFICIAL TITLE OF SUPERVISOR | TY | |
| 28/4/69 | ADC/FE [] | [] | |
| 3. BY REVIEWING OFFICIAL | | | |
| COMMENTS OF REVIEWING OFFICIAL | | | |
| [] leaves shortly for an assignment [] He will be missed here since he assumed increasingly heavy responsibilities during his tenure on the Branch and performed in a responsible manner which clearly warrants the strong fitness report given him. | | | |
| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | [] | |
| 29 APR 1969 | AC/FE [] | [] | |

SECRET

SECRET

(When Filled In)

| | | | | | |
|---|--|--|---|---|---------------------------|
| FITNESS REPORT | | | | EMPLOYEE SERIAL NUMBER
<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> | |
| SECTION A GENERAL | | | | | |
| 1. NAME
First: <div style="border: 1px solid black; width: 100px; height: 20px;"></div> Middle: <div style="border: 1px solid black; width: 100px; height: 20px;"></div> | | 2. DATE OF BIRTH
<div style="border: 1px solid black; width: 100px; height: 20px;"></div> | | 3. SEX
M | |
| 4. OFFICIAL POSITION TITLE
Operations Officer | | 5. OFF/DIV. BR OR ASSIGNMENT
DDP/FE | | 6. GRADE
GS-13 | |
| | | | | 7. SD
D | |
| 8. OFFICIAL STATION
Headquarters | | | | | |
| 9. CHECK (X) TYPE OF APPOINTMENT | | | 10. CHECK (X) TYPE OF REPORT | | |
| ☒ CAREER ☐ RESERVE ☐ TEMPORARY | | | ☐ INITIAL ☐ REASSIGNMENT SUPERVISOR | | |
| ☐ CAREER PROVISIONAL (See Instructions - Section C) | | | ☒ ANNUAL ☐ REASSIGNMENT EMPLOYEE | | |
| SPECIAL (Specify): | | | SPECIAL (Specify): | | |
| 11. DATE REPORT DUE IN O.P.
31 January 1969 | | | 12. REPORTING PERIOD (From - To)
1 January 1968 - 31 December 1968 | | |
| SECTION B PERFORMANCE EVALUATION | | | | | |
| <p>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.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>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.</p> | | | | | |
| SPECIFIC DUTIES | | | | | |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised). | | | | | |
| SPECIFIC DUTY NO. 1
<div style="border: 1px solid black; width: 500px; height: 80px; margin-top: 10px;"></div> | | | | | RATING LETTER
S |
| SPECIFIC DUTY NO. 2
Preparation and coordination of correspondence, studies, etc. in connection with Desk Activities. | | | | | RATING LETTER
P |
| SPECIFIC DUTY NO. 3 | | | | | RATING LETTER |
| SPECIFIC DUTY NO. 4 | | | | | RATING LETTER |
| SPECIFIC DUTY NO. 5 | | | | | RATING LETTER |
| SPECIFIC DUTY NO. 6
<div style="border: 1px solid black; width: 500px; height: 40px; margin-top: 10px;"></div> | | | | | RATING LETTER |
| OVERALL PERFORMANCE IN CURRENT POSITION | | | | | |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance. | | | | | RATING LETTER
S |

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

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

_____ is a bright, energetic and capable officer. At the same time, he is professionally sound in his judgement. He is thorough in reviewing and evaluating his programs and has a superior knowledge of his subject matter. He is cost conscious.

During the past year he has handled a very large work load. While his general performance has been exemplary, there have been, at times inordinate delays in completing a proportion of his written work, accounting, etc. _____ has been cautioned in this occasionally erratic performance, and it is expected that he will show marked improvement.

This officer is scheduled for assignment _____ in mid-1969.

_____ He is an extremely personable individual, who while intense does very well in social situations. He is a self starter, who needs little guidance. These factors should stand him in good stead.

In spite of occasional delays noted above, _____ was a very strong asset _____ during the past year. He remains a most capable officer with considerable potential career development.

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

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

DATE

SIGNATURE

30 Dec. 1968

2.

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

CFE

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I believe the foregoing evaluation sums up the situation very well.

_____ is an aggressive, capable, and experienced officer.

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

2 January 1969

DC/FF

SECRET

SECRET

TRAINING REPORT

NAME OF TRAINEE: [REDACTED]

COURSE: CI Operations

DOB: [REDACTED]

HOURS: 80

OFFICE: FE SD: D

DATES: 25 Nov - 6 Dec '68

OBJECTIVE AND METHOD OF INSTRUCTION

Objectives

[REDACTED]

Method of Instruction

The course is presented by means of lecture, case study, and discussion.

ADJECTIVAL RATINGS OF ACHIEVEMENT

Adjectival Rating

- | | |
|--|-----------|
| 1. Demonstration of understanding of course concepts and materials. | Excellent |
| 2. Participation in class discussions. | Excellent |
| 3. Imaginative and practical application of operational principles to case studies and problems. | Good |
| 4. Industriousness. | Excellent |

COMMENT: [REDACTED] a very active student in discussions to which he contributed many helpful ideas. His presentation of the Wennerstroem Case was both objective and critical in terms of the available information on the case.

OVERALL adjectival rating of achievement: Excellent

FOR THE DIRECTOR OF TRAINING:

2 JAN 1969

Date

Chief Instructor

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 | 5. SD |
| | | | M | CS-12 | D |
| 6. OFFICIAL POSITION TITLE | | 7. OFF/DIV/BR OF ASSIGNMENT | | 8. CURRENT STATION | |
| Operations Officer | | DDP/FE | | Headquarters | |
| 9. CHECK (X) TYPE OF APPOINTMENT | | | 10. CHECK (X) TYPE OF REPORT | | |
| ☒ CAREER ☐ RESERVE ☐ TEMPORARY | | | ☐ INITIAL ☐ REASSIGNMENT SUPERVISOR | | |
| ☐ CAREER-PROVISIONAL (See Instructions - Section C) | | | ☒ ANNUAL ☐ REASSIGNMENT EMPLOYEE | | |
| 11. DATE REPORT DUE IN O.P. | | | 12. REPORTING PERIOD (From - to) | | |
| | | | 7 April 1967 - 31 December 1967 | | |
| SECTION B PERFORMANCE EVALUATION | | | | | |
| <p>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.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>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.</p> | | | | | |
| SPECIFIC DUTIES | | | | | |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised). | | | | | |
| 1 | | | | | RATING LETTER |
| 2 | | | | | S |
| 3 | | | | | RATING LETTER |
| 4 | | | | | S |
| 5 | | RATING LETTER | | | |
| 6 | | P | | | |
| SPECIFIC DUTY NO. 5 | | | | | RATING LETTER |
| SPECIFIC DUTY NO. 6 | | | | | RATING LETTER |
| OVERALL PERFORMANCE IN CURRENT POSITION | | | | | |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance. | | | | | RATING LETTER |
| | | | | | S |

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

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

Dec 29 3 52 PM '67

[] is a thoroughly competent case officer who has been a major asset []. He has worked extremely hard with a minimum of supervision. He has not limited himself to his assigned duties, but has interested himself in other aspects of the Desk. In this regard he contributed considerably to the complete reorganization of the desk files.

In carrying out his duties he has been extremely thorough. His analysis of his cases has been excellent. While he writes clearly and meaningfully he still tends to be slow in handling correspondence. He will have to pay extra attention to this in his coming assignment [].

[] is personable intelligent, and mature officer. He is a self starter who should do extremely well in his upcoming assignment.

[] has had no supervisory responsibilities during the period under review. He is commendably cost-conscious.

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

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

DATE

19 Dec 1967

SIGNATURE

[]

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

5 months

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

DATE

19/12/67

OFFICIAL TITLE OF SUPERVISOR

CFE

TYPED

[]

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL: I concur with the Rating Officer's evaluations and comments.

Prior to his assignment [] served under me on the []. While there he mastered with commendable speed a variety of complex operational matters and related subjects of interest. He could always be counted on to know his cases and come up with the facts. He is a sound professional who can be trusted to do a job with a minimum of supervision.

In view of his excellent performance since his assignment to this Branch, [] has been recommended for promotion to GS-13. He is also being programmed [] where his independence and self-reliance should stand him in good stead.

DATE

22 December 1967

OFFICIAL TITLE OF REVIEWING OFFICIAL

DCFE/

SIGNATURE

[]

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-12 |
| 5. OFFICIAL POSITION/TITLE | | | 6. CITY OR OF ASSIGNMENT & CURRENT STATION | | | |
| Operations Officer | | | Ft. Hqs | | | |
| 7. CHECK (X) TYPE OF APPOINTMENT | | | 8. CHECK (X) TYPE OF REPORT | | | |
| ☐ CAREER ☐ RESERVE ☐ TEMPORARY | | | ☒ ANNUAL ☐ REASSIGNMENT SUPERVISOR | | | |
| ☐ CAREER-PROVISIONAL (See Instructions - Section C) | | | ☐ REASSIGNMENT EMPLOYEE | | | |
| ☐ SPECIAL (Specify) | | | ☐ SPECIAL (Specify) | | | |
| 9. DATE REPORT DUE IN O.P. | | | 10. REPORTING PERIOD (From - to) | | | |
| | | | 1 January - 7 April 1967 | | | |
| SECTION B PERFORMANCE EVALUATION | | | | | | |
| <p>E - 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.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>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.</p> | | | | | | |
| SPECIFIC DUTIES | | | | | | |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider (X) if 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 | | | | | | S |
| SPECIFIC DUTY NO. 2 | | | | | | S |
| SPECIFIC DUTY NO. 3 | | | | | | S |
| SPECIFIC DUTY NO. 4 | | | | | | S |
| SPECIFIC DUTY NO. 5 | | | | | | P |
| SPECIFIC DUTY NO. 6 | | | | | | RATING LETTER |
| SPECIFIC DUTY NO. 7 | | | | | | RATING LETTER |
| SPECIFIC DUTY NO. 8 | | | | | | RATING LETTER |
| SPECIFIC DUTY NO. 9 | | | | | | RATING LETTER |
| SPECIFIC DUTY NO. 10 | | | | | | RATING LETTER |
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SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

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

The comments noted in [redacted] previous Fitness Report to the effect that a little more experience [redacted] (to which he was assigned in mid-October 1963) should make him a strong member have been more than amply justified during this period. With minimum supervision or direction, [redacted] undertook the task of absorbing and systematizing the complexities of [redacted]. The result has been increased comprehension on the part of Headquarters regarding these efforts.

[redacted] also contributed materially in the way of preliminary operational research, support, recommendations and follow-through.

[redacted] His performance in these functions was characterized by thoroughness and imagination.

[redacted] is an extremely capable, intelligent officer with whom it is a genuine pleasure to serve, both professionally and personally. He is intellectually

(Continued)

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

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

DATE

SIGNATURE

25 May 1967

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

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

Three

DATE

OFFICIAL TITLE OF SUPERVISOR

25 May 1967

Acting Chief, FE/ [redacted]

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I would have rated [redacted] about the same. He at times suffers from an inability to articulate his thoughts clearly. There is no question of his professional grasp of his field, however. His feel for [redacted] operations is unusually sharp and he is capable of playing a significant ops role in a field assignment.

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

29 May 1967

Deputy Chief, FE/ [redacted]

SECRET

SECRET

FITNESS REPORT - [REDACTED]

25 May 1967

SECTION C, NARRATIVE COMMENTS (Continued)

curious, has a probing mind and has the knack of quickly and accurately assessing a given situation. A diligent worker, he retains a good sense of humor and gets along well with his colleagues. He is inclined to become a bit impatient with the bureaucratic procedures at Headquarters, but has the maturity to subdue such feelings in the interests of expediency.

As for weak points, [REDACTED] has tended to be somewhat lax about answering correspondence, particularly when he felt them to be of marginal value. This has been pointed out to him, however, and he is effectively overcoming this defect.

During this period, [REDACTED] had no supervisory duties as such, although he assisted on an ad hoc basis in the supervision of a career trainee temporarily assigned to the [REDACTED] Desk. His performance here was promising and it is contemplated to assign him some supervisory responsibilities in the future.

[REDACTED] exhibits good cost consciousness.

SECRET

SECRET
(When Filled In)

| FITNESS REPORT | | | | | | EMPLOYEE SERIAL NUMBER
<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> | |
|---|--|---------------------|--|---|--|---|----------------------------------|
| SECTION A GENERAL | | | | | | | |
| 1. NAME
<div style="display: flex; justify-content: space-between;"><div>(First)</div><div>(Middle)</div></div> | | 3. SER.
M | | 4. GRADE
12 | | 5. SD
D | |
| 6. OFFICIAL POSITION TITLE
Ops Officer | | | | 7. OFF/DIV/BR OF ASSIGNMENT
DDP/FE | | 8. CURRENT STATION
Hqs | |
| 9. CHECK (X) TYPE OF APPOINTMENT
<div style="display: flex; justify-content: space-between;"><div>☐ CAREER</div><div>☐ RESERVE</div><div>☐ TEMPORARY</div></div>
<div style="font-size: small;">CAREER-PROVISIONAL See Instructions - Section C</div> | | | | 10. CHECK (X) TYPE OF REPORT
<div style="display: flex; justify-content: space-between;"><div>☐ INITIAL</div><div>☒ ANNUAL</div><div>☐ REASSIGNMENT SUPERVISOR</div><div>☐ REASSIGNMENT EMPLOYEE</div></div>
<div style="font-size: small;">SPECIAL (Specify):</div> | | | |
| 11. DATE REPORT DUE IN O.P. | | | | 12. REPORTING PERIOD (From - to)
October - December 1966 | | | |
| SECTION B PERFORMANCE EVALUATION | | | | | | | |
| <p>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.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>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.</p> | | | | | | | |
| SPECIFIC DUTIES | | | | | | | |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised). | | | | | | | |
| SPECIFIC DUTY NO. 1

See Section C | | | | | | | RATING
LETTER |
| SPECIFIC DUTY NO. 2 | | | | | | | RATING
LETTER |
| SPECIFIC DUTY NO. 3 | | | | | | | RATING
LETTER |
| SPECIFIC DUTY NO. 4 | | | | | | | RATING
LETTER |
| SPECIFIC DUTY NO. 5 | | | | | | | RATING
LETTER |
| SPECIFIC DUTY NO. 6

<i>Jan 1967</i> | | | | | | | RATING
LETTER |
| OVERALL PERFORMANCE IN CURRENT POSITION | | | | | | | |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance. | | | | | | | RATING
LETTER

P |

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

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

Subject has been assigned to the [redacted] Desk since mid-October 1966, consequently evaluation of performance of specific duties at this point would not be based upon representative evidence.

During the very brief interval Subject has been with the desk, he has shown several consistent qualities that deserve noting. Assigned the [redacted] operations sector, he applied himself to background reading, files research and organizing his materials, with commendable energy. He has accepted a variety of spot assignments requiring timely response, shown considerable initiative in locating the necessary facts, and met the required deadlines without undue assistance or observation. He shows every evidence of absorption in his assigned field. A little more experience with the country, Headquarters procedures and local conventions should make him a strong member of the desk.

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

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

DATE

15 December 1966

SIGN

2.

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

Oct - Dec 1966

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

DATE

15 Dec 1966

OFFICIAL TITLE OF SUPERVISOR

CFE/ [redacted]

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Concur.

DATE

20 December 1966

OFFICIAL TITLE OF REVIEWING OFFICIAL

Deputy Chief, FE/ [redacted]

SIGNATURE

SECRET

TRAINING REPORT

Student : Office : DDP/FE
Year of Birth: Service Designation: D
Grade : GS-12 No. of Students : 32
EOD Date : 1955

To orient the student on the special nature of the Clandestine Services' [] target and to train him in the application of clandestine methods for collecting information on, assessing, and preparing recruitment operations []

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

Instructor, OTH

~~S-E-C-R-E-T~~

S-E-C-R-E-T

TRAINING REPORT

[] FAMILIARIZATION NO. 34
(40 hours, full-time)

26 February - 1 March 1968

Name : []

No. of Students: 17

Office : FE

ED : D

Year of Birth: []

Grade : GS-12

BOB Date : June 1955

COURSE OBJECTIVES - CONTENT AND METHODS

[]

ACHIEVEMENT RECORD

The above named student actively participated in the [] Familiarization Course No. 34. In this session no evaluation was attempted for the area phase. The student's performance in the language familiarization phase was satisfactory .

FOR THE DIRECTOR OF TRAINING:

[]
Chief Instructor

5 March 1968
Date

GROUP 1
Excluded from automatic
downgrading and
declassification

S-E-C-R-E-T

SECRET

TRAINING REPORT

 Operations Course No. 1-68
40 hours, full time 4 - 8 March 1968

Student :

Office : YE

Year of Birth:

Service Designation: D

Grade : GS-12

No. of Students : 25

EOD Date : June 1955

COURSE OBJECTIVE

ACHIEVEMENT RECORD

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

FOR THE DIRECTOR OF TRAINING:

 5 MAR 1968
Date
Chief Instructor

SECRET

S-E-C-R-E-T

TRAINING REPORT

Chiefs of Station Seminar No. 68

80 hours, full time 5 - 16 February 1968

Participant :

Office : IFE/

Year of Birth:

Service Designation:

Grade : GS-12

No. of Students : 18

EOD Date : 1955

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:

20 FEB 1968

Date

S-E-C-R-E-T

S-E-C-R-E-T

TRAINING REPORT

Information Reporting, Reports and Requirements Course No. 2-68
LPO Hours, full time: 26 February 1968

Student : Office : FE/
Year of Birth: Service Designation: D
Grade : OS-12 No. of Students : 5
EOD Date : 1955

COURSE OBJECTIVES - CONTENT AND METHODS

The over-all objectives of the course are: to show the requirements function as it develops; to describe information evaluation, appraisal, and dissemination; to present fundamental principles of collection and communication of information; to demonstrate how, through Headquarters guidance, reporters can be directed and developed; and to prepare intelligence officers in the field to put information into finished report form. Supervised practice to develop skills is given in the production of finished reports; in reporting on area guidance patterns; in tailoring requirements into specific assignments; and in observing, collecting, organizing, and communicating information.

ACHIEVEMENT RECORD

Student achievement is judged from each student's observed performance during laboratory practice in the areas of instruction indicated. An asterisk (*) indicated this student's ratings. The ratings are weak, adequate, proficient, strong, and outstanding.

A. Qualitative and Quantitative Production of Reports:

Weak Adequate Proficient Strong Outstanding

COMMENT: The quality of work was uniformly excellent in every respect. He worked to full capacity.

B. Requirements Performance:

Weak Adequate Proficient Strong Outstanding

COMMENT: His paper on this subject demonstrated that he has a very sound understanding of the Requirements and guidance systems.

S-E-C-R-E-T

S-E-C-R-E-T

C. Editorial Performance:

Weak Adequate Proficient Strong Outstanding

COMMENT:

His work demonstrated that he has acquired a very sound understanding of the principles of good editorial organization in intelligence reporting.

D. Reporting Performance:

Weak Adequate Proficient Strong Outstanding

COMMENT:

His outside reporting assignment was efficiently executed. It was well organized. Unfortunately, it lacked sufficient reporting detail to warrant a higher rating.

INSTRUCTOR'S OVER-ALL COMMENT:

was a very fine student. He worked extremely well and his many penetrating questions added very considerably to the tone of the class. His work was of excellent quality and it showed that he has acquired a sound understanding of the various aspects of the reporting function discussed.

FOR THE DIRECTOR OF TRAINING

Chief Instructor

1 FEB 1968
Date

S-E-C-R-E-T

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-12 |
| 5. OFFICIAL POSITION/TITLE | | | 6. CURRENT STATION | | |
| Ops Officer | | | Vietnam | | |
| 7. CHECK (X) TYPE OF APPOINTMENT | | | 8. CHECK (X) TYPE OF REPORT | | |
| CAREER ☐ RESERVE ☐ TEMPORARY ☐ | | | INITIAL ☐ ANNUAL ☒ REASSIGNMENT SUPERVISOR ☐ | | |
| CAREER-PROVISIONAL (See instructions - Section C) | | | REASSIGNMENT EMPLOYEE ☐ | | |
| SPECIAL (Specify): | | | SPECIAL (Specify): | | |
| 11. DATE REPORT DUE IN O.P. | | | 12. REPORTING PERIOD (From - to) | | |
| | | | 1 January - 9 July 1968 | | |
| SECTION B PERFORMANCE EVALUATION | | | | | |
| <p>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.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>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.</p> | | | | | |
| SPECIFIC DUTIES | | | | | |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised). | | | | | |
| SPECIFIC DUTY NO. 1 | | | | | RATING LETTER |
| The initiation, development and management of a sensitive FI/CI operation. | | | | | S |
| SPECIFIC DUTY NO. 2 | | | | | RATING LETTER |
| The spotting, assessment, development, recruitment and management of unilateral FI agents. | | | | | S |
| SPECIFIC DUTY NO. 3 | | | | | RATING LETTER |
| Functions as a liaison officer with officials of the Vietnamese National Police. | | | | | P |
| SPECIFIC DUTY NO. 4 | | | | | RATING LETTER |
| The preparation of dispatches, cables, intelligence information reports, memoranda and other necessary papers required by the above duties. | | | | | A |
| 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 |

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

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

1. This employee has been under the supervision of [redacted] rating officer for a period of four months. During that time he has displayed the professional qualities of a competent and knowledgeable operations officer.
2. During his tour at this Station, Subject was responsible for the initiation and development of a highly sensitive and productive FI/CI operation. His management of this project in its early stages, which has included its evolution into [redacted] has been performed in a highly commendable manner, and the Project has now reached the point where its future potential appears to be substantial. Subject has demonstrated his capability in the area of [redacted] and management through the [redacted] during his present tour. He has carried out a variety of liaison duties with various elements of the National Police efficiently and capably.
3. Subject has shown the capacity properly to place his own activities within the perspective of the Station's mission. In this respect he has devoted considerable effort to acquiring a solid background of area familiarization and knowledge which has enabled him to function in a highly effective fashion.
4. This employee has shown a high degree of cost consciousness in his approach to his duties. Employee has not had supervisory responsibilities.
5. Subject has sometimes shown a lack of sufficient emphasis in properly recording the progress of his operational activities through the normal reporting procedures. Subject is now aware of this, and it is believed that this will not be a problem in the future.
6. This employee is a well-motivated, highly capable officer with excellent career potential. This supervisor would be pleased to serve with him again.

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 | |
| 8 July 1966 | [redacted] (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 |
| 8 July 1966 | Ops Officer | [redacted] (S) |
| 3. BY REVIEWING OFFICIAL | | |
| COMMENTS OF REVIEWING OFFICIAL | | |
| I concur in the above. | | |
| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPED OR PRINTED NAME AND SIGNATURE |
| 8 July 1966 | Chief of IB | [redacted] (S) |

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 | 5. SD |
| | | | M | GS-12 | D |
| 6. OFFICIAL POSITION TITLE | | 7. ASSIGNMENT | | 8. CURRENT STATION | |
| Ops Officer | | DDP/ISA | | Saigon | |
| 9. CHECK (X) TYPE OF APPOINTMENT | | | 10. CHECK (X) TYPE OF REPORT | | |
| ☒ CAREER ☐ RESERVE ☐ TEMPORARY
☐ CAREER-PROVISIONAL (See Instructions - Section C)
☐ SPECIAL (Specify): | | | ☒ INITIAL ☐ REASSIGNMENT SUPERVISOR
☒ ANNUAL ☐ REASSIGNMENT EMPLOYEE
☐ SPECIAL (Specify): | | |
| 11. DATE REPORT DUE IN O.P. | | | 12. REPORTING PERIOD (From - to) | | |
| Feb 66 | | | 29 December 1964 to 31 Dec 1965 | | |
| SECTION B: PERFORMANCE EVALUATION | | | | | |
| <p>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.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>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.</p> | | | | | |
| SPECIFIC DUTIES | | | | | |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised). | | | | | |
| SPECIFIC DUTY NO. 1
Officer in charge of liaison with the Municipal Police
DES | | | | | RATING LETTER
P |
| SPECIFIC DUTY NO. 2
Officer in charge of liaison | | | | | RATING LETTER
S |
| SPECIFIC DUTY NO. 3
Officer in liaison with operational components of Headquarters, Special Branch | | | | | RATING LETTER
P |
| SPECIFIC DUTY NO. 4
Handles all the correspondence, files and associated memoranda connected with the tasks cited above. | | | | | RATING LETTER
P |
| SPECIFIC DUTY NO. 5 | | | | | RATING LETTER |
| SPECIFIC DUTY NO. 6 | | | | | RATING LETTER |
| OVERALL PERFORMANCE IN CURRENT POSITION | | | | | |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance. | | | | | RATING LETTER
P |

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

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

OFFICE OF PERSONNEL

FEB 15 10 43 AM '66

During the reporting period this officer was given different assignments due to a reorganization within the branch. During the past two months he has been solely responsible for liaison with [redacted] and has developed this into a very worthwhile activity. In addition to this effort he has been personally responsible for [redacted] of both short and long range interest. He has handled an area of extreme sensitivity which called for unremitting attention to detail. He accomplished this assignment in an outstanding manner. This officer is rated on the overall as proficient.

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 Feb 66 | /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 Feb 66 | Ops Officer | /s/ [redacted] |
| 3. BY REVIEWING OFFICIAL | | |
| COMMENTS OF REVIEWING OFFICIAL: | | |
| I concur with the above. | | |
| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPED OR PRINTED NAME AND SIGNATURE |
| 1 Feb 66 | Ops Officer | /s/ [redacted] |

SECRET

SECRET

(When Filled In)

| TRAINING REPORT - LANGUAGE | | | | COURSE TITLE | | | |
|--|---|--------------|--|---------------------------|---|---------------|--|
| INSTRUCTOR | | | | French Inter. - NW - Ph I | | | |
| NO. OF STUDENTS | | | | PROGRAM | | | |
| NO. OF HOURS | | | | Daytime - Part-time | | | |
| STUDENT | | | | DATE OF COURSE | | | |
| NAME | | | | 05/04/64 - 07/30/64 | | | |
| YOB | | EDD DATE | | OFFICE | | GR | |
| 28 | | 06/55 | | FB | | 12 D | |
| (See reverse side for definitions of proficiency levels) | | | | | | | |
| LEVEL OF PROFICIENCY AT ENTRY INTO TRAINING | | | | INSTRUCTORS ESTIMATE | | OFFICIAL TEST | |
| NO PROFICIENCY | | | | SLIGHT | | HIGH | |
| READING | X | | | | X | | |
| | X | | | | X | | |
| | X | | | | X | | |
| | X | | | | X | | |
| | X | | | | X | | |
| LANGUAGE TRAINING OBJECTIVES AND METHODS | | | | | | | |
| <p>The general aims of language training are attainment of proficiency in speaking, understanding, reading and writing. The specific objectives are: (1) ability to produce and distinguish the sounds of the language; (2) ability to use a stock of basic sentences and expressions; (3) ability to recombine the elements of basic sentences and expressions and to apply them to new situations; (4) ability to comprehend the language spoken at normal speed in various situations; (5) ability to write and read the language commensurate with ability to speak.</p> <p>Methods used in all courses stress oral drills and free conversation based at first on memorized material and, at a later stage, on varied reading materials. Written and oral tests are given at intervals. Listening to and recording on tapes in the Language Lab is essential for class preparation.</p> | | | | | | | |
| PERFORMANCE EVALUATION | | | | | | | |
| UNSATISFACTORY | | SATISFACTORY | | EXCELLENT | | | |
| ACHIEVEMENT | | X | | X | | | |
| ATTITUDE | | X | | X | | | |
| ATTENDANCE | | X | | X | | | |
| LEVEL OF PROFICIENCY AT COMPLETION OF TRAINING | | | | INSTRUCTORS ESTIMATE | | OFFICIAL TEST | |
| NO PROFICIENCY | | | | SLIGHT | | HIGH | |
| READING | X | | | | X | | |
| | X | | | | X | | |
| | X | | | | X | | |
| | X | | | | X | | |
| | X | | | | X | | |
| <p>Foreign Language Aptitude Test: 6</p> <div style="border: 1px solid black; width: 200px; height: 40px; margin: 10px auto;"></div> | | | | | | | |
| FOR THE DIRECTOR OF TRAINING: | | | | DATE | | | |
| | | | | 25 Mar 64 | | | |

2222

SECRET

GROUP 1
Excluded from automatic
downgrading and declassification

(45)

S E C R E T

TRAINING REPORT

A blank sheet of white graph paper with a light gray grid. The grid consists of small squares, approximately 10 units wide by 10 units high. A thicker horizontal line runs across the middle of the page, dividing it into two equal halves. A vertical line runs down the left side, creating a margin. The overall appearance is that of a standard piece of graph paper used for mathematics or science.

ACHIEVEMENT RECORD

This is a certificate of attendance. Adjectival ratings are not given in this course.

FOR THE DIRECTOR OF TRAINING:

Chief Instructor

22 April 1961
Date

Group I
Excluded from automatic
downgrading and
declassification

S E C R E T

SECRET
(When Filled In)

| FITNESS REPORT | | | | EMPLOYEE SERIAL NUMBER | |
|---|--|--|---|------------------------|---------------|
| SECTION A GENERAL | | | | | |
| 1. NAME (Last) (First) (Middle) | | | 2. DATE OF BIRTH | 3. SEA | 4. GRADE |
| | | | | M | GS-12 |
| 5. OFFICIAL POSITION TITLE | | | 6. OFF/DIV/BR OF ASSIGNMENT | 7. CURRENT STATION | |
| Ops Officer | | | DDP/EE/ | Headquarters | |
| 9. CHECK IN TYPE OF APPOINTMENT | | | 10. CHECK IN | | |
| ☐ CAREER ☐ RESERVE ☐ TEMPORARY | | | ☐ INITIAL ☐ REASSIGNMENT SUPERVISOR | | |
| ☐ CAREER-PROVISIONAL (See Instructions - Section C) | | | ☒ ANNUAL ☐ REASSIGNMENT EMPLOYEE | | |
| ☐ SPECIAL (Specify): | | | ☐ SPECIAL (Specify): | | |
| 11. DATE REPORT DUE IN O.P. | | | 12. REPORT PERIOD (From - to) | | |
| January 1964 | | | April - 31 January 1964 | | |
| SECTION B PERFORMANCE EVALUATION | | | | | |
| <p>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.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>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.</p> | | | | | |
| SPECIFIC DUTIES | | | | | |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised). | | | | | |
| SPECIFIC DUTY NO. 1 | | | | | RATING LETTER |
| Assembles available information on North Vietnam, and its diplomatic establishments abroad. | | | | | S |
| SPECIFIC DUTY NO. 2 | | | | | RATING LETTER |
| Acts as [] officer for Vietnam Desk. | | | | | P |
| SPECIFIC DUTY NO. 3 | | | | | RATING LETTER |
| Aids in giving operational support to denied areas ops program run by Saigon Station. | | | | | P |
| SPECIFIC DUTY NO. 4 | | | | | RATING LETTER |
| Prepares periodic reports on progress of denied area ops program. | | | | | S |
| SPECIFIC DUTY NO. 5 | | | | | RATING LETTER |
| | | | | | |
| SPECIFIC DUTY NO. 6 | | | | | RATING LETTER |
| | | | | | |
| OVERALL PERFORMANCE IN CURRENT POSITION | | | | | |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance. | | | | | RATING LETTER |
| 17 MAR 1964 | | | | | P |

SECRET

(When Filled In)

| SECTION C | | NARRATIVE COMMENTS | |
|--|---|-------------------------------------|--|
| <p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p> | | | |
| <p>During the period covered by this report, [redacted] has been assigned as an operations officer in the DD/P, having transferred from the DD/I in April 1963. [redacted] has made this transition very well, and has adjusted himself to the operating tempo and atmosphere of a busy desk. He is now a competent and flexible case officer, making a valuable contribution to his desk and branch. For the past month, he has served very capably as acting chief of the North Vietnam element of the desk during the absence of another officer.</p> <p>[redacted] was quick to recognize the difference between his present assignment and those previous to it. This difference has required some changes on his part, in terms of emphasis and flexibility. [redacted] has graciously accepted guidance given him during this period, and has developed into an efficient DD/P officer.</p> <p>[redacted] assignment involves partial supervision of two junior officers. He directs these officers effectively, and in a natural manner, giving promise of considerable supervisory capability which future assignments can develop.</p> <p>Following some additional time on the desk, during which time it is expected that [redacted] will assume more responsibility for the North Vietnam program, it is planned to send him to the field, as his performance on the desk would indicate that he is fully capable of an operational field assignment.</p> <p>* [redacted] supervisory duties have not been directly related to fiscal matters. However, he has revealed a normal degree of cost consciousness in those budgetary matters with which he has come in contact.</p> | | | |
| SECTION D | | CERTIFICATION AND COMMENTS | |
| 1. BY EMPLOYEE | | | |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT | | | |
| DATE | SIGNATURE OF EMPLOYEE | | |
| 18 February 1964 | [redacted] | | |
| 2. BY SUPERVISOR | | | |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION | | |
| 10 | | | |
| DATE | OFFICIAL TITLE OF SUPERVISOR | TYPED OR PRINTED NAME AND SIGNATURE | |
| 18 February 1964 | Chief, FE/ [redacted] | [redacted] | |
| 3. BY REVIEWING OFFICIAL | | | |
| COMMENTS OF REVIEWING OFFICIAL | | | |
| <p>Concur in supervisor's comments. I observed this officer since early May 1963 and I believe he has developed steadily in the operations field, a field new to him. After another six to nine months on the desk, he should be ready for his first ops assignment abroad, hopefully in Saigon working on the North Vietnam program. He is showing the earmarks of a well-rounded, thoughtful case officer and we should not delay too long in getting him to the field in a real operational situation.</p> | | | |
| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | TY [redacted] | |
| 9 March 1964 | Chief, FE/ [redacted] | [redacted] | |

SECRET

SECRET
(When Filled In)

| FITNESS REPORT | | | | FILED SERIAL NUMBER
<i>017774</i> | | | |
|--|--|--|----------------------------|--|------------------|-------|----------------------------|
| SECTION A: GENERAL | | | | | | | |
| 1. NAME (Last) (First) (Middle) | | | 2. DATE OF BIRTH | 3. SEX | 4. GRADE | 5. SD | |
| | | | | M | GS-12 | IR | |
| 6. OFFICIAL POSITION TITLE
IO | | | 7. OFF. DIV. OR ASSIGNMENT | | 8. CURRENT GRADE | | |
| | | | DDP/FE | | | | |
| 9. CHECK (X) TYPE OF APPOINTMENT | | | | 10. CHECK (X) TYPE OF REPORT | | | |
| ☐ CAREER ☐ RESERVE ☐ TEMPORARY
☒ CAREER-PROVISIONAL (See Instructions - Section C)
☐ SPECIAL (Specify): | | | | ☐ INITIAL ☐ REASSIGNMENT SUPERVISOR
☒ ANNUAL ☒ REASSIGNMENT EMPLOYEE
☐ SPECIAL (Specify): | | | |
| 11. DATE REPORT DUE IN O.P. | | | | 12. REPORTING PERIOD (From - To) | | | |
| | | | | 1 Jan 62 - 23 September 1962/ | | | |
| SECTION B: PERFORMANCE EVALUATION | | | | | | | |
| <p>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.</p> <p>A - Adequate: Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient: Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong: Performance is characterized by exceptional proficiency.</p> <p>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.</p> | | | | | | | |
| SPECIFIC DUTIES | | | | | | | |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised). | | | | | | | |
| SP | | | | | | | RATING LETTER
S |
| SP | | | | | | | RATING LETTER
S |
| SP | | | | | | | RATING LETTER
S |
| SP | | | | | | | RATING LETTER
A |
| SP | | | | | | | RATING LETTER
A |
| SP | | | | | | | RATING LETTER
P |
| 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
P+ |

SECRET

(When Filled In)

| SECTION C | | NARRATIVE COMMENTS | |
|---|---|---|--|
| <p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p> <p>Subject during his tour of duty at this station demonstrated a thorough knowledge of the [redacted] program and was sincere and competent in performing his duties. The establishment of the joint center [redacted] was a creditable achievement which should make an important contribution to the program in the years to come. He was cooperative and willing to undertake additional duties when requested. He has done an outstanding job in the training of both ODYOKE and [redacted].</p> <p>The reporting officer feels that Subject has a tendency to procrastinate and that on a few occasions he did not follow through on his commitments as aggressively as he might have. This, however, was the only weakness noticed in an otherwise competent performance.</p> | | | |
| SECTION D | | CERTIFICATION AND COMMENTS | |
| 1. BY EMPLOYEE | | | |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT | | | |
| DATE
4/23/63 | SIGNATURE OF [redacted] | | |
| 2. BY SUPERVISOR | | | |
| MONTHS EMPLOYER HAS BEEN UNDER MY SUPERVISION
15 MONTHS | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION
FR shown to employee 4/23/63
HAS ALREADY DEPARTED TO NEW POST | | |
| DATE
19 Oct 1962 | OFFICIAL TITLE OF SUPERVISOR | TYPED OR PRINTED NAME AND SIGNATURE
[redacted] | |
| 3. BY REVIEWING OFFICIAL | | | |
| COMMENTS OF REVIEWING OFFICIAL

Correct. | | | |
| DATE
22 Oct 1962 | OFFICIAL TITLE OF REVIEWING OFFICIAL
OCCS [redacted] | TYPED OR PRINTED NAME AND SIGNATURE
[redacted] | |

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 5. SO |
| | | | | M | GS-12 D |
| 6. OFFICIAL POSITION TITLE | | | 7. OFF/DIV/BR OF ASSIGNMENT | 8. CURRENT STATION | |
| Ops Officer | | | DDP/FE | Headquarters | |
| 9. CHECK (X) TYPE OF APPOINTMENT | | | 10. CHECK (X) TYPE OF REPORT | | |
| ☐ CAREER ☐ RESERVE ☐ TEMPORARY | | | ☐ INITIAL ☐ REASSIGNMENT SUPERVISOR | | |
| ☐ CAREER-PROVISIONAL (See Instructions - Section C) | | | ☒ ANNUAL ☐ REASSIGNMENT EMPLOYEE | | |
| SPECIAL (Specify): | | | SPECIAL (Specify): | | |
| 11. DATE REPORT DUE IN O.P. | | | 12. REPORTING PERIOD (From - to) | | |
| January 1984 | | | April - 31 January 1984 | | |
| SECTION B PERFORMANCE EVALUATION | | | | | |
| <p>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.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>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.</p> | | | | | |
| SPECIFIC DUTIES | | | | | |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised). | | | | | |
| SPECIFIC DUTY NO. 1 | | | | | RATING LETTER |
| Assembles available information on North Vietnam, and its diplomatic establishments abroad. | | | | | S |
| SPECIFIC DUTY NO. 2 | | | | | RATING LETTER |
| Acts as [] officer for Vietnam Desk. | | | | | P |
| SPECIFIC DUTY NO. 3 | | | | | RATING LETTER |
| Aids in giving operational support to denied areas ops program run by Saigon Station. | | | | | P |
| SPECIFIC DUTY NO. 4 | | | | | RATING LETTER |
| Prepares periodic reports on progress of denied area ops program. | | | | | S |
| SPECIFIC DUTY NO. 5 | | | | | RATING LETTER |
| | | | | | |
| SPECIFIC DUTY NO. 6 | | | | | RATING LETTER |
| | | | | | |
| OVERALL PERFORMANCE IN CURRENT POSITION | | | | | |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance. | | | | | RATING LETTER |
| | | | | | P |

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

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

During the period covered by this report, [] has for the first time been assigned as an operations officer in the DD/P, having transferred from the DD/I in April 1963. [] has made this transition very well, and has adjusted himself to the operating tempo and atmosphere of a busy desk. He is now a competent and flexible case officer, making a valuable contribution to his desk and branch. For the past month, he has served very capably as acting chief of the North Vietnam element of the desk, during the absence of another officer.

[] was quick to recognize the difference between his present assignment and those previous to it. This difference has required some changes on his part, in terms of emphasis and flexibility. [] has graciously accepted guidance given him during this period, and has developed into an efficient DD/P officer.

[] assignment involves partial supervision of two junior officers. He directs these officers effectively, and in a natural manner, giving promise of considerable supervisory capability which future assignments can develop.*

Following some additional time on the desk, during which time it is expected that [] will assume more responsibility for the North Vietnam program, it is planned to send him to the field, as his performance on the desk would indicate that he is fully capable of an operational field assignment.

[] supervisory duties have not been directly related to fiscal matters.

However, he has revealed a normal degree of cost consciousness in those budgetary matters with which he has come in contact.

SECTION D

CERTIFICATION AND COMMENTS

| | | |
|--|---|--|
| 1. BY EMPLOYEE | | |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT | | |
| DATE
18 February 1964 | SIGNATURE
[] | |
| 2. BY SUPERVISOR | | |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION
10 | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION | |
| DATE
18 February 1964 | OFFICIAL TITLE OF SUPERVISOR
Chief, FE [] | TYPED OR PRINTED NAME AND SIGNATURE
[] |
| 3. BY REVIEWING OFFICIAL | | |
| COMMENTS OF REVIEWING OFFICIAL | | |
| <p>Concur in supervisor's comments. I have observed this officer since early May 1963 and I believe he has developed steadily in the operations field; a field new to him. After another six to nine months on the desk, he should be ready for his first ops assignment abroad, hopefully in Saigon working on the North Vietnam program. He is showing the earmarks of a well-rounded, thoughtful case officer and we should not delay too long in getting him to the field in a real operational situation.</p> | | |
| DATE
9 March 1964 | OFFICIAL TITLE OF REVIEWING OFFICIAL
Chief, FE/ [] | TYPED OR PRINTED NAME AND SIGNATURE
[] |

SECRET

SECRET
(When Filled In)

4 F-27

FITNESS REPORT

EMPLOYEE SERIAL NUMBER

SECTION A

GENERAL

| | | | | | | |
|--|--|------------------------------|------------------|--|-------------|-------------------|
| 1. NAME (Last) (First) (Middle) | | | 2. DATE OF BIRTH | | 3. SEX
M | 4. GRADE
GS-12 |
| 5. SERVICE DESIGNATION | | 6. OFFICIAL POSITION TITLE | | 7. OFF/DIV/BR OF ASSIGNMENT | | |
| 8. CAREER STAFF STATUS | | | | 9. TYPE OF REPORT | | |
| ☐ NOT ELIGIBLE
☒ MEMBER
☐ DEFERRED
☐ PENDING
☐ DECLINED
☐ DENIED | | | | ☐ INITIAL
☒ ANNUAL
☐ REASSIGNMENT/SUPERVISOR
☐ REASSIGNMENT/EMPLOYEE | | |
| 10. DATE REPORT DUE IN O.P. | | 11. REPORTING PERIOD From To | | 12. SPECIAL (Specify) | | |
| | | 15 Apr 61-31 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

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

SECRET

(When Filled In)

OFFICE

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 basis for determining future personnel actions.

This officer continues to perform his duties in a highly efficient manner, showing diligence and initiative. He has successfully coordinated the activities of the ODJKE intelligence community in the [] field, and has succeeded in keeping this an active and rewarding program. He has been cooperative at all times, and has willingly assumed additional duties, particularly in assisting the Branch Chief in handling [] problems and requirements. He has established good working relationships with the ODJKE agencies in the field, and has twice during this period received letters of appreciation from other agencies for the high calibre of training which he has conducted. No specific weaknesses have been noted, and no special training is recommended at this time.

SECTION F

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

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

DATE

31 December 61

SIGNATURE OF EMPLOYEE

[] (Signed)

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

7

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

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

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE

31 December 61

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

[] (Signed)

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

31 Dec. 61

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

[] (Signed)

SECRET

SECRET

Continuation of Section B:

Specific Duty No. 3

collection techniques [REDACTED]

Specific Duty No. 4

.. KUDOV elements, particularly [REDACTED]

SECRET

SECRET
(When Filled In)

[Signature]

| FITNESS REPORT | | | | EMPLOYER SERIAL NUMBER | |
|--|--------------------|------------------------|--|------------------------|---------------------|
| SECTION A GENERAL | | | | | |
| 1. NAME (Last) (First) (Middle) | | | 2. DATE OF BIRTH | | 3. SEX |
| | | | | | Male |
| 4. SERVICE DESIGNATION | | | 5. OFFICIAL POSITION TITLE | | 6. GRADE |
| IR | | | IO | | G-11 |
| 7. OFF/DIV/GR OF ASSIGNMENT | | | | | |
| 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 | | 12. SPECIAL (Specify) | |
| | | From Sept 59 To Apr 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 | | | | | |
| | | | | | |
| SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION | | | | | |
| Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance. | | | | | |
| 1 - Performance in many important respects falls to meet requirements.
2 - Performance meets most requirements but is deficient in one or more important respects.
3 - Performance clearly meets basic requirements.
4 - Performance clearly exceeds basic requirements.
5 - Performance in every important respect is superior.
6 - Performance in every respect is outstanding. | | | | | RATING NO.

5 |
| SECTION D DESCRIPTION OF THE EMPLOYEE | | | | | |
| In the rating boxes below, check (X) the degree to which each characteristic applies to the employee. | | | | | |
| 1 - Least possible degree | 2 - Limited degree | 3 - Normal degree | 4 - Above average degree | 5 - Outstanding degree | |
| CHARACTERISTICS | | | NOT APPLICABLE | NOT OBSERVED | RATING |
| | | | | | 1 2 3 4 5 |
| GETS THINGS DONE | | | | | |
| RESOURCEFUL | | | | | |
| ACCEPTS RESPONSIBILITIES | | | | | |
| CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES | | | | | |
| DOES HIS JOB WITHOUT STRONG SUPPORT | | | | | |
| FACILITATES SMOOTH OPERATION OF HIS OFFICE | | | | | |
| WRITES EFFECTIVELY | | | | | |
| IS SOCIALLY CONSCIOUS | | | | | |
| THINKS CLEARLY | | | | | |
| DISCIPLINED IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS | | | | | |
| OTHER (Specify) | | | | | |

SEE SECTION "E" ON REVERSE SIDE

(Where Filled In)

NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

The undersigned's assessment of subject officer continues essentially the same as stated in the previous fitness report.

Subject officer has demonstrated high devotion to duty and complete willingness to undertake any task, no matter how difficult or inconvenient, which would contribute to the [redacted] In addition, he has voluntarily undertaken to look after the broader interests of [redacted] with both KUDOVE and ODYCKE military intelligence components in this area. In the performance of his duties subject officer has also displayed a high degree of initiative and self-reliance, as well as mature judgment in assessing the goals of his program and devising and implementing all measures necessary to achieve them.

| | | |
|-----------|----------------------------|-------------|
| SECTION F | CERTIFICATION AND COMMENTS | (continued) |
|-----------|----------------------------|-------------|

(continued)

BY EMPLOYEE

SIGNATURE OF EMPLOYEE

E of this Report.
This report has been prepared in accordance with F.E. Division standards which are in effect for rating the individual.

BY SUPERVISOR

TECHNICAL DATA

State and location of and average

FACTS & EXPLANATION

DATE

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

REPORT MADE WITHIN LAST 90 DAYS

UAYE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

C&LP, SIS

BY REVIEWING OFFICIAL

I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYER 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.

| | | | |
|------|-------------|--------------------------------------|-------------------------------------|
| DATE | 14 Apr 1961 | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPED OR PRINTED NAME AND SIGNATURE |
|------|-------------|--------------------------------------|-------------------------------------|

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

SECRET

Continuation of Section B:

Specific Duty No. 3

collection techniques

Specific Duty No. 4

KUDOV elements,

Continuation of Section E:

and experience in the broader, analytical aspects of the KUCHAP area, including language and area studies.

Continuation of Section F-3:

normal administrative responsibilities.

SECRET
(When Filled In)

OK

| FITNESS REPORT | | | | | | EMPLOYEE SERIAL NUMBER | | | | |
|---|--|--------------------|--|---------------------|-----------------------------|---|---|------------------------|---|---|
| SECTION A GENERAL | | | | | | | | | | |
| 1. NAME (Last) (First) (Middle) | | | 2. DATE OF BIRTH | | 3. SEX | 4. GRADE | | | | |
| 5. SERVICE DESIGNATION | | | 6. OFFICIAL POSITION TITLE | | 7. OFF/DIV/BR OF ASSIGNMENT | | | | | |
| 8. CAREER STAFF STATUS | | | 9. TYPE OF REPORT | | | | | | | |
| ☐ NOT ELIGIBLE ☒ MEMBER ☐ DEFERRED
☐ PENDING ☐ DECLINED ☐ DENIED | | | ☐ INITIAL ☐ REASSIGNMENT/SUPERVISOR
☒ ANNUAL ☐ REASSIGNMENT/EMPLOYEE | | | | | | | |
| 10. DATE REPORT DUE IN O.P. | | | 11. REPORTING PERIOD To SPECIAL (Specify) | | | | | | | |
| From 4 Sept 59 | | | To 30 Sept 60 Promotion | | | | | | | |
| SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES | | | | | | | | | | |
| List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employee supervised). | | | | | | | | | | |
| 1 - Unsatisfactory 2 - Barely adequate 3 - Acceptable 4 - Competent 5 - Excellent 6 - Superior 7 - Outstanding | | | | | | | | | | |
| | | | | | | | | | | |
| SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION | | | | | | | | | | |
| collection techniques applicable to the employee.
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.
<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto; line-height: 30px;">5</div> | | | | |
| SECTION D DESCRIPTION OF THE EMPLOYEE | | | | | | | | | | |
| In the rating boxes below, check (X) the degree to which each characteristic applies to this employee | | | | | | | | | | |
| 1 - Least possible degree | | 2 - Limited degree | | 3 - Normal degree | | 4 - Above average degree | | 5 - Outstanding degree | | |
| CHARACTERISTICS | | | | NOT APPLI-
CABLE | NOT OB-
SERVED | RATING | | | | |
| GETS THINGS DONE | | | | | | 1 | 2 | 3 | 4 | 5 |
| 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

Continuation of Section E:

In recognition of subject officer's outstanding performance to date and in view of the considerable responsibilities incident to the post of [redacted] representative in this area, I recommend that subject officer be promoted to the grade of GS-12 as soon as possible.

SECRET 24 AUG 1959
(When Filled In)

| FITNESS REPORT | | | | EMPLOYEE SERIAL NUMBER | |
|--|--|----------------------------|--|-----------------------------|---------------------|
| SECTION A GENERAL | | | | | |
| 1. NAME (Last) (First) (Middle) | | 2. DATE OF BIRTH | | 3. SEX | 4. GRADE |
| | | | | Male | GS-11 |
| 5. SERVICE DESIGNATION | | 6. OFFICIAL POSITION TITLE | | 7. OFF/DIV/GR OF ASSIGNMENT | |
| IR | | IO | | ORR- | |
| 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 | | 12. SPECIAL (Specify) | |
| 31 Oct 1959 | | 15 Mar 58 - 30 Sep 1959 | | | |
| SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES | | | | | |
| List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised). | | | | | |
| 1 - Unsatisfactory 2 - Barely adequate 3 - Acceptable 4 - Competent 5 - Excellent 6 - Superior 7 - Outstanding | | | | | |
| SPECIFIC DUTY NO. 1 | | RATING NO. | SPECIFIC DUTY NO. 4 | | RATING NO. |
| Prepares written reports on results of analysis. | | 3 | Directs and participates in field exploitation. | | 4 |
| SPECIFIC DUTY NO. 2 | | RATING NO. | SPECIFIC DUTY NO. 5 | | RATING NO. |
| Derives significant intelligence from factory markings data. | | 4 | Organizes raw data into analytic file. | | 5 |
| SPECIFIC DUTY NO. 3 | | RATING NO. | SPECIFIC DUTY NO. 6 | | RATING NO. |
| Supervises junior analyst. | | 4 | | | |
| 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.

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

SEE SECTION B* ON REVERSE SIDE

SECRET

(When Filled In)

SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

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

[] is a steady, conscientious worker, and has consistently displayed initiative and thoroughness in his research assignments. His main weakness is in organizing and presenting the results of his work. This weakness is also apparent in his oral presentation of argumentation. [] frequently "talks around a point" instead of "hitting the point". This weakness has influenced the rating given under Section D - "thinks clearly", and limits his effectiveness as a supervisor. It is hoped that [] will overcome this weakness in his forthcoming assignment overseas.

MAIL ROOM

AUG 19 4 56 PM '59

OFFICE OF PERSONNEL

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

42

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

Departed on PCS overseas.

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

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE

13 August 1959

OFFICIAL TITLE OF SUPERVISOR:

Chief, FM/EA

AND SIGNATURE

3. BY REVIEWING OFFICIAL

☒ I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.☐ I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.☐ I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.☐ I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE

13 August 1959

OFFICIAL TITLE OF REVIEWING OFFICIAL

Chief, St/FM

TYPED OR PRINTED NAME AND SIGNATURE

SECRET

S-E-C-R-E-T

REPORT OF TRAINING

Operations Familiarization Course No. 17

I. IDENTIFYING INFORMATION

Name:

Sex: Male

Date of Birth:

Grade or Rank: OS-11

EOD Date: 15 June 1959

Office: ORR

Dates of Course: 6 Apr - 15 May 59 No. of Students: 25

Projected Assignment or Present Position:
(from Request for Internal Training)

II. DESCRIPTION OF COURSE

The Operations Familiarization Course is a six-week course designed primarily for Clandestine Services non-case officer personnel and for non-Clandestine Services officers whose responsibilities in support of operations require adequate familiarization with case officer functions and with the programs and operations of the Clandestine Services.

III. REPORT OF STUDENT ACHIEVEMENT

To satisfactorily complete the Operations Familiarization Course the student must demonstrate in a series of seminars and in a limited number of written assignments that he has acquired an adequate understanding of the fundamentals of clandestine operations. Testing mechanisms are minimal and do not permit an extensive evaluation of individual performance.

satisfactorily completed Operations Familiarization Course No. 17.

FOR THE DIRECTOR OF TRAINING:

Chief Instructor, OFC

Chief, Field Training

S-E-C-R-E-T

(When filled in)

COURSE INFORMATION

STUDENT BASIC DATA (NAME, GRADE, SEX, etc.) (PART-TIME)

SECTION I: IDENTIFYING INFORMATION

| | | | |
|--|--------------------------|--|----------------------|
| NAME
[REDACTED] | SEX
Male | DATES OF COURSE
5 Jan - 13 March 1959 | NO. OF STUDENTS
3 |
| DATE OF BIRTH
[REDACTED] | BOB DATE
15 June 1955 | GRADE OR RANK
OS-11 | OFFICE
ORF |
| PROJECTED ASSIGNMENT OR PRESENT LOCATION
Analytic position in ST/PM | | | |

SECTION II: SPECIFIC CHARACTERISTICS OF THE COURSE

This course lasts 10 weeks. The classes are held 2 hours per day, 5 days a week. Students are required to do a minimum of 10 hours per week of drill in the language laboratory outside of class hours. The instructor is able to meet at any time by appointment with each student individually. Students are given at least two major tests and a number of ten-minute tests during the progress of the course.

SECTION III: OBJECTIVES

The general aim of this course is to provide a thorough grounding for the student who has previously had either a reading course in the language or an insufficient introduction to the language. It serves as a basis for further advancement either by independent learning in the area or by further study.

The specific objectives are:

- Ability to produce and distinguish all the sounds of the language.
- Ability to use adequately a stock of correct Spanish sentences and expressions.
- Ability to analyze sentences and expressions into their components.
- Ability to comprehend speech-speed spoken Spanish in a wide variety of non-technical situations.
- Ability to read and write informal Spanish using a limited number of vocabulary and structural items.

SECTION IV: EVALUATION RATINGS

The following is an explanation of the five terms of evaluation employed below:

- The student failed to satisfy minimum requirements, and his grasp of the material is too inadequate to be functional.
- The student satisfied only the minimum requirements of the objectives. His grasp is barely functional.

SECRET
(When filled in)

S-5-C-R-F-2
(When Filled In)

3. The student met the objectives in a creditable manner, revealing a good grasp of essentials.
4. The student showed a high degree of competence in meeting the objectives.
5. The student demonstrated exceptional ability or proficiency in meeting the objectives. His accomplishment was one attained by a very small number of students.

SECTION V: ACHIEVEMENT RATINGS

The number in each cell represents the number of students receiving that rating in terms of the above objectives. The asterisk (*) represents the rating this student achieved.

| Course Objectives | Rating
1 | Rating
2 | Rating
3 | Rating
4 | Rating
5 |
|-------------------|-------------|-------------|-------------|-------------|-------------|
| Objective A | | | 2 * | 1 | |
| Objective B | | | 2 * | 1 | |
| Objective C | | | 2 * | 1 | |
| Objective D | | | 2 * | 1 | |
| Objective E | | | 2 * | 1 | |

This class as a whole is rated as:

Above average _____ Average X _____ Below than average _____

SECTION VI: COMMENTS

performed fairly unevenly in this course. As a rule his preparations were more thorough during the first five weeks of the course.

FOR THE DIRECTOR OF TRAINING

LS
Signature of Instructor

S-5-C-R-F-2
(When Filled In)

SECTION I: IDENTIFYING INFORMATION

| | | | |
|--|--------------|---------------------|-----------------|
| NAME | Male | 13 Oct 58-19 Dec 58 | NO. OF SECTIONS |
| DATE OF BIRTH | 15 June 1955 | CS-11 | ONE |
| PROJECTED ASSIGNMENT OR PRESENT POSITION | | | |
| Analyst | | | |

SECTION II: SPECIFIC CHARACTERISTICS OF THE COURSE

This course lasts 10 weeks. The classes are held 2 hours per day, 5 days a week. Students are required to do a minimum of 10 hours per week of drill in the language laboratory outside of class hours. The instructor is able to meet at any time by appointment with each student individually. Students are given at least two major tests and a number of minor tests during the period of the course.

SECTION III: OBJECTIVES

The general aim of this course is to provide a thorough grounding for the student who has previously had rather a hazy knowledge in the language or an insufficient introduction to the language. It serves as a basis for further advancement either by independent learning in the area or by further study.

The specific objectives are:

- Objective A. Ability to produce and distinguish all the sounds of the language.
- Objective B. Ability to construct accurately a stock of correct Spanish sentences and expressions.
- Objective C. Ability to analyze sentences and expressions into their components.
- Objective D. Ability to understand and interpret spoken Spanish in a wide variety of conversational situations.
- Objective E. Ability to read and comprehend texts of limited nature of vocabulary and structural forms.

SECTION IV: EVALUATION METHOD

Final exam
When called for

CLASSROOM EVALUATION REPORT

The following is an explanation of the five terms of evaluation employed below:

- Rating 1. The student failed to satisfy minimum requirements, and his grasp of the material is too inadequate to be functional.
- Rating 2. The student satisfied only the minimum requirements of the objectives. His grasp is barely functional.
- Rating 3. The student met the objectives in a creditable manner, revealing a good grasp of essentials.
- Rating 4. The student showed a high degree of competence in meeting the objectives.
- Rating 5. The student demonstrated exceptional ability or proficiency in meeting the objectives. His accomplishment was one attained by a very small number of students.

SECTION VI: ACHIEVEMENT RATINGS

The number in each cell represents the number of students receiving that Rating in terms of the above objectives. The asterisk (*) represents the Rating this student achieved.

| Course Objectives | Rating 1 | Rating 2 | Rating 3 | Rating 4 | Rating 5 |
|-------------------|----------|----------|----------|----------|----------|
| Objective A | | 1 | 2 | 2* | 1 |
| Objective B | | | 3* | 3 | |
| Objective C | | | 4* | 2 | |
| Objective D | | | 3* | 3 | |
| Objective E | | | 3 | 3* | |

This class as a whole is rated as:

Above average _____ Average X _____ Below than average _____

SECTION VII: COMMENTS

Since reading skills are stressed during the latter part of the 30-week course series, the rating for Objective E is based on a limited amount of information.

FOR THE DIRECTOR OF TRAINING:

/s/
Signature of Head Instructor

DATE: _____
(When filled in)

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 (Last) (First) (Middle) | 2. DATE OF BIRTH | 3. SER | 4. SERVICE DESIGNATION |
| 5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT | 6. OFFICIAL POSITION TITLE | | |
| 7. GRADE | 8. DATE REPORT DUE IN OP | 9. PERIOD COVERED BY THIS REPORT (Inclusive dates) | |
| 10. TYPE OF REPORT (Check one) | INITIAL | REASSIGNMENT-SUPERVISOR | SPECIAL (Specify) |
| | ANNUAL | REASSIGNMENT-EMPLOYEE | |

SECTION B.

CERTIFICATION

1. FOR THE RATER: THIS REPORT WAS ☒ HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT.

Individual on TDY Overseas

A. CHECK (X) APPROPRIATE STATEMENTS:

| | |
|--|--|
| ☒ THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL. | IF INDIVIDUAL IS RATED "I" IN CI OR D, A WARNING LETTER HAS BEEN 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): |
| ☒ I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS. | |

B. THIS DATE

8 April 1958

C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR

D. SUPERVISOR'S OFFICIAL TITLE

Branch Chief/EA

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 *MA* DATE 10 APR 1958
 Posted For Control
 Reviewed by PCD *4/14/58*

☐ CONTINUED ON ATTACHED SHEET

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

A. THIS DATE

8 Apr 58

B. TYPED OR

OFFICIAL

C. OFFICIAL TITLE OF REVIEWING OFFICIAL

Chief, SA/AM/RR

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.

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 NEARNESS.
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:

SECRET

(When Filled In)

2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES

DIRECTIONS:

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

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

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

| | | | |
|---|--------------------|---|--------------------|
| SPECIFIC DUTY NO. 1
Organizes raw data into analytic file | RATING NUMBER
5 | SPECIFIC DUTY NO. 4
Directs field exploitation | RATING NUMBER
4 |
| SPECIFIC DUTY NO. 2
Derives significant intelligence from data | RATING NUMBER
5 | SPECIFIC DUTY NO. 5
Supervises junior analysts | RATING NUMBER
4 |
| SPECIFIC DUTY NO. 3
Prepares reports on conclusions | RATING NUMBER
3 | 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.

[] is a steady, conscientious, cooperative worker. He is very thorough in his approach to research assignments and has displayed initiative in these assignments. He does not require close supervision. His main weakness is in organizing and presenting the results of his research.

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.

- DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED
- OF DOUBTFUL SUITABILITY... WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW
- A BARELY ACCEPTABLE EMPLOYEE... BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION
- OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION
- A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS
- AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION
- 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 ☒ 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 RATING on the employee, however, it MUST be completed and forwarded to the CE 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
M | 4. SERVICE DESIGNATION
IR |
| 5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
CRR | | 6. OFFICIAL POSITION TITLE
Identification Specialist | |
| 7. GRADE
11 | 8. DATE REPORT DUE IN OF
29 March 58 | 9. PERIOD COVERED BY THIS REPORT (Inclusive dates)
15 March 57 - 15 March 58 | |
| 10. TYPE OF REPORT (Check one)
☒ INITIAL
☐ REASSIGNMENT SUPERVISOR
☐ REASSIGNMENT EMPLOYEE | | 11. SPECIAL (Specify) | |

SECTION F:

CERTIFICATION

| | | |
|--|--|--|
| 1. FOR THE RATER: I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGEMENT OF THE INDIVIDUAL BEING RATED. | | |
| A. THIS DATE
8 April 1958 | B. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR | C. SUPERVISOR'S OFFICIAL TITLE
Branch Chief/EA |
| 2. FOR THE REVIEWING OFFICIAL: I HAVE REVIEWED THIS REPORT AND NOTED ANY DIFFERENCE OF OPINION IN ATTACHED MEMO. | | |
| A. THIS DATE
8 Apr 58 | B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL | C. OFFICIAL TITLE OF REVIEWING OFFICIAL
Chief, St/CI/RI |

SECTION G:

ESTIMATE OF POTENTIAL

| | |
|--|-------------------------|
| 1. POTENTIAL TO ASSUME GREATER RESPONSIBILITIES | |
| INSTRUCTIONS: 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. | |
| 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 RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL
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 | DATE
Reviewed by PUS |

2. SUPERVISORY POTENTIAL

INSTRUCTIONS: 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 SUFFICIENT 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 LEAD 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 | | |
| 2 | | A GROUP USING THE SKILL OF (check one, stenographers, technicians or professional specialists of various kinds) UNDER CLOSE CONTACT WITH IMMEDIATE SUPERVISOR IS PRESENT (First line supervisor) | | |
| | 2 | A GROUP OF SUPERVISORS AND OTHERS THE BASIC (Second line supervisors) | | |
| | 3 | A GROUP WHO MAY OR MAY NOT BE SUPERVISORS, WHO IS RESPONSIBLE FOR WORK PLANS, ORGANIZING AND POLICY (Executive level) | | |
| | 2 | UNDER CLOSE CONTACT WITH IMMEDIATE SUPERVISOR IS NOT PRESENT | | |
| | 2 | UNDER IMMEDIATE SUPERVISOR'S SUPERVISION AND CLOSE AND REGULAR COORDINATION | | |
| | 2 | UNDER IMMEDIATE SUPERVISOR'S SUPERVISION AND CLOSE AND REGULAR COORDINATION | | |
| | 2 | UNDER IMMEDIATE SUPERVISOR'S SUPERVISION AND CLOSE AND REGULAR COORDINATION | | |
| | | Other (Specify) | | |

SECRET

OFFICE OF PERSONNEL

(When Filled In)

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

APR-9-4 31 PM '58

4. COMMENTS CONCERNING POTENTIAL

His knowledge of basic social science analytic processes and maturity of judgment give him potential of a reasonably broad scope. MAIL ROOMNESS in organizing and presenting his findings will be a limiting factor in the immediate future.

SECTION II:

FUTURE PLANS

5. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL

Writing courses and additional on-the-job training, to include overseas TDY on operational assignments.

6. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENTS

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.

4. HAVE NOT OBSERVED THIS; HENCE, CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL

CATEGORY NUMBER

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 |
|----------|--|----------|--|----------|--|
| 3 | 1. ABLE TO SEE ANOTHER'S POINT OF VIEW | 4 | 13. HAS HIGH STANDARDS OF ACCOMPLISHMENT | 3 | 21. IS EFFECTIVE IN DISCUSSING WITH ASSOCIATES |
| 4 | 2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES | 4 | 12. SHOWS ORIGINALITY | 3 | 22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS |
| 4 | 3. HAS INITIATIVE | 4 | 15. ACCEPTS RESPONSIBILITIES | 3 | 23. IS THOUGHTFUL OF OTHERS |
| 4 | 4. IS ANALYTICAL IN HIS THINKING | 3 | 14. ADMITS HIS ERRORS | 4 | 24. DOES WELL UNDER PRESSURE |
| 4 | 5. STRIVES CONSTANTLY FOR HIS PROGRESS AND IMPROVEMENT | 4 | 16. RESPONDS WELL TO SUPERVISION | 4 | 25. DISPLAYS JUDGMENT |
| 3 | 6. SHOWS WHEN TO ASK FOR HELP | 2 | 18. DOES HIS JOB WITHOUT ASTRONG SUPPORT | 2 | 26. IS SECURITY CONSCIOUS |
| 4 | 7. CAN GET ALONG WITH PEOPLE | 4 | 17. COMES UP WITH SOLUTIONS TO PROBLEMS | 4 | 27. IS SENSITIVE |
| 4 | 8. HAS MEMORY FOR FACTS | 4 | 19. IS OBSERVANT | 4 | 28. HAS CONFIDENCE IN HIS OWN ABILITIES |
| 4 | 9. DOES THINGS WELL | 4 | 20. THINKS CLEARLY | 4 | 29. FACILITATES SMOOTH OPERATION OF HIS OFFICE |
| 4 | 10. CAN Cope WITH EMERGENCIES | 4 | 20. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS | 4 | 30. DOES NOT RESOLVE STRESS AND CONTINUES TO PERFORM |

SECRET

BASIC PHOTOGRAPHY No. 1

NAME DIVISION BR. EA DATES TRAINED: from 29 June to 17 July '97

This course is primarily designed to develop the following skills: Use of 35 mm cameras with accessories, document copy, processing and printing.

| | None | Unsat | Fair | Good | Excellent | Superior |
|--|------|-------|------|------|-----------|----------|
| I. Manipulation of camera. | | | | | | |
| a. Leica | | | | X | | |
| b. Retina II C | X | | | | | |
| c. Recordak | | | | X | | |
| II. Processing and printing. | | | | | | |
| a. Film loading | | | | X | | |
| b. Film processing | | | | X | | |
| c. Enlarging | | | | X | | |
| d. Reflex and contact printing | | | | | X | |
| III. Use of accessory equipment. | | | | | | |
| a. Exposure meter | | | | X | | |
| b. Filters | X | | | | | |
| c. Telephoto and wide angle lenses | | | | X | | |
| IV. Document copy and small objects. | | | | | | |
| a. Available light | X | | | | | |
| b. Accessory illumination | | | | X | | |
| c. BOOWU, portra lens, focus slide | | | | X | | |
| V. Ground photography. | | | | | | |
| a. Coverage | | | | | | |
| b. Report | X | | | | | |
| VI. Casing. | | | | | | |
| a. Coverage | | | | | | |
| b. Report | | | | | | |
| VII. Surveillance. | | | | | | |
| a. Coverage | | | | | | |
| b. Report | | | | | | |
| VIII. Special problems. | | | | | | |
| a. Coverage | | | | | | |
| b. Report | | | | | | |
| General quality of prints | | | | X | | |
| Choice of subject matter | | | | X | | |
| Quality of darkroom work (Cleanliness, etc.) | | | | X | | |
| Attitude toward subject matter | | | | X | | |
| Cooperation | | | | | X | |

REMARKS

 met the course objectives and completed all of the course assignments for the two weeks he attended with average results.

Encountering some difficulty at the outset, was overcome early on his part. He checked out in not only course equipment, but other equipment as well. He also offered to complete additional assignments on his own time.

It is suggested he continue his practice and association with photography in order to maintain and improve present proficiency.

APPROVED
C/TSS/ND

Instructor

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
(Last) (First) (Middle) | 2. DATE OF BIRTH | 3. SER | 4. SERVICE DESIGNATION |
| | | M | IR |
| 5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT | | 6. OFFICIAL POSITION TITLE | |
| ORR/Techniques & Methods/Analysis & Reports | | Identification Specialist | |
| 7. GRADE | 8. DATE REPORT DUE IN OF | 9. PERIOD COVERED BY THIS REPORT (Inclusive dates) | |
| GS-9 | 29 March 1957 | 15 March 1956 - 15 March 1957 | |
| 10. TYPE OF REPORT
(Check one) | INITIAL | REASSIGNMENT SUPERVISOR | SPECIAL (Specify) |
| | 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.

A. CHECK (X) APPROPRIATE STATEMENTS:

| | | |
|-------------------------------------|--|---|
| ☒ | THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL. | IF INDIVIDUAL IS RATED "I" IN C1 OR D, A WARNING LET-TER HAS BEEN TO HIM OR A COPY ATTACHED TO THIS REPORT. |
| ☐ | THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS. | |
| ☒ | I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS. | I CANNOT CERTIFY THAT THE RATED INDIVIDUAL UNDERSTANDS HIS JOB PERFORMANCE BECAUSE (Specify): |

| | | |
|--------------|--|--------------------------------|
| B. THIS DATE | C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR | D. SUPERVISOR'S OFFICIAL TITLE |
| 28 March 57 | | Acting Branch Chief |

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 For | 22 APR 22 1957 |
| Reviewed by | 54 |

☐ 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 |
| 28 March 57 | | Chief, D/TAS |

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 | 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:

SECRET

Performance

(4)

SECRET

(When Filled In)

F. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES

DIRECTIONS:

- 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.
- Rate performance on each specific duty considering ONLY effectiveness in performance of this specific duty.
- For supervisors, ability to supervise will always be rated as a specific duty; do not rate as supervisors those who supervise a secretary only.
- Compare in your mind, when possible, the individual being rated with others performing the same duty at a similar level of responsibility.
- Two individuals with the same job title may be performing different duties. If so, rate them on different duties.
- Be specific. Examples of the kind of duties that might be rated are:

| | | |
|-----------------------------|--------------------------------|--------------------------------|
| ORAL BRIEFING | HAS AND USES AREA KNOWLEDGE | CONDUCTS INTERROGATIONS |
| GIVING LECTURES | DEVELOPS NEW PROGRAMS | PREPARES SUMMARIES |
| CONDUCTING SEMINARS | ANALYZES INDUSTRIAL REPORTS | TRANSLATES GERMAN |
| WRITING TECHNICAL REPORTS | MANAGES FILES | BRIEFING SOURCES |
| CONDUCTING EXTERNAL LIAISON | OPERATES RADIO | KEEPS BOOKS |
| TELEPHONING | COORDINATES WITH OTHER OFFICES | DRIVES TRUCK |
| TAKING DICTATION | WRITES REGULATIONS | MAINTAINS AIR CONDITIONING |
| SUPERVISING | PREPARES CORRESPONDENCE | EVALUATES SIGNIFICANCE OF DATA |
- 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
Organizes raw data into analytic file. | RATING NUMBER
6 | SPECIFIC DUTY NO. 4
Devises codes for mechanical processing of raw data. | RATING NUMBER
5 |
| SPECIFIC DUTY NO. 2
Derives significant intelligence from data. | RATING NUMBER
5 | SPECIFIC DUTY NO. 5
Participates in field exploitation | RATING NUMBER
5 |
| SPECIFIC DUTY NO. 3
Drafts reports on conclusions. | RATING NUMBER
4 | SPECIFIC DUTY NO. 6 | RATING NUMBER |

G. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

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

[] is an energetic, competent worker. He has demonstrated the ability to handle research problems and to present his findings in writing. [] organizes his work so that he requires a minimum of supervision. He has worked as an excellent team member and his suggestions have been constructive.

SECTION G. 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 at about the same level.

- 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 DEFICIENCIES 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

5

RATING
NUMBER

IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? ☐ YES ☒ NO. IF YES, EXPLAIN FULLY.

SECRET

1910-11-14-10

INSTRUCTIONS

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. It 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 CS no later than 90 days after the due date indicated in item 8 of Section "F" below.

GENERAL

SECTION 7.

CERTIFICATION

SECTION 6:

ESTIMATE OF POTENTIAL

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840. 84

1-314-10-24 2011-9-A

100

SECRET

(When Filled In)

1. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RATED EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION
 18

2. COMMENTS CONCERNING POTENTIAL
 A fine junior officer who will certainly continue upward in [] analytic competence and responsibility to have the personal flexibility and breadth to develop into a competent senior intelligence officer of reasonably broad scope.

APR 15 4 09 PM '57
 MAIL ROOM

SECTION II: FUTURE PLANS

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL
 [] development program will continue to be in increasing his capabilities in [] analysis and exploitation. A training course in supervision will be considered.

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

SECTION I: DESCRIPTION OF INDIVIDUAL

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

X - HAVE NOT OBSERVED THIS; THEREFORE 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 STRESSFUL SITUATIONS WITH ASSOCIATES |
| 4 | 2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES | 4 | 12. SHOWS ORIGINALITY | 4 | 22. IMPLEMENTS DECISIONS WITHOUT SKEWING OF OWN FEELINGS |
| 5 | 3. HAS INITIATIVE | 5 | 13. ACCEPTS RESPONSIBILITY | 4 | 23. IS THOUGHTFUL OF OTHERS |
| 5 | 4. IS ANALYTIC IN HIS THINKING | 4 | 14. ADMITS HIS ERRORS | 2 | 24. HOLDS WELL UNDER PRESSURE |
| 4 | 5. STRIVES CONSTANTLY FOR NEW KNOWLEDGE AND IDEAS | 4 | 15. RESPONDS WELL TO SUPERVISION | 4 | 25. DISPLAYS JUDGMENT |
| 4 | 6. KNOWS WHEN TO SEEK ASSISTANCE | 5 | 16. DOES HIS JOB WITHOUT STRONG SUPPORT | 4 | 26. IS SECURITY CONSCIOUS |
| 4 | 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 | 2 | 28. HIS CRITICISM IS CONSTRUCTIVE |
| 5 | 9. GETS THINGS DONE | 4 | 19. THINKS CLEARLY | 4 | 29. FACILITATES SMOOTH OPERATION OF HIS OFFICE |
| | 10. CAN COPE WITH EMERGENCIES | 5 | 20. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS | | 30. DOES NOT REQUIRE STRONG AND CONTINUOUS SUPERVISION |

SECRET

21

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 notation. 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 A, of Section A below.

SECTION A.

GENERAL

| | | | |
|---|--|--|---------------------------------|
| 1. NAME
(Last) (Middle) | 2. DATE OF BIRTH | 3. SEX
M | 4. SERVICE DESIGNATION
SD/IR |
| 5. OFFICE/DIVISION BRANCH OF ASSIGNMENT
GPR, Techniques & Methods Div., Analysis & Reports Br. | | 6. OFFICIAL POSITION TITLE
Identification Specialist | |
| 7. GRADE
GS-7 | 8. DATE REPORT DUE IN OP
6 April 1956 | 9. PERIOD COVERED BY THIS REPORT (inclusive dates)
15 June 1955 - 15 March 1956 | |
| 10. TYPE OF REPORT (Check one)
☒ INITIAL ☐ REASSIGNMENT SUPERVISOR ☐ SPECIAL (Specify)
☐ 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.

A. CHECK (X) APPROPRIATE STATEMENTS:

| | |
|---|--|
| ☒ THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL. | IF INDIVIDUAL IS RATED "I" IN CE OF D, A WARNING LETTER HAS BEEN 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): |
| ☐ I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS. | |

| | | |
|------------------------------|---|--|
| B. THIS DATE
9 April 1956 | C. TYPED OR PRINTED NAME AND SIGNATURE
[Signature] | SUPERVISOR'S OFFICIAL TITLE
Chief, T/AR |
|------------------------------|---|--|

2. FOR THE REVIEWING OFF: INFORMATION WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

No difference of opinion. Concur in evaluation of [] as one of the better young men I've seen.

| | |
|---------------------------|---------------------|
| BY
Posted Pos. Control | DATE
20 APR 1956 |
| Reviewed by PUD | 8-25 |

☐ CONTINUED ON ATTACHED SHEET

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

| | | |
|----------------------------|--|---|
| A. THIS DATE
9 April 56 | B. TYPED OR PRINTED NAME AND OFFICIAL
[Signature] | C. OFFICIAL TITLE OF REVIEWING OFFICIAL
Chief, D/P |
|----------------------------|--|---|

SECTION C.

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. LARGELY 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:

- Employment should be continued beyond the probationary period.
- [] performance on the job was substantially superior to indications from the BUC evaluation.

SECRET

(When Filled In)

| 2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|-----------------------------------|---------------|--|--|--|---|---|--|--|-----------------------------|---|---------------------------|---------------|--------------------|-----------------------------|----------------|-------------|--------|--------------------------------|--------------|------------------|--------------------|----------------------------|-------------|-------------------------|--------------------------------|
| <p>DIRECTIONS:</p> <p>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.</p> <p>b. Rate performance on each specific duty considering ONLY effectiveness in performance of this specific duty.</p> <p>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).</p> <p>d. Compare in your mind, when possible, the individual being rated with others performing the same duty at a similar level of responsibility.</p> <p>e. Two individuals with the same job title may be performing different duties. If so, rate the different duties.</p> <p>f. Be specific. Examples of the kind of duties that might be rated are:</p> <table border="0"> <tr> <td>ORAL BRIEFING</td> <td>HAS AND USES AREA KNOWLEDGE</td> <td>COMMENTS, INTERROGATIONS</td> </tr> <tr> <td>GIVING LECTURES</td> <td>DEVELOPS NEW PROGRAMS</td> <td>PREPARES BUDGETS</td> </tr> <tr> <td>CONDUCTING SEMINARS</td> <td>ANALYZES INDUSTRIAL REPORTS</td> <td>TRANSLATES GERMAN</td> </tr> <tr> <td>WRITING TECHNICAL REPORTS</td> <td>MANAGES FILES</td> <td>DEBRIEFING SOURCES</td> </tr> <tr> <td>CONDUCTING EXTERNAL LIAISON</td> <td>OPERATES RADIO</td> <td>KEEPS BOOKS</td> </tr> <tr> <td>TYPIST</td> <td>COORDINATES WITH OTHER OFFICES</td> <td>DRIVES TRUCK</td> </tr> <tr> <td>TAKING DICTATION</td> <td>WRITES REGULATIONS</td> <td>MAINTAINS AIR CONDITIONING</td> </tr> <tr> <td>SUPERVISING</td> <td>PREPARES CORRESPONDENCE</td> <td>EVALUATES SIGNIFICANCE OF DATA</td> </tr> </table> <p>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.</p> | | | | ORAL BRIEFING | HAS AND USES AREA KNOWLEDGE | COMMENTS, INTERROGATIONS | GIVING LECTURES | DEVELOPS NEW PROGRAMS | PREPARES BUDGETS | CONDUCTING SEMINARS | ANALYZES INDUSTRIAL REPORTS | TRANSLATES GERMAN | WRITING TECHNICAL REPORTS | MANAGES FILES | DEBRIEFING SOURCES | CONDUCTING EXTERNAL LIAISON | OPERATES RADIO | KEEPS BOOKS | TYPIST | COORDINATES WITH OTHER OFFICES | DRIVES TRUCK | TAKING DICTATION | WRITES REGULATIONS | MAINTAINS AIR CONDITIONING | SUPERVISING | PREPARES CORRESPONDENCE | EVALUATES SIGNIFICANCE OF DATA |
| ORAL BRIEFING | HAS AND USES AREA KNOWLEDGE | COMMENTS, INTERROGATIONS | | | | | | | | | | | | | | | | | | | | | | | | | |
| GIVING LECTURES | DEVELOPS NEW PROGRAMS | PREPARES BUDGETS | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONDUCTING SEMINARS | ANALYZES INDUSTRIAL REPORTS | TRANSLATES GERMAN | | | | | | | | | | | | | | | | | | | | | | | | | |
| WRITING TECHNICAL REPORTS | MANAGES FILES | DEBRIEFING SOURCES | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONDUCTING EXTERNAL LIAISON | OPERATES RADIO | KEEPS BOOKS | | | | | | | | | | | | | | | | | | | | | | | | | |
| TYPIST | COORDINATES WITH OTHER OFFICES | DRIVES TRUCK | | | | | | | | | | | | | | | | | | | | | | | | | |
| TAKING DICTATION | WRITES REGULATIONS | MAINTAINS AIR CONDITIONING | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUPERVISING | PREPARES CORRESPONDENCE | EVALUATES SIGNIFICANCE OF DATA | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>DESCRIPTIVE RATING NUMBER</p> <table border="0"> <tr> <td>1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY</td> <td>6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS</td> </tr> <tr> <td>2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY</td> <td>7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY</td> </tr> <tr> <td>3 - PERFORMS THIS DUTY ACCEPTABLY</td> <td></td> </tr> <tr> <td>4 - PERFORMS THIS DUTY IN A COMPETENT MANNER</td> <td></td> </tr> <tr> <td>5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB</td> <td></td> </tr> </table> | | | | 1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY | 6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS | 2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY | 7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY | 3 - PERFORMS THIS DUTY ACCEPTABLY | | 4 - PERFORMS THIS DUTY IN A COMPETENT MANNER | | 5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB | | | | | | | | | | | | | | | |
| 1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY | 6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY | 7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 - PERFORMS THIS DUTY ACCEPTABLY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 - PERFORMS THIS DUTY IN A COMPETENT MANNER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SPECIFIC DUTY NO. 1 | RATING NUMBER | SPECIFIC DUTY NO. 4 | RATING NUMBER | | | | | | | | | | | | | | | | | | | | | | | | |
| Organize raw data into analytic file | 6 | Participate in field exploitation | 4 | | | | | | | | | | | | | | | | | | | | | | | | |
| SPECIFIC DUTY NO. 2 | RATING NUMBER | SPECIFIC DUTY NO. 5 | RATING NUMBER | | | | | | | | | | | | | | | | | | | | | | | | |
| Derive significant intelligence from data | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SPECIFIC DUTY NO. 3 | RATING NUMBER | SPECIFIC DUTY NO. 6 | RATING NUMBER | | | | | | | | | | | | | | | | | | | | | | | | |
| Draft reports on conclusions | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE</p> <p>DIRECTIONS: Stress strengths and weaknesses, particularly those which affect development on present job.</p> <p>[] has been an energetic and steady worker, quick to grasp instructions, and able to proceed without close supervision. He has made specific contributions toward simpler and more precise analytic methods, and has consistently worked as an excellent team member.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION</p> <p>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.</p> <table border="0"> <tr> <td>1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED</td> <td>6 - OF DOUBTFUL SUITABILITY - SHOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW</td> </tr> <tr> <td>2 - A BARELY ACCEPTABLE EMPLOYEE - STOOD AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION</td> <td>7 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION</td> </tr> <tr> <td>3 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION</td> <td>8 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION</td> </tr> <tr> <td>4 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS</td> <td></td> </tr> <tr> <td>5 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION</td> <td></td> </tr> </table> <p>IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? ☐ NO ☒ YES</p> <p>EXPLAIN FULLY:</p> | | | | 1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED | 6 - OF DOUBTFUL SUITABILITY - SHOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW | 2 - A BARELY ACCEPTABLE EMPLOYEE - STOOD AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION | 7 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION | 3 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION | 8 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION | 4 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS | | 5 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION | | | | | | | | | | | | | | | |
| 1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED | 6 - OF DOUBTFUL SUITABILITY - SHOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 - A BARELY ACCEPTABLE EMPLOYEE - STOOD AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION | 7 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION | 8 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 OI 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
M | 4. SERVICE DESIGNATION
SD/IR |
| 5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
OTR, Techniques and Methods Div., Analysis & Reports Br. | | 6. OFFICIAL POSITION TITLE
Identification Specialist | |
| 7. GRADE
GS-7 | 8. DATE REPORT DUE IN OI
6 April 1956 | 9. PERIOD COVERED BY THIS REPORT (Inclusive dates)
15 June 1955 - 15 March 1956 | |
| 10. TYPE OF REPORT
(Check one) | SPECIAL (Specify) | | |
| ☒ INITIAL | ☐ REASSIGNMENT-SUPERVISOR | ☐ REASSIGNMENT-EMPLOYEE | |

SECTION F.

CERTIFICATION

| | | |
|--|--|---|
| 1. FOR THE RATER: I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGEMENT OF THE INDIVIDUAL BEING RATED. | | |
| A. THIS DATE
9 April 1956 | B. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR | C. SUPERVISOR'S OFFICIAL TITLE
CHIEF, T/AR |
| 2. FOR THE REVIEWING OFFICIAL: I HAVE REVIEWED THIS REPORT AND VOTED MY OPINION OF OPINION IN ATTACHED MEMO. | | |
| A. THIS DATE
9 Apr 56 | B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL | C. OFFICIAL TITLE OF REVIEWING OFFICIAL
CHIEF, D/T |

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.

| | |
|---|--|
| 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 | |

7. 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 - HAVE AN 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) when contact with immediate subordinates is frequent (first line supervisors) | | |
| | 3 | A GROUP OF SUPERVISORS WHO DIRECT THE BASIC JOB (second line supervisors) | | |
| | 0 | 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 NEED CAREFUL COORDINATION | | |
| | 2 | WHEN IMMEDIATE SUBORDINATES INCLUDE MEMBERS OF THE OPPOSITE SEX | | |
| | | OTHER (Specify) | | |

SECRET

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

SIX

OFFICE OF TELECOMMUNICATIONS

2. COMMENTS CONCERNING POTENTIAL

A fine junior officer who will certainly progress rapidly upward in [] analytic competence and responsibility. He apparently has the personal flexibility and breadth to develop into a competent officer of reasonably broad scope.

APR 19 12 45 PM '56

MAIL ROOM

SECTION II.

FUTURE PLANS

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL

For the immediate future, [] development program should be in terms of increasing his capabilities in specific terms of [] and analysis.

2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENT

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.

0 - HAVE NOT OBSERVED THIS; HENCE CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL

- CATEGORY NUMBER
- 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 DISCUSSING WITH ASSOCIATES |
| 4 | 2. CAN MAKE DECISIONS OR CAN GET OTHERS TO DECIDE | 4 | 12. SHOWS ORIGINALITY | 4 | 22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS |
| 5 | 3. HAS INITIATIVE | 5 | 13. ACCEPTS RESPONSIBILITY | 4 | 23. IS THOUGHTFUL OF OTHERS |
| 5 | 4. IS ANALYTIC IN HIS THINKING | 4 | 14. KNOWS HIS ERRORS | 5 | 24. WORKS WELL UNDER PRESSURE |
| 5 | 5. STRIVES CONSTANTLY FOR NEW KNOWLEDGE AND IDEAS | 4 | 15. RESPONDS WELL TO SUPERVISORY ACTION | 4 | 25. DISPLAYS JUDGMENT |
| 4 | 6. KNOWS WELL HIS DATA AND FACTS | 5 | 16. DOES HIS JOB WITHOUT STRONG SUPERVISION | 4 | 26. IS SECURE IN CONCEPTS |
| 4 | 7. CAN GET ALONG WITH PEOPLE | 4 | 17. COMES UP WITH SOLUTIONS TO PROBLEMS | 5 | 27. IS VERSATILE |
| 4 | 8. HAS BROAD INTERESTS | 4 | 18. IS OBSERVANT | 4 | 28. HIS CRITICISM IS CONSTRUCTIVE |
| 5 | 9. HAS THINGS DONE | 4 | 19. THINKS CLEARLY | 5 | 29. FACILITATES SWOOSH OPERATION OF HIS OFFICE |
| 5 | 10. CAN COPE WITH EMERGENCIES | 5 | 20. COMPLETES ASSIGNMENTS WITHIN ALLOCABLE TIME LIMITS | 5 | 30. DOES NOT REQUIRE STIMULUS AND CONTINUOUS INSPIRATION |

SECRET

SECRET

TRAINING EVALUATION

INTELLIGENCE PRINCIPLES AND METHODS BO.

8

SECTION I: IDENTIFYING INFORMATION

| NAME | SEX | DATES OF COURSE | NO. OF STUDENTS |
|---------------|--------------|--------------------|-----------------|
| | M | 26 Sept. - 21 Oct. | 14 |
| DATE OF BIRTH | EXP. DATE | GRADE OR RANK | STATUS |
| | 15 June 1955 | GS-7 | OFF |

PROJECTED ASSIGNMENT OR PRESENT POSITION

Identification Specialist

SECTION II: OBJECTIVES OF THE COURSE

1. To introduce students to the skills and methods involved in the processing of intelligence materials;
2. To provide practice in the oral and written presentation of intelligence for a variety of purposes.

SECTION III: SPECIFIC CHARACTERISTICS OF THE COURSE

Intelligence Principles and Methods is a four weeks (100 hours) extension of Basic Orientation Course for personnel who are or will be engaged in the production of intelligence. Emphasis is on "learning by doing", through the medium of a series of integrated written exercises which require processing of actual intelligence documents. Exercise is also gained in the oral presentation of intelligence through a series of briefings before the class. Each student is assigned a special research problem for which approximately 40 hours are allotted in the course schedule. The results are presented to fellow-students and instructors in an oral briefing at the close of the course. The student also prepares an annotated bibliography, and writes a critical review of one of his chief sources.

SECTION IV: HOW THE STUDENTS ARE EVALUATED

Written exercises are graded independently by at least two members of the instructional staff on the basis of how well the student has fulfilled the requirements of selectivity, organization, accuracy, to originality, brevity and clarity of style. Grades for each type of written exercise are entered in Section V. Oral briefings are evaluated by both instructors and fellow students through the use of written critique sheets and oral observations following each presentation. A composite grade is given for the oral briefings. In the evaluation of the research problem the grade entered reflects intelligence focus, exploitation of sources, and general effectiveness of written and oral presentation. The grades are defined as follows:

SUPERIOR: The student demonstrated outstanding ability in processing intelligence. He met all objectives; he demonstrated a thorough knowledge of the material presented; he presented his material in a clear and concise manner; he demonstrated a high degree of originality and initiative in his work.

EXCELLENT: The student showed unusual competence, skill or ability in meeting this objective or goal; he demonstrated a thorough grasp of the presented material, or, if skills are involved, he demonstrated that he can perform in an extremely effective manner in this area.

FOOR: Although the student may have met some of the standards set for minimum achievement of this course goal or objective, he demonstrated serious gaps in knowledge or sufficient lack of skill to be of doubtful competence.

SECTION V: REPORT OF STUDENT ACHIEVEMENT

| SUBJECT | FAIL | POOR | SAT | EXC | SUP |
|--|------|------|-----|-----|-----|
| 1. Exercise - Interview Reporting | 0 | 0 | 6 | 7 | 1 |
| 2. Exercise - Brief Daily Intell. Item | 0 | 0 | 7 | 6 | 1 |
| 3. Exercise - Periodical Intell. Item | 0 | 0 | 5 | 9 | 0 |
| 4. Critical Book Review | 0 | 0 | 4 | 7 | 3 |
| 5. Research Problem | 0 | 0 | 6 | 7 | 1 |
| 6. Skill in Oral Briefing | 0 | 0 | 6 | 8 | 0 |

In terms of all factors observed during the course and taking into account this student's experience in the Agency, grade, and general area of work, an "X" in one of the boxes shows the judgment of the instructional staff of his performance.

[illegible]

FOR THE DIRECTOR OF TRAINING:

Chief Instructor

- 3 -

SECTION VII: INSTRUCTORS' COMMENTS

[] performance in the course was no more than average, but he applied himself to the work and was interested in getting something out of the instruction. [] took "Economic Relations between Afghanistan and the USSR" as the topic for his research project and did considerable work on the subject, in spite of a dearth of material. His critical review was workmanlike and showed that he had put a definite effort into preparing it.

This evaluation, shown by an "X" in one of the boxes, takes into account this training record, the student's age, grade, Agency experience, and projected assignment. It is included for the purpose of giving supervisors an estimate of the implications of the training evaluation report for the student's assignment and career potential.

[illegible]

Training Officer

~~SECRET~~

SECRET

W/7-1

READING ANALYSIS PROGRAM

8

OBJECTIVE ORIGIN

1. To determine employee's proficiency level in scanning, extensive and intensive reading tasks.
2. To determine employee's degree of reading versatility. Versatility is defined as the ability to apply the several reading skills appropriately to various reading situations.
3. To ascertain the probable gain which would accrue from further training in reading skills.
4. To inform each employee concerning his relative reading proficiency in scanning, extensive and intensive reading and his versatility.

TEST DESCRIPTION

READING COMPREHENSION TEST: Measures speed and accuracy of basic comprehension skills. Complete and objective understanding, analysis, and interpretation are required in this test.

EXTENSIVE READING TEST: Measures the degree of proficiency in informational, or general reading.

INTENSIVE READING TEST: Measures reading proficiency in acquiring basic knowledge of new subjects.

SCANNING TEST: Measures proficiency in the organization and location of specific information, main ideas, and questions.

ANALYSIS OF READING PERFORMANCE

| | Poor | Fair | Ext. | Exo. | Sup. |
|-------------------------------|------|------|------|------|------|
| 1. Basic Comprehension Skills | | | X | | |
| 2. Extensive Techniques | | | X | | |
| 3. Intensive Techniques | | X | | | |
| 4. Scanning Techniques: | | | | | |
| Specific Information | | | X | | |
| Main Ideas | | | X | | |
| Questions | | | X | X | |
| Organization | | | X | | |
| 5. Versatility | | | X | | |

COMMENTS AND RECOMMENDATIONS:

[] scans for specifics quickly and accurately; he scans for main ideas satisfactorily, but could improve his use of that technique with practice. Poorer comprehension in intensive reading could be caused by lack of concentration or failure to organize information while reading. Extensive reading could be improved by adjusting rate to read selectively for pertinent information. The Reading Improvement Course would be of benefit in developing use of more diversified skills.

M. J. H.

FOR THE DIRECTOR OF TRAINING

Chief Instructor

SECRET

SECRET

| TRAINING EVALUATION -- BASIC ORIENTATION | | | | COURSE NO.
21 | | |
|--|-------|---|------|--|-----------|----------|
| SECTION I IDENTIFYING INFORMATION | | | | | | |
| NAME | | SEX
☒ MALE ☐ FEMALE | | DATE OF COURSE
6 - 23 September 1955 | | |
| DATE OF BIRTH | | END DATE
June 1955 | | GRADE OR RANK
GS-7 | | |
| PROJECTED ASSIGNMENT OR PRESENT POSITION
Identification Specialist | | | | | | |
| SECTION II CHARACTERISTICS OF THE COURSE | | | | | | |
| Material in this course is presented primarily by lecture and exhibit; several seminars and discussions are also held. The rating on Introduction to Intelligence is determined by the results of one multiple choice test, based on lecture material; the rating on Communism and the USSR is determined by one multiple choice test covering the lecture and readings. | | | | | | |
| SECTION III OBJECTIVES | | | | | | |
| <p>A. The Basic Orientation Course is designed to provide the student with information in the following areas:</p> <ol style="list-style-type: none"> 1. Introduction to Intelligence <ol style="list-style-type: none"> a. Organization for national security, with emphasis on the intelligence community and the organization and mission of CIA as it fits into the whole national security effort. b. The principles and methods of intelligence, emphasizing the substantive components of CIA, considering the types of information, and the collecting, processing, and disseminating functions. c. An introduction to clandestine activity, with emphasis on the functions of the clandestine services. 2. Communism and the USSR <p>This deals with Marxist theory, the history of Socialism and Communism, Communist activities outside the USSR, history and geography of Russia, political structure of the USSR, Soviet foreign policy, and potentialities and vulnerabilities of the USSR.</p> <p>B. Throughout the three weeks of the course discussions and conferences deal with the American Thesis.</p> | | | | | | |
| SECTION IV STUDENT ACHIEVEMENT RATINGS | | | | | | |
| The numbers placed in the columns below show how many students received each rating. An asterisk (*) shows the rating this student received. | | | | | | |
| SUBJECT | HOURS | RATING | | | | |
| | | FAIL | POOR | SAISFACTORY | EXCELLENT | SUPERIOR |
| INTRODUCTION TO INTELLIGENCE | 64 | 4 | 9 | 30 | 45 * | 32 |
| COMMUNISM AND THE USSR | 56 | 2 | 14 | 40* | 37 | 29 |
| SECTION V COMMENTS | | | | | | |
| INDICATE ANY STRONG AND WEAK POINTS OF THE STUDENT, OR ANYTHING THAT MAY HAVE INFLUENCED HIS PERFORMANCE IN THE COURSE | | | | | | |
| CONTINUE COMMENTS ON REVERSE SIDE ☐ OVER | | | | | | |
| FOR THE DIRECTOR OF TRAINING: | | SIGNATURE OF OFFICE INSPECTOR | | | | |

SECRET

| | | | | | | | | | | | |
|---|--|--|---------------|--|------------------------|---------------------------------|--|--|-------------------------------------|------|--|
| COVER CONTROL OF RETIREMENT PROCESSING | | | | | | | | | | FILE | |
| TO: Retirement Operations Branch
Office of Personnel | | | | | | | | | | DATE | |
| RETIREE | | | | | CATEGORY OF EMPLOYMENT | | | | | | |
| On the basis of a review of the records the following action is to be taken on processing retirement documentation for the person named above. | | | | | | | | | | | |
| TYPE RETIREMENT | | | CIVIL SERVICE | | | CIARDS | | | DATE | | |
| COVER | | | OVERT ROUTINE | | | COVERT (OFFICIAL COVER) LOCK-UP | | | COVERT (NOC) SPECIAL | | |
| CORRESPONDENCE | | | OVERT | | | COVERT | | | THRU CCS | | |
| FINANCES | | | | | | | | | | | |
| ANNUITY PAYMENTS SHOULD BE | | | | | | U.S. GOV'T. CHECK | | | OTHER (Payment instructions follow) | | |
| TAX DOCUMENTATION SHOULD BE | | | | | | CIA | | | CSC | | |
| REQUEST TRANSFER OF FUNDS FROM CIVIL SERVICE COMMISSION | | | | | | YES | | | NO | | |
| INSURANCE | | | | | | | | | | | |
| FGLI | | | OVERT | | | COVERT | | | MAINTAIN RECORDS INTERNALLY ONLY | | |
| TYPE OF HOSPITALIZATION CARD: | | | | | | | | | | | |
| AUTHORIZATION TO CONVERT INSURANCE | | | | | | YES | | | CONVERSION MUST BE APPROVED BY CCS | | |
| RESERVE | | | | | | | | | | | |
| MEMBER OF CIVILIAN RESERVE | | | | | | YES | | | NO | | |
| | | | | | | OVERT | | | COVERT | | |
| REMARKS | | | | | | | | | | | |
| <p>CHIEF, COVER SUPPORT BRANCH
COVER & COMMERCIAL STAFF</p> <p>THIS SECTION TO BE COMPLETED BY OFFICE OF SECURITY</p> <p>NO SECURITY OBJECTIONS TO ABOVE.</p> <p>OTHER INSTRUCTIONS AS FOLLOWS:</p> | | | | | | | | | | | |
| <p>CHIEF, EMPLOYEE ACTIVITY BRANCH, OFFICE OF SECURITY</p> | | | | | | | | | | | |

SECRET

E-2. IMPDET CL. BY: 007622

44-38861-131

7 - OFF. PERS. FILE ROOM

DESIGNATION OF BENEFICIARY
FEDERAL EMPLOYEES GROUP LIFE
INSURANCE PROGRAM

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

INFORMATION CONCERNING THE INSURED:

| | | | |
|--|---|---|----------------------------------|
| NAME (Last) | (First) | (Middle) | DATE OF BIRTH (Month, day, year) |
| <div></div> | | | <div></div> |
| PLACE AN "X" IN THE APPROPRIATE BOX BELOW TO SHOW WHETHER YOU ARE: | | | |
| ☐ AN EMPLOYEE | ☐ RETIRED OR AN APPLICANT FOR RETIREMENT | ☐ RECEIVING FEDERAL EMPLOYEES' COMPENSATION BENEFITS OR AN APPLICANT FOR SUCH BENEFITS | |
| IF YOU ARE RETIRED OR RECEIVING FEDERAL EMPLOYEES' COMPENSATION BENEFITS, GIVE YOUR "CSA," "CSL," "A," or "X" NUMBER | | | |
| <div></div> | | | |

DEPARTMENT OR AGENCY IN WHICH PRESENTLY EMPLOYED (If retired, former department or agency):

(Department or agency) (Bureau) (Division) (Location—City, State, and ZIP Code)

I, the individual identified above, canceling any and all previous Designations of Beneficiary under the Federal Employees Group Life Insurance Program heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any amount of LIFE INSURANCE and ACCIDENTAL DEATH INSURANCE due and payable at my death. I understand that this Designation of Beneficiary will remain in full force and effect with respect to any amount payable, unless or until canceled by me in writing, or until such time as it is automatically canceled (see regulation "f" on reverse side of duplicate copy).

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES (SEE EXAMPLES OF DESIGNATIONS):

| Type or print first name, middle initial, and last name of each beneficiary | Type or print address (including ZIP Code) of each beneficiary | Relationship | Share to be paid to each beneficiary |
|---|--|--------------|--------------------------------------|
| | | Daughter | 50% |
| | | Son | 50% |
| | | | |
| | | | |
| | | | |

For each type of insurance (regular and optional): (1) I hereby direct, unless otherwise indicated above, that if more than one beneficiary is named, the share of any beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. (2) I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.

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

(Date of execution—month, day, year) (Signature of insured)

WITNESSES TO SIGNATURE (A witness is ineligible to receive payment as a beneficiary):

| | |
|-------------|--|
| <div></div> | |
|-------------|--|

PRINT OR TYPE NAME AND ADDRESS (including ZIP Code) OF INSURED

THIS SPACE RESERVED FOR RECEIVING AGENCY

Jul 9 10 00 AM '74
PERSONAL AFFAIRS

(Indicate date and by whom received)

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

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

EXAMPLES OF DESIGNATIONS

1. How To Designate One Beneficiary

| Type or print first name, middle initial, and last name of each beneficiary | Type or print address of each beneficiary (including ZIP Code) | Relationship | Share to be paid to each beneficiary |
|---|--|--------------|--------------------------------------|
| | | Niece | All |
| | | | |
| | | | |

2. How To Designate More Than One Beneficiary

| Type or print first name, middle initial, and last name of each beneficiary | Type or print address of each beneficiary (including ZIP Code) | Relationship | Share to be paid to each beneficiary |
|---|--|--------------|--------------------------------------|
| | | Aunt | 25% |
| | | Nephew | 25% |
| | | Mother | 50% |

3. How To Designate A Contingent Beneficiary

| Type or print first name, middle initial, and last name of each beneficiary | Type or print address of each beneficiary (including ZIP Code) | Relationship | Share to be paid to each beneficiary |
|---|--|--------------|--------------------------------------|
| | | Father | All |
| | | Sister | All |

4. How To Designate Different Beneficiaries For Regular And Optional Insurance**

| Type or print first name, middle initial, and last name of each beneficiary | Type or print address of each beneficiary (including ZIP Code) | Relationship | Share to be paid to each beneficiary |
|---|--|--------------|--------------------------------------|
| | | Son | All Regular Insurance |
| | | Niece | All Optional Insurance |

5. How To Cancel A Designation Of Beneficiary And Effect Payment Under Order Of Precedence (see back of duplicate)

| Type or print first name, middle initial, and last name of each beneficiary | Type or print address of each beneficiary (including ZIP Code) | Relationship | Share to be paid to each beneficiary |
|---|--|--------------|--------------------------------------|
| Cancel prior designations | | | |
| | | | |
| | | | |

*Do not write name as M. E. Brown or as Mrs. John H. Brown. If you want to designate your estate as beneficiary, enter "My estate" in the beneficiary column.
 **Be sure that the shares to be paid to the beneficiaries add up to 100 percent.
 ***If a beneficiary for regular or optional insurance predeceases designated, and there is no surviving first or contingent beneficiary for that type of insurance, payment for that type of insurance will be made in order of precedence (see back of duplicate).

U.S. GOVERNMENT PRINTING OFFICE: 1969-0-717-542

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* |
| | | | | |
| EMPLOYING DEPARTMENT OR AGENCY | | | LOCATION (City, State, ZIP Code) | |

3

MARK AN "X" IN ONE OF THE BOXES BELOW (do NOT mark more than one):

Mark here
if you
WANT BOTH
optional and
regular
insurance

☐
(A)

ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE

I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

Mark here
if you
DO NOT WANT
OPTIONAL but
do want
regular
insurance

☒
(B)

DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE

I decline the \$10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.

Mark here
if you
WANT NEITHER
regular nor
optional
insurance

☐
(C)

WAIVER OF LIFE INSURANCE COVERAGE

I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the \$10,000 additional optional insurance unless I have the regular insurance.

4

**SIGN AND DATE. IF YOU MARKED BOX "A" OR "C",
COMPLETE THE "STATISTICAL STUB." THEN RETURN
THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.**

SIGNATURE (do not print)

DATE

February 19, 1968

FOR EMPLOYING OFFICE USE ONLY

(official receiving date stamp)

RECEIVED
OFFICE OF PERSONNEL
FEB 21 10 32 AM '68

See Table of Effective Dates on back of Original.

ORIGINAL COPY—Retain in Official Personnel Folder

SECRET

STANDARD FORM NO. 176-1
JANUARY 1968
(For use only until April 16, 1968)
176-101

S E C R E T

13 December 1973

Letter of Commendation

TO:

1. I heroby commend you for your performance in a sensitive Station operation which was completed on 3 and 4 December 1973. Your role ensuring the security of the operation was of the utmost importance. To your credit you remained alert and carried out your duties professionally, despite the initial frustrations and the long hours involved. In doing so you have contributed to the successful accomplishment of a priority objective of our organization.

2. A copy of this letter will be placed in your official personnel file.

Chief of Station

S E C R E T

CONFIDENTIAL
(When Filled In)

RESIDENCE AND DEPENDENCY REPORT

AN ORIGINAL OF THIS FORM WILL BE EXECUTED BY EACH EMPLOYEE AT THE TIME OF HIS APPOINTMENT AND WHEN A CHANGE OCCURS IN THE INFORMATION SHOWN BELOW. ITEMS OF CHANGE MAY BE REPORTED IN THE APPROPRIATE BLOCKS WITHOUT COMPLETING THE REMAINDER OF THE FORM EXCEPT THE EMPLOYEE'S SIGNATURE AND DATE. WHEN EXECUTING ITEM 4 ALSO COMPLY WITH HMB 20-7, PERSONNEL EMERGENCY AND LOCATOR RECORDS. THIS FORM WILL BE COMPLETED ONLY BY HEADQUARTERS PERSONNEL AND NOT SENT TO THE FIELD. FORM WILL BE FILED IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER.

GENERAL

| | | | | | |
|--------------------------------------|---|------------------------------------|-----------------------------------|----------------------------------|-----------------------------------|
| NAME OF EMPLOYEE | | (Middle) | | OFFICIAL RESERVE NUMBER | |
| 1. MARITAL STATUS (Check one) | | | | | |
| ☐ SINGLE | ☒ MARRIED | ☐ SEPARATED | ☐ DIVORCED | ☐ WIDOWED | ☐ ANNULLED |
| IF MARRIED, PLACE OF MARRIAGE | | | | DATE OF MARRIAGE | |
| IF DIVORCED, PLACE OF DIVORCE DECREE | | | | DATE OF DECREE | |

MEMBERS OF FAMILY

| | | | | | | | | |
|---|--|--|------------------------------------|--|--|---------------|--|--|
| NAME OF SPOUSE | | | ADDRESS (No Street-Use Box Office) | | | TELEPHONE NO. | | |
| | | | | | | | | |
| NAME OF FATHER (or male guardian) | | | ADDRESS | | | TELEPHONE NO. | | |
| Deceased | | | | | | | | |
| NAME OF MOTHER (including maiden name (or female guardian)) | | | ADDRESS | | | TELEPHONE NO. | | |
| Deceased | | | | | | | | |

WHAT MEMBERS OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY. Brother

3. OTHER RELATIVES WHO ARE DEPENDENT UPON ME FOR AT LEAST 51% OF THEIR SUPPORT AND MEET OTHER REQUIREMENTS IN TRAVEL REGULATIONS (HMB 22-12). SPECIFY NAMES AND RELATIONSHIPS.

| | | |
|------|---------------|--------------|
| NAME | DATE OF BIRTH | RELATIONSHIP |
| | | |

| | | |
|--|--|--|
| 4. PERSON RESIDING IN U.S. TO BE NOTIFIED IN CASE OF EMERGENCY | | |
| | | |

The persons named in item 2 or 3 above may also be notified in case of emergency. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.

CONFIDENTIAL
(When Filled In)

| | | |
|---|--|---|
| 5. VOLUNTARY ENTRIES | | |
| <p>Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.</p> | | |
| <p>INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS, AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED:</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> | | |
| <p>ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION? ☒ YES ☐ NO</p> | | |
| <p>IF YES, DO YOU HAVE A JOINT ACCOUNT? ☐ YES ☒ NO</p> | | |
| <p>HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? ☒ YES ☐ NO. (If "Yes" where is document located?)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | |
| <p>HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS? ☒ YES ☐ NO. (If "Yes" give name(s) and address)</p> | | |
| <p>HAVE YOU EXECUTED A POWER OF ATTORNEY? ☐ YES ☒ NO. (If "Yes" who possess the power of attorney?)</p> | | |
| 6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS | | |
| | | |
| 7. RESIDENCE DATA - TO BE COMPLETED ONLY BY EMPLOYEES ENTERING ON DUTY.
(No Approval Required) | | |
| <p>RESIDENCE WHEN EMPLOYED (Full Address)</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> | <p>PERMANENT PLACE OF RESIDENCE AS DEFINED IN NR 22-3 (Full Address)</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> | |
| 8. CHANGE IN PERMANENT PLACE OF RESIDENCE (See NR 22-3)
(To Be Completed by Employee Desiring Such Change While Assigned to Headquarters) | | |
| <p>FULL ADDRESS</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> | <p>DEPUTY DIRECTOR OR DESIGNEE</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> | <p>DATE</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> |
| | <p>DIRECTOR OF PERSONNEL (when applicable per NR 22-3)</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> | <p>DATE</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> |
| <p>SIGNED AT</p> <p><i>W.H. DC</i></p> | <p>DATE</p> <p><i>4 Oct 73</i></p> | <div style="border: 1px solid black; height: 40px; width: 100%;"></div> |

CONFIDENTIAL

SECRET

FIELD ASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE FOR HEADQUARTERS USE ONLY

| | |
|--------------------------------|----------------------------------|
| NAME | DATE (from item 3.2) |
| | 14 Mar 73 |
| DATE RECEIVED AT HEADQUARTERS: | DATE RECEIVED BY CAREER SERVICE: |
| 14 March 1973 | |

TO BE COMPLETED BY EMPLOYEE

| | | | |
|----------------------------------|-------------------------------|---|--|
| 1. DATE OF BIRTH | 2. SERVICE DESIGN | 3. YOUR CURRENT POSITION, TITLE AND GRADE | 4. STATION OR BASE |
| | D | Ops Ofcr, GS-13 | |
| 5a. DATE OF PCS ARRIVAL IN FIELD | 5b. DESIRED DATE OF DEPARTURE | 5c. EXPECTED DATE OF FIRST CHECK-IN AT HQ | 5d. DESIRED DATE TO REPORT TO DUTY AFTER LEAVE |
| (2nd tour)
29 June 71 | 1 July 1973 | 1 August 1973 | 1 September 1973 |

7. NUMBER AND AGES OF DEPENDENTS WHO WILL TRAVEL WITH YOU:

Wife; Dau - 13; Son - 12

8. PERSONAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED IN DETERMINING BEST ASSIGNMENT:

Wife cannot travel by air for medical reasons. Separate travel has been utilized in past assignments with principal and dependents going by air and wife following by ship.

9. LIST YOUR MAJOR DUTIES DURING CURRENT TOUR (see special note on transmittal form). (also attach personal cover questionnaire in accordance with CSI-P 240-8)

Referent on [] matters 1 July 1972 to present.
Referent on [] matters prior to 1 July 1972:

| |
|--|
| |
|--|

10. TRAINING DESIRED: INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS

None

SECRET

11. PRINTING FOR MY ACCOUNT

110. 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.

110. 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 (*1st, 2nd, and 3rd choice*) IN REMAINING BOXES. COMPLETE ALL ALTERNATE CHOICES AND OPTIONS IN ALL CASES EVEN THOUGH YOU ARE REQUESTING AN EXTENSION OF YOUR TOUR.

EXTEND YOUR 12 MONTHS AT CURRENT STATION TO 1 July 1974 (DATE)

BE ASSIGNED TO DUTIES FOR A TOUR OF DUTY; INDICATE YOUR CHOICE OF DIVISION, 1ST CHOICE FE 2ND CHOICE WH 3RD CHOICE EUN OR OFFICE

06 BE ASSIGNED
1ST CHOICE [REDACTED] SPECIAL INSTRUCTIONS

☐ 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:

TO BE COMPLETED BY APPROPRIATE HEADQUARTERS OFFICE

~~(CONT'D)~~

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.

[] will be assigned to EA [] upon completion of his tour and home leave. He has been so advised.

DATE 24 Jul 73 FILE C/EA/PERSONNEL SIGNATURE _____

FOR USE BY CAREER

14. APPROVED ASSIGNMENT:

13. EMPLOYEE NOTIFIED BY DISPATCH NO. _____ DATED: _____

CABLE NO. _____ DATE _____

CABLE SERVICE REPRESENTATIVE: _____ DATE: _____

100-443884-1

SECRET

FRQ [] - 14 March 1973

Operations Review course and training in writing.

SECRET
(When Filled In)

REPORT OF SERVICE ABROAD

**FILE
PUNCHED**

TO: Office of Personnel, Transactions and Records Branch, Status Section

SERIAL NO:

NAME

LAST

FIRST

MIDDLE

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TOY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (*One only*). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY, FOR YEAR. REFER TO OFI NO. 88, REVISED.

PCS DATES OF SERVICE

| ARRIVAL O/S | | | DEPARTURE O/S | | | TYPE OF DATA | CODE | O/P
USE
ONLY | COUNTRY | CODE |
|-------------|-------|-------|---------------|-------|-------|------------------|------|--------------------|---------|-------|
| MONTH | DAY | YEAR | MONTH | DAY | YEAR | | | | | |
| 25-26 | 27-28 | 29-30 | 31-32 | 33-34 | 35-36 | 1 - PCS (Basic) | 37 | 38-39 | | 40-42 |
| 05 | 22 | 69 | | | | 3 - CORRECTION | | | | 575 |
| | | | | | | 5 - CANCELLATION | | | | |

TOY DATES OF SERVICE

| ARRIVAL O/S | | | DEPARTURE O/S | | | TYPE OF DATA | CODE | O/P
USE
ONLY | AREA(S) | CODE |
|-------------|-------|-------|---------------|-------|-------|------------------|------|--------------------|---------|-------|
| MONTH | DAY | YEAR | MONTH | DAY | YEAR | | | | | |
| 25-26 | 27-28 | 29-30 | 31-32 | 33-34 | 35-36 | 2 - TOY (Basic) | 37 | 38-39 | | 40-42 |
| | | | | | | 4 - CORRECTION | | | | |
| | | | | | | 6 - CANCELLATION | | | | |

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

TRAVEL VOUCHER

DISPATCH

CABLE

DUTY STATUS OR TIME AND ATTENDANCE REPORT

OTHER (Specify) *Per Division*

DOCUMENT IDENTIFICATION NO.

DOCUMENT DATE/PERIOD

REMARKS

PREPARED BY

☒ REPORT SUBMITTED ON
CONTROL DOCUMENT

ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE
DOCUMENT CITED

C & L DIVISION, CTR.

DATE

SIGNATURE

☒ C & T DIVISION

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

SECRET
(When filled in)

FILE
PUNCHED
BY

REPORT OF SERVICE ABROAD

TO: Office of Personnel, Transactions and Records Branch, Status Section

SERIAL NO

NAME

LAST

FIRST

MIDDLE

(Print)

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TOY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 86 REVISED.

PCS DATES OF SERVICE

| ARRIVAL O/S | | | DEPARTURE O/S | | | TYPE OF DATA | CODE | O/P
USE
ONLY | COUNTRY | CODE |
|-------------|-------|-------|---------------|-------|-------|---|------|--------------------|---------|-------|
| MONTH | DAY | YEAR | MONTH | DAY | YEAR | | | | | |
| 25-26 | 27-28 | 29-30 | 31-31 | 32-34 | 35-36 | 1 - PCS (Basic)
2 - CORRECTION
3 - CANCELLATION | 37 | 38-39 | | 40-42 |
| | | | 05 | 22 | 71 | | 1 | | | 575 |

TOY DATES OF SERVICE

| ARRIVAL O/S | | | DEPARTURE O/S | | | TYPE OF DATA | CODE | O/P
USE
ONLY | AREA(S) | CODE |
|-------------|-------|-------|---------------|-------|-------|---|------|--------------------|---------|-------|
| MONTH | DAY | YEAR | MONTH | DAY | YEAR | | | | | |
| 25-26 | 27-28 | 29-30 | 31-32 | 33-34 | 35-36 | 1 - TOY (Basic)
2 - CORRECTION
3 - CANCELLATION | 37 | 38-39 | | 40-42 |
| | | | | | | | | | | |

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

TRAVEL VOUCHER

DISPATCH

CABLE

DUTY STATUS OR TIME AND ATTENDANCE REPORT

OTHER (Specify)

DOCUMENT IDENTIF

DOCUMENT DATE/PERIOD

REMARKS

PREPARED BY

REPORT APPROVED ON
CONTROL DOCUMENT

DCO

C & S DIVISION, CDSB

DATE

C & S DIVISION

SIGNATURE

THIS REPORT WILL BE FILED IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

SECRET

FIELD REASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE FOR HEADQUARTERS USE ONLY

NAME OF EMPLOYEE (Use Remarks only if 3A) DATE (from item 5-D) NAME OF EMPLOYEE DATE (from item 5-2)

DATE RECEIVED BY HEADQUARTERS: 16 October 1970 DISPATCH NUMBER: DATE RECEIVED BY CAREER SERVICE: 11 DEC 1970

TO BE COMPLETED BY EMPLOYEE

1. DATE OF BIRTH 2. SERVICE DESIGN 3. YOUR CURRENT POSITION, TITLE AND GRADE 4. STATION OR BASE 5.

6. DATE OF PCS ARRIVAL IN FIELD 6a. REQUESTED DATE OF DEPARTURE 6b. EXPECTED DATE OF FIRST CHECK-IN AT HQ 6c. DESIRED DATE TO REPORT TO DUTY AFTER LEAVE

7. NUMBER AND AGES OF DEPENDENTS WHO WILL TRAVEL WITH YOU:

8. PERSONAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED IN DETERMINING NEXT ASSIGNMENT:

9. LIST YOUR MAJOR DUTIES DURING CURRENT TOUR (see special note on transmittal form). (also attach personal cover questionnaire in accordance with CSI: P 240-8)

A.
B.
C.

10. TRAINING DESIRED: INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS:

None

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.

NA

11b. INDICATE IF YOU DESIRE TO EXTEND YOUR CURRENT TOUR BY CHECKING IN APPROPRIATE BOX. ALSO INDICATE PREFERENCE FOR NEXT REGULAR ASSIGNMENT BY INSERTING 1, 2, 3 (for 1st, 2nd, and 3rd choice) IN REMAINING BOXES. COMPLETE ALL ALTERNATE CHOICES AND OPTIONS IN ALL CASES EVEN THOUGH YOU ARE REQUESTING AN EXTENSION OF YOUR TOUR.

☒ EXTEND YOUR 12 MONTHS AT CURRENT STATION TO 30 May 1972 (DATE)

☐ BE ASSIGNED TO HQTRS FOR A TOUR OF DUTY. INDICATE YOUR CHOICE OF DIVISION, STAFF OR OFFICE.
1ST CHOICE _____ 2ND CHOICE _____ 3RD CHOICE _____

☒ BE ASSIGNED TO _____ ATION
1ST CHOICE _____

☒ RETURN TO MY CURRENT STATION after home leave.

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.

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.

The Division approves subject's request for home ^{leave} and return ☐

DATE 10 Dec 70 TITLE CFE SIGNATURE [Signature]

FOR USE BY CAREER SERVICE

14. APPROVED ASSIGNMENT:

15. EMPLOYEE NOTIFIED BY DISPATCH NO. _____ DATED: 10 Dec 70
CABLE NO: _____ DATED: _____

CAREER SERVICE REPRESENTATIVE: _____ DATE: 14 Dec 70

SECRET

S E C R E T

FIELD COMMENTS - continued

Subject has performed well in his assigned field thus far and I would expect to reap substantial benefits from his performance during his second tour based on the experience and knowledge he will have gained by the end of his first tour.

S E C R E T

CONFIDENTIAL

(When Filled In)

Complete in original. The data recorded on this form is essential in determining travel expenses allowable in connection with leave at government expense, overseas duty, return to residence upon separation, and for providing current residence and dependency information required in the event of an employee emergency. This form will be filed in the employee's official personnel folder.

NAME OF EMPLOYEE (Last)

1.

IF WIDOWED, PLACE SPOUSE DIED

DATE SPOUSE DIED

IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)

2.

MEMBERS OF FAMILY

CAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.

CONTINUED ON REVERSE SIDE

CURRENT RESIDENCE AND DEPENDENCY REPORT

CONFIDENTIAL
(When Filled In)

5. VOLUNTARY ENTRIES
Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.
INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.

ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

SIGNED AT

DATE

28 April 1969

CONFIDENTIAL

CONFIDENTIAL
(When filled in)

IMPORTANT

Central Processing Branch has been charged with responsibility for ensuring that all employees processing PCS to the field have reviewed the field version of the Employee Conduct Handbook. You will not be checked out for your proposed travel until you sign the following statement and return it to CFB. Your Personnel Officer can provide you with a copy of the Handbook.

MEMORANDUM OF UNDERSTANDING

I hereby acknowledge that I have read and understand the contents of Field Handbook 20-4, Employee Conduct, dated 23 October 1964.

[Redacted Signature Box]

Signature

18 Oct 1969
Date

[Redacted Signature Box]

CONFIDENTIAL

Group 1 - Excluded from
automatic downgrading
and declassification.

SECRET

SSA/DAS 67-2031

EX-107-4476

16 OCT 1967

MEMORANDUM FOR: Deputy Director for Plans

SUBJECT : [REDACTED]
Fourth Security Violation

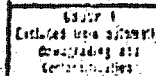
REFERENCE : HR 10-10

1. This memorandum contains a recommendation for approval in paragraph 4.

2. Two officers of this Division have incurred their fourth security violation. Reference requires that I impose at least two weeks' leave without pay in each case unless your approval is obtained for a lesser penalty. I propose such a lesser penalty and request your concurrence.

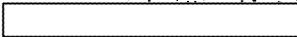
3. The officers concerned [REDACTED] are both dedicated Agency employees who have never, to the best of my knowledge, evidenced contempt for our security procedures nor displayed such gross negligence as to require strong remedial action. In neither case were any of the violations such as to indicate a compromise of information was probable; all were either open-safe or "exposed-classified-material" violations such as one-time typewriter ribbons, and none involved loss of documents, indiscreet talk or other more serious matters. Further, the majority of the violations occurred on occasions when the individuals concerned worked past the normal close of business and, while this is no excuse for carelessness, frequent overtime work does increase the possibility of a violation since the usual after-hours duty check is not operative. It seems to me, therefore, that the two weeks' leave without pay required by reference would be an excessively harsh penalty and not conducive to the enhancement of Agency security in general. I, therefore, propose the imposition of two days' leave without pay and a written reprimand for each officer. Copies of the proposed reprimand are attached.

SECRET



SECRET

4. It is recommended that the subjects be each issued a written reprimand and directed to take two days' leave without pay as the result of incurring their fourth security violation.


William E. Colby
Chief, Far East Division

Attachment
Proposed reprimands

* The recommendation contained
in paragraph 4 is APPROVED:

/s/ Cord Meyer, Jr.

A Deputy Director for Plans

16 NOV 1967

Date

* The recommendation contained in para. 4 is approved; except that 3 days LWOP will be charged instead of the 2 days proposed.

SECRET

This image shows a completely blank white rectangular area. It is surrounded by a thin black border, which appears to be the edge of a scanned document or a frame. There are no markings, text, or illustrations on the white surface.

SECRET

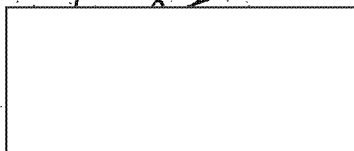
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SECRET

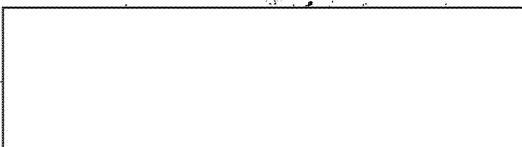
SECRET



UNITED STATES GOVERNMENT



ACCEPTED:



SECRET

SECRET

| FIELD REASSIGNMENT QUESTIONNAIRE <i>CSPS/S 801</i> | | | | |
|--|--------------------------------|---|---|---|
| DO NOT COMPLETE FOR HEADQUARTERS USE ONLY | | | | |
| NAME OF EMPLOYEE (Last, first, middle initial only if SA) | | DATE (from item S-1) | | NAME OF SUPERVISOR (Last, first, middle initial only if SA) |
| [Redacted] | | 7 Feb 66 | | [Redacted] |
| DATE RECEIVED AT HEADQUARTERS: | | DISPATCH NUMBER: | | DATE RECEIVED BY CRYPT SERVICE: |
| 11 Mar 66 | | [Redacted] | | 3 Mar 66 |
| 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 |
| [Redacted] | D
XX | GS-12 Ops Officer | Saigon | |
| 6. DATE OF PCS ARRIVAL IN FIELD | 7. REQUESTED DATE OF DEPARTURE | 8. EXPECTED DATE OF FIRST CHECK-IN AT HQ | 9. DESIRED DATE TO REPORT TO DUTY AFTER LEAVE | |
| 29 Dec 1964 | 9 July 1966 | 15 August 1966 | 10 September 1966 | |
| 10. NUMBER AND AGES OF DEPENDENTS WHO WILL TRAVEL WITH YOU: | | | | |
| 3 - 35, 6, 5 | | | | |
| 11. PERSONAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED IN DETERMINING NEXT ASSIGNMENT: | | | | |
| No unaccompanied assignment | | | | |
| 12. LIST YOUR MAJOR DUTIES DURING CURRENT TOUR (see special note on transmittal form). (also attach personal cover questionnaire in accordance with CSF-P 240-8) | | | | |
| [Redacted] | | | | |
| 13. TRAINING DESIRED: INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS: | | | | |
| CI course | | | | |

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.

[Redacted]

11B. INDICATE IF YOU DESIRE TO EXTEND YOUR CURRENT TOUR BY CHECKING IN APPROPRIATE BOX. ALSO INDICATE PREFERENCE FOR NEXT REGULAR ASSIGNMENT BY INSERTING 1, 2, & 3 (for 1st, 2nd, and 3rd choice) IN REMAINING BOXES. COMPLETE ALL ALTERNATE CHOICES AND OPTIONS IN ALL CASES EVEN THOUGH YOU ARE REQUESTING AN EXTENSION OF YOUR TOUR.

- ☐ EXTEND TOUR _____ MONTHS AT CURRENT STATION TO _____ (DATE)
- ☐ BE ASSIGNED TO HQ/OTS FOR A TOUR OF DUTY: INDICATE YOUR CHOICE OF DIVISION, STAFF OR OFFICE.
1ST CHOICE _____ 2ND CHOICE _____ 3RD CHOICE _____
- ☒ BE ASSIGNED 1ST CHOICE _____ STATION _____
- ☐ 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. This man has completed a tour separated from his family and has performed competently in which he has done an outstanding job. Believe he would profit by the CI course and another field tour a post where he can be with his family.

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.

FE Division has no suitable assignment for subject. Request his next assignment be determined by the CS Career Service and that he be advised accordingly.

DATE 03/24/68 TITLE C/FE/10rs SIGNATURE _____

FOR USE BY CAREER SERVICE

14. APPROVED ASSIGNMENT:

Assigned to FE/10/1

15. EMPLOYEE NOTIFIED BY DISPATCH NO. _____ DATE: _____

CABLE NO. _____ DATE: _____

[Redacted]

CAREER SERVICE REPRESENTATIVE: _____

DATE: 03/24/68

SECRET

CONFIDENTIAL

MEMORANDUM FOR: JF Career Management Committee

SUBJECT: Recommendation for Promotion of [redacted]
from GS-12 to GS-13

The Vietnam Station has recommended the promotion of [redacted] from GS-12 to GS-13. He has been in his present grade for almost five years. He is already performing at the level normally expected of a GS-13. [redacted] was ranked fifth among all GS-12's currently at Vietnam Station. The Station recommendation as contained in [redacted] is quoted in the following paragraphs.

2. This employee has performed at a highly commendable level during his tour at this Station.

[redacted]

3. Subject displays the qualities of a highly capable, well-rounded officer. He has approached his own tasks with a mature and efficient manner, and has always demonstrated an excellent understanding of the role and mission [redacted] the Station in this area. He appears to be highly motivated, and I consider him an officer with a great deal of long-range potential.

(11 Aug 66)

Chief, [redacted]

Branch

CONFIDENTIAL

CONFIDENTIAL

28 MAR 1967

MEMORANDUM FOR: Chief, FE Division DD/P

SUBJECT : Security Violation - [REDACTED]

1. [REDACTED]

2. [REDACTED]

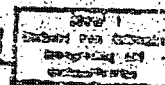
3. It would be appreciated if you would advise this Office by memorandum of the administrative action taken in this case.

fe [REDACTED]
Deputy Director of Security (PTOS)

Att
Violation Report

cc: Deputy Director for Plans
Director of Personnel

CONFIDENTIAL



CONFIDENTIAL

SECURITY VIOLATION REPORT

DETAILS OF VIOLATION:

INVESTIGATIVE FACTS:

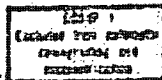
CONCLUSION:

SECURITY HISTORY:

Chief, Survey Branch

Investigator

CONFIDENTIAL



REPUBLIC OF VIETNAM

MERIT COMMENDATION

FOR [] American counterpart to the Police Special Branch of the Directorate General of National Police, who is awarded the Third Class Honorary Police Medal by Decree No. 1744-ND/HP/VP of 24 September 1966.

[] is an outstanding counterpart and a sincere friend of the National Police Branch.

During his period of service in Vietnam, [] devoted all his ability, experience, and good will to helping the Police Special Branch, especially in the task of setting up a people's intelligence net.

The dedication and enthusiasm of [] helped the National Police Branch to achieve excellent results in safeguarding security and maintaining law and order in Saigon, the Capital.

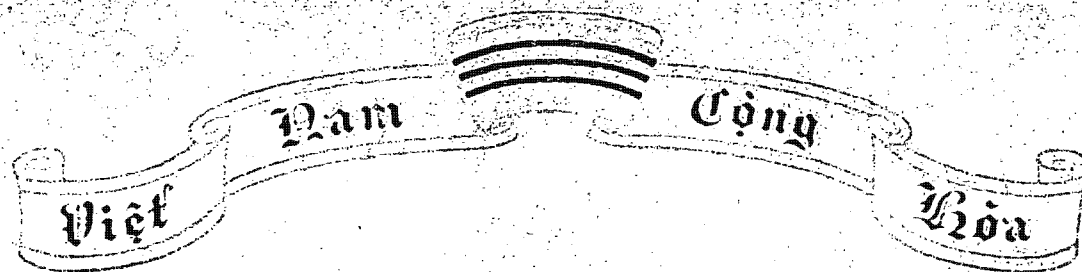
[] spirit of mutual aid merits praise and remembrance.

Saigon, 24 September 1966

Chairman of the Central Executive Committee

/Signed and Sealed/

Air Vice Marshal NGUYEN CAO KY



HÀNG TUYÊN DƯƠNG CÔNG TRẠNG

về [] Phối-trí-viên Hoa-ý cảnh Khố
Cảnh-Sát Đặc-Biệt Tổng Thụ Cảnh-Sát Quốc-Gia được
ăn thưởng Bộ tam đẳng Cảnh-sát danh-dự Bội-tinh do
do Nghị-dịnh số 1744-NĐ/HP/VP ngày 24 tháng 9 năm 1966.

[] là một Phối-trí-viên ưu-tú và là
Người bạn chân-thành của ngành Cảnh-Sát Quốc-gia.

Trong thời gian phục-vụ tại Việt-Nam, []
[] đã đem hết khả năng, kinh-nghuận và thiện-chí giúp đỡ Khố
Cảnh-sát Đặc-biệt, nhất là trong công tác đặt lưới tình báo
nhân dân.

Sự tận tâm và lòng nhiệt thành của []
đã giúp cho ngành Cảnh-sát Quốc-gia thân đạt được nhiều kết-
quả tốt đẹp trong công cuộc bảo vệ an-ninh và duy-trì trật-tự
tại Đô-thành Saigon.

Tinh-thần tương-trợ của [] đáng được
khôn ngẫm và ghi nhớ.

Saigon, ngày 24 tháng 9 năm 1966
CHỦ-TỊCH ỦY-BAN LÃNH-ĐẠO TƯỚNG-ƯNG,



NGUYỄN CAO KIỆT

REPUBLIC OF VIETNAM
OFFICE OF THE CHAIRMAN
NATIONAL LEADERSHIP COMMITTEE

CHAIRMAN OF THE CENTRAL EXECUTIVE COMMITTEE

Reference the order of 19 June 1965 which was supplemented by Decree No. 6-QLVNCH/QD of 6 June 1966 of the Armed Forces Council of the Republic of Vietnam;

Reference Decree No. 3-QLVNCH/QD of 11 June 1965 which was supplemented by Decree No. 7-QLVNCH/QD of 6 June 1966 of the Armed Forces Council of the Republic of Vietnam which established and fixed the composition of the National Leadership Council;

Reference Decree No. 001-a/CT/LDQG/SL of 19 June 1965 and all succeeding documents which established and set the composition of the Central Executive Committee;

Reference Decree No. 080-CT/LDQG/SL of 6 September 1965 which created two types of medals, the Police Service Medal and the Honorary Police Medal;

Reference Decree No. 001-CT/LDQG/SL of 21 January 1966 which fixed the methods of awarding the medals mentioned above;

DECREE

Article One. Now the Third Class Honorary Police Medal is awarded American Counterpart to the Police Special Branch of the Directorate General of National Police.

Article Two. The Commissioner General for Security and the Administrative Assistant in the Office of the Chairman of the Central Executive Committee will assume the responsibility for implementing the Decree.

00000

Saigon, 24 September 1966

/Signed and Sealed/

Air Vice Marshal NGUYEN CAO KY

VIỆT-NAM CỘNG-HOÀ

Phủ Chủ-Tịch
Ủy-Ban Hành-Pháp Trung-Ương

Số 1744-NĐ/HĐ/TP.

Chức

Ủy-Ban Hành-Pháp Trung-Ương

Chiếu theo: Lệnh ngày 19 tháng Sáu năm 1965 bổ-tức bởi Quyết-định số 6-LV/CH/QĐ ngày 6 tháng Sáu năm 1966 của Đại-Hội-Đồng Quốc-Lực Việt-Nam Cộng-Hòa ;

Chiếu Quyết-định số 3-LV/CH/QĐ ngày 14 tháng Sáu năm 1965 bổ-tức bởi Quyết-định số 7-LV/CH/QĐ ngày 6 tháng Sáu năm 1966 của Đại-Hội-Đồng Quốc-Lực Việt-Nam Cộng-Hòa thành-lập và an-định thành-phần Ủy-Ban Lãnh-Dạo Quốc-đia ;

Chiếu sắc-lệnh số 001-a/CT/LĐQG/SL ngày 19 tháng Sáu năm 1967 và các văn-khẩu kế-tiếp thành-lập và an-định thành-phần Ủy-Ban Hành-Pháp Trung-Ương ;

Chiếu sắc-lệnh số 000-CT/LĐQG/SL ngày 6 tháng Sáu năm 1967 thiết-lập hai loại huy-chương: "Cảnh-Sát Chiến-Công Lợi-Tinh" và "Cảnh-Sát Danh-Dự Đội-Tinh" ;

Chiếu Nghị-định số 001-CT/LĐQG/HĐ ngày 21 tháng Giêng năm 1966 an-định thố-thức cấp tướng các huy-chương kể trên,

H G H I - D I H H :

Điều thứ nhất. - Hủy an-thưởng Độ-tam đẳng Cảnh-Sát Danh-Dự Đội-Tinh cho Phó-trì-viên Hoa-Kỳ cạnh Khố Cảnh-Sát Đặc-biệt Tổng Nha Cảnh-Sát Quốc-Gia.

Điều thứ 2. - Tổng-Ủy-Viên An-Ninh và Phụ-Tá Hành-Chánh tại Phủ Chủ-Tịch Ủy-Ban Hành-Pháp Trung-Ương, chiếu nhiệm-vụ, lãnh thi-hành Nghị-định này.

Saigon, ngày 24 tháng 9 năm 1966



[Handwritten signature]

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

TO:

Office of Personnel, Statistical Reporting Branch, ROOM 5 E 2506 Headquarters

| EMPLOYEE SERIAL NO. | NAME OF EMPLOYEE | | | OFFICE/COMPONENT |
|--|--|-------|--------|------------------|
| | LAST
(Print) | FIRST | MIDDLE | |
| 1-0
<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> | 7-24
<div style="border: 1px solid black; width: 120px; height: 20px; margin: 0 auto;"></div> | | | 25-26

45 |

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (OR CANCEL). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

PCS DATES OF SERVICE

| TYPE OF DATA | CODE | ARRIVAL | | | DEPARTURE | | | COUNTRY | OMIT |
|------------------|------|---------|-------|-------|-----------|-------|-------|----------|-------|
| | | MONTH | DAY | YEAR | MONTH | DAY | YEAR | | |
| 1 - PCS (Basic) | 27 | 28-29 | 30-31 | 32-33 | 34-35 | 36-37 | 38-39 | VIET NAM | 40-42 |
| 3 - CORRECTION | | | | | | | | | |
| 5 - CANCELLATION | 1 | | | | 07 | 11 | 66 | | 7-22 |

TDY DATES OF SERVICE

| TYPE OF DATA | CODE | DEPARTURE | | | RETURN | | | AREA(S) | OMIT |
|------------------|------|-----------|-------|-------|--------|-------|-------|---------|------|
| | | MONTH | DAY | YEAR | MONTH | DAY | YEAR | | |
| 2 - TDY (Basic) | 27 | 28-29 | 30-31 | 32-33 | 34-35 | 36-37 | 38-39 | 40-42 | |
| 4 - CORRECTION | | | | | | | | | |
| 6 - CANCELLATION | | | | | | | | | |

SOURCE OF RECORD DOCUMENT

| | |
|---|--|
| ☐ TRAVEL VOUCHER | ☒ DISPATCH |
| ☐ CABLE | ☐ DUTY STATUS OR TIME AND ATTENDANCE REPORT |
| ☐ OTHER (Specify): | |

| | |
|--|---------------------------------|
| DOCUMENT IDENTIFICATION NO.
<div style="border: 1px solid black; width: 80px; height: 20px; margin: 0 auto;"></div> | DOCUMENT DATE/PERIOD
7-14-66 |
|--|---------------------------------|

| | | |
|---|--|---|
| PREPARED BY: <div style="border: 1px solid black; width: 60px; height: 15px; display: inline-block;"></div> | REPORT ANNOTATED ON SOURCE DOCUMENT | ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED |
| DATE: 7-21-66 | SIGNATURE: <div style="border: 1px solid black; width: 120px; height: 20px; display: inline-block;"></div> | |

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

TO:

Office of Personnel, Statistical Reporting Branch, ROOM 5 E 2506 Headquarters

| EMPLOYEE SERIAL NO.

1-8 | NAME OF EMPLOYEE | | | OFFICE/COMPONENT

29-38 |
|---|--|-------|--------|-------------------------------|
| | LAST

(Print) | FIRST | MIDDLE | |
| <div style="border: 1px solid black; width: 50px; height: 20px;"></div> | <div style="border: 1px solid black; width: 250px; height: 20px;"></div> | | | 45 |

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

PCS DATES OF SERVICE

| TYPE OF DATA

1 - PCS (Basic)
3 - CORRECTION
5 - CANCELLATION | CODE

27 | ARRIVAL | | | DEPARTURE | | | COUNTRY

VIET NAM | OMIT

40-48

772 |
|---|----------------|----------------|--------------|---------------|----------------|--------------|---------------|-------------------------|------------------------------|
| | | MONTH
28-29 | DAY
30-31 | YEAR
32-33 | MONTH
34-35 | DAY
36-37 | YEAR
38-39 | | |
| | 1 | 12 | 29 | 60 | | | | | |

TDY DATES OF SERVICE

| TYPE OF DATA

2 - TDY (Basic)
4 - CORRECTION
6 - CANCELLATION | CODE

27 | DEPARTURE | | | RETURN | | | AREA(S) | OMIT

40-48 |
|---|----------------|----------------|--------------|---------------|----------------|--------------|---------------|---------|-------------------|
| | | MONTH
28-29 | DAY
30-31 | YEAR
32-33 | MONTH
34-35 | DAY
36-37 | YEAR
38-39 | | |
| | | | | | | | | | |

SOURCE OF RECORD DOCUMENT

| | |
|-----------------|--|
| TRAVEL VOUCHER | ☒ DISPATCH |
| CABLE | DUTY STATUS OR TIME AND ATTENDANCE REPORT |
| OTHER (Specify) | |

DOCUMENT IDENTIFICATION NO.

DOCUMENT DATE/PERIOD

REMARKS

PREPARED BY

REPORT ANNOTATED ON
SOURCE DOCUMENTABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE
DOCUMENT CITED

D & I DIVISION

DATE

SIGNATURE

A C & T DIVISION

FORM 1451a USE PREVIOUS
EDITIONS

SECRET

CAUTION
Excluded from automatic
downgrading and declassification

(14-10)

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

TO:

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

| EMPLOYEE SERIAL NO.
1-6 | NAME OF EMPLOYEE | | OFFICE/COMPONENT
28-29 |
|----------------------------|------------------|-----------------|---------------------------|
| | LAST
(Print) | FIRST
MIDDLE | |
| [Redacted] | [Redacted] | [Redacted] | 45 |

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TOY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

PCS DATES OF SERVICE

| TYPE OF DATA | CODE | ARRIVAL | | | DEPARTURE | | | COUNTRY | OMIT
40-42 |
|-----------------|------|---------|-------|-------|-----------|-------|-------|------------|---------------|
| | | MONTH | DAY | YEAR | MONTH | DAY | YEAR | | |
| 1. PCS (Basic) | 27 | 28-29 | 30-31 | 32-33 | 34-35 | 36-37 | 38-39 | [Redacted] | 40-42 |
| 2. CORRECTION | | | | | | | | | |
| 3. CANCELLATION | 1 | | | | 09 | 23 | 62 | | 375 |

TOY DATES OF SERVICE

| TYPE OF DATA | CODE | DEPARTURE | | | RETURN | | | AREA(S) | OMIT
40-42 |
|-----------------|------|-----------|-------|-------|--------|-------|-------|---------|---------------|
| | | MONTH | DAY | YEAR | MONTH | DAY | YEAR | | |
| 2. TOY (Basic) | 27 | 28-29 | 30-31 | 32-33 | 34-35 | 36-37 | 38-39 | | |
| 4. CORRECTION | | | | | | | | | |
| 6. CANCELLATION | | | | | | | | | |

SOURCE OF RECORD DOCUMENT

| | |
|--|---|
| ☐ TRAVEL VOUCHER | ☐ DISPATCH |
| ☐ CABLE | ☒ DUTY STATUS OR TIME AND ATTENDANCE REPORT |
| ☐ OTHER (Specify) | |

| | |
|---|---|
| DOCUMENT IDENTIFICATION NO.

Form - 764 | DOCUMENT DATE/PERIOD

2 Sept - 23 Sept 62 |
|---|---|

| |
|---------|
| REMARKS |
| |
| |
| |

| | | |
|------------------|-------------------------------------|---|
| PREPARED BY | REPORT ANNOTATED ON SOURCE DOCUMENT | ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED |
| FISCAL DIVISION | DATE 16 OCT 1962 | SIGNATURE [Redacted] |
| FINANCE DIVISION | | |

SECRET

100

| FIELD REASSIGNMENT QUESTIONNAIRE | | | |
|---|----------------------------------|---------------------------|-------------------------------|
| DO NOT COMPLETE - FOR HEADQUARTERS USE ONLY | | | |
| AUTHENTICATION OF SIGNATURES AND VERIFICATION OF ITEMS 1 THROUGH 7, BELOW: | | | |
| NAME (Type) | DATE (from item 1) | NAME OF SUPERVISOR (Type) | DATE (from item 2) |
| | Jan 1962 | | Jan 1962 |
| NAME AND SIGNATURE OF OFFICIAL AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE SIGNATURES AND VERIFY DATA IN ITEMS NOS. 1 THROUGH 7, BELOW: | | | DATE |
| | | | 12 Feb 1962 |
| TO BE COMPLETED BY EMPLOYEE | | | |
| 1. NAME | 2. GRADE | 3. CURRENT POSITION TITLE | |
| | GS-12 | | |
| 4. SERVICE DESIGNATION (If known) | 5. CURRENT STATION OR FIELD BASE | | |
| NA | | | |
| 6. OTHER DUTY STATIONS OR FIELD BASES DURING CURRENT TOUR | | | 7. EXPECTED DATE OF DEPARTURE |
| NA | | | September 1962 |
| 8. WRITE A DESCRIPTION OF YOUR MAJOR DUTIES DURING THE CURRENT TOUR: | | | |
| | | | |
| 9. PREFERENCE FOR NEXT ASSIGNMENT: | | | |
| A. WRITE A BRIEF DESCRIPTION OF THE TYPE OF WORK YOU WOULD PREFER FOR YOUR NEXT ASSIGNMENT IF IT DIFFERS FROM THAT INDICATED IN ITEM NO. 3, ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICES. | | | |
| SAME | | | |
| 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): | | | |
| Language Training | | | |

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: | |
| ☐ RETURN TO MY CURRENT STATION | ☒ BE ASSIGNED TO HEADQUARTERS FOR A TERM OF 24TH |
| ☒ 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: | <input type="text"/> |
| 2ND CHOICE: | <input type="text"/> |
| 3RD CHOICE: | <input type="text"/> |
| 10. HOW MUCH LEAVE DO YOU DESIRE BETWEEN ASSIGNMENTS? | |
| 30 days | |
| INDICATE NUMBER OF WORK DAYS | |
| 11. INDICATE THE NUMBER AND AGE OF DEPENDENTS WHO WILL BE TRAVELLING OR MOVING WITH YOU: | |
| Three: 32, 30 months, 18 months | |
| 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: | |
| In view of this officer's field experience and his competent performance as <input type="text"/> , his continued assignment to a field station would soon to be in the best interests of KUBARK. | |
| 14. SIGNATURE: COMPLETE ITEM NO. 5-2, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF THIS PORTION OF THE FORM. | |
| TO BE COMPLETED BY APPROPRIATE SUPERVISOR AT HEADQUARTERS | |
| 15. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE DIVISION TO WHICH HE IS CURRENTLY ASSIGNED, INDICATE YOUR RECOMMENDATIONS FOR HIS NEXT ASSIGNMENT AND TRAINING: | |
| FE Division concurs. | |
| "The staffing plans of St/FM call for the assignment of <input type="text"/> to analytical duties on his return to Headquarters in the fall of 1962." | |
| 16. NAME OF SUPERVISOR | <input type="text"/> |
| TITLE: | <input type="text"/> |
| Personnel Officer, GRR | 20 March 1962 |
| 17. REMARKS (additional comment): | |
| <input type="text"/> was notified of his planned reassignment in Memorandum No. 363, dated 14 March 1962. | |
| 21 MAR <input type="text"/> | |
| Acting Secretary, GRR Career Service Board | |

SECRET

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

TO:

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

| EMPLOYEE SERIAL NO.
1-6 | NAME OF EMPLOYEE | | | OFFICE/COMPONENT
29-38 |
|----------------------------|------------------|---------------|--------|---------------------------|
| | LAST
(Print) | FIRST
7-26 | MIDDLE | |
| [] | [] | [] | [] | 18 |

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (*One only*). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

PCS DATES OF SERVICE

| TYPE OF DATA | CODE | ARRIVAL | | | DEPARTURE | | | COUNTRY | UNIT
40-42 |
|------------------|------|---------|-------|-------|-----------|-------|-------|---------|---------------|
| | | MONTH | DAY | YEAR | MONTH | DAY | YEAR | | |
| 1 - PCS (Basic) | 27 | 28-29 | 30-31 | 32-33 | 34-35 | 36-37 | 38-39 | [] | 40-42 |
| 3 - CORRECTION | 1 | 09 | 04 | 59 | [] | [] | [] | [] | 375 |
| 5 - CANCELLATION | [] | [] | [] | [] | [] | [] | [] | [] | [] |

TDY DATES OF SERVICE

| TYPE OF DATA | CODE | DEPARTURE | | | RETURN | | | AREA(S) | UNIT
43-42 |
|------------------|------|-----------|-------|-------|--------|-------|-------|---------|---------------|
| | | MONTH | DAY | YEAR | MONTH | DAY | YEAR | | |
| 2 - TDY (Basic) | 27 | 28-29 | 30-31 | 32-33 | 34-35 | 36-37 | 38-39 | [] | 43-42 |
| 4 - CORRECTION | [] | [] | [] | [] | [] | [] | [] | [] | [] |
| 6 - CANCELLATION | [] | [] | [] | [] | [] | [] | [] | [] | [] |

SOURCE OF RECORD DOCUMENT

| | |
|--|---|
| ☐ TRAVEL VOUCHER | ☐ DISPATCH |
| ☐ CABLE | ☒ DUTY STATUS OR TIME AND ATTENDANCE REPORT |
| ☐ OTHER (Specify) | |

| | |
|-----------------------------|----------------------|
| DOCUMENT IDENTIFICATION NO. | DOCUMENT DATE/PERIOD |
| | 10 AUG. - 5 SEP. 59 |

| |
|---------|
| REMARKS |
| |

| | | |
|-----------------------------|-------------------------------------|--|
| PREPARED BY | REPORT ANNOTATED ON SOURCE DOCUMENT | ADD-6 DATA VERIFIED CORRECT, BASED UPON SOURCE |
| FISCAL DIVISION | DATE | SIGNATURE |
| FINANCE DIVISION <i>KLF</i> | 21 APR. 60 | [] |

Office of Training
TRAINING REPORT

Instruction Training Course No. 67
40 hours, 30 Oct. - 3 Nov. 1961

6 students

Student:

Year of Birth:

EOB Date: June 1955

Grade: 11

Office: Orr/

COURSE OBJECTIVES, CONTENT, AND METHODS

The Objectives of this course are:

1. To develop an acquaintance with the learning processes.
2. To apply the principles of learning and instruction in practical teaching experiences.

This course included planning and practical teaching work in: principles of learning and teaching; effective oral communication; demonstration techniques; training aids; elements of effective class discussions; principles of lesson planning; all based upon the implementation of the principles of learning. Due to the shortness of the course, familiarization only was attempted with the above aspects of teaching.

During this course, each student presented to the class a sample speech, demonstration, a class discussion, and lesson plan, all related to his own subject matter area. These presentations were critiqued and voted by his classmates and the instructor. Over half of the students' course time was spent in practical experience.

ACHIEVEMENT RECORD

This student has satisfactorily accomplished the course objectives and met the course standards in presenting his exercises. has a pleasant manner of speaking, and with each presentation to the class his effectiveness increased. He was able to use visual aids effectively to good advantage, and he made worthwhile suggestions for improving the presentations of others. He evidenced a sound grasp of the principles of lesson plan format.

Despite his noticeable progress during the course, needs to show more interest in his students and regularly maintain good eye contact with his entire class. By giving continual attention and practice to vocal variety, overt manifestations of enthusiasm, and the establishment of closer rapport with the students, should be able to increase considerably his competence as an instructor.

FOR THE DIRECTOR OF TRAINING:

3 NOV 1961

SECRET

FIELD REASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE FOR HEADQUARTERS USE ONLY

DO NOT COMPLETE

DO NOT COMPLETE

AUTHENTICATION OF SIGNATURES AND VERIFICATION OF ITEMS 1 THROUGH 7, BELOW:

| | | | |
|--|--------------------|---------------------------|--------------------|
| NAME OF EMPLOYEE (true) | DATE (from item 1) | NAME OF SUPERVISOR (true) | DATE (from item 2) |
| | 21 March 1961 | | 21 March 1961 |
| NAME AND SIGNATURE OF OFFICIAL AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE SIGNATURES AND VERIFY DATA IN ITEMS NOS. 1 THROUGH 7, BELOW: | | DATE | |
| | | | |

TO BE COMPLETED BY EMPLOYEE

| | | |
|--|----------------------------------|-------------------------------|
| 1. DATE OF BIRTH | 2. GRADE | 3. CURRENT POSITION TITLE |
| | GS-11 | Identification Specialist |
| 4. SERVICE DESIGNATION (if known) | 5. CURRENT STATION OR FIELD BASE | |
| NA | | |
| 6. OTHER DUTY STATIONS OR FIELD BASES DURING CURRENT TOUR | | 7. EXPECTED DATE OF DEPARTURE |
| NA | | October 1961 |
| 8. WRITE A DESCRIPTION OF YOUR MAJOR DUTIES DURING THE CURRENT TOUR OF DUTY (see special note on Transmittal Form) | | |

9. PREFERENCE FOR NEXT ASSIGNMENT:

A. WRITE A BRIEF DESCRIPTION OF THE TYPE OF WORK YOU WOULD PREFER FOR YOUR NEXT ASSIGNMENT IF IT DIFFERS FROM THAT INDICATED IN ITEM NO. 8, ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICES.

SAME

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).

Language Training

SECRET

| | |
|---|---|
| 9. PREFERENCE FOR NEXT ASSIGNMENT (continued) | |
| C. INDICATE YOUR PREFERENCE FOR NEXT ASSIGNMENT BY INSERTING NUMBERS 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100 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 CHOICE FOR GEOGRAPHIC AREA OR SPECIFIC STATION: MAN-ROON | |
| 1st CHOICE: | |
| 2nd CHOICE: | |
| 3rd CHOICE: | |
| 10. HOW MUCH LEAVE DO YOU DESIRE BETWEEN ASSIGNMENTS?
30 Days INDICATE NUMBER OF WORK DAYS | |
| 11. INDICATE THE NUMBER AND AGE OF DEPENDENTS WHO WILL BE TRAVELLING OR MOVING WITH YOU:
Three, 31, 23 months, 8 months | |
| 12. SIGNATURE: COMPLETE ITEM NO. 8-1, 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 DIVISION TO WHICH HE IS CURRENTLY ASSIGNED, INDICATE YOUR RECOMMENDATIONS FOR HIS NEXT ASSIGNMENT AND TRAINING: | |
| <p>EE Division recommends subject be reassigned by the IA Career Board.</p> <p>Headquarters recommends extension of tour for another year.</p> <p style="text-align: right;">Personnel Officer, ORR</p> | |
| 14. NAME OF SUPERVISOR: | SIGNATURE: |
| TITLE: | DATE: |
| 15. REMARKS (additional comments): | |

SECRET

SECRET

18 April 1961

MEMORANDUM FOR THE RECORD

SUBJECT: Outstanding Advance Balance [redacted]

1. This memorandum is to be made a part of subject's personnel file, by direction of Acting Chief, [redacted]
2. As stated in Paragraph 4 of the [redacted] Audit Report for the period 1 September 1960 through 28 February 1961, subject has an outstanding balance of \$167.62 in his travel advance account. The advance has been open since 8 December 1960, despite repeated efforts on the part of Finance to close the account.
3. The balance referred to above is computed as follows:

| | |
|--|-----------------|
| 8 December 1960 - Travel advance | \$500.00 |
| 22 March 1961 - Accounting for travel for period 10-18 December 1960 | 332.38 |
| Balance Outstanding | <u>\$167.62</u> |
4. Finance Memorandum 61-19 dated 17 April 1961 again requested that the balance be refunded and the account closed. An addendum to this memorandum, signed by Acting Deputy for Operations, informed [redacted] that he was to refund the balance no later than COB 17 April 1961.
5. [redacted]'s written reply to the memo stated that he would refund the balance no later than 28 April 1961, upon receipt of a bank deposit slip from PBPRIME.
6. After further discussion between [redacted] and the undersigned, [redacted] were sent to Headquarters requesting an immediate transfer of \$167.62 from subject's Credit Union account to Finance Division for T/A [redacted].
7. Subject has been informed that no further advances of official funds will be made to him, except for housing expenses and the exact cost of tickets necessary for official travel.

[redacted]
Finance Officer

Distribution

- ✓ 1 - PERS
- 2 - FIM
- 1 - A/DOPS

SECRET

TSS/PB/TRAINING DIVISION EVALUATION

DARKROOM 9

BASIC PHOTOGRAPHY No. 1

NAME DIV/GR/ BR 1A DATES TRAINED: from 27 June to 17 July '57

This course is primarily designed to develop the following skills: Use of 35 mm cameras with accessories, document copy, processing and printing.

| | None | Unsat. | Fair | Good | Excellent | Superior |
|--|------|--------|------|------|-----------|----------|
| I. Manipulation of camera. | | | | | | |
| a. Leica | | | | X | | |
| b. Retina II C | X | | | | | |
| c. Recordak | | | | X | | |
| II. Processing and printing. | | | | | | |
| a. Film loading | | | | X | | |
| b. Film processing | | | | X | | |
| c. Enlarging | | | | X | | |
| d. Reflex and contact printing | | | | | X | |
| III. Use of accessory equipment. | | | | | | |
| a. Exposure meter | | | | X | | |
| b. Filters | X | | | | | |
| c. Telephoto and wide angle lenses | | | | X | | |
| IV. Document copy and small objects. | | | | | | |
| a. Available light | X | | | X | | |
| b. Accessory illumination | | | | X | | |
| c. HOOWU, porro lens, focus slide | | | | X | | |
| V. Ground photography. | | | | | | |
| a. Coverage | | | | | | |
| b. Report | X | | | | | |
| VI. Casing. | | | | | | |
| a. Coverage | | | | | | |
| b. Report | | | | | | |
| VII. Surveillance. | | | | | | |
| a. Coverage | | | | | | |
| b. Report | | | | | | |
| VIII. Special problems. | | | | | | |
| a. Coverage | | | | | | |
| b. Report | | | | | | |
| General quality of prints | | | | X | | |
| Choice of subject matter | | | | X | | |
| Quality of darkroom work (Cleanliness, etc.) | | | | X | | |
| Attitude toward subject matter | | | | X | | |
| Cooperation | | | | | X | |

REMARKS:

 met the course objectives and completed all of the course assignments for the two weeks he attended with average results.

Overcoming some difficulty at the outset, soon overcame many of his problems in the two week time. He demonstrated an eagerness to learn, by willing to be checked out in not only course equipment, but other equipment as well. He also offered to complete additional assignments on his own time.

It is suggested he continue his practice and association with photography in order to maintain and improve present proficiency.

APPROVED
C/TSS/TO
Instructor

SECRET

(When Filled In)

| PERIODIC SUPPLEMENT
PERSONAL HISTORY STATEMENT | | THIS DATE |
|--|--|---|
| INSTRUCTIONS | | |
| <p><i>This form provides the means whereby your official personnel records will be kept current. Even though it duplicates information you have furnished previously, it will be necessary for you to complete Sections I through VI in their entirety. You need complete Sections VII through XII only if there has been a change since you entered on duty with the organization or if you believe the item requires more complete coverage than you have previously reported.</i></p> | | |
| SECTION I GENERAL | | |
| 1. FULL NAME (Last, First, Middle) | | |
| 2. CURRENT ADDRESS (No., Street, City, Zone, State) | | 3. PERMANENT ADDRESS (No., Street, City, Zone, State) |
| 4. HOME TELEPHONE NUMBER | | 5. STATE, TERRITORY, POSSESSION OR COUNTRY IN WHICH YOU NOW CLAIM RESIDENCE |
| SECTION II PERSON TO BE NOTIFIED IN CASE OF EMERGENCY | | |
| <p>1. NAME (Last, First, Middle)</p> <p>2. ADDRESS (No., Street, City, Zone, State)</p> <p>3. HOME TELEPHONE NUMBER</p> <p>4. RELATIONSHIP TO YOU</p> <p>5. IF NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE.</p> | | |
| SECTION III MARITAL STATUS | | |
| <p>1. CHECK ONE: ☒ SINGLE ☒ MARRIED ☐ WIDOWED ☐ SEPARATED ☐ DIVORCED ☐ ANNULLED</p> <p>2. FURNISH DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS</p> | | |
| <p>SPOUSE: If you have been married more than once, including annulments, use a separate sheet for former wife or husband giving date below for all previous marriages. If marriage is contemplated, provide same data for fiancé.</p> | | |
| <p>3. NAME (First, Middle, Last)</p> <p>4. ADDRESS (No., Street, City, Zone, State)</p> <p>5. HOME TELEPHONE NUMBER</p> <p>6. RELATIONSHIP TO YOU</p> | | |
| 7. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country) | | |

SECTION III CONTINUED TO PAGE 2

SECRET

(When Filled In)

SECTION V CONTINUED FROM PAGE 2

5. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS

| NAME OF INSTITUTION | ADDRESS (City, State, Country) |
|---------------------|--------------------------------|
| | Wash. D.C. |
| | Arlington, Va. |

7. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY?

YES

☒ NO

8. IF YOU HAVE ANSWERED "YES" TO QUESTION 7 ABOVE, GIVE PARTICULARS, INCLUDING COURT AND DATE(S)

SECTION VI

CITIZENSHIP

| | |
|---|---|
| 1. COUNTRY OF CURRENT CITIZENSHIP | 2. CITIZENSHIP ACQUIRED BY - CHECK (X) ONE:
☐ BIRTH ☐ MARRIAGE ☐ OTHER (Specify): |
| 3. HAVE YOU TAKEN STEPS TO CHANGE YOUR PRESENT CITIZENSHIP? ☐ YES ☒ NO | 4. GIVE PARTICULARS |
| 5. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, INDICATE PRESENT STATUS OF YOUR APPLICATION (FIVE-DIGIT, etc.) | |

SECTION VII

EDUCATION

| | |
|---|---|
| 1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED: | |
| LESS THAN HIGH SCHOOL GRADUATE | OVER TEN YEARS OF COLLEGE - NO DEGREE |
| HIGH SCHOOL GRADUATE | BACHELOR'S DEGREE |
| TRADING, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE | GRADUATE STUDY LEADING TO HIGHER DEGREE |
| TWO YEARS COLLEGE OR LESS | MASTER'S DEGREE |
| | DOCTOR'S DEGREE |

2. COLLEGE OR UNIVERSITY STUDY

| NAME AND LOCATION OF COLLEGE OR UNIVERSITY | SUBJECT | | DATES ATTENDED | | DEGREE REC'D | DATE REC'D | STATUS - IS COMPLETED (Specify) |
|--|---------|-------|----------------|----|--------------|------------|---------------------------------|
| | MAJOR | MINOR | FROM | TO | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

3. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

| NAME OF SCHOOL | STUDY OR SPECIALIZATION | DATES ATTENDED | | TOTAL CREDIT |
|----------------|-------------------------|----------------|----|--------------|
| | | FROM | TO | |
| | | | | |
| | | | | |
| | | | | |

4. MILITARY TRAINING (Full time duty in specialized schools such as Ordnance, Intelligence, Communications, etc.)

| NAME OF SCHOOL | STUDY OR SPECIALIZATION | DATES ATTENDED | | TOTAL CREDIT |
|----------------|-------------------------|----------------|----|--------------|
| | | FROM | TO | |
| | | | | |
| | | | | |
| | | | | |

5. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE

SECRET

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

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

INFORMATION CONCERNING THE INSURED:

NAME (Last) (First) (Middle) DATE OF BIRTH (Month, day, year)

DEPARTMENT OR AGENCY IN WHICH EMPLOYED (If retired, so state and give "CSA" or "CSI" number):

(Department or agency)

(Bureau)

(Division)

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

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:

| Type or print first name, middle initial, and last name of each beneficiary | Type or print address of each beneficiary | Relationship | Share to be paid to each beneficiary |
|---|---|--------------|--------------------------------------|
| Cancel prior designations | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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

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

August 30, 1956

(Date of execution—month, day, year)

(Signature of insured)

WITNESSES TO SIGNATURE (A witness is ineligible to receive payment as a beneficiary):

PRINT OR TYPE NAME AND ADDRESS OF INSURED

THIS SPACE RESERVED FOR RECEIVING AGENCY

DATE

SEP 30 11 27 AM '56

U.S. CIVIL SERVICE COMMISSION

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

EXAMPLES OF DESIGNATIONS

How To Designate ONE BENEFICIARY

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

How To Designate MORE THAN ONE BENEFICIARY

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

How To Designate A CONTINGENT BENEFICIARY

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

How To CANCEL A DESIGNATION OF BENEFICIARY SO THAT AMOUNT DUE WILL BE PAYABLE AS PROVIDED IN THE LAW

| Type or print first name, middle initial, and last name of each beneficiary | Type or print address of each beneficiary | Relationship | Share to be paid to each beneficiary |
|---|---|--------------|--------------------------------------|
| Cancel prior designations | | | |
| | | | |

*The first name design as M. E. Brown as Mr. John H. Brown.
 **Be sure that the shares to be paid to the several beneficiaries add up to 100 percent.

12-7084-1

CONFIDENTIAL

TO : Chief, Fiscal Division 1405 Alcott Hall
FROM : Chief, Records and Services Division
SUBJECT: SF-2808

Attached is SF-2808 (Designation of Beneficiary) for:



Date 21 JUN 1955

Please sign second copy and return to:

Chief, Transactions and Records Branch
Room 187
Curie Hall



CONFIDENTIAL

APPOINTMENT AFFIDAVITS

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

CENTRAL INTELLIGENCE AGENCY

(Department or agency)

WASHINGTON, D.C.

(Place of employment)

I, , do solemnly swear (or affirm) that—

A. OATH OF OFFICE

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

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

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

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

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

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not paid, or offered or promised to pay, any money or other thing of value to any person, firm or corporation for the use of influence to procure my appointment.

E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

The answers given in the Declaration of Appointee on the reverse of this form are true and correct.

15 June 1955

(Date of entrance on duty)

Subscribed and sworn before me this 15th day of June, A. D. 1955

at Washington,

(City)

D.C.

(State)

[Seal]

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

DECLARATION OF APPOINTEE

This form is to be completed before entrance on duty. Answer all questions. Any false statement in this declaration will be grounds for cancellation of application or dismissal after appointment. Impersonation is a criminal offense and will be prosecuted accordingly.

1. PRESENT ADDRESS (street and number, city and State)

| | |
|-------|-------|
| E. 60 | E. 60 |
|-------|-------|

2. 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 | RELATION-
SHIP | MAR-
RIED
(Check one) | SINGLE |
|------|---|--|-------------------|-----------------------------|--------------------------|
| | | 1. | | ☐ | ☐ |
| | | 2. | | ☐ | ☐ |
| | | 3. | | ☐ | ☐ |
| | | 4. | | ☐ | ☐ |
| | | 5. | | ☐ | ☐ |

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN

YES NO

3. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?

X

4. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY?

X

If your answer is "Yes", give details in item 10.

5. DO YOU RECEIVE ANY ANNUITY FROM THE UNITED STATES OR PAYMENT OF COMPENSATION UNDER ANY RETIREMENT PLAN OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE?

X

If your answer is "Yes", give in item 10 the basis for retirement, that is, age, personal disability, or for payment of retirement or involuntary separation after 5 years' service; amount of retirement pay; and under what retirement act; and stating if retired from military or naval service.

6. SINCE YOU FILED APPLICATION HEREIN, HAVE YOU BEEN EMPLOYED OR FORCED TO WORK FOR DISSENT OR FOR UNLAWFUL FACTORY SHUTS FROM ANY POSITION?

X

If your answer is "Yes", give in item 10 the name and address of employer, date and reason in each case.

7. HAVE YOU BEEN ARRESTED (NOT INCLUDING TRAFFIC VIOLATIONS, FOR WHICH YOU WERE FINED \$50 OR LESS OR FOR WHICH YOU WERE RELEASED FROM ANY JAIL) SINCE YOU FILED APPLICATION HEREIN?

X

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 arrested, your fingerprints must be taken.

10. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS

WRITE IN LEFT COLUMN NUMBERS OF ITEMS TO WHICH DETAILED ANSWERS APPLY

INSTRUCTIONS TO APPOINTING OFFICER

The appointing officer before whom the foregoing certificate is made shall determine in his own discretion whether the appointment will be in conformity with the Civil Service Act, applicable Civil Service Rules and Regulations and acts of Congress pertaining to appointments. The form should be checked for signing of officer, position, date, and date of appointment with one record of recent change of office, and past records 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 appointing officer's signature and handwriting are to be compared with the application and other records on file. If the appointee is a woman, the appointing officer should be satisfied that the appointee is the same person as the woman whose name was used in the application. The person of the appointee may be checked against the physical features. The appointing officer also is to be satisfied as to the person's identity for appointment with his previous positions.

(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. Under no circumstances should the appointment be made if the appointee is not within the age range.

(3) **Citizenship**—The appointing officer is responsible for ascertaining the citizenship of the appointee. The Civil Service Rules and Regulations require that the appointee be a citizen of the United States and that the appointee be a citizen of the United States at the time of appointment. In doubtful cases the appointing officer should be satisfied that the appointee is a citizen of the United States at the time of appointment.

(4) **Members of Family**—Section 4 of the Civil Service Act provides that whenever there are already two or more members of a family serving under permanent or indefinite appointment in the competitive service, no other member of such family is eligible for appointment or reappointment as a permanent or indefinite appointee. The appointing officer should be satisfied that the appointee is not a member of a family already serving under permanent or indefinite appointment in the competitive service. The members of family serving under permanent or indefinite appointment are those who are listed in the personnel records of the Civil Service Commission for the department.

Standard Form No. 64
September 1954
U. S. Civil Service Commission
7, F. S. Chapter 21

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

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

INFORMATION CONCERNING THE INSURED:

NAME (Last) (First) (Middle) DATE OF BIRTH (Month, day, year)

SUBJECT OF: [Redacted]

DEPARTMENT OR AGENCY IN WHICH EMPLOYED (If retired, so state and give "CSA" or "CSI" number):

CIA (Department or agency) (Bureau) (Division)

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

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:

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

I hereby direct, unless otherwise indicated above, that, if more than one beneficiary is named, the share of any deceased beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. I understand that this Designation of Beneficiary shall be void if none of the designated beneficiary is living at the time of my death. I hereby specifically reserve the right to cancel or change my Designation of Beneficiary at any time without knowledge or consent of the beneficiary.

JUNE 15, 1955

(Date of execution—month, day, year)

WITNESSES TO SIGNATURE (A witness is ineligible to receive payment as a beneficiary):

[Redacted signature area]

PRINT OR TYPE NAME AND ADDRESS OF INSURED

[Redacted name and address of insured]

THIS SPACE RESERVED FOR RECEIVING AGENCY

Rec'd Off of Personnel
6/15/55

[Redacted receiving agency stamp]

(Indicate date and by whom received)

IF ISSUED AS AN EMPLOYEE, GIVE BOTH COPIES TO THE PROPER OFFICE OF YOUR AGENCY—DUPLICATE WILL BE NOTED AND RETURNED. IF ISSUED AS AN ANNUITANT, SEND BOTH COPIES TO THE CIVIL SERVICE COMMISSION, WASHINGTON 25, D. C.—DUPLICATE WILL BE NOTED AND RETURNED.

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

EXAMPLES OF DESIGNATIONS

How To Designate One Beneficiary

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

How To Designate More Than One Beneficiary

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

How To Designate A Contingent Beneficiary

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

How To Cancel A Designation Of Beneficiary So That Amount Due Will Be Payable As Provided In The Law

| Type or print first name, middle initial, and last name of each beneficiary | Type or print address of each beneficiary | Relationship | Share to be paid to each beneficiary |
|---|---|--------------|--------------------------------------|
| Cancel prior designations | | | |
| | | | |
| | | | |

*Do not write name as M. & Brown or as Mrs. John H. Brown.
 **Be sure that the shares to be paid to the several beneficiaries add up to 100 percent.

15-73610-1

STATEMENT OF PRIOR FEDERAL AND MILITARY SERVICE

IMPORTANT: The information on this form will be used in determining creditable service for leave purposes and retention credits for reduction in force. The employee should complete Part I and the Personnel Office should complete Parts II through IV.

PART I.—EMPLOYEE'S STATEMENT

1. NAME (Last, first, middle initial)

2. DATE OF BIRTH

3. LIST THE FOLLOWING INFORMATION CONCERNING ALL FEDERAL AND DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD PRIOR TO YOUR PRESENT APPOINTMENT (Do not include military service.)

| NAME AND LOCATION OF AGENCY | FROM— | | | TO— | | | TYPE OF APPOINTMENT IF KNOWN |
|-----------------------------|-------|-------|-----|------|-------|-----|------------------------------|
| | YEAR | MONTH | DAY | YEAR | MONTH | DAY | |
| CIA | 59 | 6 | 15 | | | | |

4. LIST PERIODS OF SERVICE IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES. IF YOU HAD NO MILITARY SERVICE, WRITE "NONE."

| BRANCH | FROM— | | | TO— | | | DISCHARGE (Hon. or dishon?) |
|-----------|-------|-------|-----|------|-------|-----|-----------------------------|
| | YEAR | MONTH | DAY | YEAR | MONTH | DAY | |
| U.S. ARMY | 1952 | NOV | 17 | 1954 | MAY | 16 | HON. |

5. DURING PERIODS OF EMPLOYMENT NOTED IN ITEM 3, DID YOU HAVE A TOTAL OF MORE THAN 6 MONTHS ABSENCE WITHOUT PAY, INCLUDING PERIODS OF MERCHANT MARINE SERVICE, DURING ANY ONE CALENDAR YEAR? ☐ YES ☒ NO
IF ANSWER IS "YES" LIST FOLLOWING INFORMATION:

| TYPE, IF KNOWN (LWOP, Paid, Susp, AWOL, Mer, Mar) | FROM— | | | TO— | | | TOTAL | | |
|---|-------|-------|-----|------|-------|-----|-------|--------|------|
| | YEAR | MONTH | DAY | YEAR | MONTH | DAY | YEARS | MONTHS | DAYS |
| | | | | | | | | | |

6. DURING THE FEDERAL SERVICE LISTED IN ITEM 3, DID YOU ACQUIRE A PERMANENT COMPETITIVE CIVIL SERVICE STATUS?

☐ YES ☒ NO

(If answer is "Yes," in what agency were you employed at the time status was acquired?)

7. ARE YOU:

A. THE WIFE OF A DEADLY VETERAN? ☐ YES ☒ NO

B. THE MOTHER OF A DECEASED OR DISABLED VETERAN? ☐ YES ☒ NO

C. THE UNDECEASED WIDOW OF A VETERAN? ☐ YES ☒ NO

8. TO BE EXECUTED BEFORE A NOTARY PUBLIC OR OTHER PERSONS AUTHORIZED TO ADMINISTER OATHS.

I swear (or affirm) that the above statements are true to the best of my knowledge and belief.

15 June 1955

(DATE)

(SIGNATURE)

Subscribed and sworn to before me on this 15th day of June 1955 at Washington, D.C.

(MONTH)

(CITY)

(STATE)

SEAL

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

PART II.—THIS COLUMN IS FOR PERSONNEL OFFICE USE

9. RETENTION GROUP

10. CSC STATUS (For permanent employees only)

☐ YES ☒ NO

11. SERVICE

YEAR MONTH DAY

2 0 0
1 1 29

12. TOTAL SERVICE

1 1 29

13. NONCREDITABLE SERVICE (Leave purposes only)

14. NONCREDITABLE SERVICE (RIP purposes only)

15. REEMPLOYMENT RIGHTS

☐ YES ☒ NO

16. RETENTION RIGHTS

☐ YES ☒ NO

17. EXPIRATION DATE OF RETENTION RIGHTS

(OVER)

16-56470-1

**PART III.—DETERMINING CREDITABLE SERVICE
AND SERVICE COMPUTATION DATE FOR
LEAVE PURPOSES**

TOTAL SERVICE (Item 12)

NONCREDITABLE SERVICE (Item 13)

CREDITABLE SERVICE (Leave purpose)

ENTRANCE ON DUTY DATE (Present agency)

LESS CREDITABLE SERVICE (Leave purpose)

SERVICE COMPUTATION DATE (Leave purpose)

| YEARS | MONTHS | DAYS |
|-------|--------|------|
| | | |
| | | |
| | | |
| 5 | 5 | 45 |
| 1 | 1 | 29 |
| 54 | 4 | 16 |

*revised
1/11/57*

**PART IV.—DETERMINING CREDITABLE SERVICE
AND SERVICE COMPUTATION DATE FOR
REDUCTION IN FORCE PURPOSES**

(To be completed only in those cases when the amount of creditable service for reduction
in force purpose differs from the amount creditable for leave purposes)

TOTAL SERVICE (Item 12)

NONCREDITABLE SERVICE (Item 14)

CREDITABLE SERVICE (RIF purpose)

ENTRANCE ON DUTY DATE (Present agency)

LESS CREDITABLE SERVICE (RIF purpose)

SERVICE COMPUTATION DATE (RIF purpose)

(Enter as the "service computation date" on the employee's "Service Record Card," SF-7)

| YEARS | MONTHS | DAYS |
|-------|--------|------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

REMARKS

SECRET

| | | | |
|---|--|---|---|
| 1. NAME (Last, First, Middle)
[Redacted] | | 2. DATE OF BIRTH
[Redacted] | 3. GRADE
GS-13 |
| 4. OFFICE, DIVISION, BRANCH (or overseas station and existing cover if lateral assignment)
DDP/EE/[Redacted] | | 5. PRESENT POSITION
Ops Officer - [Redacted] | 6. EMPLOYEE EXTENS.
6109 |
| 7. PROPOSED STATION
[Redacted] | | 8. PROPOSED POSITION (Title, Number, Grade)
OPS Officer-4947-GS-13 | |
| 9. [Redacted] | | 10. ESTIMATED DATE OF DEPARTURE
10 May 1969 | 11. NO. OF DEPENDENTS TO ACCOMPANY
3 |
| 12. COMMENTS
Request evaluation of current medical for proposed PCS assignment | | | |
| 13. DATE OF REQUEST
24 Jan 1969 | | 14. [Redacted] | 15. ROOM NUMBER AND BUILDING
3 22 |
| 16. EXTENSION
6109 | | | |
| 17. OFFICE OF MEDICAL SERVICES DISPOSITION | | | |
| 18. OFFICE OF SECURITY DISPOSITION | | | |
| OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION

27 MAR 1969
QUALIFIED FOR OVERSEAS ASSIGNMENT
Chairman, Overseas C. [Redacted] | | | |
| REQUEST FOR PCS OVERSEAS EVALUATION | | | |

SECRET

| | | | | | |
|---|--|---|--|---|--|
| 1. NAME (Last, First, Middle)
[Redacted] | | 2. DATE OF BIRTH
[Redacted] | | 3. GRADE
GS-12 | |
| 4. OFFICE, DIVISION, BRANCH (or overseas station and existing cover if lateral assignment)
DIP/TE [Redacted] | | 5. PRESENT POSITION
Ops Officer | | 6. EMPLOYEE EXTENSION
140 | |
| 7. PROPOSED STATION
[Redacted] | | 8. PROPOSED POSITION (Title, Number, Grade)
Ops Officer/44/03-13 | | | |
| 9. [Redacted] | | 10. ESTIMATED DATE OF DEPARTURE
1 June 1968 | | 11. NO. OF DEPENDENTS TO ACCOMPANY
3 | |
| 12. COMMENTS
Request that Subject's [Redacted] physical be re-evaluated for the above PCS assignment. | | | | | |
| 13. DATE OF REQUEST
23 December 1967 | | 14. SIGNATURE OF REQUESTING OFFICIAL
[Redacted] | | 15. ROOM NUMBER AND BUILDING
5 B 22 | |
| 16. EXTENSION
6109 | | | | | |
| 17. OFFICE OF MEDICAL SERVICES DISPOSITION

PROPOSED
[Redacted] | | | | | |
| 18. OFFICE OF SECURITY DISPOSITION

[Redacted] | | | | | |
| 19. OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION

[Redacted] | | | | | |
| REQUEST FOR PCS OVERSEAS EVALUATION | | | | | |

PERSONAL HISTORY STATEMENT

Instructions: 1. Answer all questions completely. If question is not applicable write "NA." Write "unknown" only if you do not know the answer and cannot obtain the answer from personal records. Use the blank pages at the end of this form for extra details on any question or questions for which you do not have sufficient room.

2. Type, print, or write carefully; illegible or incomplete forms will not receive consideration.

HAVE YOU READ AND DO YOU UNDERSTAND THE INSTRUCTIONS? Yes

(Yes or No)

SEC. 1. PERSONAL BACKGROUND

Telephone: _____

..... UNDER WHAT CIRCUMSTANCES HAVE YOU EVER USED THESE
NAMES?

HOW LONG? IF A LEGAL CHANGE, GIVE PARTICULARS

(Where?)

(By what authority?)

HELD BETWEEN WHAT DATES? TO ANY OTHER NATIONALITY?

(Country)

GIVE PARTICULARS

HAVE YOU TAKEN STEPS TO CHANGE PRESENT CITIZENSHIP? NA GIVE PARTICULARS:

(1)

(2)

K. IF BORN OUTSIDE U. S. WHEN DID YOU FIRST ARRIVE IN THIS COUNTRY? N.A.

PORT OF ENTRY? ON PASSPORT OF WHAT COUNTRY?

LAST U. S. VISA
(Number) (Type) (Place of Issue) (Date of Issue)

SEC. 2. PHYSICAL DESCRIPTION

AGE SEX HEIGHT WEIGHT

EYES HAIR COMPLEXION SCARS

BUILD OTHER DISTINGUISHING FEATURES

SEC. 3. MARITAL STATUS

A. SINGLE MARRIED ☒ DIVORCED WIDOWED

STATE DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS

B. WIFE OR HUSBAND (IF YOU HAVE BEEN MARRIED MORE THAN ONCE—INCLUDING ANNULMENTS—USE A SEPARATE SHEET FOR FORMER WIFE OR HUSBAND GIVING DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.)

MILITARY SERVICE FROM N.A. TO BRANCH OF SERVICE

COUNTRY DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN

(2)

E. IF BORN OUTSIDE U. S. WHEN DID YOU FIRST ARRIVE IN THIS COUNTRY? 1/1

PORT OF ENTRY? ON PASSPORT OF WHAT COUNTRY?

LAST U. S. VISA

(Number)

(Type)

(Place of Issue)

(Date of Issue)

Sec. 2. PHYSICAL DESCRIPTION

AGE SEX HEIGHT WEIGHT

EYES HAIR COMPLEXION SCARS

BUILD OTHER DISTINGUISHING FEATURES

Sec. 3. MARITAL STATUS

A. SINGLE MARRIED ☒ DIVORCED WIDOWED

STATE DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS

B. WIFE OR HUSBAND (IF YOU HAVE BEEN MARRIED MORE THAN ONCE—INCLUDING ANNULMENTS—USE A SEPARATE SHEET FOR FORMER WIFE OR HUSBAND GIVING DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.)

MILITARY SERVICE FROM 1/1 TO BRANCH OF SERVICE

(Date)

(Date)

COUNTRY DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN

SEC. 4. CHILDREN OR DEPENDENTS (Include partial dependents):

1. NAME RELATIONSHIP AGE
CITIZENSHIP ADDRESS
(St. and Number) (City) (State) (Country)
2. NAME RELATIONSHIP AGE
CITIZENSHIP ADDRESS
(St. and Number) (City) (State) (Country)
3. NAME RELATIONSHIP AGE
CITIZENSHIP ADDRESS
(St. and Number) (City) (State) (Country)

SEC. 5. FATHER (Give the same information for stepfather and/or guardian on a separate sheet)

FULL NAME
(First) (Middle) (Last)
LIVING OR DECEASED DATE OF DECEASE CAUSE
PRESENT, OR LAST, ADDRESS
(St. and Number) (City) (State) (Country)
DATE OF BIRTH PLACE OF BIRTH
(City) (State) (Country)
IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY
CITIZENSHIP WHEN ACQUIRED? WHERE?
(City) (State) (Country)
OCCUPATION LAST EMPLOYER
EMPLOYER'S OR OWN BUSINESS ADDRESS
(St. and Number) (City) (State) (Country)
MILITARY SERVICE FROM TO BRANCH OF SERVICE
(Date) (Date)
COUNTRY DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN

SEC. 6. MOTHER (Give the same information for stepmother on a separate sheet)

FULL NAME
(First) (Middle) (Last)
LIVING OR DECEASED DATE OF DECEASE CAUSE
PRESENT, OR LAST, ADDRESS
(St. and Number) (City) (State) (Country)
DATE OF BIRTH PLACE OF BIRTH
CITIZENSHIP WHEN ACQUIRED? WHERE?
(City) (State) (Country)
IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY

(4)

OCCUPATION LAST EMPLOYER

EMPLOYER'S OR OWN BUSINESS ADDRESS
(St. and Number) (City) (State) (Country)

MILITARY SERVICE FROM TO BRANCH OF SERVICE

COUNTRY DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN

SEC. 7. BROTHERS AND SISTERS (Including half, step, and adopted brothers and sisters):

1. FULL NAME AGE
(First) (Middle) (Last)PRESENT ADDRESS
(St. and Number) (City) (State) (Country) (Citizenship)2. FULL NAME AGE
(First) (Middle) (Last)PRESENT ADDRESS
(St. and Number) (City) (State) (Country) (Citizenship)3. FULL NAME AGE
(First) (Middle) (Last)PRESENT ADDRESS
(St. and Number) (City) (State) (Country) (Citizenship)4. FULL NAME AGE
(First) (Middle) (Last)PRESENT ADDRESS
(St. and Number) (City) (State) (Country) (Citizenship)5. FULL NAME AGE
(First) (Middle) (Last)PRESENT ADDRESS
(St. and Number) (City) (State) (Country) (Citizenship)

SEC. 8. FATHER-IN-LAW

IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY 1911CITIZENSHIP 1911 WHEN ACQUIRED? 1911 WHERE?
(City) (State) (Country)

OCCUPATION LAST EMPLOYER

SEC. 9. MOTHER-IN-LAW

OCCUPATION NA LAST EMPLOYER _____

SEC. 10. RELATIVES BY BLOOD, MARRIAGE OR ADOPTION, WHO EITHER LIVE ABROAD OR WHO ARE NOT CITIZENS OF THE UNITED STATES:

1. NAME NA RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
(St. and Number) (City) (State) (Country)
2. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
(St. and Number) (City) (State) (Country)
3. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
(St. and Number) (City) (State) (Country)

SEC. 11. RELATIVES BY BLOOD OR MARRIAGE IN THE MILITARY OR CIVIL SERVICE OF THE U. S. OR OF A FOREIGN GOVERNMENT:

1. NAME NA RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
(St. and Number) (City) (State) (Country)
TYPE AND LOCATION OF SERVICE (IF KNOWN) _____
2. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
(St. and Number) (City) (State) (Country)
TYPE AND LOCATION OF SERVICE (IF KNOWN) _____
3. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
(St. and Number) (City) (State) (Country)
TYPE AND LOCATION OF SERVICE (IF KNOWN) _____

(14)

F. IF, TO YOUR KNOWLEDGE, ANY OF THE ABOVE HAS CONDUCTED AN INVESTIGATION OF YOU, INDICATE BELOW THE NAME OF THAT AGENCY AND THE APPROXIMATE DATE OF THE INVESTIGATION:

Sec. 26. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME _____ RELATIONSHIP _____
 ADDRESS _____
(St. and Number) (City) (State) (Country)

Sec. 27. YOU ARE INFORMED THAT THE CORRECTNESS OF ALL STATEMENTS MADE HEREIN WILL BE INVESTIGATED.

ARE THERE ANY UNFAVORABLE INCIDENTS IN YOUR LIFE NOT MENTIONED ABOVE WHICH MAY BE DISCOVERED IN SUBSEQUENT INVESTIGATION, WHETHER YOU WERE DIRECTLY INVOLVED OR NOT, WHICH MIGHT REQUIRE EXPLANATION? IF SO, DESCRIBE. IF NOT, ANSWER "NO."

Sec. 28. I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I AGREE THAT ANY MISSTATEMENT OR OMISSION AS TO A MATERIAL FACT WILL CONSTITUTE GROUNDS FOR IMMEDIATE DISMISSAL OR REJECTION OF MY APPLICATION.

SIGNED AT WASHINGTON, D. C.
(City and State)

DATE Aug 30, 1956

(Witness)



USE THE FOLLOWING PAGES FOR EXTRA DETAILS. NUMBER ACCORDING TO THE NUMBER OF THE QUESTION TO WHICH THEY RELATE. SIGN YOUR NAME AT THE END OF THE ADDED MATERIAL. IF ADDITIONAL SPACE IS REQUIRED USE EXTRA PAGES THE SAME SIZE AS THESE AND SIGN EACH SUCH PAGE.

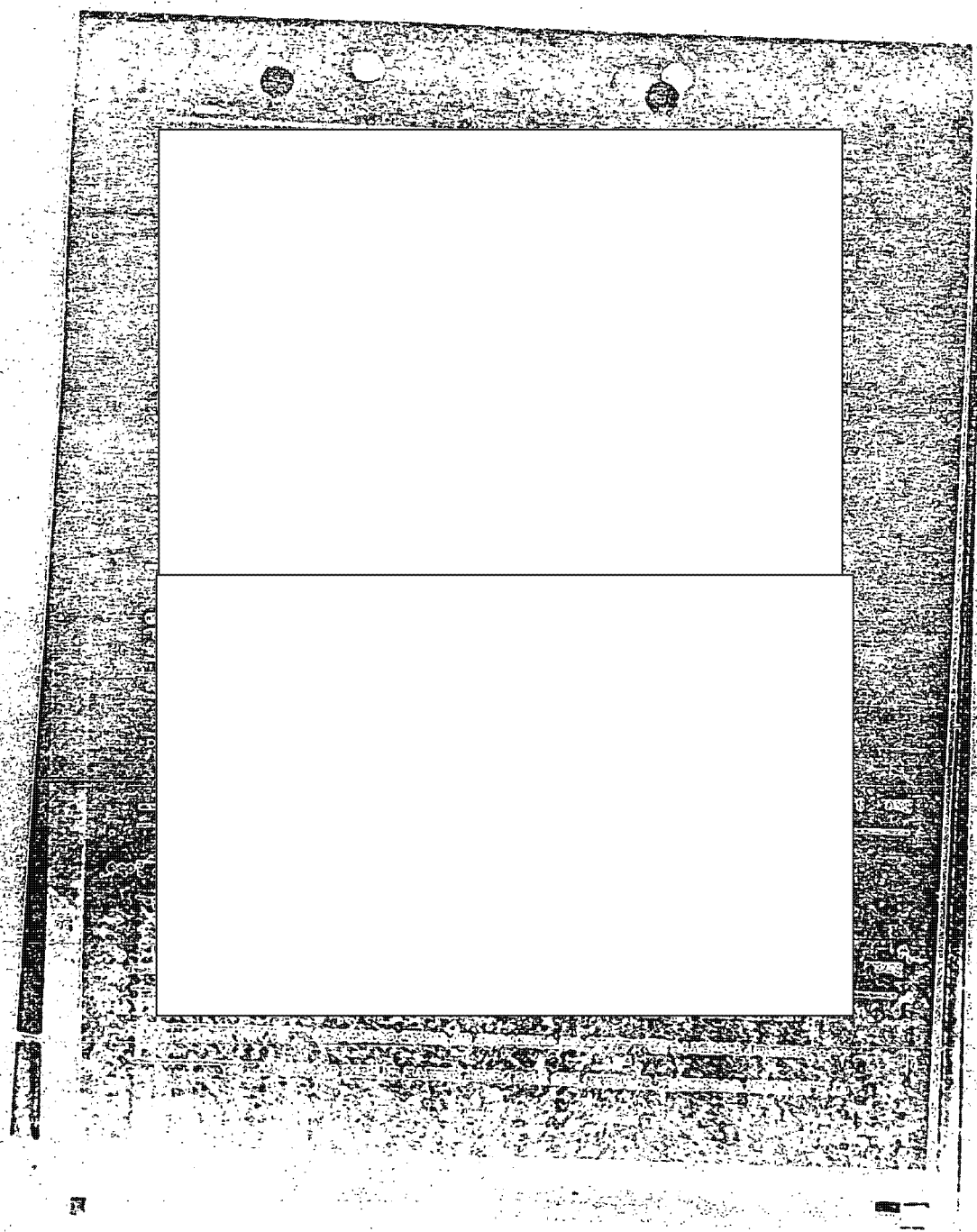


PERSONAL HISTORY STATEMENT

Write in "PLAIN" English
to obtain the necessary items
from the source details on
the form.
or will the source provide

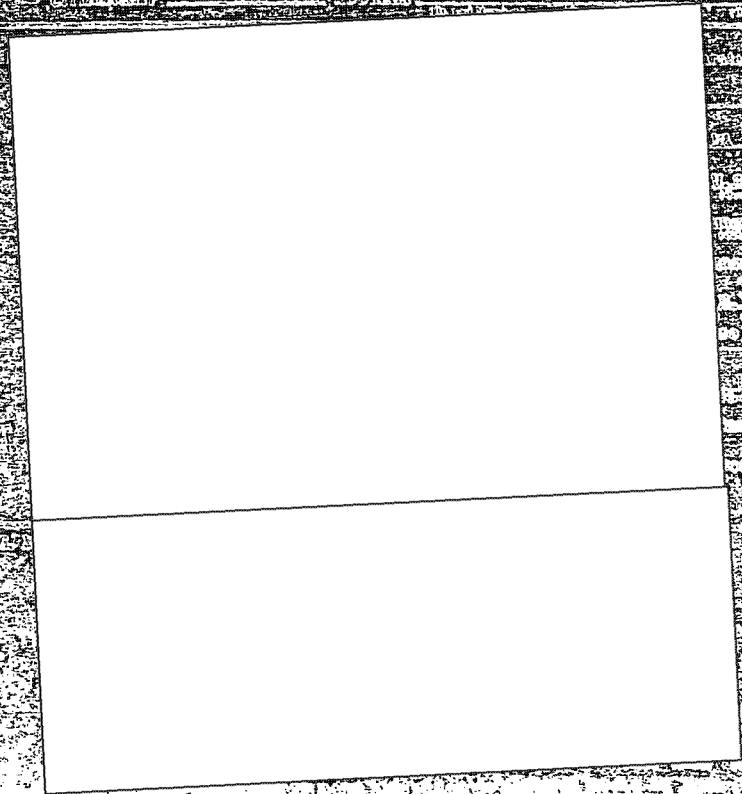
INSTRUCTIONS:

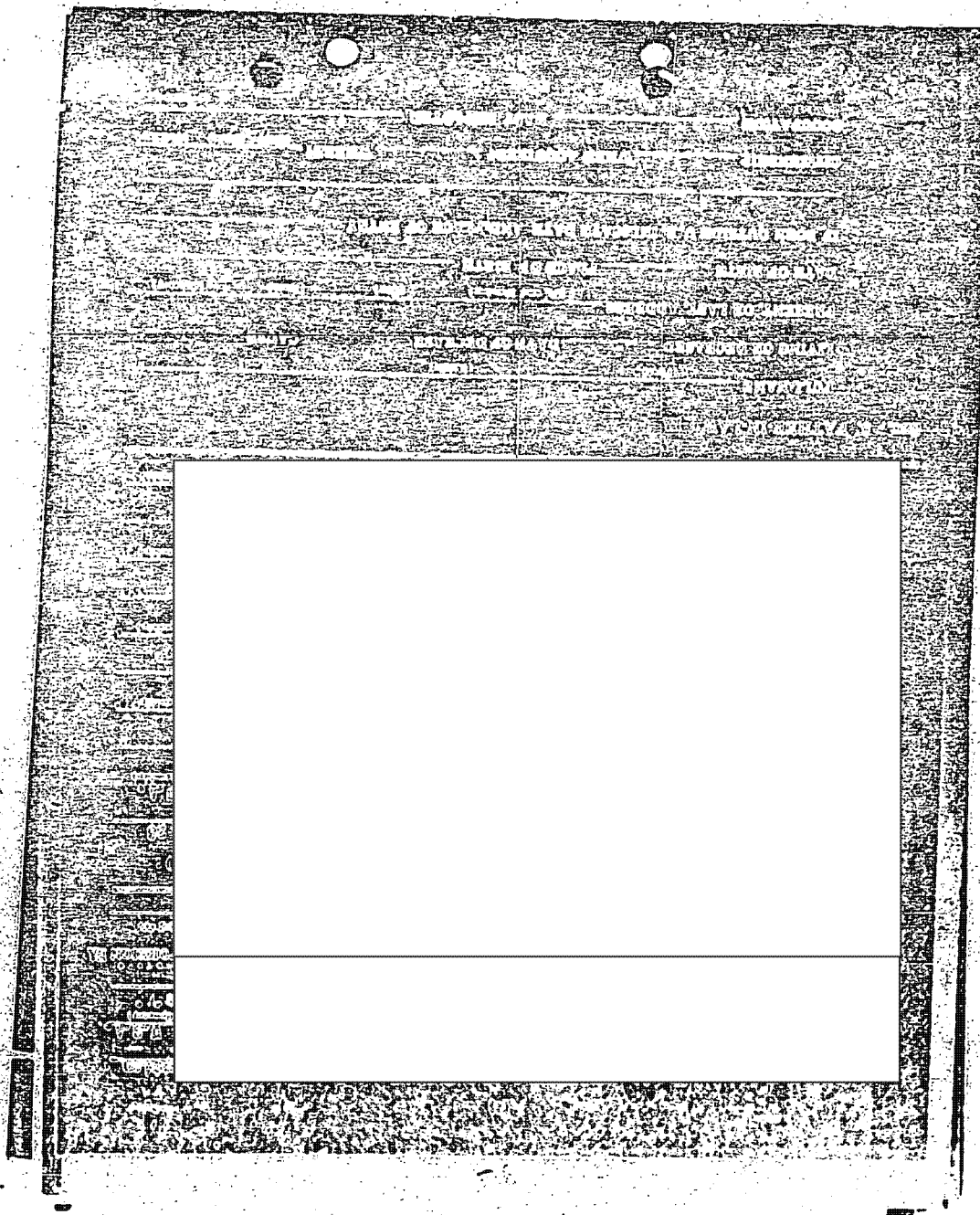
1. The source must be a
person who is known to
you and who is not a
member of the same
organization as you.
2. The source must be a
person who is not a
member of the same
organization as you.
3. The source must be a
person who is not a
member of the same
organization as you.
4. The source must be a
person who is not a
member of the same
organization as you.
5. The source must be a
person who is not a
member of the same
organization as you.
6. The source must be a
person who is not a
member of the same
organization as you.
7. The source must be a
person who is not a
member of the same
organization as you.
8. The source must be a
person who is not a
member of the same
organization as you.
9. The source must be a
person who is not a
member of the same
organization as you.
10. The source must be a
person who is not a
member of the same
organization as you.



Section 1 CHILDREN OR DEPENDENTS (Include family dependent)

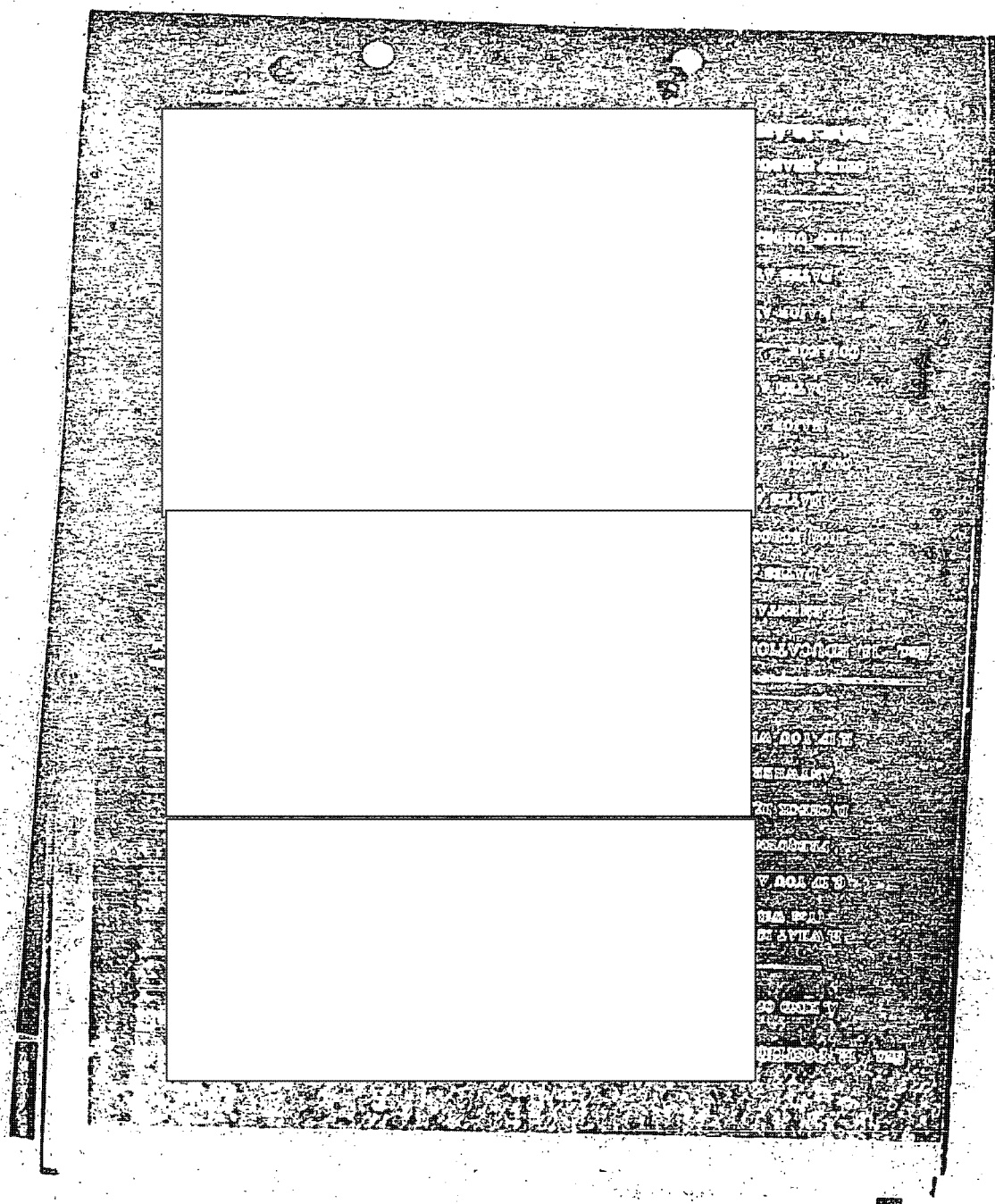
| | | | |
|---|-------------|--------------|-----|
| 1 | NAME | RELATIONSHIP | AGE |
| | CITIZENSHIP | ADDRESS | |
| 2 | NAME | RELATIONSHIP | AGE |
| | CITIZENSHIP | ADDRESS | |
| 3 | NAME | RELATIONSHIP | AGE |
| | CITIZENSHIP | ADDRESS | |

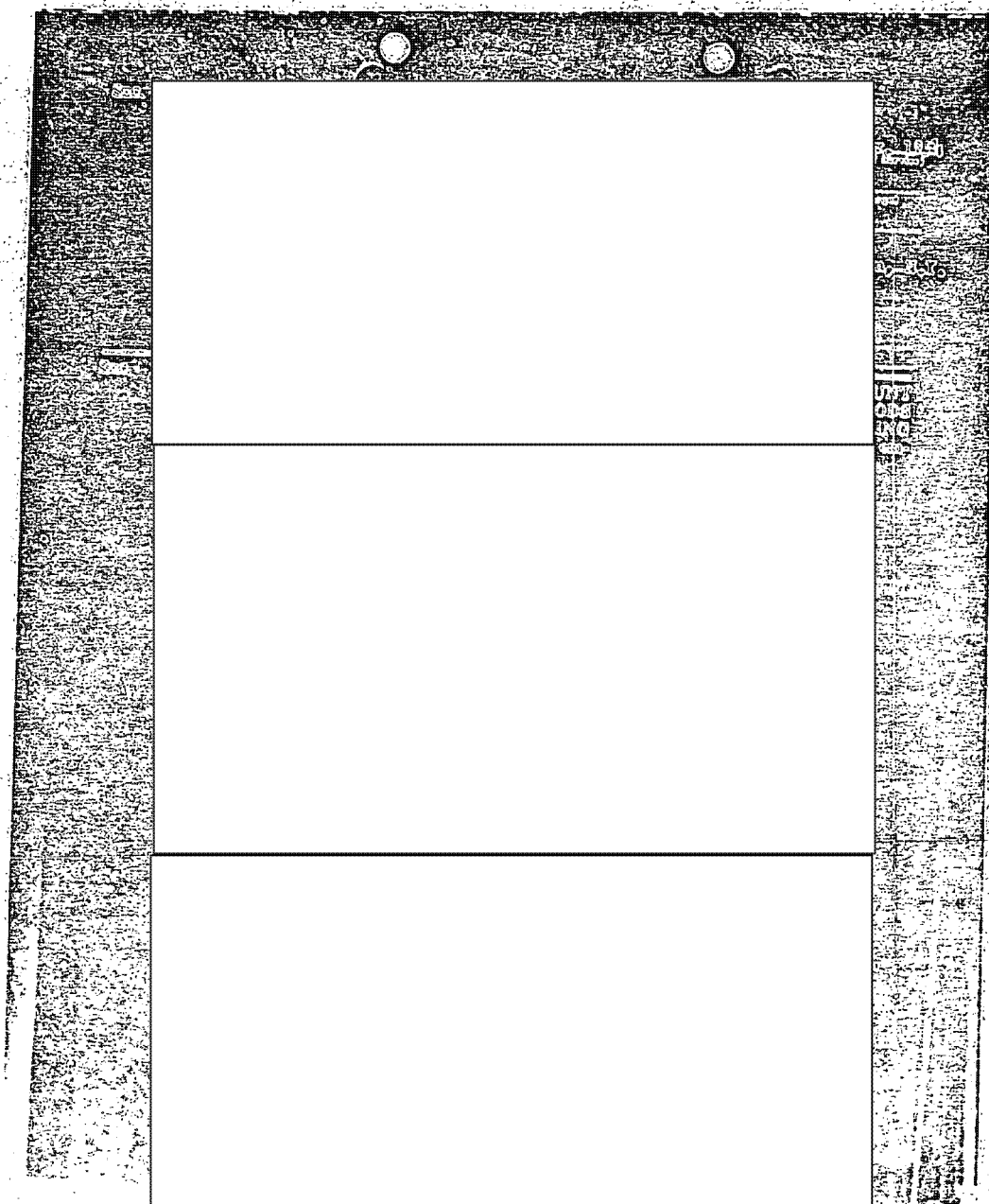


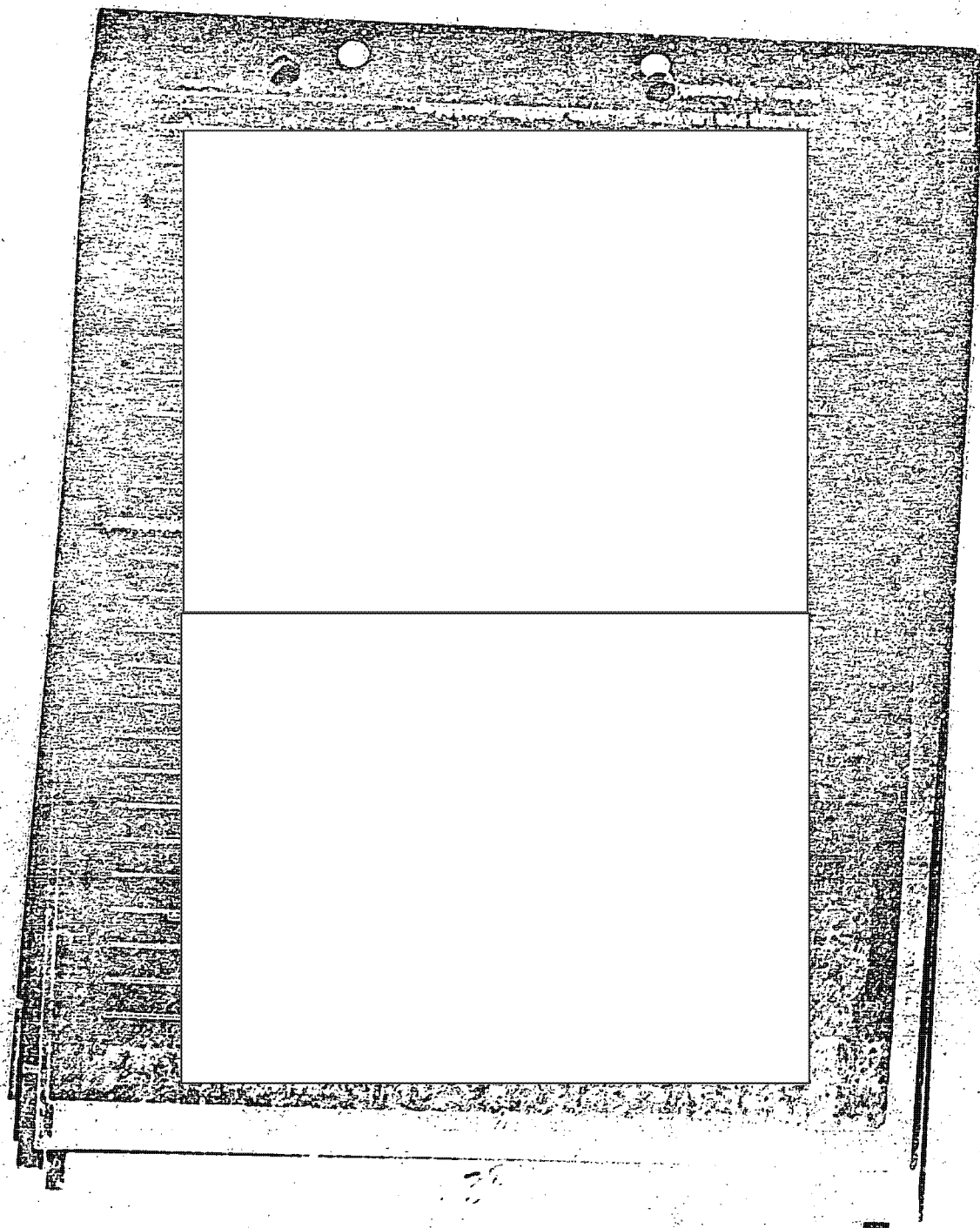


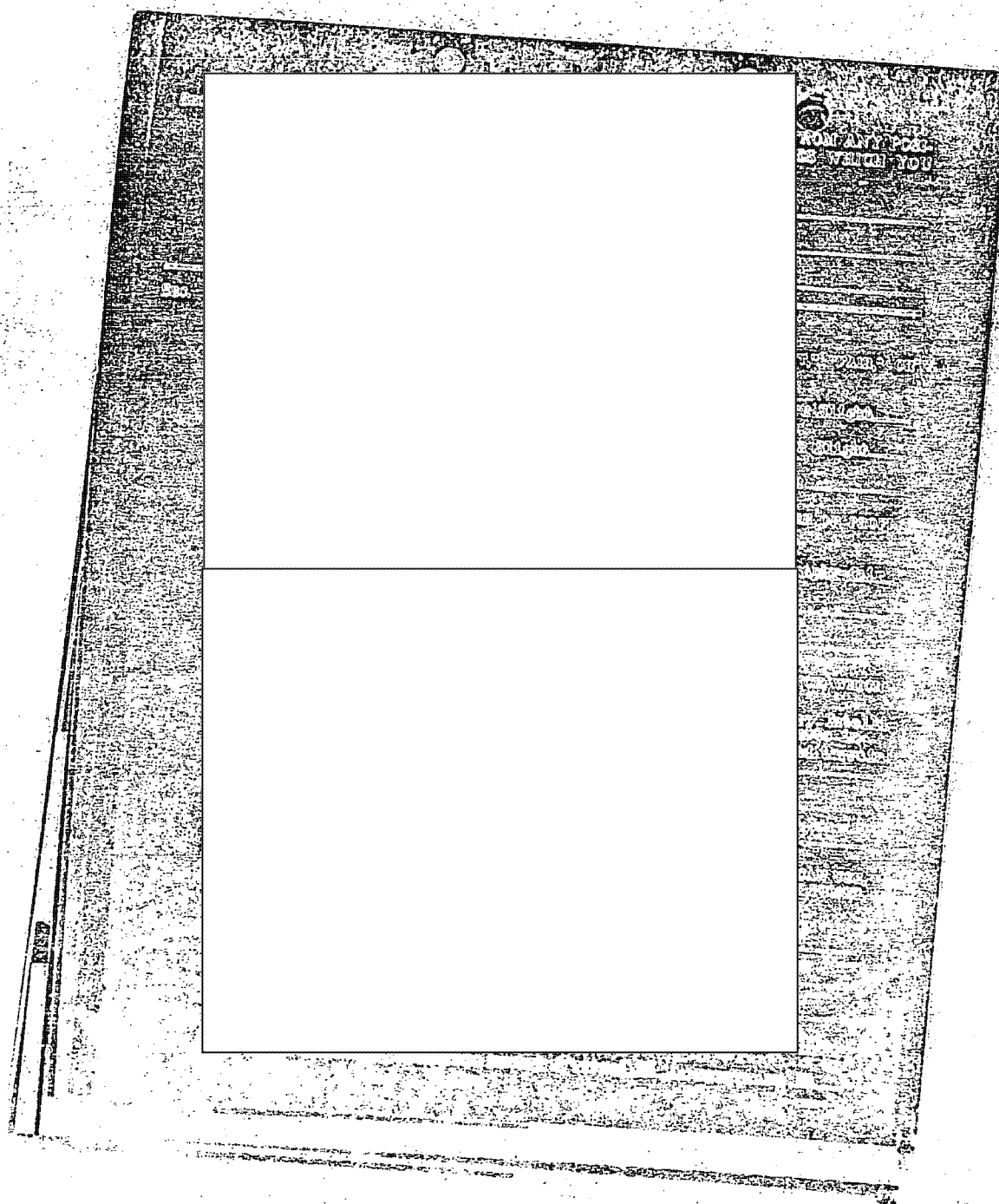
FULL NAME _____
 (LAST) (FIRST) (MIDDLE) (SUFFIX)
 LIVING OR DECEASED _____ DATE OF DECEASE _____ CAUSE _____
 PRESENT OR LAST ADDRESS _____
 (STREET) (CITY) (STATE) (ZIP)
 DATE OF BIRTH _____ PLACE OF BIRTH _____
 IF BORN OUTSIDE U.S. GIVE DATE DATE AND PLACE OF ENTRY _____
 CITIZENSHIP _____ WHEN ACQUIRED _____ UNIVERSITY _____
 (HIGH SCHOOL) (COLLEGE) (UNIVERSITY) (GRADUATE)
 OCCUPATION _____ (LAST EMPLOYED) _____

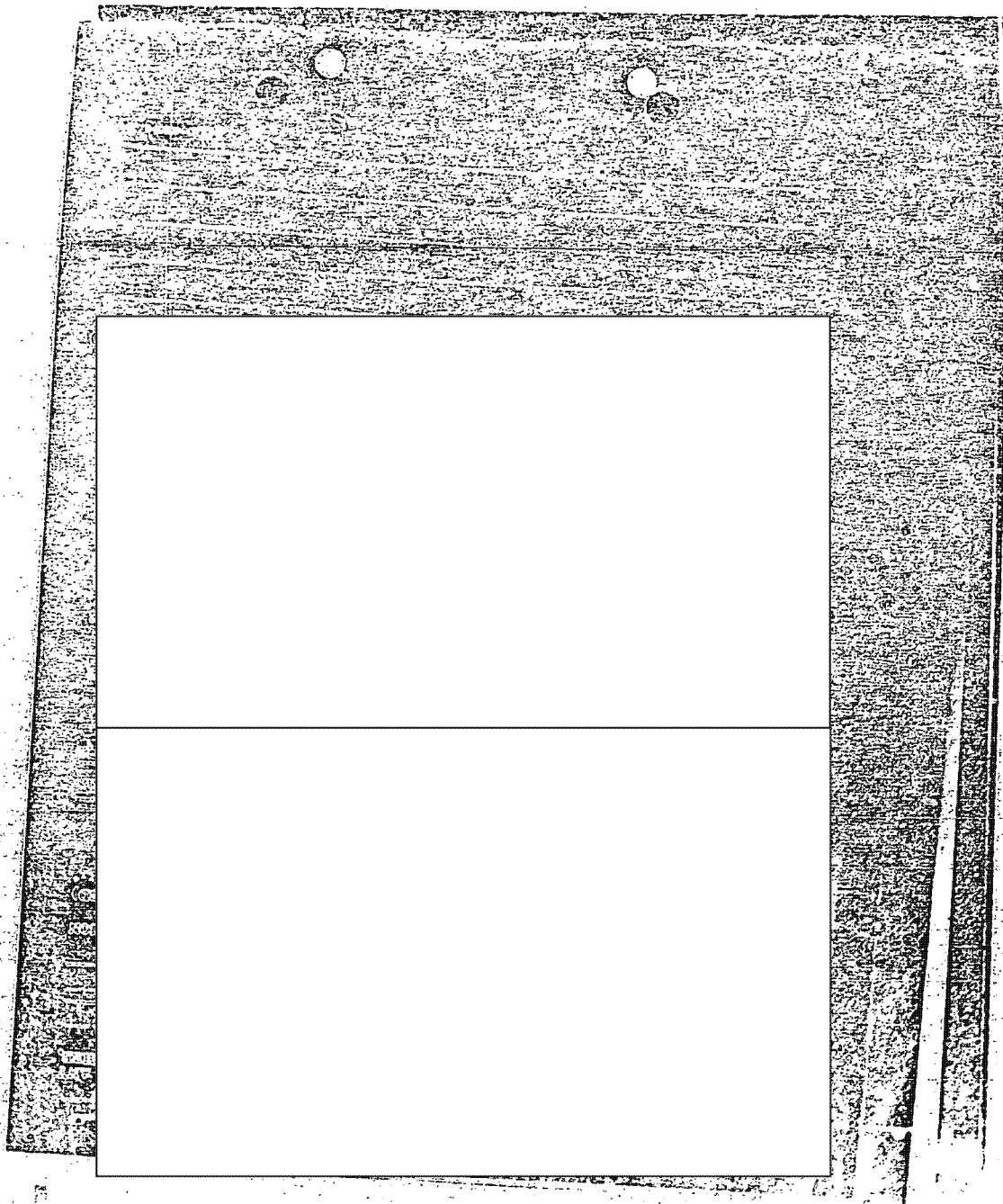


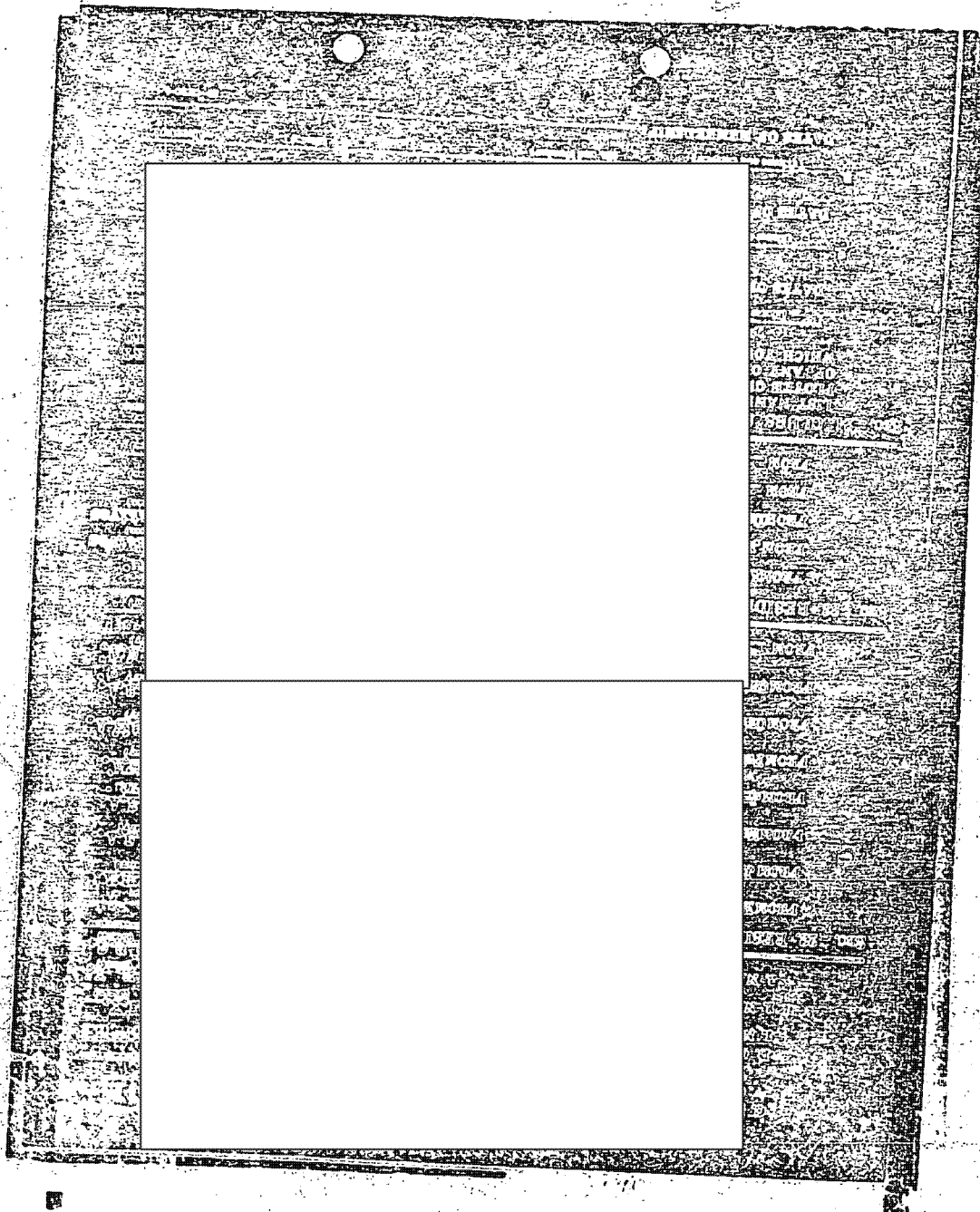


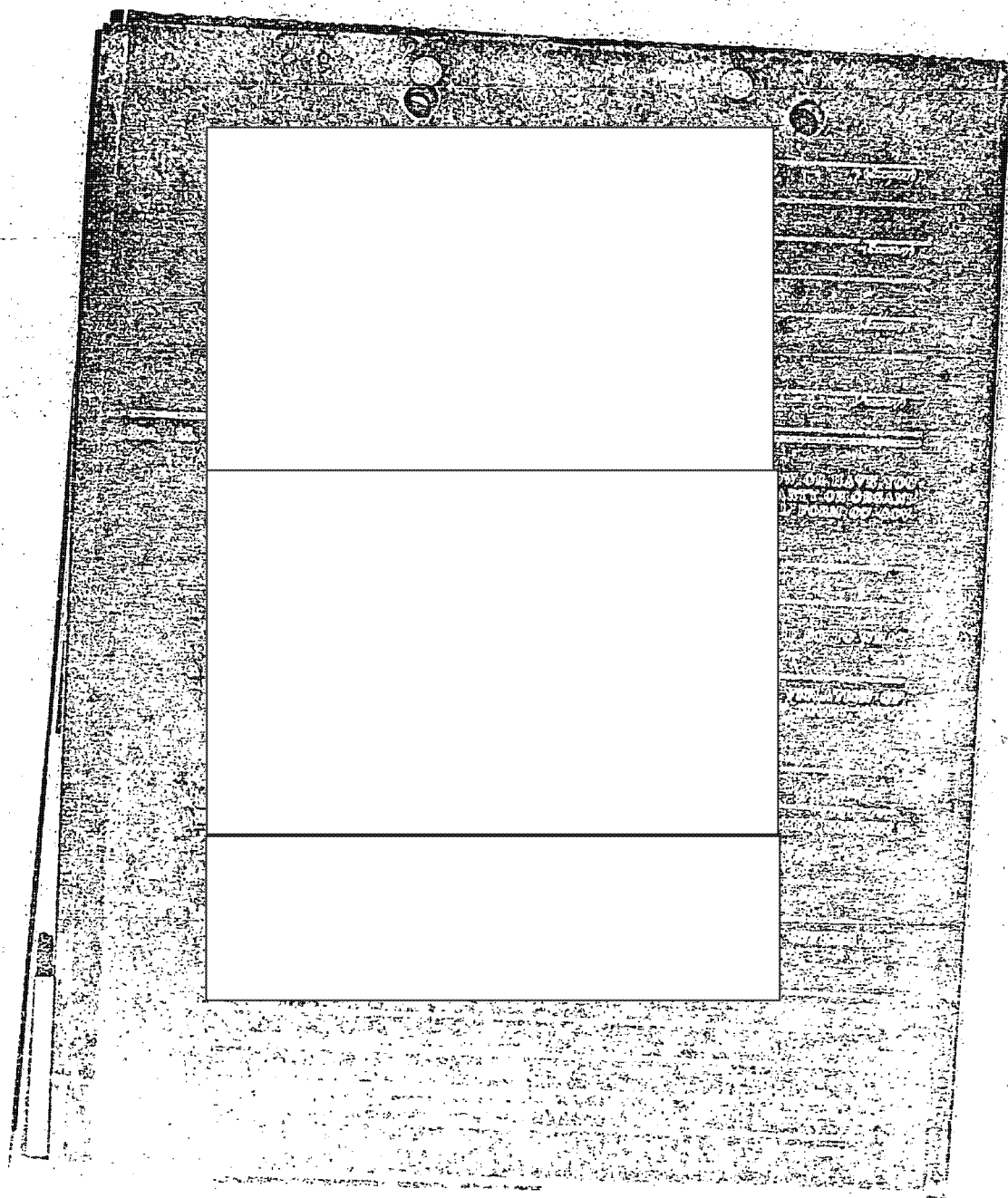


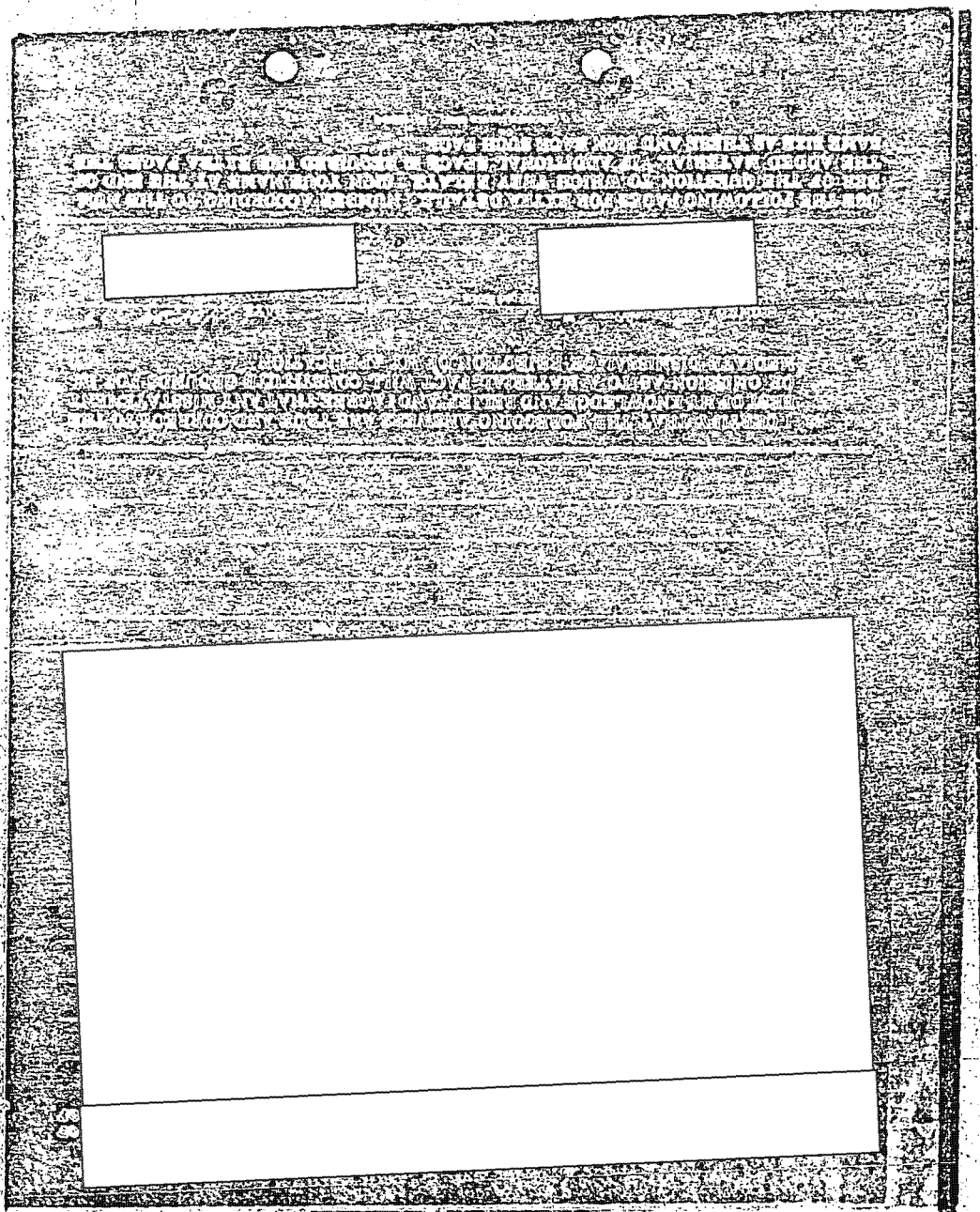


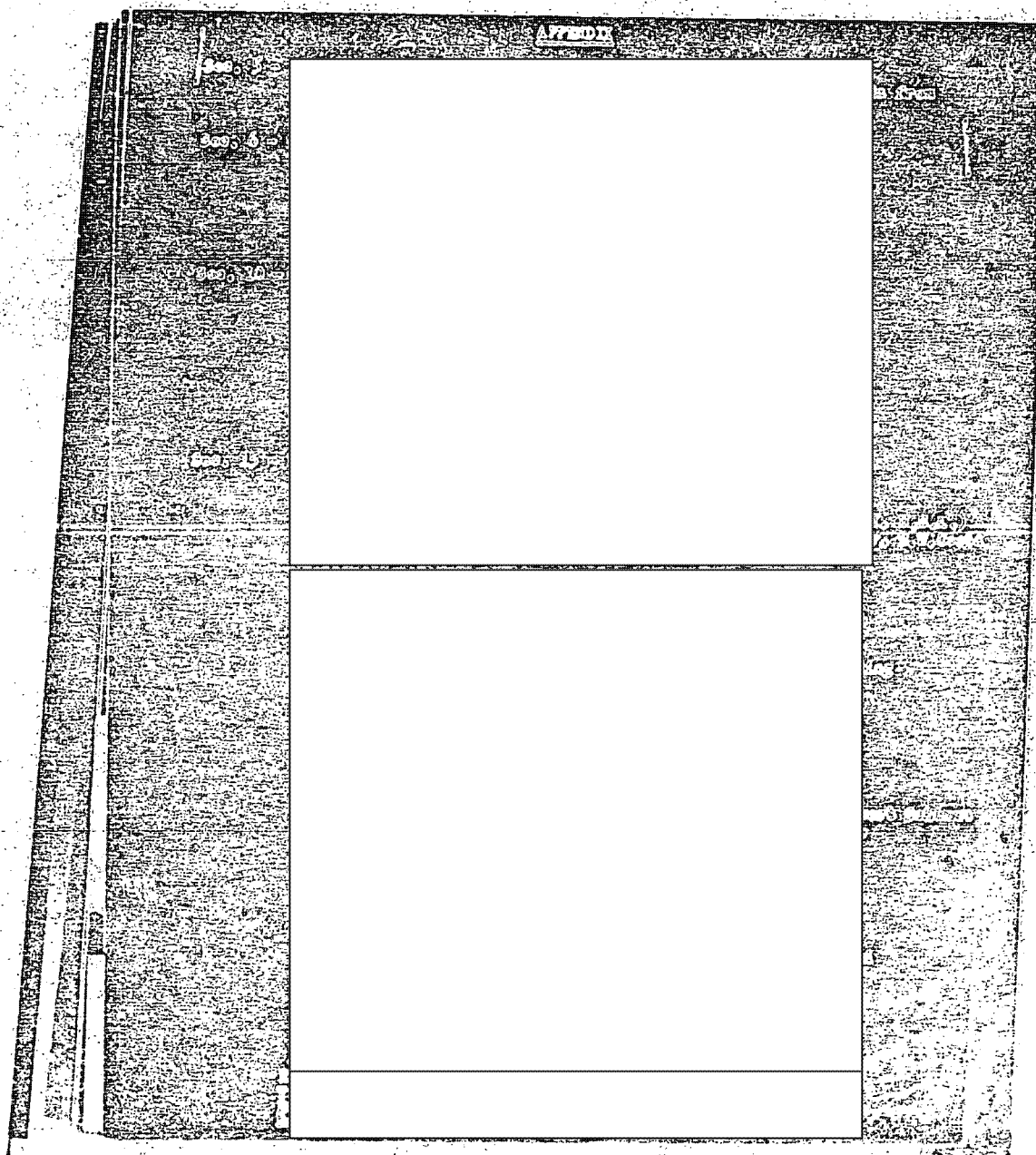


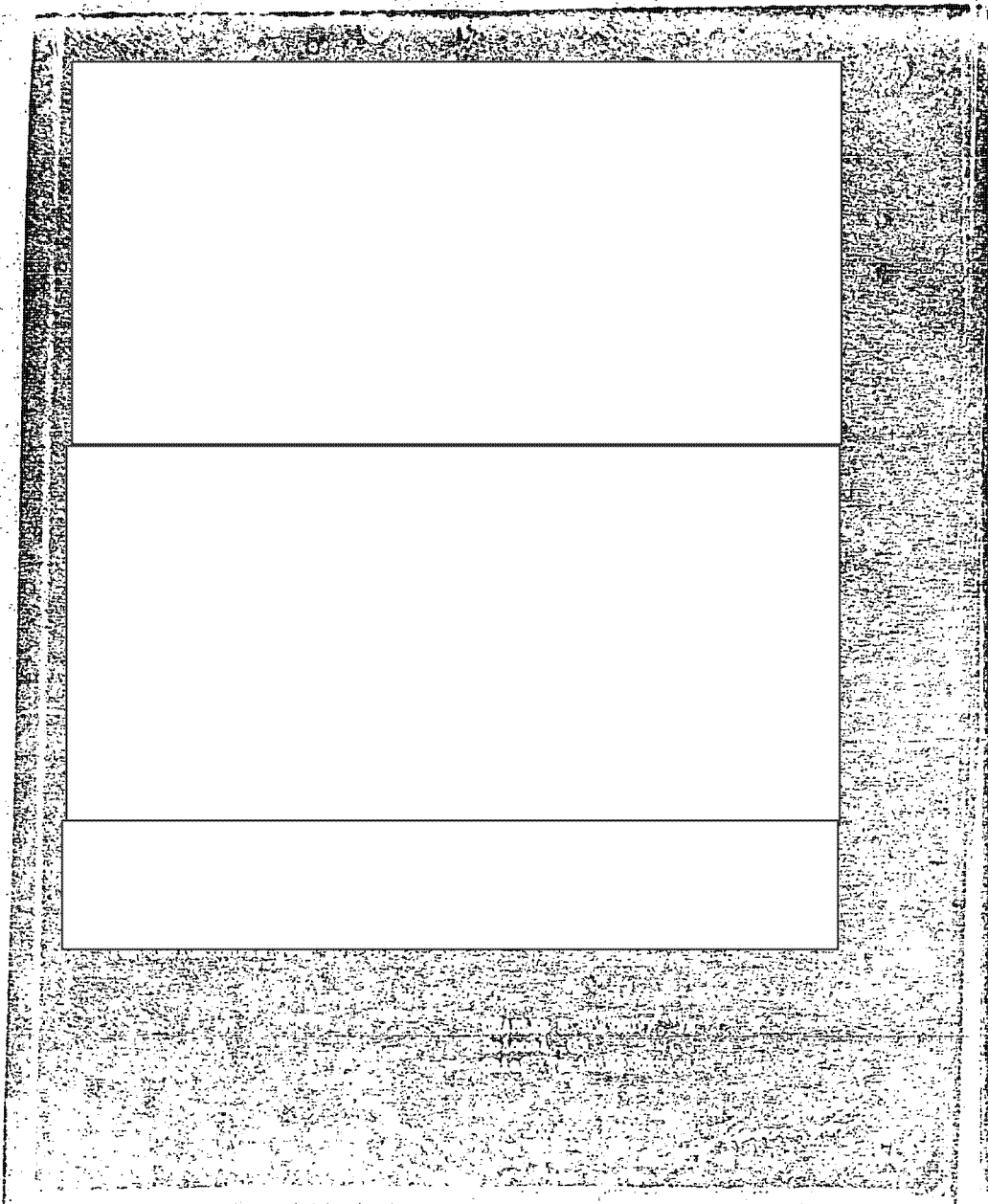












CONFIDENTIAL
SECURITY INFORMATION
SECURITY APPROVAL

Date: 2 August 1955

TO: Chief, Records & Services Division
Personnel Office

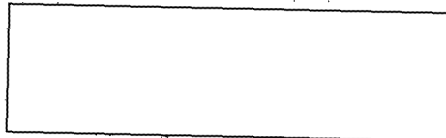
Your Reference: SR-9299-A ORR

FROM: Chief, Security Division
Personnel

Case Number: 102815

SUBJECT:

1. This is to advise you of security action in the subject case as indicated below:
 - ☒ 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 EOD procedures.



My

*Branch advised
3/4/55*

CONFIDENTIAL

CONFIDENTIAL
SECURITY INFORMATION
INTEROFFICE MEMORANDUM

Date: 27 May 1955

TO: Chief, Processing & Records Division
Personnel Office

FROM: Chief, Security Division
Personnel

SUBJECT: - #102815

Request No. SR-9299-A - ORR

1. Reference is made to your request for security clearance of the subject person who is being considered for employment in the following position:

Ident. Spec. GS-7, DDI/ORR-Office of the Chief, Washington, D. C.

2. This is to advise you of the following security action:

a. ☒ Provisional security clearance is granted to permit subject's employment on a temporary basis in the following area or in the following capacity:

This clearance is granted upon the condition that subject: 1. not have access to classified material; 2. not have access to secure areas; 3. not be issued a badge or credential; 4. not represent himself as a CIA employee; and 5. not be assigned to any unclassified duties other than indicated above.

b. ☐ Name-checks have been completed on this person. Arrangements should now be made by your office for an interview in this Division. Upon completion of this interview further consideration will be given to the requested limited clearance for access to information classified no higher than Secret. If subject has not entered on duty under a previously granted provisional clearance the interview should be arranged after entrance on duty.

c. ☐ Subject is security approved for temporary appointment to a position requiring access to information classified no higher than Secret.

Officials of the employing office should be advised of this security limitation and should be instructed to supply future supervisors with advice as to the limitation so as to insure continued compliance.

Security action to effect full approval is continuing and your office will receive advice of full clearance upon completion of this action. Upon receipt of full security clearance, the present limitation will be rescinded and supervisors should be advised accordingly.

3.

CONFIDENTIAL