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STANDARD FORM NO. 64  
October 1960  
PREPARED BY U. S. CIVIL SERVICE COMMISSION  
Federal Personnel Manual  
50-107

**SECRET**

**Official Personnel Folder**

**SECRET**

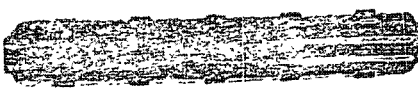
(M)

29 FEB 68

ACCORDS JAMES S  
502-16-6506

29 SEP 1963

02/20/78



SECRET  
(When Filled In)

09 AUG 1978

REQUEST FOR PERSONNEL ACTION				DATE PREPARED			
1. SERIAL NUMBER				2. NAME (Last-First-Middle)			
RETIREMENT - (VOLUNTARY) CIARDS				4. EFFECTIVE DATE REQUESTED		3. CATEGORY OF EMPLOYMENT	
				MONTH   DAY   YEAR 08   04   78		REGULAR	
6. FUNDS		7. PAR. AND NSCA		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
V TO V O TO V		V TO O O TO O		8026-3430 0000		PL BY LMS Section 33	
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION			
DBO/IMS AND INFORMATION MGMT & PLANNING GROUP RECORDS MANAGEMENT BRANCH AREAS UNIT				WASH., D.C.			
11. POSITION TITLE				12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION	
RECORDS ADMIN OFF. NE (13)				CG45		DCC	
14. CLASSIFICATION SCHEDULE (GS, LB, IN, ...)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE	
GS		0344-01		13 2		\$26,889	
18. REMARKS							
Last Working Day: 4 August 1978							
CONCUR: [Signature] Date 7/26/78							
CO-ordinated with [Signature] 7/31/78							
18A. SIGNATURE OF REQUESTING OFFICIAL				DATE SIGNED		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER	
[Signature]				7/26/78		[Signature]	
HOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL (CNS)							
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE	
45		10		NUMERIC   ALPHABETIC		23. INTEGREE CODE	
24. HOURS CODE		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI	
7		MO.   DA.   YE.		MO.   DA.   YE.		MO.   DA.   YE.	
28. RETIREMENT DATA		29. SPECIAL REFERENCE		30. SEPARATION DATA CODE		31. CORRECTION/CANCELLATION DATA	
1-ESC 2-OPGM 3-FICA 4-NSCA		MO.   DA.   YE.		TYPE   MO.   DA.   YE.		EOD DATA	
32. VET PREFERENCE		33. SERV COMP DATE		34. LONG COUP DATE		35. CAREER CATEGORY	
CODE   MO.   DA.   YE.		MO.   DA.   YE.		MO.   DA.   YE.		CODE   HEALTH INS CODE	
36. PREVIOUS CIVILIAN GOVERNMENT SERVICE				37. LEAVE CAT CODE		38. FEDERAL TAX DATA	
CODE   0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)				CODE		FORM EXECUTED   CODE   STATE TAX DATA	
41. POSITION CONTROL CERTIFICATION				42. OFF. APPROVAL		DATE APPROVED	
[Signature] 7/26				[Signature]		8/1/78	

FORM 1152 USE PREVIOUS EDITION

SECRET

E-2, IMPDET CL. BY. [Signature]

25 July 1978

**SUMMARY OF AGENCY EMPLOYMENT**

I entered on duty with the CIA in April 1952 and have been in records management for my whole career, seventeen years of it overseas.



NO SECURITY RELECTIONS  
*[Handwritten signature]*



10-25-78

SECRET  
(When Filled In)

16 MAY 1978

OCF <b>REQUEST FOR PERSONNEL ACTION</b>	DATE PREPARED
	9 May 1978

1. SERIAL NUMBER 13 NAME (Last-First-Middle)

2. NATURE OF PERSONNEL ACTION <b>REASSIGNMENT</b>	4. EFFECTIVE DATE REQUESTED MONTHS: 04 DAY: 09 YEAR: 78	3. CATEGORY OF EMPLOYMENT <b>REGULAR</b>
--	--	---

6. FUNDS V TO V O TO V	7. FAN AND NSCA 6026-3430-0000	8. LEGAL AUTHORITY (Completed by Office of Personnel)
------------------------------	-----------------------------------	---

9. ORGANIZATIONAL DESIGNATIONS DDO/IMS INFORMATION, MGMT AND PLANNING GROUP RECORDS MANAGEMENT BRANCH AREAS UNIT	10. LOCATION OF OFFICIAL STATION NASH., D.C.
--	---

11. POSITION TITLE <b>RECORDS ADMIN OFF (13)</b>	12. POSITION NUMBER CG45	13. CAREER SERVICE DESIGNATION DCC
---	-----------------------------	---------------------------------------

14. CLASSIFICATION SYMBOL (A.S. 1-5)	15. OCCUPATIONAL SERIES 0344.01	16. GRADE AND STEP 15 2	17. SALARY OR RATE \$ 26,889
--------------------------------------	------------------------------------	----------------------------	---------------------------------

18. REMARKS  
FROM: DDO/NE  
CONCUR: [ ] (telecord)  
C/NE/Pers DATE  
[ ]  
05/12/78

18A. SIGNATURE OF REQUESTING OFFICIAL [ ]	DATE SIGNED 5/10/78	18B. SIGNATURE OF APPROVING OFFICIAL [ ]	DATE SIGNED 5/11/78
--	------------------------	---	------------------------

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL DDO/CMS/07-12

19. ACTION CODE 37	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC: 53746 ALPHABETIC: IMS	22. STATION CODE 75013	23. INTEGRE CODE	24. MONTHS CODE	25. DATE OF BIRTH MO. DA. YR.	26. DATE OF GRADE MO. DA. YR.	27. DATE OF LEI MO. DA. YR.	
28. BTE EXPIRES MO. DA. YR.	29. SPECIAL REFERENCE	30. RETIREMENT DATA CODE	31. SEPARATION DATA CODE	32. CORRECTION CANCELLATION DATA TYPE MO. DA. YR.	EOD DATA →			33. SECURITY REQ. NO.	34. SER
35. VET PREFERENCE CODE 0-NO 1-5 PT 2-10 PT	36. SERV COMP DATE MO. DA. YR.	37. LONG. COMP DATE MO. DA. YR.	38. CAREER CATEGORY CAREERIST. PROB/TEMP	39. FEGLI/HEALTH INSURANCE CODES	40. SOCIAL SECURITY NO.				
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NO PREVIOUS SERVICE 1-NO AWARD IN SERVICE 2-BELIE IN SERVICE (LESS THAN 3 YEARS) 3-BELIE IN SERVICE (MORE THAN 3 YEARS)	42. LEAVE CAT. CODE	43. FEDERAL TAX DATA FORM EXECUTED CODE NO. TAX EXEMPTIONS	44. STATE TAX DATA FORM EXECUTED CODE AND TAX EXEMP. STATE CODE						

45. POSITION CONTROL CERTIFICATION 3 U INITIAL 10-12-78 From: we	DATE APPROVED 5/26/78
--	--------------------------

SECRET  
(When Filled In)

**C** REQUEST FOR PERSONNEL ACTION

DATE PREPARED  
6 Feb 78

1 SERIAL NUMBER  
2 NAME (Last-First-Middle)

3 NATURE OF PERSONNEL ACTION  
**PROMOTION**

4 EFFECTIVE DATE REQUESTED  
MONTH: 02, DAY: 12, YEAR: 78

5 CATEGORY OF EMPLOYMENT  
**REGULAR**

6 FUNDS  
V TO V, V TO CP, CP TO V, CP TO CP

7. FAR AND NSCA  
3033 4800 0000

8. LEGAL AUTHORITY (Complied by Office of Personnel)

9. ORGANIZATIONAL DESIGNATION  
**DDO/NE DIVISION  
OFFICE OF THE CHIEF, NE DIVISION  
PLANS STAFF**

10. LOCATION OF OFFICIAL STATION  
**WASH, D.C.**

11. POSITION TITLE  
**RECORDS ADMIN OFF**

12. POSITION NUMBER  
**CG45**

13. CAREER SERVICE DESIGNATION  
**DCC**

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

15. OCCUPATIONAL SERIES  
**0344.01**

16. GRADE AND STEP  
**13 # 2**

17. SALARY OR RATE  
**26889**

18. REMARKS  
**CONCUR:**  
**ISS** (telecoord) **6 Feb 78**  
**Date**  
**From 125**

DATE SIGNED: 6 Feb 78  
SIGNING OFFICER: [Signature]  
DATE SIGNED: 2/8/78

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE  
**22 10**

20. EMPLOY CODE  
**46015**

21. OFFICE CODING  
NUMERIC: **NE**, ALPHABETIC: **75013**

22. STATION CODE  
**75013**

23. INTEGRITY CODE

24. HONORARY CODE

25. DATE OF BIRTH  
**03/12/78**

26. DATE OF GRADE  
**03/12/78**

27. DATE OF LEI  
**03/12/78**

28. WIFE EMPLOY

29. SPECIAL REFERENCE

30. RETIREMENT DATA

31. SEPARATION DATA CODE

32. CORRECTION/CANCELLATION DATA  
**EOD DATA**

33. SECURITY REG. NO.

34. SEX

35. VET PREFERENCE  
CODE: 0-None, 1-5 PT, 2-10 PT

36. SERV COMP DATE

37. LONG COMP DATE

38. CAREER CATEGORY  
LAB/RES, PROV/TIMP

39. FEGLI, HEALTH INSURANCE  
CODE: 0-WAIVER, 1-REG, 2-REG/OPT, 3-INELIGIBLE

40. SOCIAL SECURITY NO.

41. PREVIOUS CIVILIAN GOVERNMENT SERVICE  
CODE: 0-NO PREVIOUS SERVICE, 1-20 YEAR IN SERVICE, 2-BETWEEN IN SERVICE (LESS THAN 3 YEARS), 3-BETWEEN IN SERVICE (MORE THAN 3 YEARS)

42. LEAVE CAT CODE

43. FEDERAL TAX DATA  
FORM EXECUTED: 1-TES, 2-NO

44. STATE TAX DATA  
FORM EXECUTED: 1-TES, 2-NO

45. POSITION CONTROL CERTIFICATION  
**3-6-78 A20** **06 MAR 1978**

DATE APPROVED  
**5 MAR 78**

18 August 1978



We are enclosing the employee copy of your retirement action (Form 1150) that you requested 04 August 1978.

Sincerely,

*151*

  
Chief, Control Division

Enclosure: 1 Form

Dist.

Orig. - Adse.

1 - TRB

1 - OP

OP/TRB

 UG78)

ADMINISTRATIVE-INTERNAL USE ONLY

18 APR 1978

MEMORANDUM FOR:

FROM: John N. McMahon  
Deputy Director for Operations

SUBJECT: Commendation for Exceptional Performance

1. The Directorate of Operations Records Review Task Force has finished its work . I want you to know that I realize that a large measure of the success of this effort was due to the exceptional performance of the Records Management Officers who worked long and hard during the six-month period, patiently guiding the 435 Directorate personnel who served on the component teams. Many of you performed additional duties, voluntarily and cheerfully, extending beyond the ten-hour work day, which kept the task force functioning smoothly.

2. This fine team effort and your personal contribution to it is in the best tradition of the Directorate of Operations. I commend you for a job well done.

*Thank you*

John N. McMahon

ADMINISTRATIVE-INTERNAL USE ONLY

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1 AUG 1978

MEMORANDUM FOR: Director of Personnel  
FROM: [redacted]  
Chief, Retirement Affairs Division  
SUBJECT: Request for Voluntary Retirement -  
[redacted]

1. This memorandum submits a recommendation for your approval in paragraph 3.

2. The employee named above has applied for voluntary retirement under the provisions of Headquarters Regulation 20-50h.

Grade: GS-13	Position: Records Management Officer
Career Service	: Operations
Office/Division	: Information Management Staff
Date Requested for Retirement:	4 August 1978
Age at that Date	: 50
Years of Creditable Service	: 29
Years of Agency Service	: 26
Years of Qualifying Service	: 9

3. The applicant's Career Service and the CIA Retirement Board recommend that the request be approved.

/s/ [redacted]

The recommendation contained in paragraph 3 is approved.

(Signed) F. W. H. [redacted]

Director of Personnel

2 AUG 1978

Date

Distribution:  
0 - Return to ROB  
1 - Applicant  
1 - OPF  
1 - ROB Soft File  
1 - ROB Reader

[redacted]

CONFIDENTIAL

3116

11/61

SECRET  
(When Filled In)

**REQUEST FOR PERSONNEL ACTION** DATE PREPARED 5 Oct 1977

1. SERIAL NUMBER  
2. NAME (Last-First-Middle)

3. NATURE OF PERSONNEL ACTION: Reassignment AND CANCELLATION of **RSEA**  
4. EFFECTIVE DATE REQUESTED: 07 11 77  
5. CATEGORY OF EMPLOYMENT: Regular

6. PAY GRADE: V TO V, O TO V, O TO O  
7. PAY AND NSCA: 9033 4801 0000  
8. LEGAL AUTHORITY (Complied by Office of Personnel)

9. ORGANIZATIONAL DESIGNATION: DDO/NE Division Office of the Chief, NE Division Plans Staff  
10. LOCATION OF OFFICE & STATION: Wash., D. C.

11. POSITION TITLE: Records Admin Off-ene  
12. POSITION NUMBER: 6645  
13. CAREER SERVICE DESIGNATION: DCC

14. CLASSIFICATION NUMBER (GS, LR, etc.): GS  
15. OCCUPATIONAL SERIES: 0344.03  
16. GRADE AND STEP: 12 A  
17. SALARY OF RATE: 34070

18. REMARKS: replacing [redacted]  
Concur: [redacted] #11 PER Sue 10.17.77 \*SAL. BLURB  
[redacted] #3 PER WANCY 10.17.77  
[redacted] 10/18/77 Date  
AC/PCS/SS/Personnel

19. DATE SIGNED: 10-05-77  
20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER: [redacted]  
21. DATE SIGNED: 10/15/77

SEARCH BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL  
22. ACTION CODE: 37  
23. EMPLOY CODE: 10  
24. POLY CODES: 4603  
25. STATION CODE: NE 7603  
26. INTEGRITY CODE: [redacted]  
27. DATE OF BIRTH: [redacted]  
28. DATE OF GRADE: [redacted]  
29. DATE OF LR: [redacted]  
30. RETIREMENT DATA: [redacted]  
31. SEPARATION DATA CODE: [redacted]  
32. CANCELLATION DATA: [redacted]  
33. SECURITY: [redacted]  
34. SET PREFERENCE: [redacted]  
35. SERV COMP DATE: [redacted]  
36. LONG COMP DATE: [redacted]  
37. CAREER CATEGORY: [redacted]  
38. FEGLI HEALTH INSURANCE: [redacted]  
39. SOCIAL SECURITY NO: [redacted]  
40. PREVIOUS CIVILIAN GOVERNMENT SERVICE: [redacted]  
41. LEAVE CAT: [redacted]  
42. FEDERAL TAX DATA: [redacted]  
43. STATE TAX DATA: [redacted]

44. POSITION CONTROL CERTIFICATION: 01 NOV 1977  
45. CLP APPROVAL: [redacted]  
46. DATE APPROVED: 1700-77

\*FROM: CCS

10.14.77 RSP

C-20

SECRET  
(When Filled In)

# REQUEST FOR PERSONNEL ACTION

DATE PREPARED  
9 August 1976

1. SERIAL NUMBER	2. NAME (Last-First-Middle)

3. REASON FOR PERSONNEL ACTION CHANGE OF PAN NUMBER	4. EFFECTIVE DATE REQUESTED MONTH: 08   DAY: 09   YEAR: 76	5. Category of Employment ZZZLAR
--	---	-------------------------------------

6. PUNISH	7. PAN AND NSCA T230 0130 0002	8. OFFICE AUTHORITY (Completed by Office of Personnel)
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9. ORGANIZATIONAL DESIGNATION DDC/CCS REGISTRY	10. LOCATION OF OFFICIAL STATION WASH., D. C.
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11. POSITION TITLE REGISTRY ADMIN OFF CH	12. POSITION NUMBER BL 14	13. CAREER SERVICE DESIGNATION fcc
---	------------------------------	---------------------------------------

14. CLASSIFICATION SCHEDULE (GS, LP, WS, etc.) GS	15. OCCUPATIONAL SERIES 0344.01	16. GRADE AND STEP 12 4	17. SALARY GR. RATE 21,321
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18. REMARKS

19. DATE SIGNED Off 9 Aug 76	20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER	21. DATE SIGNED
---------------------------------	---	-----------------

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

22. AGENCY CODE 37	23. EMPLOY CODE 10	24. OFFICE CODING NUMERIC: 39115 ALPHABETIC: CCS	25. STATION CODE 75013	26. INTEGRAL CODE	27. NOTES CODE 1	28. DATE OF BIRTH	29. DATE OF GRACE	30. DATE OF LEI
31. RETIREMENT DATA	32. SEPARATION DATA CODE	33. CORRECTION/LABELLATION DATA	34. SECURITY	35. SEC.	EOD DATA			
36. SERV COMP DATA	37. LONG COMP DATA	38. CAREER CATEGORY	39. FECL/HEALTH INSURANCE	40. SOCIAL SECURITY NO				
41. FEDERAL TAX DATA	42. LEAVE CAT CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA					

45. POSITION CONTROL CERTIFICATION 10 AUG 1976	46. O.P. APPROVAL 8-9-76	DATE APPROVED
---	-----------------------------	---------------

P SECRET

E-2. COMDET CL BY: [ ] (4)

C-NO MEM  
ABS 7/10

SECRET  
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 13 July 1976	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)				3. DATE PREPARED	
4. NATURE OF PERSONNEL ACTION Reassignment - Change of Home Base CHANGE OF SERVICE DESIGNATION						5. EFFECTIVE DATE REQUESTED 07 13 76	
6. PAGES XX						7. FPM AND NSCA 230 0118 0000	
8. ORGANIZATIONAL DESIGNATIONS DDO/CCS REGISTRY						9. LOCATION OF OFFICIAL STATION WASH, D. C.	
11. POSITION TITLE RECORDS ADMIN OF CH				12. POSITION NUMBER RL 1A		13. CAREER SERVICE DESIGNATION DCC	
14. CLASSIFICATION SCHEDULE (GS, LS, etc.) GS		15. OCCUPATIONAL SERIES 0311.01		16. GRADE AND STEP 12 4		17. SALARY OF RATE 21,324	
18. REMARKS DESIGNATION CHANGED FROM DAC TO DCC.							
19. [Signature]		DATE SIGNED 13 Jul 76		18. SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED	
24. SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
25. SECTION CODE 37 10		26. EMPLOY CODE 10		27. OFFICE CODING 37 10 CCS		28. STATION CODE 75013	
29. EMPLOYEE CODE		30. SPECIAL REFERENCE		31. RETIREMENT DATA		32. SEPARATION DATE	
33. NET PRESENT		34. NEW COMP DATE		35. LONG COMP DATE		36. CAREER CATEGORY	
37. STATE TAX DATA		38. STATE TAX DATA		39. FEDERAL TAX DATA		40. SOCIAL SECURITY NO.	
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE		42. LEAVE CAT		43. FEDERAL TAX DATA		44. STATE TAX DATA	
45. POSITION CONTROL CERTIFICATION 20 JUL 1976				DATE APPROVED 07/19/76			



CR  
11-22-74

C. May  
SECRET  
(When Filled In)

d/cf	REQUEST FOR PERSONNEL ACTION	DATE PREPARED
		13 November 1974

1. SERIAL NUMBER	2. NAME (Last-First-Middle)

3. NATURE OF PERSONNEL ACTION	4. EFFECTIVE DATE REQUESTED	5. CATEGORY OF EMPLOYMENT
PROMOTION	11 24 74	REGULAR

6. FUNDS	7. FAR AND NSCA	8. LEGAL AUTHORITY (Completed by Office of Personnel)
XX v TO v C TO v	5230 0121 0002	50 USC 403 J

9. ORGANIZATIONAL DESIGNATIONS	10. LOCATION OF OFFICE STATION
DDO/CCS <del>GEN EOD OFFICE</del> REGISTRY	WASH., D. C.

11. POSITION TITLE	12. POSITION NUMBER	13. CAREER SERVICE DESIGNATION
RECORDS ADMIN OF CH (12)	0061	DAC

14. CLASSIFICATION SCHEME (GS, DA, etc.)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
CS	0344.01	12 3	\$ 19,693

18. REMARKS

CONCUR: \_\_\_\_\_ (TELECORD)  
SS/SE/PEZS

DATE SIGNED	SIGNING OFFICER
13 Nov 74	15 Nov 74

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL										
19. ACTION CODE	20. EMPLOY CODE	21. OTHER CODING	22. STATION CODE	23. INTEREST CODE	24. MOTIV CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF SE		
2.2	10.	39157 CES	75613				11/24/74	11/24/74		
28. MTR EMPLOY	29. SPECIAL REFERENCE	30. REFERENCE DATA	31. SEPARATION DATA CODE	32. COMPETED (AMT/FCR/CAJ)	33. SECURITY	EOD DATA				
34. VET PREFERENCE	35. SERV COMP DATE	36. LEAVE COMP DATE	37. CAREER CATEGORY	38. FEDERAL TAX DATA	39. HEALTH INSURANCE	40. SOCIAL SECURITY USE				
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE			42. LEAVE CAT	43. FORM EXECUTED	44. FEDERAL TAX DATA	45. STATE TAX DATA				

46. POSITION CONTROL CERTIFICATION	47. O P APPROVAL	DATE APPROVED
11-15-74	25 NOV 1974	

14  
27

**SECRET**  
(When Filled In)

<b>REQUEST FOR PERSONNEL ACTION</b>						DATE PREPARED 21 August 1973				
1. SERIAL NUMBER		2. NAME (Last-First-Middle)								
3. NATURE OF PERSONNEL ACTION REASSIGNMENT AND DELEGATION OF N.S.C.A. <i>Transfer to VOLLACRES FUNDS.</i>				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 09 16 73		5. CATEGORY OF EMPLOYMENT REGULAR				
6. FUNDS		7. PAN AND NSCA		8. LEGAL AUTHORITY (Completed by Office of Personnel)						
XX		4230 0121 0002								
9. ORGANIZATIONAL DESIGNATIONS DDO/CCS OFFICE OF THE CHIEF RECORDS MANAGEMENT AND REGISTRY SEC				10. LOCATION OF OFFICIAL STATION WASH., D.C.						
11. POSITION TITLE RECORDS ADMIN OF CH			12. POSITION NUMBER 0661		13. CAREER SERVICE DESIGNATION D					
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0344.01		16. GRADE AND STEP 11 6		17. SALARY OR RATE 16,326				
18. REMARKS HOME BASE: <del>33</del> <del>AA/CD</del> CONCUR FOR CIA W-2: <input type="checkbox"/> CCS/OCB/S CONCUR: <input type="checkbox"/> (TELECOORD) C/EUR/PERS CONCUR: <input type="checkbox"/> (TELECOORD) DDF/RECORDS MGMT OFFICER										
DATE SIGNED				108. SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED				
FORM FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL										
19. ACTION CODE 16	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC 39/10/CCS		22. STATION CODE 15013	23. INTEGRAL CODE	24. MONTHS CODE 1	25. DATE OF BIRTH	26. DATE OF GRADE MO. DA. YR.	27. DATE OF LEI. MO. DA. YR.	
28. NTE EXPIRES MO. DA. YR. XX/XX/XX		29. SPECIAL REFERENCE	30. RETIREMENT DATA CODE	31. SEPARATION DATA CODE	32. CONTROL (TYPE/CONNECTION) WITH TYPE MO. DA. YR.		33. SECURITY REQ. NO.		34. SEX	
35. VET. PREFERENCE CODE		36. SEV. COMP. DATE MO. DA. YR.		37. LONG COMP. DATE MO. DA. YR.		38. CAREER CATEGORY CODE		39. FEGLI/HEALTH INSURANCE CODE		40. SOCIAL SECURITY NO.
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE		42. LEAVE CAT. CODE		43. FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS		44. STATE TAX DATA FORM EXECUTED CODE NO TAX EXEM. CODE				
0-NO PREVIOUS SERVICE 1-NO. PRIOR IN SERVICE 2-RISE IN SERVICE (LESS THAN 3 YEARS) 3-RISE IN SERVICE (MORE THAN 3 YEARS)				1-YES 2-NO		1-YES 2-NO				
45. POSITION CONTROL CERTIFICATION 8-23-B				46. O.P. APPROVAL *FRJ. EUR [Signature]		DATE APPROVED 15 Aug 73				

FORM 1152 1-72

USE PREVIOUS EDITION

**SECRET**

CLASSIFIED BY: [ ]

[ ]

(4)

CONFIDENTIAL  
(When filled in)

NOTE TO PCS RETURNEES

Personnel processing in from a PCS foreign field assignment through Central Processing Branch are required to review the Employee Conduct Handbook and the information for PCS returnees. This information is contained in a notebook provided by the CPB receptionist.

MEMORANDUM OF UNDERSTANDING

I hereby acknowledge that I have read and understand the contents of Handbook 20-4, Employee Conduct, dated 9 July 1970 and the information for returnees dated 1 February 1972.

[Redacted Name Box]

NAME  
(Please Print)

[Redacted Signature Box]

Signature

11 Sept 73

Date

CONFIDENTIAL  
(When filled in)

Group 1 - Excluded from  
automatic downgrading  
and declassification.

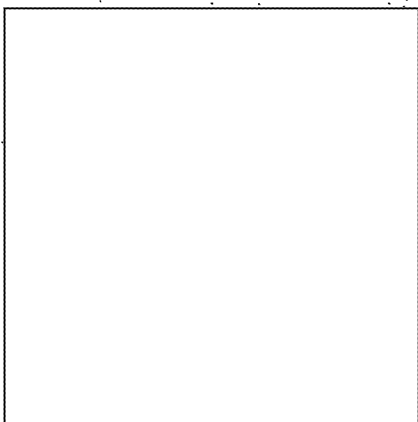
**SECRET**

17 APR 1973



**Certificate of Exceptional  
Service (for Vietnam)**

VIETNAM (Contract Employees)



**SECRET**  
(When Filled In)

<b>REQUEST FOR PERSONNEL ACTION</b>						DATE PREPARED <b>24 January 1973</b>	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)					
3. NATURE OF PERSONNEL ACTION <b>PROMOTION</b>			4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR <b>02 04 73</b>		5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>		
6. FUNDS		7. PAY AND NSCA		8. LEGAL AUTHORITY (Complied by Office of Personnel)			
<input type="checkbox"/> V TO V <input type="checkbox"/> O TO V		<input checked="" type="checkbox"/> V TO O <input type="checkbox"/> O TO O		3136 1267 0000			
9. ORGANIZATIONAL DESIGNATIONS <b>UDP/EUROPEAN DIVISION FOREIGN FIELD</b>				10. LOCATION OF OFFICIAL STATION			
11. POSITION TITLE <b>SUPPORT BRANCH</b>				12. POSITION NUMBER <b>0699</b>		13. CAREER SERVICE DESIGNATION <b>D</b>	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) <b>GS</b>		15. OCCUPATIONAL SERIES <b>0344 01</b>		16. GRADE AND STEP <b>11.6</b>		17. SALARY OR RATE <b>\$16326</b>	
18. REMARKS HOME BASE: IS CONCUR PRA HR 20-17e (1) (a) PROMOTION CONCUR: C/E/EE <i>the original to DDP/CS/RMU partition 0061.mil</i>							
DATE SIGNED <b>1/24/73</b>			18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER			DATE SIGNED <b>2/2/73</b>	
SPACE BELOW FOR EXCLUSIVE USE							
19. ACTION CODE <b>333</b>	20. EMPLOY CODE <b>10</b>	21. OFFICE CODING NUMERIC ALPHABETIC <b>44750 EUR</b>		22. STATION CODE <b>36533</b>	23. INTERSEE CODE	24. POSTS CODE <b>3</b>	25. DATE OF BIRTH MO. DA. YR. <b>02 10 73</b>
26. DATE OF GRAD MO. DA. YR. <b>02 10 73</b>		27. DATE OF LEI MO. DA. YR. <b>02 10 73</b>		28. DATE OF LEI MO. DA. YR.		29. DATE OF LEI MO. DA. YR.	
30. SPECIAL REFERENCE <b>81</b>		31. RETIREMENT DATA		32. SEPARATION DATA CODE		33. CORRECTION/CANCELLATION DATA	
34. VET PREFERENCE		35. SERV COMP DATE		36. LONG COMP DATE		37. CAREER CATEGORY	
38. FEGLI/HEALTH INSURANCE		39. SOCIAL SECURITY NO.		40. FEDERAL TAX DATA		41. STATE TAX DATA	
42. PREVIOUS CIVILIAN GOVERNMENT SERVICE		43. LEAVE CAT. CODE		44. FEDERAL TAX DATA		45. STATE TAX DATA	
46. POSITION CONTROL CERTIFICATION <b>2-2-73</b> <i>pmw</i>		47. OP APPROVAL		48. DATE APPROVED <b>2/2/73</b>			

FORM 1152 USE PREVIOUS EDITION  
6-72

**SECRET**

E-2, IMPDET CL. BY: \_\_\_\_\_ (4)

FEB 1973

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### ROUTING AND RECORD SHEET

SUBJECT: (Optional)

FROM:  EXTENSION: NO. DATE:   
 EUR/PERS 4B0002 Hqs

TO: (Officer designation, room number, and building) DATE RECEIVED FORWARDED OFFICER'S INITIALS COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)

NO.	TO: (Officer designation, room number, and building)	DATE		OFFICER'S INITIALS	COMMENTS
		RECEIVED	FORWARDED		
1.	E/PERS/TEDDY			TR	
2.	C/E/PERS			TR	
3.	C/E/PERS I			J	for concurrence
4.	E/PERS/JON		1/31	JON	
5.	C/IS/PERS	1 FEB 1973	27 Feb 73	TR	for concurrence
6.					
7.	CSPS/SOB GG10		2/2/73	gan	7. Subject will be assigned as Ch. Secy + RMO DDP/CCS upon his return to the (last Aug 73), since <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px; vertical-align: middle;"></span>
8.					
9.					
10.	OP/PI 5E03				<span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px; vertical-align: middle;"></span> will be assigned to CCS/RMO position 0061 via <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px; vertical-align: middle;"></span>
11.					
12.					
13.					
14.					
15.					

SECRET

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**SECRET**  
(When Filled In)

<b>REQUEST FOR PERSONNEL ACTION</b>				DATE PREPARED <b>15 MARCH 1971</b>						
1. SERIAL NUMBER		2. NAME (Last-First-Middle)								
3. NATURE OF PERSONNEL ACTION <b>REASSIGNMENT AND TRANSFER TO CONFIDENTIAL FUNDS</b>			4. EFFECTIVE DATE REQUESTED MONTH: <b>05</b> DAY: <b>30</b> YEAR: <b>71</b>		5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>					
6. FUNDS V TO V: <input type="checkbox"/> X V TO CF: <input checked="" type="checkbox"/> CF TO V: <input type="checkbox"/> CF TO CF: <input type="checkbox"/>		7. FINANCIAL ANALYSIS NO. CHARGEABLE <b>1136-1267</b>		8. LEGAL AUTHORITY (Completed by Office of Personnel)						
9. ORGANIZATIONAL DESIGNATIONS <b>DDP/EUR FOREIGN FIELD SUPPORT BRANCH</b>			10. LOCATION OF OFFICIAL STATION							
11. POSITION TITLE <b>RECORDS ADM OF (69)</b>		12. POSITION NUMBER <b>0699</b>		13. CAREER SERVICE DESIGNATION <b>D</b>						
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) <b>GS</b>		15. OCCUPATIONAL SERIES <b>0344.01</b>		16. GRADE AND STEP <b>10 7</b>						
				17. SALARY OR RATE <b>\$ 13,821 ✓</b>						
18. REMARKS <b>1 cc: Payroll</b> <b>From: DDP/EUR</b> <b>DEVELOPMENT COMPLEMENT</b>  <b>No Language Required</b> <b>PRA HR 20-17E(1) (B) NTE Two Yrs</b>  <b>X HB: EUR</b>										
DATE SIGNED		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED						
		<i>1E/Pers 3/15/71</i>		<i>3/17/71</i>						
PLACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL										
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING NUMERIC: <b>44625</b> ALPHABETIC: <b>51P</b>		22. STATION CODE <b>36533</b>	23. INTEGRITY CODE	24. HODIES CODE <b>3</b>	25. DATE OF BIRTH	26. DATE OF GRADE MO. DA. YR.		27. DATE OF LSI MO. DA. YR.
28. NTE EXPIRES MO. DA. YR. <b>05/29/73</b>	29. SPECIAL REFERENCE <b>82</b>	30. RETIREMENT DATA 1-FC 2-ORR 3-FER 4-NONE		31. SEPARATION DATA CODE	32. CORRECTION, CANCELLATION DATA TYPE MO. DA. YR.		33. SECURITY RES. NO.		34. SEX	
35. VET PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT		36. SERV COMP DATE MO. DA. YR.		37. LONG COMP. DATE MO. DA. YR.		38. CAREER CATEGORY CAR. RES. PROV./TEMP. CODE		39. FEGLI/HEALTH INSURANCE CODE 0-WAIVED 1-YES		40. SOCIAL SECURITY NO.
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)		42. LEAVE CAT. CODE	43. FEDERAL TAX DATA FORM EXECUTED CODE MO. TAX CREDITATIONS		44. STATE TAX DATA FORM EXECUTED CODE MO. TAX STATE CODE		45. POSITION CONTROL CERTIFICATION <b>5-7-71</b> <i>M.W.</i>		46. O.P. APPROVAL DATE APPROVED <b>5-10-71</b>	

SECRET  
(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED  
02 DECEMBER 1970

1 SERIAL NUMBER		NAME (Last-First-Middle)		4 EFFECTIVE DATE REQUESTED		5 CATEGORY OF EMPLOYMENT	
				MONTH DAY YEAR 12 13 70		REGULAR	
6 FUNDS		7 TO Y		7 TO O		8 FINANCIAL ANALYSIS NO. CHARGEABLE	
XX		O TO Y		O TO O		1236-1186	
9 ORGANIZATIONAL DESIGNATION				10 LOCATION OF OFFICIAL STATION			
DDP/EUR DEVELOPMENT COMPLEMENT				WASHINGTON, D.C.			
11 POSITION TITLE				12 POSITION NUMBER		13 CAREER SERVICE DESIGNATION	
RECORDS ADM OFFICER				9997		D	
14 CLASSIFICATION SCHEDULE (GS, L, P, PW)		15 OCCUPATIONAL SERIES		16 GRADE AND STEP		17 SALARY OR RATE	
GS		0344.01		10 7		\$ 13,041	
18 REMARKS							
2cc: SECURITY cc: PAYROLL *Other FROM: DDP/EUR/FOREIGN FIELD [ ] SLOT# 0254 NTE: 30 June 1971 Pending Reassignment. Security Approval Granted by Data on 12/4/70 PDS 11/10/70 HA EUR							
DATE SIGNED		100 SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED			
1/28/70		[Signature]		12/18/70			
SPACE BELOW FOR EXCLUSIVE USE							
19 ACTION CODE	20 EMPLOY CODE	21 OFFICE CODING		22 STATION CODE	23 INTEGRITY CODE	24 HOURS CODE	25 DATE OF BIRTH
16	18	NUMERIC 44997	ALPHABETIC EUR	75313			
26 HRS EMPLOY		29 SPECIAL REFERENCE	30 RETIREMENT DATA		31 SEPARATION DATA CODE		32 CORRECTION CANCELLATION DATA
			CODE				MO. DA. YR.
35 VET. PREFERENCE		36 SERV. COMP. DATE		37 LONG. COMP. DATE		38 CAREER CATEGORY	
CODE		MO. DA. YR.		MO. DA. YR.		CODE	
0 - NONE 1 - 5 PT 2 - 10 PT						39 FEGLI/HEALTH INSURANCE	
						CODE CODE U - WAIVER 1 - YES	
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE		42 LEAVE CAT. CODE		43 FEDERAL TAX DATA		44 STATE TAX DATA	
CODE		CODE		FORM EXECUTED		FORM EXECUTED	
0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YEARS) 3 - BREAK IN SERVICE (MORE THAN 3 YEARS)				NO. TAX EXEMPTIONS		NO. TAX EXEMPTIONS	
				1 - YES 2 - NO		1 - YES 2 - NO	
45 POSITION CONTROL CERTIFICATION				46 O P APPROVAL		DATE APPROVED	
12-8-70 MW				[Signature]		12/18/70	

A  
25

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7



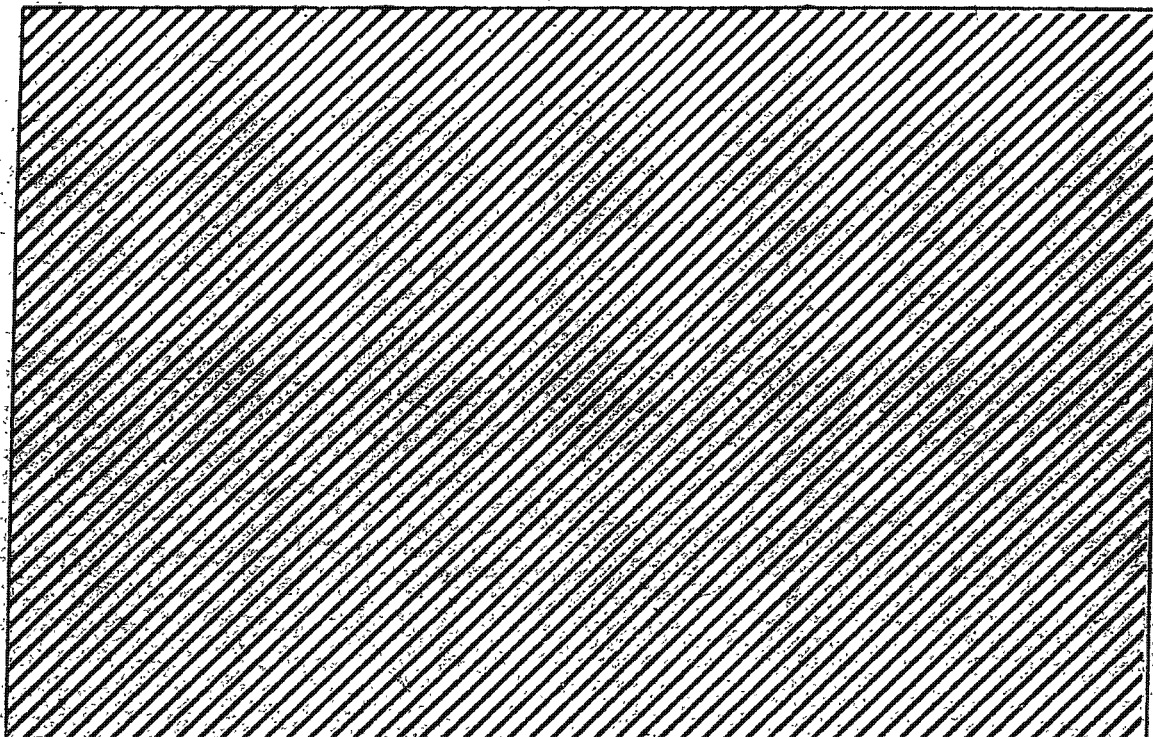
**SECRET**  
(If Not Filled In)

<b>REQUEST FOR PERSONNEL ACTION</b>				DATE PREPARED <b>20 JANUARY 1971</b>	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)			
3. NATURE OF PERSONNEL ACTION <b>REASSIGNMENT AND TRANSFER TO VOUCHERED FUNDS (CORRECTION)</b>			4. EFFECTIVE DATE REQUESTED MONTH: <b>1</b> DAY: <b>10</b> YEAR: <b>71</b>		5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>
6. FUNDS V TO V C TO V <b>XX</b>		7. FINANCIAL ANALYSIS NO. CHARGEABLE <b>1234-1186</b>		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS <b>DDP/EUR DEVELOPMENT COMPLEMENT</b>			10. LOCATION OF OFFICIAL STATION <b>WASHINGTON, D.C.</b>		
11. POSITION TITLE <b>RECORDS ADM OFFICER</b>			12. POSITION NUMBER <b>9997</b>		13. CAREER SERVICE DESIGNATION <b>D</b>
14. CLASSIFICATION SCHEDULE (GS, LS, PA, P)		15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE	
<b>GS</b>		<b>0344.01</b>	<b>10-7</b>	<b>\$ 13,821</b>	
18. REMARKS <b>cc: Payroll TO CORRECT EFFECTIVE DATE TO READ 1/10/71 VICE 12/13/70</b> <span style="float: right;"><i>HO: EUR</i></span>					
DATE SIGNED		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED	
<b>AC/E/Per</b>		<i>1/21/71</i>		<i>1/21/71</i>	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE <b>58</b>	20. EMPLOY CODE <b>18</b>	21. OFFICE CODING NUMERIC ALPHABETIC <b>4477A EUR</b>		22. STATION CODE <b>75013</b>	23. INTEGRAL CODE
24. MONTHS CODE <b>1</b>	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI	28. SECURITY REG. NO.	
29. SPECIAL REFERENCE	30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE: <b>76</b> MO. DA. YR: <b>12 13 70</b>	
33. VET PREFERENCE	34. SERV. COMP. DATE	35. LONG COMP. DATE	36. CAREER CATEGORY	37. FEGLI/HEALTH INSURANCE	
38. PREVIOUS CIVILIAN GOVERNMENT SERVICE	42. LEAVE CAT. CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA
45. POSITION CONTROL CERTIFICATION <b>1-26-71</b>		46. OP APPROVAL			DATE APPROVED <b>1/26/71</b>

**SECRET**  
(When Filled In)

<b>REQUEST FOR PERSONNEL ACTION</b>						DATE PREPARED <b>12 FEBRUARY 1971</b>	
1 SERIAL NUMBER <input checked="" type="checkbox"/>		2 NAME (Last-First-Middle)					
3 NATURE OF PERSONNEL ACTION <b>CHANGE OF FAN</b>				4 EFFECTIVE DATE REQUESTED MONTH: <b>02</b> DAY: <b>18</b> YEAR: <b>71</b>		5 CATEGORY OF EMPLOYMENT <b>REGULAR</b>	
6 FUNDS <b>XX</b> V TO V CF TO V		V TO CF CF TO CF		7 FINANCIAL ANALYSIS NO. CHARGEABLE <b>1236-1186</b>		8 LEGAL AUTHORITY (Completed by Office of Personnel)	
9 ORGANIZATIONAL DESIGNATIONS <b>DOP/EUR DEVELOPMENT COMPLEMENT</b>				10 LOCATION OF OFFICIAL STATION <b>WASHINGTON, D.C.</b>			
11 POSITION TITLE <b>RECORDS ADM OFFICER</b>				12 POSITION NUMBER <b>9997</b>		13 CAREER SERVICE DESIGNATION <b>D</b>	
14 CLASSIFICATION SCHEDULE (GT, EB, etc.) <b>GS</b>		15 OCCUPATIONAL SERIES <b>0344.01</b>		16 GRADE AND STEP <b>10 7</b>		17 SALARY OR RATE <b>\$ 13,821</b>	
18 REMARKS <b>FROM 1234-1186 cc: Payroll</b> <span style="float: right;"><i>KHB:EUR</i></span>							
		DATE SIGNED <i>C/E/ROX 12 Feb 71</i>		108 SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED <i>17 Feb 71</i>	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19 ACTION CODE <b>37</b>	20 EMPLOY CODE <b>18</b>	21 OFFICE CODING NUMERIC: <b>44999</b> ALPHABETIC: <b>EUR</b>		22 STATION CODE <b>75013</b>	23 INTEGREE CODE	24 ADOPTS CODE <b>1</b>	25 DATE OF BIRTH MO. DA. YR.
26 WTE EMPRES MO. CA. YR.	27 SPECIAL REFERENCE	28 RETIREMENT DATA 1-YES 2-ORGN 3-FICA 4-NONE		29 SEPARATION DATA CODE	30 CORRECTION/CANCELLATION DATA TYPE MO. DA. YR.		31 SECURITY REG. NO.
32 VET PREFERENCE CODE 0-NONE 1-5 PR 2-10 PR	33 SERV. COMP. DATE MO. DA. YR.	34 LONG COMP. DATE MO. DA. YR.	35 CAREER CATEGORY EM/PLS/PROV/TEMP	36 FEDERAL TAX DATA CODE NO. TAX EXEMPTIONS	37 FEGLI/HEALTH INSURANCE CODE 0-NONE 1-YES		38 SOCIAL SECURITY NO.
39 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NONE 1-BEYOND 90 DAYS 2-BEYOND 90 DAYS (LESS THAN 5 YEARS) 3-BEYOND 90 DAYS (MORE THAN 5 YEARS)			40 LEAVE CAT CODE	41 FEDERAL TAX DATA CODE NO. TAX EXEMPTIONS		42 STATE TAX DATA CODE NO. TAX EXEMPTIONS	
43 POSITION CONTROL CERTIFICATION <b>2-18-71 km</b>				44 DATE APPROVED <b>2-18-71</b>			

SECRET  
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
	SELF	70-0961

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 6 MAY 1970.

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 OSD REPRESENTATIVE
19 JUNE 1970	/s/ [Redacted]

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET

14 May 1968

*Approved*

MEMORANDUM FOR: FE Career Management Committee

SUBJECT: Recommendation for Promotion for [redacted]  
from GS-09 to GS-10

1. FE Vietnam Operations concurs in the field recommendation for the promotion of [redacted] from GS-09 to GS-10. Following is the recommendation from the Chief, Operational Services Branch, Vietnam Station.

"Subject has been with the Organization since April 1952 and has served at Vietnam Station as Chief, RI since January 1967. Subject was last promoted in 1958.

"As Chief, RI at Vietnam Station, Subject is responsible for the supervision of eleven personnel engaged in highly diversified activities, all subject to tight scheduling and deadlines. Examples of some of the diversified activities for which Subject is responsible are courier service throughout Vietnam, cable secretariat functions and intelligence reports reproduction and distribution, in addition to the classic registry functions normally performed by a station registry.

"Subject has energetically applied himself to improving procedures within his Section and to the cross-training of employees under his supervision to provide flexibility in his operations. His efforts in these areas bore welcome fruit during the recent disturbances when his Section was placed on twenty-four (24) hour duty for several weeks. During this period, while operating with a reduced staff and an ever-increasing workload, Subject kept all services operationally effective and on a timely basis with the exception of the in-country courier runs which were interrupted for a few days by circumstances beyond his control.

"Subject is a dedicated, conscientious and loyal employee. He is cooperative, exercises initiative in accomplishing the tasks at hand and responds favorably to constructive criticism. Personnel in his section perform their duties in a friendly, courteous and efficient manner. Their attitude, which is an expression of the direction received, has been brought to the attention of the writer on numerous occasions by various Station personnel.


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"Subject is an acknowledged expert in his chosen field. He constantly seeks out new methods, equipment and knowledge pertaining to his profession and is furthering himself academically through attendance at the local University extension. He has the background and drive to provide potential for assumption of more senior positions in his field. In view of Subject's strong performance, extensive overseas experience in a variety of situations and length of time in his present grade he is strongly recommended for promotion to the GS-10 level."

2. If promoted, Subject will occupy the position of 10 General, GS-11, Slot # 4984.

  
Chief, Vietnam Operations

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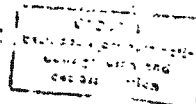
4 March 1968

MEMORANDUM FOR: Chief of Station

SUBJECT : Recommendation for Promotion -

1. It is recommended that Subject be promoted from GS-09 to GS-10. Subject has been with the Organization since April 1952 and has served at Vietnam Station as Chief, RI since January 1967. Subject was last promoted in 1958.
2. As Chief, RI at Vietnam Station, Subject is responsible for the supervision of eleven personnel engaged in a highly diversified activities, all subject to tight scheduling and deadlines. Examples of some of the diversified activities for which Subject is responsible are courier service throughout Vietnam, cable secretariat functions and intelligence reports reproduction and distribution, in addition to the classic registry functions normally performed by a station registry.
3. Subject has energetically applied himself to improving procedures within his Section and to the cross training of employees under his supervision to provide flexibility in his operations. His efforts in these areas bore welcome fruit during the recent disturbances when his Section was placed on twenty-four (24) hour duty for several weeks. During this period, while operating with a reduced staff and an ever increasing workload, Subject kept all services operationally effective and on a timely basis with the exception of the in-country courier runs which were interrupted for a few days by circumstances beyond his control.
4. Subject is a dedicated, conscientious and loyal employee. He is cooperative, exercises initiative in accomplishing the tasks at hand and responds favorably to constructive criticism. Personnel in his Section perform their duties in a friendly, courteous and efficient manner. Their attitude, which is an expression of the direction received, has been brought to the attention of the writer on numerous occasions by various Station personnel.

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- 2 -

5. Subject is an acknowledged expert in his chosen field. He constantly seeks out new methods, equipment and knowledge pertaining to his profession and is furthering himself academically through attendance at the local University extension. He has the background and drive to provide potential for assumption of more senior positions in his field. In view of Subject's strong performance, extensive overseas experience in a variety of situations and length of time in his present grade he is strongly recommended for promotion to the GS-10 level.

/s/

Chief, OSB

CONCUR

Acting Deputy Chief of Station

APPROVE:

Chief of Station

S E C R E T

PRA SECRET  
(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1 SERIAL NUMBER		3 NAME (Last-First-Middle)		8 Oct 1968	
2 NATURE OF PERSONNEL ACTION <b>REASSIGNMENT</b>			4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 11 15 68		5 CATEGORY OF EMPLOYMENT <b>REGULAR</b>
6 AIDS V TO V O TO V XX O TO O		7 FINANCIAL ANALYSIS NO CHARGEABLE <b>9136 1214</b>		8 LEGAL AUTHORITY (Completed by Office of Personnel)	
9 ORGANIZATIONAL DESIGNATIONS <b>DIP/EUR FOREIGN FIELD</b> <b>SUPPORT BRANCH</b> <b>REGISTRY SECTION</b>			10 LOCATION OF OFFICIAL STATION		
11 POSITION TITLE <b>RECORDS AID OF (09)</b>		12 POSITION NUMBER <b>0254</b>	13 CAREER SERVICE DESIGNATION <b>D</b>		
14 CLASSIFICATION SCHEDULE (GS, LB, FW)		15 OCCUPATIONAL SERIES <b>0344.01</b>	16 GRADE AND STEP <b>10 6</b>	17 SALARY OR RATE <b>\$ 10,847</b>	
18 REMARKS <b>CONCUR: [ ] FE/Per's</b> <b>By Phone</b> <b>25% Attached</b> <b>PRA 20-FI-D(1/2) (B)</b> <b>NIE RVA</b> <b>via [ ]</b>					
19 [ ]		DATE SIGNED <b>C/R/Per's 7 Oct 68</b>		20 [ ] DATE SIGNED <b>30 Oct 1968</b>	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
21 ACTION CODE <b>37 10</b>	22 EMPLOY CODE <b>44525 EUR</b>	23 STATION CODE <b>21025</b>	24 PAY GRADE <b>3</b>	25 DATE OF BIRTH	26 DATE OF GRADE
28 NET EMPLOY <b>11 Oct 70</b>	29 SPECIAL REFERENCE <b>S3</b>	30 RETIREMENT DATA 1-ESC 2-DEEM 3-PICK 4-NONE	31 SEPARATION DATA CODE	32 CORRECTION/CANCELLATION DATA	33 EOD DATA <b>EOD DATA</b>
35 VET PREFERENCE	36 SERV. COMP DATE	37 LONG COMP DATE	38 EMPLOY CATEGORY EAR EISE PROV/TEMP	39 FEAL/HEALTH INSURANCE 0-NONE 1-YES	40 UNION SECURITY NO
41 PERIODS CIVILIAN GOVERNMENT SERVICE 1-NONE 2-LESS THAN 3 YEARS 3-3 OR MORE YEARS		42 LEAVE CAT. CODE	43 FEDERAL TAX DATA FORM EXECUTED 1-YES 2-NO	44 STATE TAX DATA FORM EXECUTED 1-YES 2-NO	45 STATE CODE
43 POSITION CONTROL CERTIFICATION <b>10 28 68</b>			44 O.P. APPROVAL <b>[Signature]</b>	45 DATE APPROVED <b>[Signature]</b>	



**SECRET**  
(If box filled in)

<b>REQUEST FOR PERSONNEL ACTION</b>						DATE PREPARED <b>23 July 1968</b>	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)					
3. NATURE OF PERSONNEL ACTION <b>PROMOTION</b>				4. EFFECTIVE DATE REQUESTED MONTH: <b>07</b> DAY: <b>28</b> YEAR: <b>68</b>		5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>	
6. FUNDS		7. FINANCIAL ANALYSIS NO. CHARGEABLE <b>9137 1487</b>		8. LEGAL AUTHORITY (Complied by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS <b>DDP/FS FOREIGN FIELD FE/VFO - VIET NAM STATION INTELLIGENCE DIVISION COLLATION BRANCH CURRENT INTELLIGENCE SECTION BIOGRAPHIC UNIT</b>				10. LOCATION OF OFFICIAL STATION <b>SAIGON, South Vietnam.</b>			
11. RECORDS ADMIN OF <b>D 11</b>				12. POSITION NUMBER <b>4984</b>		13. CAREER SERVICE DESIGNATION <b>D</b>	
14. CLASSIFICATION SYMBOL (GA, I.B., etc.) <b>OS</b>		15. OCCUPATIONAL SERIES <b>0344.01</b>		16. GRADE AND STEP <b>10.6</b>		17. SALARY OR RATE <b>\$ 10847</b>	
18. REMARKS <b>RECORDS ADMIN OFFICER OCCUPYING IO GENERAL POSITION.</b>							
19A. [Redacted]		DATE SIGNED <b>23 July 68</b>		19. [Redacted]		DATE SIGNED <b>23 July 68</b>	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
20. ACTION CODE <b>22 10</b>		21. EMPLOYMENT CODE <b>NS 00</b>		22. SPECIAL APPOINTMENT CODE <b>FE</b>		23. POSITION CODE <b>7705</b>	
24. DATE OF BIRTH		25. DATE OF GRADE		26. DATE OF LEI		27. SECURITY REG NO	
28. RETIREMENT DATA		29. SEPARATION DATA CODE		30. CORRECTION CANCELLATION DATA		31. SOCIAL SECURITY NO	
32. PERIODS OF GOVERNMENT SERVICE		33. LEAVE LAF CODE		34. FEDERAL TAX DATA		35. STATE TAX DATA	
36. POSITION CONTROL CERTIFICATION		37. FEDERAL TAX DATA		38. STATE TAX DATA		39. DATE APPROVED <b>25 July 68</b>	

SECRET

(When Filled In)

<b>REQUEST FOR PERSONNEL ACTION</b>				DATE PREPARED 17 NOVEMBER	
1 SERIAL NUMBER				2 NAME (Last-First-Initial)	
3 NATURE OF PERSONNEL ACTION <b>REASSIGNMENT</b>		4 EFFECTIVE DATE REQUESTED MONTH: 12 DAY: 16 YEAR: 66		5 CATEGORY OF EMPLOYMENT <b>REGULAR</b>	
6 FUNDS V TO V OF TO V		V TO O X OF TO O		7 FINANCIAL ANALYSIS NO. CHARGEABLE <b>7137-1487</b>	
9 ORGANIZATIONAL DESIGNATIONS <b>DDP/FE/FOREIGN FIELD FE/VNC - VIETNAM STATION</b>				10. LOCATION OF OFFICIAL STATION <b>EAIGON, SOUTH VIETNAM</b>	
11. POSITION TITLE <b>RECORDS ADMIN OF GS-11 (11)</b>				12 POSITION NUMBER <b>4127</b>	
13 CAREER SERVICE DESIGNATION <b>D</b>				14 CLASSIFICATION SCHEDULE (G.S. I.A. OR.) <b>GS</b>	
15 OCCUPATIONAL SERIES <b>0344.01</b>		16 GRADE AND STEP <b>09/A 7</b>		17 SALARY OR RATE <b>\$ 9001-9262</b>	
18 REMARKS FROM: <b>[REDACTED] / OFFICE OF THE CHIEF / CENTRAL REGISTRY AND RECORDS SECTION</b>					
19 [REDACTED]		DATE SIGNED <b>2 Dec 66</b>		20 SIGNATURE OF CAREER SERVICE APPROVING OFFICER [REDACTED]	
DATE SIGNED <b>20 Dec 66</b>					
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
21 ACTION CODE <b>3M</b>	22 EMPLOY CODE <b>10</b>	23 OFFICE CODING NUMERIC: <b>45500</b> ALPHABETIC: <b>FE</b>	24 STATION CODE <b>71265</b>	25 INDICATOR CODE <b>5</b>	26 HODGINS CODE <b>5</b>
27 DATE OF BIRTH MO. DA. YR.	28 DATE OF GRADE MO. DA. YR.	29 DATE OF-LEI MO. DA. YR.	30 SECURITY REG NO.		
31 NTE EXPIRES MO. DA. YR.	32 SPECIAL REFERENCE	33 RETIREMENT DATA 1-EX 2-PA 3-NWD	34 SEPARATION DATA CODE	35 COLLECTION CANCELLATION DATA MO. DA. YR.	36 SECURITY REG NO.
37 VET PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT	38 SERV COMP DATE MO. DA. YR.	39 LONG COMP DATE MO. DA. YR.	40 CAREER CATEGORY FED. RES. CODE PROF./TECH	41 FEGLI HEALTH INSURANCE CODE 0-WAIVER 1-YES	42 SOCIAL SECURITY NO.
43 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NONE 1-10 YEARS IN SERVICE 2-BETWEEN 10 AND 20 YEARS 3-MORE THAN 20 YEARS	44 LEAVE CAT CODE	45 FEDERAL TAX DATA CODE 1-YES 2-NO	46 STATE TAX DATA CODE 1-YES 2-NO	47 SOCIAL SECURITY NO.	
48 POSITION CONTROL CERTIFICATION <b>170766N</b>			49 OF APPROVAL [REDACTED]		DATE APPROVED <b>12/1/66</b>

SECRET  
(When Filled In)

F-14

<b>REQUEST FOR PERSONNEL ACTION</b>				DATE PREPARED 18 Nov 66			
1 SERIAL NUMBER		2 NAME (Last-First-Middle)					
3 NATURE OF PERSONNEL ACTION <b>DESIGNATION AS A PARTICIPANT IN THE CIA RETIREMENT AND DISABILITY SYSTEM</b>				4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 12 18 66		5 CATEGORY OF EMPLOYMENT <b>REGULAR</b>	
6 FUNDS		7 TO V		7 FINANCIAL ANALYSIS NO CHARGEABLE 7137-1566		8 LEGAL AUTHORITY (Complied by Office of Personnel) PL 88-643 Sect. 203	
9 ORGANIZATIONAL DESIGNATIONS		10 LOCATION OF OFFICIAL STATION		11 POSITION TITLE		12 POSITION NUMBER	
14 CLASSIFICATION SCHEDULE (GS, E.B., etc.)		15 OCCUPATIONAL SERIES		16 GRADE AND STEP 9		17 SALARY OF RATE 5	
18 REMARKS <b>EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE.</b>							
18A SIGNATURE OF REQUESTING OFFICIAL				DATE SIGNED		18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER	
DATE SIGNED							
<b>SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL</b>							
19 ACTION CODE	20 EMPLOY CODE	21 OFFICE CODING NUMERIC ALPHABETIC		22 STATION CODE	23 INTEGRITY CODE	24 HDQTRS CODE	25 DATE OF BIRTH MO DA YR
26 BSE EXPRES. MO DA YR		29 SPECIAL REFERENCE	30 RETIREMENT DATA 1-CSE 2-SEER 3-NONE		31 SEPARATION DATA CODE	32 CORRECTION/CANCELLATION DATA TYPE MO DA YR	
35 VET PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT		36 SERV COMP DATE MO DA YR	37 LOGG COMP DATE MO DA YR	38 CAREER CATEGORY CODE	39 PECL HEALTH INSURANCE CODE 0-WAIVER 1-YES		40 SOCIAL SECURITY NO
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)				42 LEAVE EXT CODE	43 FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS 1-YES 2-NO		44 STATE TAX DATA FORM EXCLUDED CODE NO TAX STATE CODE 1-YES 2-NO
45 POSITION CONTROL CERTIFICATION <b>11-21-66 EN</b>				46 OP APPROVAL See memo signed by D/Pers dated 16 NOV 66			DATE APPROVED

5 January 1966

MEMORANDUM FOR: FE Career Management Committee

SUBJECT: Recommendation for Promotion  
[redacted]  
from GS-09 to GS-10

1. It is strongly recommended that [redacted] be promoted from GS-09 to GS-10. [redacted] entered on duty with the Agency in April 1952 as a GS-03 Records and File Clerk assigned to RFD. Since that time [redacted] has served as a Receiver Analyst at Headquarters [redacted] and since 1981 in the Central Registry Section of the [redacted]. He is 37 years old and has been in grade at a GS-09 since 1958. He was previously recommended for promotion to GS-10 in November 1964 and June 1965.

2. In the promotion recommendation for the [redacted] 9 November 1964, the Director commented on [redacted] as follows:

"A. [redacted] is now on his second tour as [redacted] Registry. This unit is located at Boston Air Station and handles all correspondence for all Station elements. In view of the fact that the station is located in a different geographic location, a great deal of responsibility is given to [redacted] to assure that action responsibility is increasing on time is rapidly and properly handled, dispatched and properly routed and processed, correspondence from other local military agencies is correctly analyzed and routed. The day-a-day routine system is functioning effectively, and the Chief Typewriter is rapidly turning out pilot's dispatches.

"B. The Registry is presently composed of six employees in addition to Mr. Woods who is Chief of this section. [redacted] does an exemplary job of supervising these employees with the result that the Registry is a model for all other typing units.

Not Approved  
3/1/66

(Group 1)  
Excluded from automatic  
downgrading and  
declassification

SECRET

"C. In addition to his normal duties, [redacted] has consistently thinking of ways to increase the efficiency of the Station Registry, and to be of greater assistance to the Station as a whole. Several of his ideas have been adopted by the Station with a resulting increase in effectiveness. His positive approach to all problems and his cheerfulness and willingness to perform any task have benefited both the Station and the Agency.

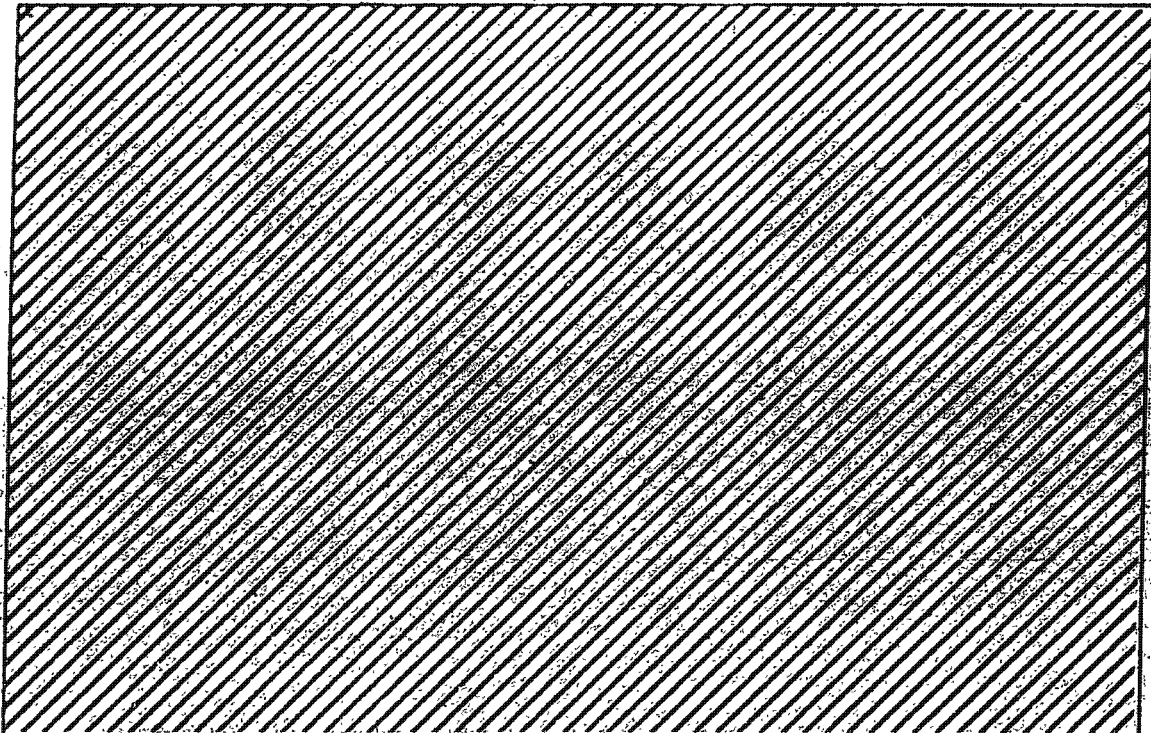
"D. In view of [redacted] demonstrated ability to provide leadership to the Station Registry unit, his positive approach to the solution of the many problems which daily beset this unit, it is strongly recommended that he be promoted from GS-09 to GS-10 at the earliest opportunity.

[redacted] has continued to perform in an over-all "top-notch" manner as indicated in his recent Annual Report. He recently planned and effectively implemented the move of the Club's Secretariat from one location to another. In a dispatch, dated 22 November, 1955, the present Chief of Station [redacted] stated: "There is little to add to my predecessor's recommendation dated 9 November 1954, for promotion of [redacted]. He is performing his duties as Chief of the Club's Secretariat with a thoroughness and dispatch. He is a strong supervisor who has successfully achieved the difficult task of the re-organization of his personnel and materials."

The Agency Chief of Station [redacted] has recommended that [redacted] be promoted from GS-09 to GS-10. [redacted] is a highly qualified and efficient supervisor. [redacted] has demonstrated a high degree of initiative and leadership in the past. [redacted] is recommended for promotion to GS-10 at this time.

[redacted]  
Chief, REGISTRY

SECRET  
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
		66-502

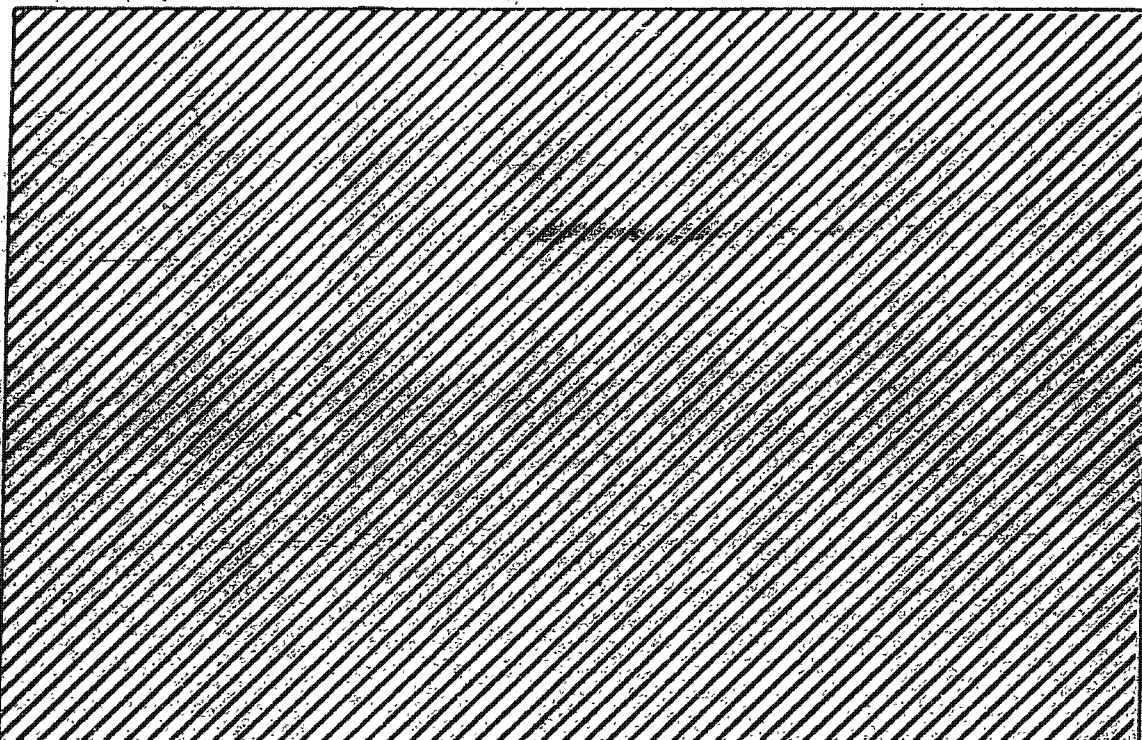
There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent\*) for an illness, injury, or death incurred on 26 October 1965.

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 17 DEC 1965	SIGNATURE OF BSD REPRESENTATIVE <i>B. DeFolice</i>
-------------------------------	---

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET  
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle) <input type="text"/>	NAME AND RELATIONSHIP OF DEPENDENT* <input type="text"/>	CLAIM NUMBER 66-148
--	---	------------------------

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 26 June 1965.

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 17 AUG 1965	SIGNATURE OF BSD REPRESENTATIVE <i>B. De Felice</i>
-------------------------------	--

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

**SECRET**  
(When Filled In)

<b>REQUEST FOR PERSONNEL ACTION</b>						DATE PREPARED <b>10 Feb 1961</b>		
1. SERIAL NUMBER		2. NAME (Last-First-Middle)						
3. NATURE OF PERSONNEL ACTION <b>Reassignment and Transfer to Confidential funds</b>				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR <b>03 19 61</b>		5. CATEGORY OF EMPLOYMENT <b>Regular</b>		
6. FUNDS		7. COST CENTER NO. CHARGEABLE		8. LEGAL AUTHORITY (Completed by Office of Personnel)				
<input type="checkbox"/> V TO V <input checked="" type="checkbox"/> V TO CF <input type="checkbox"/> CF TO V <input type="checkbox"/> CF TO CF		<b>1137-7351-1000</b>						
9. ORGANIZATIONAL DESIGNATIONS <b>DDP/FE</b> <b>Office of the Chief Central Registry and Records Section</b>				10. LOCATION OF OFFICIAL STATION				
11. POSITION TITLE <b>Intel Analyst - Gen</b>		12. POSITION NUMBER <b>12-D 3061</b>		12A. PCR CONTROL NO.		13. CAREER SERVICE DESIGNATION <b>D</b>		
14. CLASSIFICATION SCHEDULE (GS, LP, etc.) <b>GS</b>		15. OCCUPATIONAL SERIES <b>0132.36</b>		16. GRADE AND STEP <b>09 3</b>		17. SALARY OR RATE <b>6765</b>		
18. REMARKS <b>FROM: FE/Office of the Chief/2461 tray 1 lcc - Security</b> <b>Form 259 forwarded to Medical Staff Departure Date: 31 March 1961 FE/CMC Approved</b> <i>Security App. 2/16/61 MA 3/14/61</i>								
19. SIGNATURE OF REQUESTER <b>NEL</b>				20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER				
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL								
21. ACTION CODE	22. EMPLOY CODE	23. OFFICE CODE	24. STATION CODE	25. INTEROFF CODE	26. MONTH CODE	27. DATE OF BIRTH	28. DATE OF LEAVE	29. DATE OF LET
<b>11</b>	<b>11</b>	<b>5130</b>	<b>12</b>		<b>3</b>			
30. DATE EXPIRES	31. OFFICER REFERENCE	32. SECURITY DATA	33. STATION DATA CODE	34. CONSTRUCTION/CELLAR ON DATA	<b>EOD DATA</b> →		35. SECURITY REQ. NO.	36. SER
37. VET. PREFERENCE	38. SEPR. COMP. DATE	39. CONT. COMP. DATE	40. MIL SERG. CODE	41. FEEL. / HEAL. INSURANCE	42. OFFICIAL SECURITY NO.			
43. PREVIOUS GOVERNMENT SERVICE DATA			44. FEDERAL SER. DATA	45. STATE SER. DATA				
CODE 0 = NO PREVIOUS SERVICE 1 = NO BREAK IN SERVICE 2 = BREAK IN SERVICE (LESS THAN 12 MONTHS) 3 = BREAK IN SERVICE (MORE THAN 12 MONTHS)			FORM CALCULATED 1 = YES 2 = NO	CODE 1 = YES 2 = NO	FORM CALCULATED 1 = YES 2 = NO			
46. POSITION CONTROL CERTIFICATION				47. O.P.S. APPROVAL				



S-E-C-R-E-T

MEMORANDUM FOR:

VIA : Chief, FE

1. The problem of effective management of the operational records of the Clandestine Services is one of our most important responsibilities. In this connection, you have been selected by your Division, and authorized by the Clandestine Services Records Committee, to act as Records Officer for your component. Your selection is based on your professional qualifications to carry out an assignment requiring experience, judgment, and a knowledge of the objectives of the Clandestine Services. A copy of this memorandum will be placed in your official personnel folder to record your appointment as Records Officer.

2. You are to act on behalf of your Division or Staff element in authorizing the destruction of material of no value to the Clandestine Services in accordance with criteria established for this purpose. You are empowered to authorize the destruction of documents and index cards recommended for destruction by other members of your Branch, and to desensitize KAPOK and RYBAT material which is no longer sensitive or which has been restricted in error. Your signature will be recognized by RID as that of an officially appointed Records Officer.

3. At the meeting of 16 December 1958, you were briefed on the details of your duties as Records Officer. It is now considered that you will be able fully to execute your duties as Records Officer and thus make a real contribution to the CS Records Management Program.

DDP/RMO

cc: Personnel Jacket of Addressee

S-E-C-R-E-T

SECRET

REQUEST FOR PERSONNEL ACTION

1. Serial No.		2. Name (Last-First-Middle)			3. Date Of Birth		4. Vet. Prof.		5. Sex		6. CS - EOD			
							None-0 5 Pt-1 10 Pt-2		Code 1 M 1		Mo. Da. Yr. 04 21 52			
7. SCD		8. CSC Name		9. CSC Or Other Legal Authority			10. Apmt. Affidav.		11. FEGLI		12. LCD		13. ...	
Mo. Da. Yr.		Yes-1 No-2		Code			Mo. Da. Yr.		Yes-1 No-2		Mo. Da. Yr.		Yes-1 No-2	
11 12 48		1		50 USCA 403 J					/		04 21 52		2	

PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DDP FE FE/ SUPPORT BRANCH				5161		Washington, D. C.				57557	
16. Dept. - Field		17. Position Title				18. Position No.		19. Serv.		20. Occup. Series	
5		RECORDS MGMT ANAL				3382		GS		0306.01	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
09 1		\$ 5985		01		11 16 58		11 15 59		9 3780 55 006 M	

ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Date	
Reassignment		01		3 22 59		Regular		01			

PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DDP/FE Office of the Chief Secretariat				5112		Washington, D. C.				75813	
33. Dept. - Field		34. Position Title				35. Position No.		36. Serv.		37. Occup. Series	
5		RECORDS MGMT OF				2461 58-11					
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
										9 3700 20 001 M	

SOURCE OF REQUEST

A. Referred By		B. Secretariat		C. ...		D. ...	
Mozelle Little X2957		(Name & Telephone Ext.)		Personnel			

CLEARANCES

Clearance		Signature		Date		Clearance		Signature		Date	
A. Career Board				3-16-59		D. Placement					
B. Pos. Control						E.					
C. Classification						F. Approved By					

Remarks  
 please transfer from Unvouchered to Vouchered funds  
 2 Copies to Security  
 u/o file

SECRET

SECRET

REQUEST FOR PERSONNEL ACTION

6 October 1958

1. Serial No.		2. Name (Last-First-Middle)			3. Date Of Birth			4. Vac. Pref.		5. Sex		6. CS - EOD			
					Mo. Da. Yr.			None-0 5 Pt-1 10 Pt-2		Code 1 M 1		Mo. Da. Yr. 04 21 52			
7. SCD		8. CSC Reim.			9. CSC Or Other Legal Authority			10. Appt. Holiday		11. FEGLI		12. LCD		13. Mil. Serv. Code	
Mo. Da. Yr. XX XX XX		Yes-1 No-2 Code 1			50 USCA 303			Mo. Da. Yr.		Yes-1 No-2 Code		Mo. Da. Yr. 04 21 52		Yes-1 No-2 Code 2	

PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DDP FE BRANCH 3				5161						57557	
16. Dept. Field		17. Position Title				18. Position No.		19. Serv.		20. Occup. Series	
Dept. Code USfld - Frqn -		RECORDS MGMT ANALYST				3382		GS		0306.01	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
07 A 4		\$ 4799		DI		04 11 58		04 06 59		9-3780-55-006	

ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
Promotion		30		11 16 58		Regular		01			

PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DDP FE FE/PSH - Support Branch				5161						57557	
33. Dept. Field		34. Position Title				35. Position No.		36. Serv.		37. Occup. Series	
Dept. Code USfld - Frqn -											
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
9 1		\$ 5085				11 16 58		11 15 59		9-3780-55-006	

SOURCE OF REQUEST

A. Requester		C. Request Approved By (Signature And Title)	
B. (Name & Telephone Ext.) Monselle L... 11/20/58		[Signature]	

CLEARANCES

Clearance		Date		Clearance		Signature		Date	
A. Career Board		11/13/58		D. Placement					
B. Pos. Control		11/15/58		E.					
C. Classification		11/20/58		F. Approved By		[Signature]		11/24/58	

Remarks: Request for promotion slot to GS-9 submitted to Wage & Salary Division. (Hold promotion in Career Panel until slot approved.)

[Signature]

Recorded by  
CSFD  
1958 (4)

00000  
COPY

AIR

1024-A-9355  
(50-1-5)

Chief, WH Division  
ATTN: Chief, RI  
Chief of Station

31 January 1958

Administrative

EDY Service - RI Team

ACTION REQUIRED: Routing copies to Personnel files of employees concerned

wishes to make it a matter of record that the RI employees listed above served efficiently and well and were a fine addition to this station during their service here.

2.  wishes to acknowledge at this time, not only the exemplary service rendered by these employees but also the splendid support that RI Division has given to this station.

3. The RI employees named in paragraph 1 worked hard (expending many hours more than the forty normal work hours each week) and efficiently on  Station files. In addition, they were congenial, friendly and a pleasure to have in the Station.

ACW/cps

29 January 1958

Distribution:

8 - Hqs.

2 - Files

~~SECRET~~

STANDARD FORM 52 FORM 52 OF THE U. S. GOVERNMENT PRINTING OFFICE 1950 O-300-000 MARINE CHAPTER BY	UNVOUCHERED
---	-------------

**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 given name, initial(s), and surname)	2. DATE OF BIRTH	3. REQUEST NO.	4. DATE OF REQUEST <b>5 July 1957</b>
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) <b>Reassignment * transfer to US funds</b>		6. EFFECTIVE DATE A. PROPOSED: <b>5/17/57</b> B. APPROVED: <b>5 Sept 57</b>	7. C. S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)			

FROM: <b>Intel Analyst BV-430.12</b> <b>GS-0132.35-7 4795</b> <b>\$4600.00 p/a</b> <b>DEP/PI</b> <b>Records Integration Division</b> <b>Analysis &amp; Operations Branch</b> <b>Analysis Section</b> <b>Washington, D.C.</b>	9. POSITION TITLE AND NUMBER	TO: <b>Intel Analyst</b> <b>Records Integration Div 1995</b> <b>GS-0132.35-7 4795</b> <b>\$4600.00 p/a</b> <b>DEP/PI</b> <b>GS-0106.01-7</b> <b>Branch 3 -</b> <b>Administrative Section</b>	10. SERVICE GRADE AND SALARY
11. ORGANIZATIONAL DESIGNATIONS <b>3761</b>		12. FIELD OR DEPARTMENTAL <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL <b>DB</b>	

**A. REMARKS (Use reverse if necessary)**  
\* Memo dtd 18 June 1957 to Mgn staff via SSA/DD/S requesting that three RI Positions (1 GS-9 and 2 GS-7n - Record Analyst) be established on the [redacted] to be slotted against the GS-9 slot.  
Please call ER/PI/III x 4009 for effective date.

B. [redacted]	D. REQUEST APPROVED BY <i>Chm. [redacted]</i> Concur & Fft. Rep.
C. [redacted] (Name and telephone extension) <b>x 2957</b>	Signature: [redacted] Title: [redacted]
13. VETERAN PREFERENCE NONE <input type="checkbox"/> WWII <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> SPT. <input type="checkbox"/> 10 POINT DISAB. OTHER	14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input type="checkbox"/> REAL <input type="checkbox"/> <b>SD:DI</b>
15. SEX <b>M.</b>	16. APPROPRIATION FROM <b>8-2309-23</b> TO <b>8-3780-55-006</b> <b>57-533</b>
17. SUBJECT TO C. S. RETIREMENT ACT (U.S.-NO) <b>Yes</b>	18. DATE OF APPOINTMENT AFFIDAVIT (ADVERSE ONLY)
19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:	

20. STANDARD FORM 50 REMARKS  
**D.O.C. 04.10.55.**  
**PSI - 04.06.58**  
**No L.W.**

21. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.			
B. CEIL. OR POS. CONTROL	<i>[Signature]</i>	<b>6/25</b>	
C. CLASSIFICATION			
D. PLACEMENT OR ENPL			
E.			

F. APPROVED BY  
*[Signature]* **9/12/57**  
**104, D.O.C. to be forwarded to, signed**  
**16 August 57**

STANDARD FORM 52 PREPARED BY THE U. S. GOVERNMENT PRINTING OFFICE WASHINGTON, D. C. 20540		VOUCHERED																					
<b>REQUEST FOR PERSONNEL ACTION</b>																							
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 from name, initial(s), and surname)		2. DATE OF BIRTH	3. REQUEST NO.																				
			4. DATE OF REQUEST 15 July 1956																				
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Reassignment		6. EFFECTIVE DATE A. PROPOSED:	7. C.S. OR OTHER LEGAL AUTHORITY																				
B. POSITION (Specify whether establish, change grade or title, etc.)		D. APPROVED:																					
FROM - BV-430.02	8. POSITION TITLE AND NUMBER	TO - Intel Analyst BY-430.12																					
	9. SERVICE, GRADE, AND SALARY	GS-0132.35-7 \$4660.00 pa																					
	10. ORGANIZATIONAL DESIGNATIONS	DDP/FI Records Integration Division Analysis & Operations Branch Analysis Section Washington, D.C.																					
	11. HEADQUARTERS																						
<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPARTMENTAL	<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL																					
A. REMARKS (Use reverse if necessary)  Slot BV-430.02 was used for slotting purposes only--this action will eliminate double slotting.																							
B. REQUESTED BY (Name and title) John M. Scott, Chief, R		D. REQUEST APPROVED BY <i>Ch. M. [Signature]</i> , FOPD																					
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) Ruth Robinson, Ext. 2519		Signatures Title:																					
13. VETERAN PREFERENCE		14. POSITION CLASSIFICATION ACTION																					
<table border="1"> <tr> <td>None</td> <td>With Other</td> <td>5 PT.</td> <td>15 POST</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Grade Other</td> </tr> <tr> <td></td> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> </table>		None	With Other	5 PT.	15 POST				Grade Other			<input checked="" type="checkbox"/>		<table border="1"> <tr> <td>NEW</td> <td>VICE</td> <td>L.A.</td> <td>PLA.</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>		NEW	VICE	L.A.	PLA.				
None	With Other	5 PT.	15 POST																				
			Grade Other																				
		<input checked="" type="checkbox"/>																					
NEW	VICE	L.A.	PLA.																				
15. SEX M	16. APPROPRIATION FROM: 7-2309-23 TO: 68223	17. SUBJECT TO C.S. RETIREMENT ACT (YES-NO) YES	18. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)																				
			19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:																				
20. STANDARD FORM 50 REMARKS APPROVED BY FI CAREER SERVICE BOARD DATE 16 Aug 56																							
21. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS																				
A.																							
B. CEIL. OR POS. CONTROL	LP	7/17/56																					
C. CLASSIFICATION																							
D. PLACEMENT OR EXPL.	<i>[Signature]</i>	17 Aug 56																					
E.																							
E. APPROVED BY <i>[Signature]</i>																							

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

UNVOUCHERED TO VOUCHERED

**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 given name, initials, and surname)		2. DATE OF BIRTH	3. REQUEST NO.	4. DATE OF REQUEST 11 June 1956
5. NATURE OF ACTION REQUESTED A. POSITIONAL (Specify whether appointment, promotion, separation, etc.) <b>Reassignment</b>			6. EFFECTIVE DATE A. PROPOSED:	7. C. S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)			B. APPROVED:	

FROM: IO-CI OS-0136.53-7 BFP 583.05 \$4660.00	8. POSITION TITLE AND NUMBER	TO: Intel Analyst BV-430.02 GS-0136.53-7 \$4660.00 pa DDP/PT
DDP/PT Branch 1 - Records Integration Branch Personality Files Section	9. SERVICE GRADE AND SALARY	Records Integration Division Analysis & Operations Branch Analysis Section Washington, D.C.
<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	10. ORGANIZATIONAL DESIGNATIONS 11. HEADQUARTERS	<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL
<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPARTMENTAL	<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL

A. REMARKS (Use reverse if necessary)  
 Transfer from Unvouchered to Vouchered Funds.  
 Vice [redacted] transferring to [redacted] EE  
 Copies of this action have been submitted to Payroll and Security offices.  
 CONCUR: [redacted]

13. VETERAN PREFERENCE		14. POSITION CLASSIFICATION ACTION	
NONE	WWII OTHER 5 PT	NEW	VICE
	<input checked="" type="checkbox"/>		
15. POINT DISAB OTHER		SD: DI	

16. APPROPRIATION FROM: 6-2740-55-096 TO: 6-2309-23	17. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) Yes	18. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)	19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED DC
---	---	---	---

20. STANDARD FORM 50 REMARKS  
 RECEIVED BY [redacted]  
 26 June 56 [redacted]  
 27 June 56 [redacted]  
 26/29/56

21. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.			
B. CELL OR POS CONTROL	[Signature]	4/21/56	
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.	[Signature]	10/2/55	
E.			

[Redacted area]

**SECRET**

Name:

Date: 15 June 1956

CS Designation: DI

Nature of Action: Reassignment

FROM

TO

Pos. Title: I. O. (CI)

Intel Analyst

Grade: GS-7

GS-7

Division: DDP/FE

DDP/PI

Staff: Branch 1 -

RI

Branch: Records Integration

Analysis NH & Operations

Section: Personality Files

Analysis

Hqrs:

Washington

I & R Comment

*B* 1956  
Date



VIA: AIR

DISPATCH NO. [ ]

SPECIFY AIR OR SEA POUCH

**CONFIDENTIAL**

CLASSIFICATION

4. FEB. 1955

TO : Chief, FS

DATE:

FROM : Chief [ ]

INFC: Chief, Support Mission, [ ]

SUBJECT: GENERAL: Administrative/Personnel [ ]

SPECIFIC: Recommendation for Promotion - [ ]

1. It is recommended that [ ] be promoted from GS-5 to GS-7. Subject entered on duty with the [ ] 26 July 1954.

2. [ ] presently occupies proposed Slot No. 21 which has been recommended as a GS-9 slot. Subject has been in grade as a GS-5 since 6 June 1953 and has performed the duties of his present assignment since 10 August 1954.

3. Subject has had approximately two years of experience in the maintenance of agent records. This experience has enabled him not only to assume his present responsibilities with a minimum of supervision, but also to initiate a completely new and improved system for the maintenance of the agent records of the [ ] Mission. Due partially to the efficiency of the system that he has initiated and partially to the enthusiasm with which he approaches his work, [ ] has assumed the work load previously handled by two individuals and at the same time has managed to keep his backlog to a minimum.

4. [ ] is conscientious, hard-working and more than willing to work long hours of overtime without additional compensation in order to maintain his section on a current basis. Subject individual devoted unusually long hours to reestablish himself during the recent move of this Mission to Japan. On the basis of work performance and motivation, subject is recommended as justly deserving of promotion to GS-7.

5. I certify that [ ] is performing the duties outlined in the job description attached hereto.

/s/ [ ]

1 February 1955

1 ENCL - a/s

DISTRIBUTION:

1 - Chief, FS

1 - Chief, EN

**CONFIDENTIAL**

CLASSIFICATION

CONFIDENTIAL

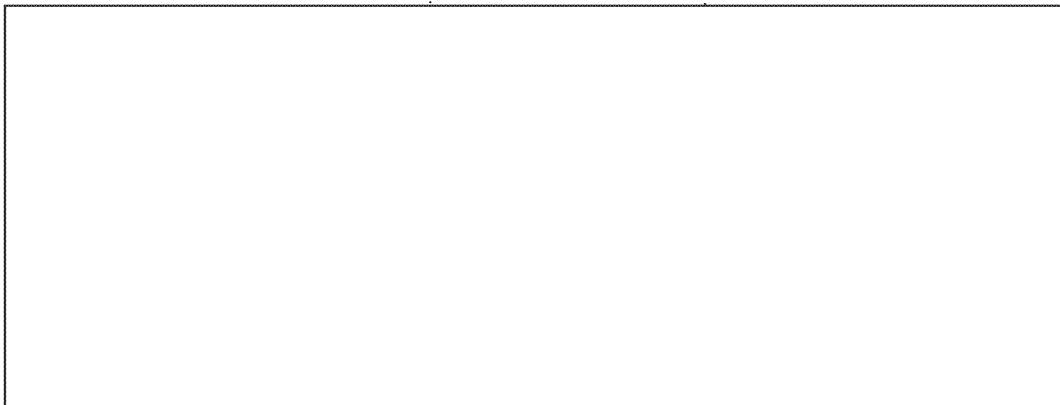
DESIGNATION:

1. Nature and Purpose of Work:

My position is that of intelligence analyst in the Personality File section of the Records Integration Branch. I am responsible for the maintenance of agent records and personality files.

2. Duties:

a. To maintain all agent records. This takes a good percentage of my time as it includes the following:



b. To maintain the RI card index, assuring that all cards received in RI are properly filed and have the correct names and telecodes.

c. To analyze, card and file all documents forwarded to Personality Files; these include State Station memos, ROR's, Contact Reports, CCHANE Reports, RPI's, various intelligence summaries, etc.

3. Responsibility for the Work of Others:

N/A

4. Scope and Effect of Work:

I am responsible for making all ROR file checks. I must see that they are made out thoroughly, quickly and accurately. My check may decide the outcome of hiring or refusing to hire a prospective agent or other employee for an operation or project.

5. Supervision and Guidance Received:

I receive no direct supervision or guidance in duties relating to the maintenance of agent records. I receive over-all policy guidance from the Chief of RI and some guidance from branch chiefs and case officers.

CONFIDENTIAL

CONFIDENTIAL

- 2 -

6 Mental Demands:

a. Initiative: In order to maintain agent records properly, I must always keep alert for new ways to keep them up-to-date and meet any demands that may be made for drawing up new procedures for the maintenance of agent records.

b. Originality: To adopt new ways of maintaining agent records without losing control over the flow of daily material.

c. Judgment: I must decide what action should be taken on all  file checks, regarding what information is to be sent to Headquarters and .

7. Personal Work Contacts:

I must maintain close personal contact with all case officers and branch chiefs in order that I may maintain up-to-date agent records.

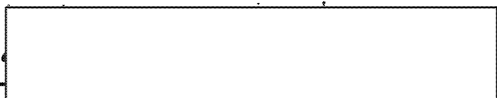
8. Other:

I must maintain files of all documents routed to Personality Files. Also I must resolve problems the branch chiefs or case officers may have in regard to agent records.

Also, I have recently established a 201 agent record system for the Mission and am responsible for its continual maintenance.

CONFIDENTIAL

CHECK LIST FOR TRAINING



1. Typing

3. English Usage

2. Short-hand

4. Office Practice  
(Electric typewriter, filing,  
phone, Correspondence Manual,  
addressing, office protocol.)

SECRET

STANDARD FORM 52  
FORM 52 OF THE  
U. S. GOVERNMENT PRINTING OFFICE  
WASHINGTON, D. C. 20540  
GPO: 1954 O - 278-000

YOU PLEASED TO  
UNVOUCHERED

### 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., Mrs., Miss, etc.—One given name, initial(s), and surname)	2. DATE OF BIRTH	3. REQUEST NO.	4. DATE OF REQUEST
			16 Feb 54

5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, expiration, etc.)	6. EFFECTIVE DATE A. PROPOSED:	7. C. S. OR OTHER LEGAL AUTHORITY
Reassignment		
B. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED: <i>Job 25 Apr 54</i>

8. POSITION TITLE AND NUMBER	9. SERVICE, GRADE, AND SALARY	10. ORGANIZATIONAL DESIGNATIONS	11. HEADQUARTERS	12. FIELD OR DEPARTMENTAL
Intell. Anal. <i>ET-469.08</i>	<i>GS-0136.51-15, \$3410.00 p.a.</i>	DDP/IE	UNCONVENTIONAL WARFARE	FIELD
FROM: <i>GS-042.55-5</i>				
DDP/IE				
Records Integration <del>UNIT</del> DIV				
Processing & Records Branch				
Consolidation Section				
Washington, D.C.				

A. REMARKS (Use reverse if necessary)

Transfer to Unvouchered Funds from Vouchered Funds.

*RI*

D. REQUEST APPROVED BY: *[Signature]*

TITLE: *DDP/IE*

13. VETERAN PREFERENCE		14. POSITION CLASSIFICATION ACTION	
NONE	WITH OTHER	NEW	VILL. I. A. RLAL
	X		CD-FI
15. SEX	16. RACE	17. APPROPRIATION	18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)
M	W	FROM: <i>A-2300-20</i> TO: <i>1-3740-55-096</i>	NO
19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)		20. LEGAL RESIDENCE	
		CLAIMED <input type="checkbox"/> PROVED <input type="checkbox"/>	

21. STANDARD FORM 50 REMARKS

*Official okay*  
*rec'd C. S. FI*  
*16 Apr 54*

*Case. Rbman 54.*  
*16 Apr 54*

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.			
B. CELL OR POS. CONTROL	<i>Jm</i>	<i>29 Mar 54</i>	
C. CLASSIFICATION			
D. PLACEMENT ON EMPL.	<i>[Signature]</i>	<i>25 Mar 54</i>	
E.			

F. APPROVED BY: *[Signature]*

*SECRET*

*27 Apr 54*

STANDARD FORM 52  
 PREPARED BY THE  
 U. S. CIVIL SERVICE COMMISSION  
 WASHINGTON, D. C. 20535  
 GSA GEN. REG. NO. 27  
 MAR 68

**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 given name, initial(s), and surname)		2. DATE OF BIRTH	3. REQUEST NO.	4. DATE OF REQUEST 1 June 1953
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Promotion			6. EFFECTIVE DATE A. PROPOSED:	7. C. 9 OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)			B. APPROVED: 7 June 53	

FROM: Intel. Anal. BV-469.08-4 GS-1333 \$3175.00 pa DDP/PI Records Integration Division STAFF Processing & Records Branch Consolidation Section Washington, D.C.	9. POSITION TITLE AND NUMBER 10. SERVICE GRADE AND SALARY 11. ORGANIZATIONAL DESIGNATIONS 12. HEADQUARTERS 13. FIELD OR DEPARTMENTAL	TO: Intel. Anal. BV-469.08 GS-1333 \$3410.00 pa DDP/PI Records Integration Division STAFF Processing & Records Branch Consolidation Section Washington, D.C.
--	--	--

A. REMARKS (Use reverse if necessary)  
 Subject has been in grade since <sup>17 Aug</sup> ~~21 April~~ 1952.

13. VETERAN PREFERENCE NONE <input type="checkbox"/> WWI <input type="checkbox"/> OTHER <input type="checkbox"/> S.P. <input type="checkbox"/> 10 JOINT <input type="checkbox"/> DISAB <input type="checkbox"/> OTHER <input type="checkbox"/>		14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> S. A. <input type="checkbox"/> REAL <input type="checkbox"/>			
15. SEX	16. RACE	17. APPROPRIATION FROM: TO:	18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)	19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSORS ONLY)	20. LEGAL RESIDENCE STATE: <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED

21. STANDARD FORM 50 REMARKS

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.			
B. CEIL. OR POS. CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR ENPL		4 June	
E.			
F. APPROVED BY	4 June 1953		



25

1 June 1953

Washington, D. C.  
Intel. Anal.

FI/RI

OS-4  
OS-5

BV-469.08  
OS-4

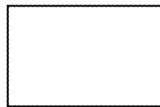
BV-469.08  
OS-5

High School Graduate, 2 years of Business College

Treasury Dept., Accounting Clerk, OS-2, May 1950 to Jan. 1952  
OS-3, Jan. 1952 to April 1952

OSO/RI, File Section, File Clerk, OS-3, 21 April 1952 to 17 Aug. 1952  
OS-4, 17 Aug. 1952 to 16 March 1953

DDP/FI/RI, Consolidation Section, Mail & File Clerk, OS-4, 16 March 1953 to present



Chief, RI

STANDARD FORM 52  
 FORM 52-1 OF THE  
 U. S. GOVERNMENT PRINTING OFFICE  
 WASHINGTON, D. C. 20540  
 GPO : 1953 O - 231-700

**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 given name, initial(s), and surname)	2. DATE OF BIRTH	3. REQUEST NO.	4. DATE OF REQUEST 15 Apr 53
A. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Reassignment		6. EFFECTIVE DATE A. PROPOSED:	7. C. S. OR OTHER LEGAL AUTHORITY
B. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED: 26 Apr 53 [Signature]	

FROM - Mail & File Clerk GS-4-305 \$3175.00 pa DDP/FI/RI Processing & Records Branch Consolidation Section Washington, D.C. <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	8. POSITION-TITLE AND NUMBER 9. SERVICE, GRADE, AND SALARY 10. ORGANIZATIONAL DESIGNATIONS 11. HEADQUARTERS 12. FIELD OR DEPARTMENTAL	TO - Intel. Anal. GS-4-132 \$3175.00 pa DDP/FI/RI Processing & Records Branch Consolidation Section Washington, D.C. <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL
--	---	---

A. REMARKS (Use reverse if necessary)  
 Position BV-364.08 has been deleted from the T/O.

B. REQUEST APPROVED BY  
 Signature: [Signature]  
 Title: Asst. FI/PO

13. VETERAN PREFERENCE <table border="1"> <tr> <td>NONE</td> <td>WWII</td> <td>OTHER</td> <td>5-PF</td> <td>10-POINT</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>DISAB OTHER</td> </tr> </table>	NONE	WWII	OTHER	5-PF	10-POINT					DISAB OTHER	14. POSITION CLASSIFICATION ACTION <table border="1"> <tr> <td>FEW</td> <td>VICE</td> <td>L.A.</td> <td>REAL</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	FEW	VICE	L.A.	REAL				
NONE	WWII	OTHER	5-PF	10-POINT															
				DISAB OTHER															
FEW	VICE	L.A.	REAL																

15. SEX	16. RACE	17. APPROPRIATION FROM: 11X2100 2309-W TO: 2319-20	18. SUBJECT TO C.S. RETIREMENT ACT (YES-NO)	19. DATE OF APPOINTMENT AFFIDAVIT'S (ACCESSIONS ONLY)	20. LEGAL RESIDENCE STATE: <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED
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21. STANDARD FORM 50 REMARKS  
 [Handwritten signature]

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS:
A.			
B. CEIL. OR POS. CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.	[Signature]	20 Apr 53	
E.			

F. APPROVED BY [Signature] 20 Apr 1953



**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 (from name, initials), and surname)		2. DATE OF BIRTH	3. REQUEST NO.	4. DATE OF REQUEST <b>2 March 53</b>
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) <b>Reassignment</b>			6. EFFECTIVE DATE & PROPOSED:	7. C. S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)			9. APPROVED: <i>W. H. ...</i>	

FROM-	10. POSITION TITLE AND NUMBER	TO-
<b>File Clerk BV-356</b>		<b>Mail &amp; File Clerk BV-364.08</b>
<b>GS-4-305 \$3175.00 pa.</b>	11. SERVICE GRADE AND SALARY	<b>GS-4-305 \$3175.00 pa.</b>
<b>DD/P/PI/RI</b>	12. ORGANIZATIONAL DESIGNATIONS	<b>DD/P/PI/RI</b>
<b>Processing &amp; Records Branch</b>		<b>Processing &amp; Records Branch</b>
<b>File Section</b>	13. HEADQUARTERS	<b>Consolidation Section</b>
<b>Washington, D.C.</b>		<b>Washington, D.C.</b>
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	14. FIELD OR DEPARTMENTAL	<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL

15. REMARKS (Use reverse if necessary)  
**From BV-356 to BV-364.**

16. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)	17. REQUEST APPROVED Signature: _____ Title: <i>doc FI 100</i>
--	--

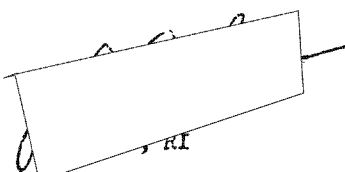
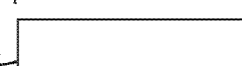
13. VETERAN PREFERENCE		14. POSITION CLASSIFICATION ACTION	
NONVS	WWV	NEW	VICE
10 POINT	DISAB.	I. A.	REAL
5 PPT.	OTHER		

15. SEX	16. RACE	17. APPROPRIATION FROM: <i>2309-20</i> TO:	18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)	19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)	20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
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21. STANDARD FORM 50 REMARKS

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.			
B. CEIL. OR POS. CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR ENPL.			
E.			

23. APPROVED: \_\_\_\_\_ **3/6/53**

PERSONNEL ACTION REQUEST				REGISTER NO.
NAME		REQUESTED EFFECTIVE DATE <i>17 Aug 52</i>		
NATURE OF ACTION <b>Promotion</b>		WHEN LEAVING (VOUCHERED) LAST WORKING DAY: EMPLOYEE'S SIGNATURE:		
TITLE <b>File Clerk X-39.04</b>		<b>File Clerk X-102.22</b>		
GRADE AND SALARY <b>GS-3-305 \$2950.00 per annum</b>		<b>GS-4-305 \$3175.00 per annum</b>		
OFFICE <b>OSO</b>		<b>OSO</b>		
DIVISION <b>RI</b>		<b>RI</b>		
BRANCH AND SECTION <b>Processing &amp; Records Branch File Section</b>		<b>Analysis &amp; Operations Branch Service &amp; Correspondence Section</b>		
OFFICIAL STATION <b>Washington, D.C.</b>		<b>Washington, D.C.</b>		
DEPARTMENTAL <input checked="" type="checkbox"/> FIELD <input type="checkbox"/>		DEPARTMENTAL <input checked="" type="checkbox"/> FIELD <input type="checkbox"/>		
REMARKS: From X-39.04 to X-102.22  Subject has been in grade since 21 April 1952.  Approved:  31 July 52				
RECOMMENDED:   FOR ADEL OFFICER				
FOR USE OF PERSONNEL ONLY				
PLACEMENT DATE QUALIFICATIONS APPROVED		TRANSACTIONS AND RECORDS APPROPRIATION: <i>11X2100</i> ALLOTMENT: <i>2309-00</i> C. S. ACTIVITY: <i>116</i>		
CLEARANCE REQUESTED		DATE SIGNATURE		
DATE	TYPE	DATE	TYPE	
DATE	SIGNATURE			
CLASSIFICATION		PERSONNEL RELATIONS		
BUREAU NO.	U. S. C. NO.	DATE APPROVED	DATE	SIGNATURE
NEW	VICE	P. A.	REAL	
EFFECTIVE DATE <i>8/13/52</i>		APPROVALS DATE <i>7 Aug 52</i>		
		SUBJECT TO SECURITY CLEARANCE SIGNATURE OF EXECUTIVE		

19. To: RELEASING ORGANIZATION—You are requested to furnish promptly the leave data on

*File*

From 11 May 1950 to 19 April 1952  
Fiscal Acct. Clerk GS - 3 \$2950.00 per annum  
SUPERVISOR: Miss Ryan  
U.S. Treasury Department  
Pennsylvania Avenue  
Washington, D.C.  
PLEASE FORWARD FILES AND LEAVE RECORD TO:

[ ]

NOTE

If this address is not the correct one to which future inquiries should be mailed, be sure to insert the correct address under item 20a.

FOLD HERE FOR MAILING  
IN WINDOW ENVELOPE

16-61926-1

22. Return to: EMPLOYING ORGANIZATION

FORWARD OFFICIAL PERSONNEL FOLDER TO  
R. H. J. HOPKINS,  
CENTRAL INTELLIGENCE AGENCY  
2425 E STREET, N.W.  
WASHINGTON 25, D.C.

To: RELEASING ORGANIZATION—You are requested to furnish promptly the leave data on

FROM 11 May 1950 to April 1952  
Fiscal Acct. Clerk GS 3 \$2950.00  
U.S. Treasury Dept.  
15th & Penna. Ave N.W.  
Washington D.C.

[ ]  
(NAME OF EMPLOYER)

NOTE

If this address is not the correct one to which future inquiries should be mailed, be sure to insert the correct address under item 18a.

FOLD HERE FOR MAILING  
IN WINDOW ENVELOPE

16-61926-2 GPO 11

Return to: EMPLOYING ORGANIZATION

George E. Nelson  
2430 E Street N.W.  
Washington D.C.

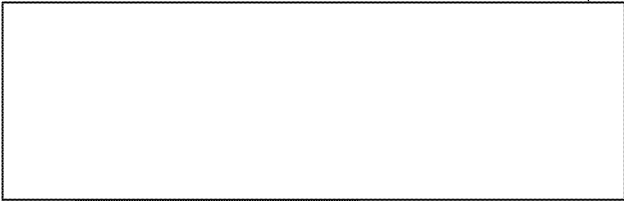
BY 1150 was forwarded by your office  
in May 1952. Since this copy has been  
detached from our files it is re-  
quested that you forward a copy of  
same to the address at left.

*17 P.S.L.*

*Lee*

ENTRANCE ON DUTY NOTICE	
1. TO <b>OEO NY</b>	2. DATE <b>22 April 1952</b>
Notice of Final Processing of Applicant for Entrance on Duty	
3. NAME <div style="border: 1px solid black; width: 100px; height: 15px;"></div>	5. ENTRANCE SALARY <b>\$2950.00</b>
4. TITLE <b>T - File Clerk</b>	6. GRADE <b>GS - 3</b>
<p>The applicant named in item 3 above meets all standards for full employment with CIA. Signed clearance for entrance on duty has been received from Inspection and Security and made a part of the personnel file of this individual. Effective this date he/she is assigned to duty with your office.</p> <p><i>File - 26 March 1952</i> <i>Iss. - 23 April at 1:00 P.M.</i></p> <div style="border: 2px solid black; padding: 5px; display: inline-block;"> <p><b>POSTED</b> <b>APR 30 1952</b></p> </div> <div style="display: inline-block; vertical-align: middle; margin-left: 20px;"> <div style="border: 1px solid black; width: 80px; height: 20px; display: inline-block;"></div> <span style="font-size: 1.5em; vertical-align: middle;"><i>med</i></span> </div> <p style="text-align: right; margin-right: 50px;">PERSONNEL OFFICER</p>	

Date APR 4 1952



Your employment has been approved by this Agency at \$ 2950 per annum, subject to the satisfactory completion of additional processing on the day you enter on duty. It is requested that you report to the Receptionist, East End of Temporary "I" Building located at 17th and Independence Avenue, S. W., at 8:30 a.m. as soon as possible.

Please advise Mrs. Brown, 2430 "B" Street, N. W., by telephone, Executive 6115, Extension 3693 of your exact reporting date.

Sincerely yours,

4 - 1952  
Personnel Division

Subject telephoned: 4-5-52 ; spoke with EJS  
(date)

Subject will EOD 21 Apr 52 - New W/Treasury

SUBJECT WILL NOT EOD; Reason:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

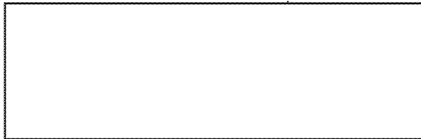
*Release - Attached*

*Not met  
4/8*

CENTRAL INTELLIGENCE AGENCY

2430 E STREET NW.  
WASHINGTON 25, D. C.

22 March 1952



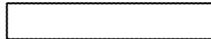
In reference to your application for employment, this letter is to assure you that the processing of your papers as a GS-3, \$ 2950 per annum is being continued by this agency. A definite offer of employment cannot be made, however, until such time as all processing has been completed.

The processing is a rather lengthy one; but when further information is available, we shall get in touch with you immediately.

In the meantime, it would be appreciated if you would advise us of any change in your present status, such as change of address, etc.

Your continued interest and patience are appreciated.

Very truly yours,



Personnel Division

OUTGOING CLASSIFIED MESSAGE

PAGE NO .....

CENTRAL INTELLIGENCE AGENCY

DATE: <b>5 Mar 52</b>	ROUTINE <input type="checkbox"/>	PRIORITY <input type="checkbox"/>	URGENT <input type="checkbox"/>
FROM: <b>PDC</b>	(ORIGINATING OFFICER)		(PHONE EXTENSION)
TRANSMIT TO:	<i>see new address on route sheet</i>		
<div style="border: 1px solid black; width: 200px; height: 30px;"></div>			
(CLASSIFICATION)			

TYPE IN CAPITAL LETTERS, DOUBLE SPACED

TELEGRAM - NIGHT LETTER

EMPLOYMENT APPROVED THIS AGENCY \$ 2750 PER ANNUM, SUBJECT SATISFACTORY COMPLETION OF ADDITIONAL PROCESSING. DESIRE REPORT SOONEST POSSIBLE RECEPTIONIST, EAST END TEMPORARY "I" BUILDING, 17TH AND INDEPENDENCE AVENUE, SOUTHWEST, WASHINGTON, D. C. AT 8:30 A.M. ADVISE MRS. BROWN 2430 "E" STREET NORTHWEST, BY COLLECT NIGHT LETTER OR COLLECT PHONE, EXECUTIVE 6115, EXTENSION 3698 THE EXACT REPORTING DATE.

*Do use a  
98-3 (see last PMS)  
won't take a  
98-2  
for  
8 March*

RELEASING OFFICER

COORDINATING OFFICERS

AUTHENTICATING OFFICER

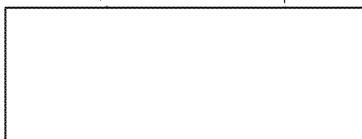
CLASSIFICATION

CENTRAL INTELLIGENCE AGENCY

2430 E STREET NW.

WASHINGTON 25, D. C.

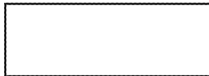
20 February 1952  
In reply refer to ED-4



This is to advise that actual processing of your application for employment with this Agency has been initiated. Specific details as to the type of appointment and salary will be contained in subsequent correspondence. Please direct all future correspondence to the undersigned.

If applicable, the attached form should be completed and returned within two weeks. Thank you for your prompt attention to this matter.

Very truly yours,



Personnel Division

Enclosure

2 27-92  
1 Appand  
1 PMS

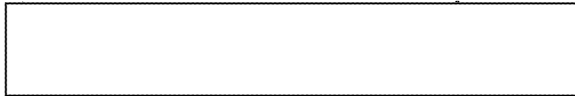
Please forward three passport size photographs at your earliest convenience.

m 0



CERTIFICATE OF ATTENDANCE

I certify that on APR 28 1952 I have attended  
the Agency Indoctrination Course specified by Regulation  
25-1.



APR 30 1952


FORM NO. 51-121  
DEC 1951

161

384

FORM NO. 57-115  
MAY 1950

*File  
WD*

TO: Medical Division  
FROM: Transactions & Records  
SUBJECT: 

Request that above named subject be given a physical examination.

POSITION: File Clerk

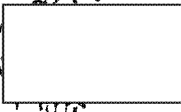
GRADE: GS - 3

BRANCH: OSO RI

SERVICE: DEPT.

NATURE OF APPOINTMENT:

EXC.

*OK*  


FORM NO. 57-115  
MAY 1950

PERSONNEL ACTION REQUEST				REGISTER NO.
NAME		REQUESTED EFFECTIVE DATE		APR 21 1952
NATURE OF ACTION		WHEN LEAVING (VOUCHERED)		
Excepted Appointment		LAST WORKING DAY:		
		EMPLOYEE'S SIGNATURE:		
FROM		TO		
TITLE		File Clerk X-39.04 - 2		
GRADE AND SALARY		GS-305-3 \$2950.00		
OFFICE		OSO		
DIVISION		RI		
BRANCH AND SECTION		Processing and Records Branch File Section		
OFFICIAL STATION		Washington, D.C.		
DEPARTMENTAL <input type="checkbox"/>		FIELD <input type="checkbox"/>		DEPARTMENTAL <input checked="" type="checkbox"/>
REMARKS:				
(To P-39.04) gw				
Approved:		15 FEB 1952		
		# 57 In State 42852		
RECOMMENDED:				
15 Feb 52				
FOR USE OF PERSONNEL ONLY				
PLACEMENT		TRANSACTIONS AND RECORDS		
DATE QUALIFICATIONS APPROVED		APPROPRIATE 2123400		
CLEARANCE REQUESTED		ALLOTMENT 3009		
DATE		C. S. C. AUTHORITY Sch. No. 116 (B)		
TYPE		DATE SIGNATURE		
DATE		11/10/52		
SIGNATURE		PERSONNEL OFFICER		
CLASSIFICATION		DATE		
BUREAU NO.		SIGNATURE		
C. S. C. NO.		Per 2		
DATE APPROVED		APPROVALS		
FILE NO.		DATE		
VICE		SIGNATURE OF EXECUTIVE		
L. A.		DATE		
REAL		DATE		
EFFECTIVE DATE		4 Mar 52		

REQUEST FOR SECURITY CLEARANCE				REQUEST NO.	
				H-3007A	
				DATE	
				10 FEB 52	
FULL NAME (Last) (First) (Middle)			YEAR OF BIRTH		
			1928		
POSITION TITLE			GRADE		CODE
FILE CLERK			GS-3		
LOCATION (OFFICE)		CODE	DIVISION	CODE	BRANCH
DCO			IT		REC. SEC
GEOGRAPHIC DESTINATION (CITY AND STATE OR COUNTRY, AS APPROPRIATE)					
A. H. D.C.					
TYPE OF EMPLOYEE					
1. <input checked="" type="checkbox"/> REGULAR 2. <input type="checkbox"/> CONTACT 3. <input type="checkbox"/> CONSULTANT 4. <input type="checkbox"/> MILITARY					
5. <input type="checkbox"/> OTHERS					
FUNDS					
<input checked="" type="checkbox"/> VOUCHERED <input type="checkbox"/> UNVOUCHERED					
TYPE(S) OF SECURITY CLEARANCE REQUESTED					
<input checked="" type="checkbox"/> PROVISIONAL FOR: (Show name of pool or group)					
<input checked="" type="checkbox"/> SECRET					
<input checked="" type="checkbox"/> FULL					
<input type="checkbox"/> WAIVER					
D ST. POOL					
AVAILABILITY DATE (Mo-No-Yr)		EST. CLEARANCE DATE (Mo-Yr)		RECRUITMENT SOURCE	
SEX AND VETERAN STATUS					
1. <input checked="" type="checkbox"/> M-V 2. <input type="checkbox"/> M-NV 3. <input type="checkbox"/> F-V 4. <input type="checkbox"/> F-NV					
REMARKS:					
SECURITY INITIATED BY NORTH. SUSPENDED ACTION OF 1/5/52. CHIEF OF OFFICE, DIVISION & BRANCH.					
Attachments:					
FIS _____					
Append. I _____					
Photos. _____					
				SIGNATURE	
				DIB. SEC	

## Office Memorandum • UNITED STATES GOVERNMENT

TO : *Jorema*

FROM :

SUBJECT:

DATE: *8 Feb. 1952*

*In process as GS 2 Clerk. He wants accounting clerk eventually, but there are no openings at present, & we have two other - better qualified - accounting clerks in process in reserve at present.*

*Possibility for microfilm training?*

P.O. 12-26

MP

[Redacted]

January 12, 1952

Dear Sir:

I received your letter dated January 5, stating that I was to inform you of any changes in my present status.

I am now a grade GS 2 with an one year increase. I am now being considered for a grade GS 3 in the Treasury Dept. I assure you, this does not lessen my zeal to get in the C.I.A.

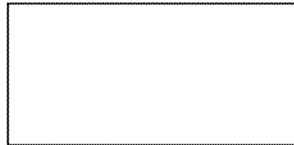
I would like to know if your Agency would transfer or consider me for appointment at a grade GS 3.

Sincerely yours,

[Redacted]

REQUEST FOR SECURITY CLEARANCE		REQUEST NO.	
		DATE 11-2007	
FULL NAME (Last) (First) (Middle)		YEAR 11/52	
POSITION TITLE		GRADE GS-8	
LOCATION (OFFICE)	CODE	DIVISION	CODE
Personnel		Personnel (0)	Personnel Pool
GEOGRAPHIC DESTINATION (CITY AND STATE OR COUNTRY, AS APPROPRIATE)			
Washington, D. C.			
TYPE OF EMPLOYEE 1. <input type="checkbox"/> REGULAR 2. <input type="checkbox"/> CONTACT 3. <input type="checkbox"/> CONSULTANT 4. <input type="checkbox"/> MILITARY 5. <input type="checkbox"/> OTHER			
FUNDS <input type="checkbox"/> VOUCHERED <input type="checkbox"/> UNVOUCHERED			
TYPE(S) OF SECURITY CLEARANCE REQUESTED			
<input checked="" type="checkbox"/> PROVISIONAL FOR: (Show name of pool or group)			
D. Street Pool			
<input type="checkbox"/> SECRET			
<input type="checkbox"/> FULL			
<input type="checkbox"/> WAIVER			
AVAILABILITY DATE (DD-MO-YY)	EST. CLEARANCE DATE (MO-YY)	RECRUITMENT SOURCE	CODE
			01
SEX AND VETERAN STATUS 1. <input type="checkbox"/> M-V 2. <input checked="" type="checkbox"/> M-NV 3. <input type="checkbox"/> F-V 4. <input type="checkbox"/> F-NV			
REMARKS: <span style="float: right;">Moriah 1-17-52</span>			
Attachments:			
FHS			
Append, I		Chief, Personnel Division	
Photos.		DIVISION	

5 January 1952



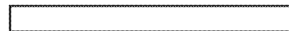
You are being considered for employment with the Central Intelligence Agency at grade GS-2, salary ~~\$2750.00~~ per annum.

The appointment, if offered, will be temporary indefinite in nature. Processing procedures require about 30 days to complete. Unless you are notified to the contrary during this period, you may assume that you are being actively considered for employment. Upon completion of this processing, we will contact you immediately.

In the meantime, it would be appreciated if you will keep us advised of any changes in your present status, such as change of address, etc.

Please let us know immediately if during the interim you find that you will not be able to accept employment with this organization.

Very truly yours,



Chief, Personnel Division

**CONFIDENTIAL**

**REQUEST FOR SECURITY CLEARANCE**  
**SECURITY INFORMATION**

REQUEST NO. \_\_\_\_\_  
DATE **4 JAN. 1952**

FULL NAME \_\_\_\_\_ (MIDDLE) \_\_\_\_\_ YEAR OF BIRTH **1928**

POSITION **CLERK** GRADE **GS2** CODE \_\_\_\_\_

LOCATION (OFFICE) **POOL** CODE \_\_\_\_\_ DIVISION \_\_\_\_\_ CODE \_\_\_\_\_ BRANCH \_\_\_\_\_ CODE \_\_\_\_\_

GEOGRAPHIC DESTINATION (CITY AND STATE OR COUNTRY, AS APPROPRIATE) \_\_\_\_\_

TYPE OF EMPLOYEE 1.  REGULAR 2.  CONTACT 3.  CONSULTANT 4.  MILITARY  
5.  OTHER:

FUNDS  VOUCHERED  UNVOUCHERED

TYPE(S) OF SECURITY CLEARANCE REQUESTED  
 PROVISIONAL FOR: (show name of pool or group)  
 SECRET  
 FULL  
 WAIVER

AVAILABILITY DATE (8a-Mo-Yr) **exp** EST. CLEARANCE DATE (Mo-Yr) \_\_\_\_\_ RECRUITMENT SOURCE \_\_\_\_\_ CODE **01**

SEX AND VETERAN STATUS 1.  M-V 2.  M-NV 3.  F-V 4.  F-NV

REMARKS:

89 to Med. Sec  
Attachments: FHS 1/5  
Append. I \_\_\_\_\_  
Photos. \_\_\_\_\_

**CONFIDENTIAL**  
SECURITY INFORMATION

SIGNATURE \_\_\_\_\_  
DIVISION \_\_\_\_\_



*Office Memorandum* • UNITED STATES GOVERNMENT

TO : File

DATE: 3 January 1952

FROM :

SUBJECT:

1. Contacted Treasury Dept. this date and Employee Relations Officer stated that subject had no efficiency ratings since he had not been there long enough before being granted military discharge and after his discharge. However, she stated that  had been a very satisfactory employee and there was nothing derogatory in his file.

CONFIDENTIAL

REPORT OF INTERVIEW			THIS DATE 18 Dec. 51
NAME		REFERRED BY	
HOME ADDRESS			TELEPHONE AD 8130
BUSINESS ADDRESS Treasury			TELEPHONE EX 6400 x2612
DATE OF BIRTH	PLACE OF BIRTH Forest River, N. D.	CITIZENSHIP (HOW ACQUIRED) US	
NAME OF SPOUSE none - no expectations			
DATE OF BIRTH	PLACE OF BIRTH	CITIZENSHIP (HOW ACQUIRED)	
SALARY REQUESTED GS-2	NO. OF DEPENDENTS none	INTERVIEWER	
EDUCATION (SCHOOLS, DEGREES, DATES, MAJORS, EXTRA-CURRICULAR ACTIVITIES) Hadlich's Bus. Sch. Diploma in fr. accounting			
MAJOR EMPLOYMENT HISTORY (PRINCIPAL OCCUPATION, SPECIAL SKILLS, SALARY LEVELS) Present - Treasury Dept. I/A attached			
MILITARY OCCUPATION (RANK, SERIAL NO., DATES OF SERVICE, DUTIES AND AREAS) Oct 3, 1946 Apr 12, 1948 Oct 19, 1950 Aug 7, 1951 Pfc (Infantry)			

CONFIDENTIAL

AREA KNOWLEDGE (RESIDENCE OR STUDY)

Japan, Korea (US Army) No 10-9

LANGUAGE FACILITY

None

EVALUATION AND RECOMMENDATIONS (BE COMPLETE AND JUSTIFY DECISIONS, NOTE ANY UNFAVORABLE CIRCUMSTANCES.)

A CLEAN CUT, BRIGHT EYED, EAGER YOUNGSTER, VERY AMBITIOUS BUT HAS HAD LIMITED EXPERIENCE. HE WOULD LIKE TO GET INTO ACCOUNTING, BUT HE HAS HAD ONLY BASIC ACCOUNTING AND HAS NEVER HAD A JOB IN ACCOUNTING TO TEST HIM. HE IS WILLING TO TAKE A CLERK JOB IF HE WILL GET A <sup>CHANCE</sup> CLEARANCE AT ACCOUNTING. WILL GO O/S. FEELS HE IS BLOCKED IN HIS JOB IN TREASURY DEPT. SINCE HE WILL COME AS A GS-2, I WOULD TAKE A CHANCE ON HQ HIM IF HIS TESTS SHOW ANYTHING ENCOURAGING. HE EXPECTS TO ENTER STRAYERS COLLEGE OF ACCOUNTING (NIGHT) IN FEBRUARY. DOES NOT DESIRE POOL. SUGGEST MISS MC KENNEY LOOK HIM OVER. FORMS ATTACHED. HAS BEEN SCHEDULED FOR GS-1 CLERK-ACCT. TEST ON 20 DECEMBER.

FORMS GIVEN:

PHS

MEDICAL

RESERVE

SIGNATURE OF INTERVIEWER

CONFIDENTIAL

MEMORANDUM TO: Personnel Division  
Central Intelligence Agency  
2430 "E" Street, N. W.  
Washington, 25, D. C.

DEC 3 1951

SUBJECT: Availability of                     

1. This is to advise you that no objection is interposed to your consideration of the application for employment of the above-named individual who is presently employed by this office.

2. In the event this employee is accepted by your Agency, it is requested that the individual named below be contacted relative to the effective date of his ~~transfer~~ release.

                      
(Signature)

Acting Personnel Officer  
(Title)

Bureau of Accounts  
Treasury Department  
(Agency)

Contact for further information:

                      
(Name) Employee Relations Officer

Code 172, Extension 2628  
(Telephone)

SECRET

REPRODUCTION MASTERS

SECRET

BIOGRAPHY

BIOGRAPHIC PROFILE

SECRET

H a n d l e   W i t h   C a r e

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		DATE 12 May 1975	FILE NO. 2542
--	--	---------------------	------------------

TO: (check)	<input checked="" type="checkbox"/>	CHIEF, CONTROL DIVISION, OF	CS NO.
	<input type="checkbox"/>	CHIEF, CONTRACT PERSONNEL DIVISION, OF	EMPLOYEE NUMBER
	<input checked="" type="checkbox"/>	CHIEF, OPERATING COMPONENT (For action) CCS	ID CARD NUMBER

ATTN:	CHIEF ADMIN STAFF	OFFICIAL COVER	<input type="checkbox"/> ESTABLISHED
REF:	VERBAL REQUEST		<input checked="" type="checkbox"/> DISCONTINUED

SUBJECT	UNIT
---------	------

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

ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS	CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS
<input type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE	EFFECTIVE DATE: <b>EOD</b>
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR _____ TDY _____ OTHER (Specify)	<input checked="" type="checkbox"/> SUBMIT FORM 3254 <b>CIA</b> <b>W-2</b> TO BE ISSUED: (HR 20-11)
SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HR 20-7)	<input checked="" type="checkbox"/> SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY <b>2</b> (HR 20-7)
SUBMIT FORM 3254 (HR 20-11)	EAA: CATEGORY I <input checked="" type="checkbox"/> CATEGORY II <input type="checkbox"/>
SUBMIT FORM 1322 FOR ANY CHANGE IN TELEPHONE COVER. (HR 240-2a)	<input checked="" type="checkbox"/> RETURN ALL OFFICIAL DOCUMENTATION TO CCS
SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-2a)	<input checked="" type="checkbox"/> SUBMIT FORM 2688 FOR _____ HOSPITALIZATION CARD
EAA: CATEGORY I <input type="checkbox"/> CATEGORY II <input type="checkbox"/>	
REMARKS AND/OR COVER HISTORY	

**THIS MEMO MUST REMAIN ON TOP OF FILE**

- COPY 1 - CD OR CPU
- COPY 2 - OPERATING COMPONENT **EDF:JP**
- COPY 3 - OS/SRACD
- COPY 4 - OC-OO/TFB
- COPY 5 - CCS-FILE

CHIEF, OFFICIAL

ATTN

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		FILE NO.
TO: (Check)	CHIEF, CONTROL DIVISION, OP	SS NUMBER
	CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER
	CHIEF, OPERATING COMPONENT (For action)	ID CARD NUMBER
ATTN:	OFFICIAL COVER	ESTABLISHED
REF:		DISCONTINUED
SUBJECT	UNIT	
<b>KEEP ON TOP OF FILE WHILE COVER IN EFFECT</b>		
ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS:		CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS
<input type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE _____		EFFECTIVE DATE: _____
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR _____ TD _____		SUBMIT FORM 3254 TO BE ISSUED: (NR 20-11)
SUBMIT FORM 642 FOR ANY CHANGE AFFECTING THIS COVER. (NR 20-7)		SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (NR 240-20)
SUBMIT FORM 3254 TO BE ISSUED. (NR 20-11)		SUBMIT FORM 2689 FOR HOSPITALIZATION CARD.
SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (NR 240-20)		DO NOT WRITE IN THIS BLOCK
EAA, CATEGORY I	CATEGORY II	
SUBMIT FORM 2688 FOR _____ HOSPITALIZATION CARD		
REMARKS AND/OR COVER HISTORY		
DISTRIBUTION: COPY 1 - CD OR CPO COPY 2 - OPERATING COMPONENT COPY 3 - OS/SHACO COPY 4 - OL/TFB COPY 5 - CCS-FILE		
		CHIEF, OFFICIAL COVER: CENTRAL COVER STAFF

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		DATE	10 May 1971
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, CONTROL DIVISION	FILE NUMBER	2542
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION	EMPLOYEE NUMBER	
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action)	ID CARD NUMBER	
ATTN:	EUR/Chief Support Staff	OFFICIAL COVER	<input checked="" type="checkbox"/> BACKSTOP ESTABLISHED <input type="checkbox"/> DISCONTINUED
REF:	Form 1413 dated 6 May 1971		
SUBJECT		UNIT	
<b>KEEP ON TOP OF FILE WHILE COVER IN EFFECT</b>			
ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS (OPM 20-800-11)		CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS (OPM 20-800-11)	
A. TEMPORARILY FOR _____ DAYS EFFECTIVE DATE _____		DATE	
B. CONTINUING AS OF From EOD			
<input checked="" type="checkbox"/> SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)		<input type="checkbox"/> SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)	
<input checked="" type="checkbox"/> ASCERTAIN THAT State _____ W-2 BEING ISSUED. (HNB 20-11)		<input type="checkbox"/> RETURN ALL OFFICIAL DOCUMENTATION TO CCS.	
<input checked="" type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR-240-20)	DO NOT WRITE IN THIS BLOCK - FOR CCS INTERNAL USE ONLY		
<input checked="" type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR-240-20)			
<input type="checkbox"/> SUBMIT FORM 2688 FOR _____ HOSPITALIZATION CARD			
REMARKS AND/OR COVER HISTORY			
DISTRIBUTION: COPY 1 - CD COPY 2 - OPERATING COMPONENT COPY 3 - O/OB COPY 4 - OL/TELETYPE COPY 5 - SF COPY 6 - ECR - FILE		RF: km	



SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		DA 10 November 1970
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, RECORDS AND CONTROL	FILE NUMBER 0542
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION	EMPLOYEE NUMBER 16032
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action)	ID CARD NUMBER 740-542
ATTR:	FILE/ Chief Support Staff	OFFICIAL COVER <input checked="" type="checkbox"/> BACKSTOP ESTABLISHED
REF:	Form 1322	<input type="checkbox"/> DISCONTINUED
SUBJECT	[Redacted]	UNIT Records Analysis Group
<b>KEEP ON TOP OF FILE WHILE COVER IN EFFECT</b>		
ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS (OPM 20-600.11)		CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS (OPM 20-600.11)
A. TEMPORARILY FOR _____ DAYS EFFECTIVE DATE COB _____		DATE (no. of COB)
B. CONTINUING AS OF COB Aug 57		
<input checked="" type="checkbox"/>	SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HRB 20.7)	SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HRB 20.7)
<input checked="" type="checkbox"/>	ASCERTAIN THAT <u>Army</u> W-2 BEING ISSUED. (HRB 20.11)	RETURN ALL OFFICIAL DOCUMENTATION TO CCS.
<input checked="" type="checkbox"/>	SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR-240.2e)	DO NOT WRITE IN THIS BLOCK - FOR CCS INTERNAL USE ONLY
<input checked="" type="checkbox"/>	SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR-240.2e)	
<input checked="" type="checkbox"/>	SUBMIT FORM 2608 <input checked="" type="checkbox"/> FOR HOSPITALIZATION CARD	
SIGNATURES AND/OR COVER HISTORY		
[Redacted Signature Area]		
DISTRIBUTION: COPY 1 - HQ COPY 2 - OPERATING COMPONENT COPY 3 - [Redacted] COPY 4 - [Redacted] COPY 5 - [Redacted] COPY 6 - [Redacted]		[Redacted]

FORM 1551

SECRET

112 20-431

SECRET

6 Mar 59

File: 2512

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

SUBJECT : [REDACTED]

1. [REDACTED] arrangements ~~to be processed, etc.~~ have been completed for the above-named Subject.

2. Effective as 5 Mar 1959, it is requested that your records be properly blocked ~~to be processed~~ [REDACTED]

3. This memorandum confirms an oral request of 6 Mar 59 by [REDACTED] Room 1608 "L", Building, Extension 2420.

[REDACTED]  
HARRY W. LITTLE, JR.  
Chief, Central Cover Division

cc: SSD/OS

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED  
DATE 10-13-01 BY [REDACTED]

FORM 1580a  
UNCLASSIFIED FILE

16-13-01

SECRET

DEC 5 1956  
(Date)

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

THROUGH : Security Support Division  
Office of Security

SUBJECT :

1.  arrangements have been completed for the above named subject who will be visiting a foreign country for a                      day TDY trip.

2. Effective this date, it is requested that your records be properly ~~XXXXXX~~ (re-opened) to ~~XXXX~~ (acknowledge) subject's current Agency employment by an external inquirer.

Chief, Official Cover & Liaison, CCB

CC: SSD/CS

THIS INFO MUST REMAIN  
ON TOP OF FILE  
SECRET

*JL*  
12-11-56

SECRET  
(When Filled In)

variable notation

RMR 080878

NOTIFICATION OF PERSONNEL ACTION

OFF

1 SERIAL NUMBER		2 NAME (LAST FIRST MIDDLE)	
3 CATEGORY OF EMPLOYMENT		4 EFFECTIVE DATE	
REGULAR		08 04 78	
5. FUNDS		6. CSC OR OTHER LEGAL AUTHORITY	
V TO V CF TO V		V TO CF CF TO CF	
7. JAN AND NSCA		8. CSC OR OTHER LEGAL AUTHORITY	
B026 3430 0000		PL 88-643 SEC 233	
9 ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION	
DDO/IMS INFORMATION MGMT AND PLANNING GROUP RECORDS MANAGEMENT BRANCH AREAS UNIT		WASH., D.C.	
11. POSITION TITLE		12. POSITION NUMBER	
RECORDS ADMIN OFF NE		CG45	
13. SERVICE DESIGNATION		DCC	
14 CLASSIFICATION SCHEDULE (GS, WS, etc.)		15 OCCUPATIONAL SERIES	
GS		0344.01	
16 GRADE AND STEP		17 SALARY OR RATE	
13 2		26889	
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 INTEGRITY CODE	24 MORGAN CODE	25 DATE OF S-RTN	26 DATE OF GRADE	27 DATE OF LSI
45	10	NUMERIC ALPHABETIC				MO DA YR	MO DA YR	MO DA YR
28 NTE EXPIRES	29 SPECIAL REFERENCE	30 RETIREMENT DATA	31 SEPARATION DATA CODE	32 CORRECTIVE	33 SECURITY REQ NO	34 SEX	EOD DATA	
MO DA YR		CSC CIA FICA HOUSE	OBJ000	YES NO				
35 VET PREFERENCE	36 SERV COMP DATE	37 LONG COMP DATE	38 CAREER CATEGORY	39. PERM HEALTH INSURANCE	40 SOCIAL SECURITY NO			
CODE 0 NONE 1 S PI 2 10 PI	MO DA YR	MO DA YR	CAR BSA CODE PROV 11-12	CODE 1 YES 2 NO	CODE 1 YES 2 NO			
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE	42 LEAVE CAT CODE	43 FEDERAL TAX DATA	44 STATE TAX DATA					
CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE LESS THAN 3 YRS 3 - BREAK IN SERVICE MORE THAN 3 YRS		FORM EXECUTED 1 - YES 2 - NO	NO TAX EXEMPTIONS FORM EXECUTED 1 - YES 2 - NO	CODE NO TAX EXEMPT	STATE CODE			

SIGNATURE OR OTHER AUTHENTICATION

JLS

[Signature]

tel

153078

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)		4. EFFECTIVE DATE MO DA YR		5. CATEGORY OF EMPLOYMENT	
1. REASSIGNMENT		V TO V		V TO CF		REGULAR	
6. FUNDS		CF TO V		CF TO CF		7. FAN AND NSCA	
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION		7. FAN AND NSCA		8. CSC OR OTHER LEGAL AUTHORITY	
DDO/IMS INFORMATION MGMT AND PLANNING GROUP RECORDS MANAGEMENT BRANCH AREAS UNIT		WASH., D.C.		8026 3430 0000		50 USC 403 J	
11. POSITION NUMBER		12. SERVICE DESIGNATION		13. GRADE AND STEP		17. SALARY OR RATE	
RECORDS ADMIN OFF NE		CO45		DCC		26889	
14. CLASSIFICATION SCHEDULE (GS, WG, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE	
GS		0344.01		13 2		26889	
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. INTERSEE CODE	24. HOURS CODE	25. DATE OF BIRTH
37	10	53740 IMS 75013				1	
26. DATE EMPLOY		28. REFERENCE		30. RETIREMENT DATA		32. CURRENT/FORMER EMPLOYER	
						BOD DATA	
33. VET PREFERENCE		35. SERV COMP DATE		37. LONG COMP DATE		38. CAREER CATEGORY	
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE		42. LEAVE CAT CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA	
SIGNATURE OR OTHER AUTHENTICATION							
FROM: NE							

SECRET  
(When Filled In)

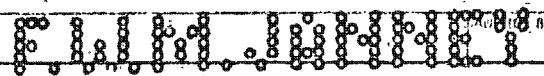
OCF B

NOTIFICATION OF PERSONNEL ACTION

OCF

1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)	
3. ACTION		4. EFFECTIVE DATE	
PROMOTION		03 12 78	
5. FUNDS		6. CATEGORY OF EMPLOYMENT	
V TO V		REGULAR	
V TO CF		7. PAY AND NSCA	
CF TO V		8. CSC OR OTHER LEGAL AUTHORITY	
CF TO CF		8033 4800 0000 50 USC 403 J	
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION	
DDO/NE DIVISION OFFICE OF THE CHIEF, NE DIVISION PLANS STAFF		WASH., D.C.	
11. POSITION TITLE		12. POSITION NUMBER	
RECORDS ADMIN OFF		CG45	
13. OCCUPATIONAL SERIES		18. SERVICE DESIGNATION	
0344.01		DCC	
14. CLASSIFICATION SCHEDULE (GS, WO, etc.)		16. GRADE AND STEP	
GS		13 2	
15. SALARY OR RATE		17. SALARY OR RATE	
26889		26889	
19. REMARKS			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
28. ACTION CODE	29. EMPLOY CODE	31. OFFICE CODING	32. STATION CODE
22	10	46075 NE	75013
33. DATE OF BIRTH	34. DATE OF GRADE	35. DATE OF LEI	36. SECURITY REG NO
03 12 78	03 12 78	03 12 78	
37. TIME EXPIRES	38. SPECIAL REFERENCE	39. RETIREMENT DATA	40. SEPARATION DATA CODE
41. CAREER CATEGORY	42. FEGLI / HEALTH INSURANCE	43. SOCIAL SECURITY NO	44. STATE TAX DATA
45. PREVIOUS CIVILIAN GOVERNMENT SERVICE			
46. LEAVE CAT CODE			
47. FEDERAL TAX DATA			
48. STATE TAX DATA			
49. SIGNATURE OR OTHER AUTHENTICATION			

MAILED  
MAR 22 1978  
jll

1 SERIAL NO		2 NAME		3 ORGANIZATION		4 FUNDS		5 LWOP HOURS		
6 OLD SALARY RATE				7 NEW SALARY RATE				8 TYPE ACTION		
Grade	Step	Salary	Last Eff Date	Grade	Step	Salary	EFFECTIVE DATE	WGJ	OSI	ADJ.
		24070	11/23/75			24799	11/20/77			
12	5			12	5					
CERTIFICATION AND AUTHENTICATION										
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.										
SIGNATURE								DATE		
								15 <sup>th</sup> Sept 1977		
<input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD										
CLERKS INITIALS										
										
FORM 10-73 560E Use previous editions										
PAY CHANGE NOTIFICATION										
(4 51)										

NOV 13 3 58 PM '77

3030

LJF 110977

SECRET  
(When Filled In)

OCF NOTIFICATION OF PERSONNEL ACTION

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

3. NATURE OF PERSONNEL ACTION REASSIGNMENT AND CANCELLATION OF NSCA	4. EFFECTIVE DATE MO. DA. YR. 07 11 77	5. CATEGORY OF EMPLOYMENT REGULAR
---	--	--------------------------------------

6. FUNDS	V TO V	V TO CF	7. PAN AND NSCA	8. CSC OR OTHER LEGAL AUTHORITY
	CF TO V	CF TO CF	3033 4801 0000	50 USC 403 J

9. ORGANIZATIONAL DESIGNATIONS DDO/NE DIVISION OFFICE OF THE CHIEF, NE DIVISION PLANS STAFF	10. LOCATION OF OFFICIAL STATION WASH., D.C.
--	---

11. POSITION TITLE RECORDS ADMIN OFF	12. POSITION NUMBER CG45	13. SERVICE DESIGNATION DCC
---	-----------------------------	--------------------------------

14. CLASSIFICATION SCHEDULE (GS, WG, etc.) GS	15. OCCUPATIONAL SERIES 0344.01	16. GRADE AND STEP 12 4	17. SALARY OR RATE 24070
--	------------------------------------	----------------------------	-----------------------------

18. REMARKS  
THIS ACTION REFLECTS NEW LEGISLATIVE PAY INCREASE EFFECTIVE 10/09/77.

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE 37	20. EMPLOY CODE 10	21. OFFICE CODING ALPHABETIC 48075 NE	22. STATION CODE 75013	23. INTORSEE CODE	24. Hdqtrs. Code 1	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI	
28. DATE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. Correction Cancellation Data	EOD DATA			33. SECURITY REG. NO.	34. SEX
35. VET PREFERENCE	36. SERV. COMP DATE	37. LONG COMP. DATE	38. CAREER CATEGORY	39. POLY / HEALTH INSURANCE		40. SOCIAL SECURITY NO.			
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE	42. LEAVE CAT. CODE	43. FEDERAL TAX DATA		44. STATE TAX DATA					
0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)		FORM EXECUTED 1 - YES 2 - NO		NO TAX EXEMPTIONS		FORM EXECUTED 1 - YES 2 - NO			

FROM: CCS

SIGNATURE OR OTHER AUTHENTICATION

POSTED  
NOV 18 1977



All

L20 100 045

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5 U.S.C. AND EXECUTIVE ORDER 12016 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 8 OCTOBER 1962."

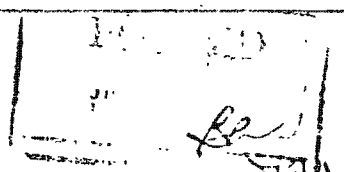
EFFECTIVE DATE OF PAY ADJUSTMENT: 09 OCTOBER 1977

NAME	ID NUMBER	ORG.	SCH-GR-STEP	NEW SALARY
		CCS	GS 12 4	\$24,070

15848

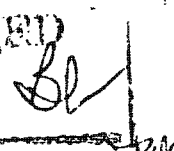
KKK: 22 JULY 76

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION													
1 SERIAL NUMBER		2 NAME (LAST FIRST MIDDLE)											
3 NATURE OF PERSONNEL ACTION REASSIGNMENT - CHANGE OF HOME BASE						4 EFFECTIVE DATE MO DA YR 07 13 76		5 CATEGORY OF EMPLOYMENT REGULAR					
6 FUNDS		V TO V		V TO CF		7 PAN AND NBDA T230 0118 0002		8 CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J					
CF TO V		CF TO CF		9 ORGANIZATIONAL DESIGNATIONS DDO/CCS REGISTRY								10 LOCATION OF OFFICIAL STATION WASH., D.C.	
11 POSITION TITLE RECORDS ADMIN OFF CH						12 POSITION NUMBER BL44		13 SERVICE DESIGNATION DCC					
14 CLASSIFICATION SCHEDULE (OS, LS, etc.) GS			15 OCCUPATIONAL SERIES 0344.01			16 GRADE AND STEP 12 4		17 SALARY OR RATE 21324					
18 REMARKS													
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL													
19 ACTION CODE 37	20 EMPLOY CODE 10	21 OFFICE CODING NUMERIC ALPHABETIC 39115 CCS		22 STATION CODE 75013	23 INTEGREE CODE 1	24 INDUSTRY CODE		25 DATE OF BIRTH MO DA YR		26 DATE OF GRADE MO DA YR		27 DATE OF LET MO DA YR	
28 RATE EXPIRES MO DA YR		29 SPECIAL REFERENCE	30 RETIREMENT DATA 1 CSC 2 C.A. 3 F.C.A. 4 NONE		31 SEPARATION DATA CODE	32 Correction/Correction Data YR		33 SECURITY REG NO		34 SEX			
35 VET PREFERENCE CODE 1 2 3 1 2 3 1 2 3		36 SERV COMP DATE MO DA YR		37 LONG COMP DATE MO DA YR		38 CAREER CATEGORY CGR SERV CODE CODE CODE PROV TEMP		39 FEGLI - HEALTH INSURANCE 8 WAIVER HEALTH INS CODE		40 SOCIAL SECURITY NO.			
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0 1 2 3 0 NO PREVIOUS SERVICE 1 NO BREAK IN SERVICE 2 EQUAL OR SERVICE LESS THAN 1 YES 3 EQUAL OR SERVICE MORE THAN 1 YES			42 LEAVE CAT CODE	43 FEDERAL TAX DATA FORM EXECUTED CODE PAY TAX EXEMPTIONS 1 YES 2 NO		44 STATE TAX DATA FORM EXECUTED CODE PAY TAX EXEMPTION STATE CODE 1 YES 2 NO							
SIGNATURE OR OTHER AUTHENTICATION													
													

AEO:13 AUG 76

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												
CHANGE OF FAN										08 09 76					REGULAR												
6. FUNDS					7. PAN AND NSCA					8. CSC OR OTHER LEGAL AUTHORITY																	
X V TO V CF TO V					T230 0130 0002					50 USC 403 J																	
9. ORGANIZATIONAL DESIGNATIONS										10. LOCATION OF OFFICIAL STATION																	
DDO/CCS REGISTRY										WASH., D.C.																	
11. POSITION TITLE										12. POSITION NUMBER					13. SERVICE DESIGNATION												
RECORDS ADMIN OFF CH										BL44					DCC												
14. CLASSIFICATION SCHEDULE (GS, 18, etc.)					15. OCCUPATIONAL SERIES					16. GRADE AND STEP					17. SALARY OF RATE												
GS					0344.01					12 4					21324												
18. REMARKS																											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING				22. STAT CODE		23. INTEGRAL CODE		24. UNIT CODE		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF IET									
37		10		39115 CCS				73013		1				MO DA YR		MO DA YR		MO DA YR									
28. IETI EXPIRES				29. SPECIAL REFERENCE				30. RETIREMENT DATA				31. SEPARATION DATA CODE				32. CONTROL OF INFORMATION DATA				33. SECURITY REQ NO.		34. SEX					
MO DA YR				1 CSC 2 CUB 3 FCA 4 OTHER				COCA				1119 MO DA YR				EOD DATA											
25. IET PREFERENCE				36. SERV COMP DATE				37. LONG COMP DATE				38. CAREER CATEGORY				39. FEDERAL HEALTH INSURANCE				40. SOCIAL SECURITY NO.							
COCA 0 NONE 1 SW 2 CP				MO DA YR				MO DA YR				CAP 011V COCA 000V PROV 000V				COCA 0 NONE 1 YES 2 NO				HEALTH INS CODE							
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE								42. LEAVE CAT CODE				43. FEDERAL TAX DATA				44. STATE TAX DATA											
COCA 1 NO PREVIOUS SERVICE 2 NO SERA IN SERVICE 3 SERA IN SERVICE (LESS THAN 3 YRS) 4 SERA IN SERVICE (MORE THAN 3 YRS)								COCA 1 YES 2 NO				COCA 0 NO TAX EMPLOYMENT 1 YES 2 NO				COCA 1 NO TAX EXEMP 2 STATE CODES											
SIGNATURE OR OTHER AUTHENTICATION																											
<p>POSTED</p> <p>AUG 1976</p> 																											

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	
REASSIGNMENT			MO DA YR 01 23 76			
6. FUNDS		V TO V	V TO CF	7. FAN AND NSCA		8. CSC OR OTHER LEGAL AUTHORITY
CF TO V		CF TO CF	6230 0118 0002			
9. ORGANIZATIONAL DESIGNATIONS			10. LOCATION OF OFFICIAL STATION			
DDO/CCS			WASH., D.C.			
11. POSITION TITLE			12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION	
RECORDS ADMIN OF CH			6144		DAC	
14. CLASSIFICATION SCHEDULE (GS, LB, etc)		15. OCCUPATIONAL SERIES	16. GRADE AND STEP		17. SALARY OR RATE	
GS		0344.01	12			
18. REMARKS						
SIGNATURE OR OTHER AUTHENTICATION						
30 ACJ						

SERIAL NO.		NAME		ORGANIZATION		STATUS		EMP. PRISM			
				39 115							
OLD SALARY RATE				NEW SALARY RATE				TYPE ACTION			
Grade	Step	Salary	Last Em. Date	Grade	Step	Salary	EFFECTIVE DATE	SI	ADJ		
GS 12	3	20,678	11/24/74	GS 12	4	21,324	11/23/75				
CERTIFICATION AND AUTHENTICATION											
EMPLOYEE CERTIFICATION				EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE							
SIGNATURE						DATE					
						12 Sept 1975					
<input checked="" type="checkbox"/> NO EXCESS LWOP <input checked="" type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD											
CLERKS INITIALS											
FORM 560E		Use previous editions		PAY CHANGE NOTIFICATION				E 3		(4-51)	

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5, U.S.C. AND EXECUTIVE ORDER 11541 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 OCTOBER 1976

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
	39 115	V	GS 12	4	\$22,485

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5, U.S.C. AND EXECUTIVE ORDER 11883 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 12 OCTOBER 1975

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
WOODS JAMES S	010032	39 115	V	GS 12 3	\$20,678

SECRET  
(When Filled In)

### NOTIFICATION OF PERSONNEL ACTION

1 SERIAL NUMBER 2 NAME (LAST FIRST MIDDLE)

3 NATURE OF PERSONNEL ACTION  
PROMOTION  
4 EFFECTIVE DATE  
11 24 74  
5 CATEGORY OF EMPLOYMENT  
REGULAR

FUNDS  
V TO V  
V TO CF  
CF TO V  
CF TO CF  
7. FAN AND NSCA  
5230 0121 0002  
8 CSC OR OTHER LEGAL AUTHORITY  
50 USC 403

9 ORGANIZATIONAL DESIGNATIONS  
DDC/CCS  
REGISTRY  
10 LOCATION OF OFFICIAL STATION  
WASH., D.C.

11 POSITION TITLE  
RECORDS ADMIN. GE. CH.  
12 POSITION NUMBER  
0081  
13 SERVICE DESIGNATION  
DAC

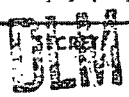
14 CLASSIFICATION SCHEDULE (GS, LS, etc.)  
GS  
15 OCCUPATIONAL SERIES  
0344.01  
16 GRADE AND STEP  
12 3  
17 SALARY OR RATE  
19083

18 REMARKS

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19 ACTION CODE 22	20 Employ Code 10	21 OFFICE CODING NUMERIC 32115 ALPHABETIC CCS		22 STATION CODE 75043	23 INTEGREE CODE	24 Military Code 1	25 DATE OF BIRTH MO DA YR 11 24 74		26 DATE OF GRADE MO DA YR 11 24 74		27 DATE OF LST MO DA YR 11 24 74	
28 INT. EXPIRES MO DA YR		29 SPECIAL REFERENCE		30 RETIREMENT DATA 1 CSC 2 CIA 3 TASA 4 NONE CODE		31 SEPARATION DATA CODE		32 Correction / Cancellation Data TYPE MO DA YR		33 SECURITY REQ. NO.		34 SEV
35 VET PREFERENCE CODE 0 - NONE 1 - 5 YR 2 - 10 YR		36 SEV COMP DATE MO DA YR		37 LONG COMP DATE MO DA YR		38 CAREER CATEGORY CNR PROV SEMP		39 FEGLI / HEALTH INSURANCE CODE 0 - WANTED 1 - YES		40 SOCIAL SECURITY NO.		
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE LESS THAN 3 YRS 3 - BREAK IN SERVICE 3 OR MORE YRS				42 LEAVE CAT CODE		43 FEDERAL TAX DATA FORM EXECUTED 1 - YES 2 - NO CODE NOT TAX EXEMPTIONS			44 STATE TAX DATA FORM EXECUTED 1 - YES 2 - NO CODE NO. STATE EMP STATE CODE			

EOD DATA  
POSTED  
DEC 2 1974  
*[Signature]*



BBG: 19 SEPT 73

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			
REASSIGNMENT, TRANSFER TO VOUCHERED FUNDS AND DELEGATION OF NSCA							09 16 73		REGULAR			
6 FUNDS		7. FAN AND NSCA		8 CSC OR OTHER LEGAL AUTHORITY								
X		4230 0121 0002		50 USC 403 J								
9 ORGANIZATIONAL DESIGNATIONS							10 LOCATION OF OFFICIAL STATION					
DDO/GCS OFFICE OF THE CHIEF RECORDS MANAGEMENT AND REGISTRY SEC							WASH., D.C.					
11 POSITION TITLE				12 POSITION NUMBER		13 SERVICE DESIGNATION						
RECORDS ADMIN OF CH				0061		D						
14 CLASSIFICATION SCHEDULE (GS 15-95)			15 OCCUPATIONAL SERIES		16 GRADE AND STEP		17 SALARY OR RATE					
GS			0344.01		11 6		16326					
18 REMARKS												
W-2 INFO: CIA												
HOME BASE: SS												
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL												
19 ACTION CODE	20 EMPLOY CODE	21 SERVICE CODING		22 STATION CODE	23 INTEGRATED CODE	24 PAY GRADE	25 DATE OF BIRTH		26 DATE OF GRADE		27 DATE OF LET	
16	10	35100 - GCS		75013		1						
28 INT. EXP. DATE			29 SPECIAL REFERENCE		30 RETIREMENT DATA		31 SEPARATION DATA CODE		32 CORRECTION / CANCELLATION DATE		33 SECURITY REQ. NO.	34 SEX
XX XX XX											EOD DATA	
35 VET PREFERENCE		36 SERV. COMP. DATE		37 LONG. COMP. DATE		38 CAREER CATEGORY		39 FEGLI / HEALTH INSURANCE		40 SOCIAL SECURITY NO.		
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE				42 LEA / CAT CODE		43 FEDERAL TAX DATA			44 STATE TAX DATA			
SIGNATURE OR OTHER AUTHENTICATION						POSTED						
FROM: EUR						9-20-73						

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5, U.S.C. AND EXECUTIVE ORDER 11811 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
		39	115	V GS 11 6	\$19,061

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

EFFECTIVE DATE OF DESIGNATION: 01 MAY 1974.

42300121



"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	ORGN.	FUNDS	GR-STEP	NEW SALARY
		39	115	V GS 11 6	\$17,116

"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	NEW SALARY
		44	750	CF GS 10 7	\$15,331

OF PAY ADJUSTMENT CORRECTED FROM  
11777, DATED 12 APR 1974.

**SECRET**  
(When Filled In)

LML: 13 FEB 73

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						02   04   73		REGULAR			
6. FUNDS		V TO V		V TO OF		7. Financial Analysis No Chargeable		8. CSC OR OTHER LEGAL AUTHORITY			
CF TO V		X		CF TO OF		3135 1267 0000		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP/EUROPEAN DIVISION FOREIGN FIELD						SUPPORT BRANCH					
11. POSITION TITLE						12. POST CODE NUMBER		13. SERVICE DESIGNATION			
RECORDS ADM OF						0699		D			
14. CLASSIFICATION SCHEDULE (GS, LS, etc.)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP			17. SALARY OR RATE		
GS			0344.01			11 6			16326		
18. REMARKS											
HOME BASE: IS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTERNAL CODE	24. GRADE CODE	25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LET
22	10	44750	EUR	36533		3			02   04   73		02   04   73
29. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. Continuation/Concomitant Data		33. SECURITY REQ MO	
MO DA YR		81						EOD DATA			
35. VET PREFERENCE		36. SERV COMP DATE		37. LONG COMP DATE		38. DUTY CATEGORY		39. LEGAL HEALTH INSURANCE		40. SOCIAL SECURITY NO	
CODE		MO DA YR		MO DA YR		1-YES 2-NO		1-YES 2-NO			
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE				42. LEAVE CAT. CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA			
CODE								FORM EXECUTED			
1. NO BREAK IN SERVICE								1. YES			
2. BREAK IN SERVICE (LESS THAN 3 YRS)								2. NO			
3. BREAK IN SERVICE (MORE THAN 3 YRS)											
SIGNATURE OF OTHER AUTHENTICATION											
<div style="border: 2px solid black; padding: 10px; display: inline-block; margin: 10px;"> <p style="font-size: 24px; font-weight: bold;">POSTED</p> <p style="font-size: 18px; font-family: cursive;">Dun</p> </div>											

NORM 9-68 11-0 Mfg 11-71 Use Previous Edn

**SECRET**

**LML**

FORM 1  
10-68 (REV. 6-68)  
GPO: 1968 O-341-000

When Filled In

15

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

EFFECTIVE DATE OF PAY ADJUSTMENT: 9 JANUARY 1972

NAME	SERIAL	ORGN.	FUNDS	GR	STEP	NEW SALARY
		44	750	CP	GS 10 7	\$14,581

23 MAY 1971.

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

OCP

1 SERIAL NUMBER	2 NAME (LAST FIRST MIDDLE)

3 NATURE OF PERSONNEL ACTION <b>REASSIGNMENT AND TRANSFER TO CONFIDENTIAL FUNDS</b>	4 EFFECTIVE DATE MO DA YR <b>05 30 71</b>	5 CATEGORY OF EMPLOYMENT <b>REGULAR</b>
--	---	--

6 FUNDS	V TO V	X	V TO CF	7 Financial Analyst No. Chargeable	8 CSC OR OTHER LEGAL AUTHORITY
	CF TO V		CF TO CF	<b>1136 1267 0000</b>	<b>50 USC 403 J</b>

9 ORGANIZATION SYMBOL AND NAME <b>DDP/EUR DIVISION FOREIGN FIELD</b>	10 LOCATION OF OFFICIAL STATION <b>SUPPORT BRANCH</b>
---	--

11 POSITION TITLE <b>RECORDS ADM OF</b>	12 POSITION NUMBER <b>0699</b>	13 SERVICE DESIGNATION <b>D</b>
--	-----------------------------------	------------------------------------

14 CLASSIFICATION SYMBOL (E.G. GS)	15 OCCUPATIONAL SERIES	16 GRADE AND STEP	17 SALARY OR RATE
<b>GS</b>	<b>0344.01</b>	<b>10 7</b>	<b>13821</b>

18 REMARKS

HOME BASE: EUR

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19 AGENCY CODE	20 EMPLOYEE CODE	21 OFFICE SYMBOL	22 STATION CODE	23 DATE OF BIRTH	24 SOCIAL SECURITY NO.	25 DATE OF LEAVE
<b>20</b>	<b>10</b>	<b>44525</b>	<b>EUR</b>	<b>36533</b>	<b>3</b>	
26 NIE SYMBOL	27 SPECIAL EMPLOYMENT	28 SET REPORT DATA	29 SPECIALTY DATA CODE	30 Correction/Expiration Data	31 SECURITY (119 767)	32 GSA
<b>05 23 73</b>	<b>82</b>				<b>ADD DATA</b>	
33 VET PREFERENCE	34 SERV. STAMP DATA	35 LEAVE COMP DATA	36 CAREER CATEGORY	37 FEDERAL HEALTH INSURANCE	38 SOCIAL SECURITY NO.	
39 FEDERAL EMPLOYEE STATUS	40 LEAVE CAT	41 FEDERAL TAX DATA	42 STATE TAX DATA			

SIGNATURE OR OTHER AUTHENTICATION

**POSTED**

11 4-2-71

13

FORM 1152 USE PREVIOUS EDITIONS

SECRET

DMB

ARS: 11 MARCH 71

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					
CHANGE OF FAN				02   15   71		REGULAR					
6 FUNDS		V TO V		V TO CF		7 Financial Analysis No. Chargeable		8 CSC OR OTHER LEGAL AUTHORITY			
X						1236 1186 0000		50 USC 403 J			
9 ORGANIZATIONAL DESIGNATIONS						10 LOCATION OF OFFICIAL STATION					
DDP/EUR DEVELOPMENT COMPLEMENT						WASH., D.C.					
11 POSITION TITLE						12 POSITION NUMBER		13 SERVICE DESIGNATIONS			
RECORDS ADM OFFICER						9957		D			
14 CLASSIFICATION SCHEDULE (GS, LB, etc.)			15 OCCUPATIONAL SERIES			16 GRADE AND STEP			17 SALARY OR RATE		
GS			0344.01			10 7			13621		
18 REMARKS											
OTHER											
HOME BASE: EUR											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19 ACTION CODE		20 EMPLOY CODE		21 OFFICE CODING		22 STATION CODE		23 INTEGREE CODE		24 RIDING CODE	
37		16		NUMERIC ALPHABETIC 44997 EUR		75013					
25 DATE OF BIRTH		26 DATE OF GRADE		27 DATE OF LEI		28 DATE OF REFERENCE		29 SPECIAL REFERENCE		30 RETIREMENT DATA	
31 VET PREFERENCE		32 SERV COMP DATE		33 LONG LEAVE DATE		34 CAREER CATEGORY		35 REGU HEALTH INSURANCE		36 SOCIAL SECURITY NO	
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE				42 LEAVE CAT CODE		43 FEDERAL TAX DATA				44 STATE TAX DATA	
1 NO PREVIOUS SERVICE 2 NO STRIKE IN SERVICE 3 SERVED IN WHICH LESS THAN 1 YEAR 4 SERVED IN WHICH MORE THAN 1 YEAR						1 YES 2 NO				1 YES 2 NO	
SIGNATURE OF OTHER AUTHENTICATION											
<div style="border: 1px solid black; padding: 5px; display: inline-block;">             POSTED              312-7142           </div>											

PERM 1150  
5-69 8-70

Use Previous Edition

SECRET

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RECEIVED  
DISTRIBUTION  
DATE

OPTION 2-2

14-00000

"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
		44	997	V GS. 10 7	\$13,821

ARS: 27 JAN 71

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION										
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)								
REASSIGNMENT AND TRANSFER TO VOUCHERED FUNDS-CORRECTION				4. EFFECTIVE DATE MO DA YR 01 10 71		5. CATEGORY OF EMPLOYMENT REGULAR				
A. FUNDS	V TO V		V TO CF		7. Financial Analysis No. Chargeable		8. CSC OR OTHER LEGAL AUTHORITY			
	X	CF TO V		CF TO CF	1234 1186 0000		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS DDP/EUR DEVELOPMENT COMPLEMENT					10. LOCATION OF OFFICIAL STATION WASH., D.C.					
11. POSITION TITLE RECORDS ADM OFFICER					12. POSITION NUMBER 9997		13. SERVICE DESIGNATION D			
14. CLASSIFICATION-SCHEDULE (GS, BR, etc.) GS			15. OCCUPATIONAL SERIES 0344.01		16. GRADE AND STEP 10 7		17. SALARY OR RATE 13821			
18. REMARKS THIS ACTION CORRECTS FORM 1150 THE EFFECTIVE DATE WHICH READ 12/13/70 TO READ 01/10/71.										
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL										
19. ACTION CODE 58	20. EMPLOY CODE 18	21. OFFICE CODING NUMERIC ALPHABETIC 44397 EUR		22. STATION CODE 75013	23. UTILITY CODE	24. EMPLOY CODE 1	25. DATE OF BIRTH MO DA YR		26. DATE OF GRADE MO DA YR	27. DATE OF LEI MO DA YR
29. NTE EXP RES		30. RETIREMENT DATA		31. SEPARATION DATA CODE 16	32. Correction/Cancellation Date MO DA YR 12 13 70		33. SECURITY REQ NO		34. SEA	
35. VET PREFERENCE		36. SERV COMP DATE		37. LONG COMP DATE		38. CAREER CATEGORY		39. FEGLI - HEALTH INSURANCE		40. SOCIAL SECURITY NO
31. PREVIOUS CIVILIAN GOVERNMENT SERVICE		42. LEAVE CAT CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA				
41. NO PREVIOUS SERVICE		41. NO PREVIOUS SERVICE		41. YES		41. YES		41. YES		41. YES
41. NO PREVIOUS SERVICE		41. NO PREVIOUS SERVICE		41. YES		41. YES		41. YES		41. YES
41. NO PREVIOUS SERVICE		41. NO PREVIOUS SERVICE		41. YES		41. YES		41. YES		41. YES
41. NO PREVIOUS SERVICE		41. NO PREVIOUS SERVICE		41. YES		41. YES		41. YES		41. YES
SIGNATURE OR OTHER AUTHENTICATION										
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p style="text-align: center; margin: 0;">POSTED</p> <p style="text-align: center; margin: 0;">1-29-71 <i>[Signature]</i></p> </div>										

SECRET  
(When Filled In)

AIR: 11 DEC 70

NOTIFICATION OF PERSONNEL ACTION

1 SERIAL NUMBER	2 NAME (LAST-FIRST MIDDLE)
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3 NATURE OF PERSONNEL ACTION REASSIGNMENT AND TRANSFER TO VOUCHERED FUNDS	4 EFFECTIVE DATE MO DA YR 12 13 70	5 CATEGORY OF EMPLOYMENT REGULAR
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6 FUNDS	V TO V	V TO CF	7 Financial Analysis No. Chargeable	8 CSC OR OTHER LEGAL AUTHORITY
X	CF TO V	CF TO CF	1236 1186 0000	50 USC 403 J

9 ORGANIZATIONAL DESIGNATIONS DCP/EUR DEVELOPMENT COMPLEMENT	10 LOCATION OF OFFICIAL STATION WASH., D.C.
--	--

11 POSITION TITLE RECORDS ADM OFF	12 POSITION NUMBER 9997	13 SERVICE DESIGNATION D
--------------------------------------	----------------------------	-----------------------------

14 CLASSIFICATION SCHEDULE (GS, LB, etc.) GS	15 OCCUPATIONAL SERIES 0344.01	16 GRADE AND STEP 10 7	17 SALARY OR RATE 13041
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18 REMARKS  
OTHER  
  
HOME BASE: EUR

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19 ACTION CODE	20 EMPLOY CODE	21 OFFICE CODING NUMERIC ALPHABETIC 44597 EUR	22 STAT/CH CODE 75013	23 INTRIPLE CODE	24 TRANS CODE	25 DATE OF BIRTH	26 DATE OF GRADE	27 DATE OF LET
28 NET EMPLOY	29 SPECIAL REFERENCE	30 RETIREMENT DATA	31 SEPARATION DATA CODE	32 Correction/Modification Data	33 SECURITY	34 SEX	EOD DATA	
35 NET PREFERENCE	36 SERV COMP DATE	37 LONG COMP DATE	38 CAREER CATEGORY	39 FEGLI / HEALTH INSURANCE	40 SOCIAL SECURITY NO			
41 PREVIOUS MILITARY GOVERNMENT SERVICE		42 LEAVE CAT CODE	43 FEDERAL TAX DATA		44 STATE TAX DATA			

SIGNATURE OR OTHER AUTHENTICATION

POSTED  
11 12-17-70  
BECOME FROM CUSTOMER'S  
Scheduling and  
Classification  
(When Filled In)



01-11-69

1 SERIAL NO		2 NAME		3 ORGANIZATION		4 FUNDS		5 LWOP HOURS			
				44 525		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	10	6	\$12,679	07/28/68	GS	10	7	\$13,041	07/28/70		
CERTIFICATION AND AUTHENTICATION											
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.											
SIGNATURE						DATE					
<i>[Signature]</i>						6/23/70					
<input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD											
CER'S INITIALS						ADJUD BY					
FORM 7-66 560 E Use previous editions						PAY CHANGE NOTIFICATION <i>[Signature]</i> (4-81)					

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-231 AND EXECUTIVE ORDER 11924 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 28 DECEMBER 1969

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
[Redacted]		44	525	CF GS 10 6	\$12,679

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTION 213 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
[Redacted]		44	525	CF GS 10 5	\$11,942

4 NOV 68

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

OFC

1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT			
4. EFFECTIVE DATE MO DA YR 11 04 68		5. CATEGORY OF EMPLOYMENT REGULAR	
6. FUNDS V TO V CF TO V X		7. Financial Analysis No. Chargeable 9136 1214 0000	
8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J		9. ORGANIZATIONAL DESIGNATION DDP/EUR FOREIGN FIELD	
10. LOCATION OF OFFICIAL STATION		11. POSITION TITLE RECORDS ADM OF	
12. POSITION NUMBER 0254		13. SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (OS, IS, etc.) GS		15. OCCUPATIONAL SERIES 0344.01	
16. GRADE AND STEP 10 6		17. SALARY OR RATE 10847	
18. REMARKS			

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE 37	20. EMPLOY CODE 10	21. OFFICE CODING NUMBER: 44525 ALPHABET: EUR	22. STATION CODE 21025	23. INTEGRATE CODE	24. INSURANCE CODE 3	25. DATE OF BIRTH MO DA YR	26. DATE OF GRADE MO DA YR	27. DATE OF LEI MO DA YR
28. RATE EXPIRES MO DA YR 11 03 70	29. SPECIAL REFERENCE 83	30. PREPARATION DATA 1. CS 2. CA 3. FCA 4. FCPA	31. SEPARATION DATA CODE	32. CORRECTION / CORRECTION DATA TYPE MO DA YR	EOD DATA		33. SECURITY REF. NO.	34. SER.
35. VET PREFERENCE CODE 0 NONE 1 5% 2 10%	36. SERV. COMP. DATE MO DA YR	37. LONG COMP. DATE MO DA YR	38. CAREER CATEGORY CAR SERV CODE CODE PROA TEMP	39. HEALTH / HEALTH INSURANCE HEALTH PLAN CODE	40. SOCIAL SECURITY NO.			
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 1. NO PREVIOUS SERVICE 2. NO BREAK IN SERVICE 3. BREAK IN SERVICE (ISSUE BREAK 3 YES) 4. BREAK IN SERVICE (NOTE BREAK 3 YES)			42. LEAVE CAT. CODE	43. FEDERAL TAX DATA TAX EXEMPTED CODE TAX EXEMPTIONS 1 YES 2 NO		44. STATE TAX DATA STATE EXEMPTED CODE TAX EXEMPTIONS 1 YES 2 NO		

SIGNATURE OR OTHER AUTHENTICATION

FROM FE

11-7-68  
Dm

VO: 6 AUG 68

SECRET  
(When Filled In)

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
PROMOTION			07   28   68	REGULAR
6 FUNDS		V TO V	V TO CF	7 Practical Analysis No. Chargeable
CF TO V		X	CF TO CF	8 CSC OR OTHER LEGAL AUTHORITY
				9137 1487 0000
9 ORGANIZATIONAL DESIGNATIONS			10 LOCATION OF OFFICIAL STATION	
DDP/FE FOREIGN FIELD FE/VNO VIET NAM STATION INTELLIGENCE DIVISION COLLATION BRANCH CURRENT INTELLIGENCE SECTION BIOGRAPHIC UNIT			SAIGON, SOUTH VIET. NAM	
11. POSITION TITLE			12. POSITION NUMBER	13. SERVICE DESIGNATION
RECORDS ADMIN OF			4984	D
14. CLASSIFICATION SCHEDULE (OS, LB, etc.)		15 OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
GS		0344.01	10 6	10847
18. REMARKS				
RECORDS ADMIN OFFICER OCCUPYING 10 GENERAL POSITION				

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 HIGHER CODE	25 DATE OF BIRTH	26 DATE OF GRADE	27 DATE OF LES
22	10	NUMERIC 45500	ALPHABETIC FE	77205		3	MO DA YR 07 28 68	MO DA YR 07 28 68	MO DA YR 07 28 68
28. NOTE EXEMPT		29 SPECIAL REFERENCE	30 RETIREMENT DATA	31 SEPARATION DATA CODE	32 Correction - Correction Data			33 SECURITY RTO NO	34 SER
			1. CSC 2. CIA 3. FICA 4. FPMR		BOD DATA				
35 VET PREFERENCE		36 SERV. COMP DATE	37 LONG COMP DATE	38 CAREER CATEGORY		39 REGIST / HEALTH INSURANCE		40 SOCIAL SECURITY NO.	
CODE 0 NONE 1 5 PT 2 10 PT		MO DA YR	MO DA YR	CAR PROV	SEV TEMP	CODE 1 YES 2 NO	HEALTH INS CODE		
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE			42 LEAVE CAT. CODE	43 FEDERAL TAX DATA			44 STATE TAX DATA		
CODE 0 NO PREVIOUS SERVICE 11 NO GREATER SERVICE 2 GREATER SERVICE (LESS THAN 3 YRS) 3 GREATER SERVICE (MORE THAN 3 YRS)				FORM EXECUTED 1 YES 2 NO	CODE	NO TAX PAYMENTS	FORM EXECUTED 1 YES 2 NO	CODE	NO TAX STATE CODE

SIGNATURE OR OTHER AUTHENTICATION

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*[Signature]*  
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14-00000

"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 6 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 14 JULY 1968

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
	45 500	CF	GS	09 7	\$ 9,668	\$10,154

"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
	45 500	CF	GS	09 7	\$ 9,202	\$ 9,668

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION						
1 SERIAL NUMBER		2 NAME (LAST-FIRST MIDDLE)				
OCS 05/31/67						
3 NATURE OF PERSONNEL ACTION			4 EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT	
REASSIGNMENT			MO. DA YE 05   21   67			
6 FUNDS		V TO V	V TO O	7. FINANCIAL ANALYSIS NO. CHARGEABLE		8 CSC OR OTHER LEGAL AUTHORITY
O TO V		X	O TO O	7137 1487 0000		
9 ORGANIZATIONAL DESIGNATIONS			10 LOCATION OF OFFICIAL STATION			
ODPAPE DIVISION			SAIGON, SOUTH VIET NAM			
11 POSITION TITLE			12 POSITION NUMBER		13 CAREER SERVICE DESIGNATION	
RECORDS ADMIN OF			4965		D	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)		15. OCCUPATIONAL SERIES		16 GRADE AND STEP	17. SALARY OR RATE	
GS		0344,01		09		
18. REMARKS						
SIGNATURE OR OTHER AUTHENTICATION						

MRT: 9 DEC 66

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER: 010032  
2. NAME (LAST-FIRST-MIDDLE): WOODS JAMES S

3. NATURE OF PERSONNEL ACTION: DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM  
4. EFFECTIVE DATE: 12 18 1966  
5. CATEGORY OF EMPLOYMENT: REGULAR

6. FUNDS: V TO V, CF TO V, X, CF TO CF  
7. COST CENTER NO. CHARGEABLE: 7137 1566 0000  
8. CSC OR OTHER LEGAL AUTHORITY: PL 88-643 SECT. 203

9. ORGANIZATIONAL DESIGNATIONS: DDP/FE  
10. LOCATION OF OFFICIAL STATION: Saigon, South Viet Nam

11. POSITION TITLE  
12. POSITION NUMBER  
13. SERVICE DESIGNATION: D

14. CLASSIFICATION SCHEDULE (GS, LB, etc.)  
15. OCCUPATIONAL SERIES  
16. GRADE AND STEP: 09  
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

Grid for personnel data including: 19. ACT/20. EMPLOY CODE, 21. OFFICE CODING, 22. STATION CODE, 23. INTEGRATE CODE, 24. Wdghts Code, 25. DATE OF BIRTH, 26. DATE OF GRADE, 27. DATE OF LEI, 28. NTE EXP/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 CATEGORY, 39. FEGLI / HEALTH INSURANCE, 40. SOCIAL SECURITY NO., 41. PREVIOUS GOVERNMENT SERVICE DATA, 42. LEAVE CAT. CODE, 43. FEDERAL TAX DATA, 44. STATE TAX DATA.

EOD DATA

SIGNATURE OR OTHER AUTHENTICATION

POSTED  
12-14-66

MRT: 8 DEC 66

SECRET  
(When Filled In)

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				NO. DA. YR. 12 1 08 66		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		7137 1487 0000		50 USC 403 J				
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION						
DDP/FE FOREIGN FIELD FE/VNC - VIETNAM STATION EXECUTIVE OFFICE REGISTRY SECTION						SAIGON, SOUTH VIET NAM						
11. POSITION TITLE				12. POSITION NUMBER		13. SERVICE DESIGNATION						
RECORDS ADMIN OF				4127		D						
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE					
GS			0344.01		09 7		9262					
18. REMARKS												
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL												
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. INDENT CODE	25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI	
37	10	NUMERIC	ALPHABETIC	77205		3	MO DA. YR.		MO DA. YR.		MO DA. YR.	
28. HTE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. CORRECTION/CLASSIFICATION DATA		EOD DATA		33. SECURITY REG NO.		34. SEX	
MO. DA. YR.		1 - CSC 2 - PICA 3 - NONE	CODE	DATA CODE	TYPE	NO. DA. YR.						
35. VET. PREFERENCE	36. SERV. COMP. DATE		37. LONG COMP. DATE		38. CAREER CATEGORY		39. FEI/1 / HEALTH INSURANCE		40. SOCIAL SECURITY NO.			
CODE	MO. DA. YR.	MO. DA. YR.	MO. DA. YR.	CAN. RESY 1 - YES 2 - NO	CODE	CODE	9 - DRIVER 1 - YES	HEALTH INS. CODE				
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT. CODE	43. FEDERAL TAX DATA		44. STATE TAX DATA					
CODE	1 - NO PREVIOUS SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)	CODE	FORM EXECUTED CODE	NO. TAX EXEMPTIONS	FORM EXECUTED CODE	CODE	NO. TAX EXEMPT	STATE CODE				
SIGNATURE OR OTHER AUTHENTICATION												

POSTED  
12-12-66

FORM 1150 11-62

Use Previous Edition

SECRET

*Ch*

GROUP 1  
EXCLUDED FROM AUTOMATIC  
DOWNGRADING AND  
DECLASSIFICATION

(4-81)  
When Filled In

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

EFFECTIVE DATE OF PAY ADJUSTMENT: 3 JULY 1966

NAME	SERIAL	ORGN,	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
[REDACTED]	45 380	CF	GS 09	7	\$ 9,003	\$ 9,262

1. Serial No.		2. Name		3. Cost Center Number		4. LWOP Hours				
[REDACTED]		[REDACTED]		45 380 CF		[REDACTED]				
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADI
GS-09	6	83719	11/07/65	GS-09	7	89003	03/27/66			
8. Remarks and Authentication										
QUALITY STEP INCREASE										
/s/ Emmett D. Roberts Date: 31 March 1966										
PAY CHANGE NOTIFICATION										

Form 560  
9-61

Obtain Form  
E-100

(4-51)

1. Serial No.		2. Name		3. Cost Center Number		4. LWOP Hours				
[REDACTED]		[REDACTED]		45 380 CF		[REDACTED]				
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADI
GS-09	6	83719	11/07/65	GS-09	7	89003	03/27/66			
8. Remarks and Authentication										
QUALITY STEP INCREASE										
/s/ Emmett D. Roberts Date: 31 March 1966										

/s/ Emmett D. Roberts

Date: 31 March 1966



"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-301, PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI POLICY DIRECTIVE DATED 2 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 OCTOBER 1965

NAME	SERIAL	ORGN.	FUND	GR-STEP	OLD SALARY	NEW SALARY
	45 380	CF	GS 09 3	\$ 8,200	\$ 8,495	

500

10

10F

1. Serial No.		2. Name		3. Cost Center Number		4. LWOP Hours				
				45 380 CF						
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	PL	LSH	ADJ.
GS 09 3	3	8195	11/10/63	GS 09 3	3	8495	11/07/65			
8. Remarks and Authorization										
<p>✓✓ NO EXCESS LWOP</p> <p>✓✓ IN PAY STATUS AT END OF WAITING PERIOD</p> <p>✓✓ LWOP STATUS AT END OF WAITING PERIOD</p> <p>CLERKS INITIALS _____ AUDITED BY <i>SA</i></p> <p>I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.</p> <p>SIGNATURE: <i>[Signature]</i> DATE: <i>11 October 65</i></p>										
PAY CHANGE NOTIFICATION										



SECRET  
(When filled in)

NOTIFICATION OF PERSONNEL ACTION

ADPD 09/18/64

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

3 NATURE OF PERSONNEL ACTION <b>REASSIGNMENT</b>	4 EFFECTIVE DATE MO DA YR <b>09 18 64</b>	5 CATEGORY OF EMPLOYMENT
---	---	--------------------------

6 FUNDS	V TO V O TO V	W DP O X O DP O	7 COST CENTER NO. CHARGEABLE <b>5137 1966 0000</b>	8 CSC OR OTHER LEGAL AUTHORITY
---------	------------------	--------------------	---	--------------------------------

9 ORGANIZATION (if assignment) <b>DDP/FE DIVISION</b> <b>CEN REG REC</b>	10 LOCATION OF OFFICIAL STATION
--	---------------------------------

11 POSITION TITLE <b>INTEL ANALYST CM</b>	12 POSITION NUMBER <b>4466</b>	13 CAREER SERVICE DESIGNATION <b>D</b>
--	-----------------------------------	---

14 CLASSIFICATION SCHEDULE (GS, LB, etc.) <b>GS</b>	15 OCCUPATIONAL SERIES <b>0132.39</b>	16 GRADE AND STEP <b>09</b>	17 SALARY OR RATE
--	--	--------------------------------	-------------------

18 REMARKS

SIGNATURE OF OTHER AUTHENTICATION

**POSTED**

*abdul moq*

AES: 16 MARCH 61

SECRET  
(When Filled In)

OCF NOTIFICATION OF PERSONNEL ACTION

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

3. NATURE OF PERSONNEL ACTION REASSIGNMENT & TRANSFER TO CONFIDENTIAL FUNDS*	4. EFFECTIVE DATE MO DA YR. 03 19 61	5. CATEGORY OF EMPLOYMENT REGULAR
--	--	--------------------------------------

6. FUNDS	V TO V <input checked="" type="checkbox"/> V TO CF <input type="checkbox"/> CF TO V <input type="checkbox"/> CF TO CF <input type="checkbox"/>	7. COST CENTER NO. CHARGEABLE 1137 7351 1000	8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 d
----------	---	---	---

9. ORGANIZATIONAL DESIGNATIONS DDP FE OFFICE OF THE CHIEF CENTRAL REGISTRY AND RECORDS SEC	10. LOCATION OF OFFICIAL STATION
---	----------------------------------

11. POSITION TITLE INTEL ANALYST GEN	12. POSITION NUMBER 3061	13. CAREER SERVICE DESIGNATION D
---	-----------------------------	-------------------------------------

14. CLASSIFICATION SCHEDULE (GS, WD, etc.) GS	15. OCCUPATIONAL SERIES 0132.36	16. GRADE AND STEP 09 3	17. SALARY OR RATE 6765
--	------------------------------------	----------------------------	----------------------------

18. REMARKS  
\*SUBJECT TO APPROVED MEDICAL CLEARANCE PRIOR TO BEING SENT OVERSEAS.

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE 20	20. EMPLOY CODE 10	21. OFFICE CODING ALPHABETIC 56380 FE	22. STATION CODE 37587	23. INTEGRAL CODE	24. RATING CODE 3	25. DATE OF BIRTH	26. DATE OF GRADE MO DA YR	27. DATE OF LEA MO DA YR
28. VTE EXPIRES MO DA YR	29. SPECIAL REFERENCE	30. RETIREMENT DATA 1 - CSC 2 - FICA 3 - NONE	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TTPS MO DA YR	EOD DATA		33. SECURITY BK SER REQ NO	
35. VET PREFERENCE CODE 0 - NONE 1 - 5 YR 2 - 10 YR	36. SERV. COMP. DATE MO DA YR	37. LONG COMP. DATE MO DA YR	38. MIL. SERV. CREDIT/LED 1 - YES 2 - NO	39. FEGLI / HEALTH INSURANCE CODE 0 - WAIVER 1 - YES	40. SOCIAL SECURITY NO.			
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 12 MOS) 3 - BREAK IN SERVICE (MORE THAN 12 MOS)	42. LEAVE CAT. CODE	43. FEDERAL TAX DATA FORM 1-EXEMPTED CODE 1 - YES 2 - NO	44. FEDERAL TAX DATA NO TAX EXEMPTIONS FORM 1-EXEMPTED 1 - YES 2 - NO	45. STATE TAX DATA CODE NO TAX STATE CODES				

SIGNATURE OR OTHER AUTHENTICATION

POSTED  
03/22/61 PK

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI MEMORANDUM DATED 1 AUGUST 1962, SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 5 JANUARY 1964.

NAME	SERIAL	ORGN	FUNDS	GR-ST	OLD SALARY	NEW SALARY
[REDACTED]	49 380	CF	05 09 5		\$ 7,975	\$ 7,950

1. Serial No		2. Name		3. Cost Center Number		4. LWOP Hours				
[REDACTED]		[REDACTED]		56 380 CF //						
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last Eff Date	Grade	Step	Salary	Effective Date	PM	LSI	ADJ.
GS 09	4	\$ 7,390	11/12/61	GS 09	5	\$ 7,975	11/10/62			
8. Remarks and Authentication								9		
/ / NO EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD / / LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS                      AUDITED BY								742		
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.								26 1/7		
SIGNATURE: [Signature]				DATE: [Signature]				11/14-63		
PAY CHANGE NOTIFICATION										

Form 9-61 560 Obsolete Formwork Edition (4-51)

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-790 AND DCI MEMORANDUM DATED 1 AUGUST 1964, SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 13 OCTOBER 1964

NAME	SERIAL	ORGN	FUNDS	GR-ST	OLD SALARY	NEW SALARY
[REDACTED]	94367	CF	06 4		\$ 6950	\$ 7280

6. OLD SALARY RATE					7. NEW SALARY RATE						
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
			DD	MM	YY				DD	MM	YY
GS 00	2	\$ 6,600	11	15	59	GS 00	3	\$ 6,745	11	13	60

**TO BE COMPLETED BY THE OFFICE OF COMPTROLLER**

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

9. NUMBER OF HOURS LWOP \_\_\_\_\_  
 10. INITIALS OF CLERK \_\_\_\_\_ 11. AUGMENT BY \_\_\_\_\_

**TO BE COMPLETED BY THE OFFICE OF PERSONNEL**

12. TYPE OF ACTION  
 P.O.I.  L.S.I.  PAY ADJUSTMENT

13. REMARKS \_\_\_\_\_

14. AUTHENTICATION \_\_\_\_\_

**PAY CHANGE NOTIFICATION**

WK

FORM 4-59

560 OBSOLETE PREVIOUS EDITION REPLACES FORM 5600, AND 5600b.

SECRET

OFFICIAL PERSONNEL FOLDER (41)

SECRET  
(When Filled In)

1. Serial No.	2. Name	3. Cost Center Number	4. LWOP Hours
		DDP/FF 11 UV	

5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADJ.
GS	00	\$ 6,765	11/13/60	GS	4	\$ 6,930	11/12/61			

8. Remarks and Authentication

/ / NO EXCESS LWOP  
 / / IN PAY STATUS AT END OF WAITING PERIOD  
 / / IN LWOP STATUS AT END OF WAITING PERIOD

**PAY CHANGE NOTIFICATION**

WK

/ Obsolete Previous

SECRET

(4-31)

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

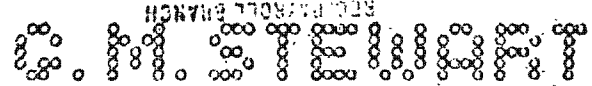
SO NAME

01

SERIAL

ORGN GR-ST OLD SALARY NEW SALARY  
 51 12 GS-09 2 \$ 6,135 \$ 6,600

**SECRET**  
(WHEN FILLED IN)

1. EMP. SERIAL NO.		2. NAME			3. ASSIGNED ORGAN.		4. FUNDS		5. ALLOTMENT		
					DDP/FE /		V-20		-37		
6. OLD SALARY RATE					7. NEW SALARY RATE						
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
			MO	DA.	YE.				MO	DA.	YE.
GS	9	\$ 5,984	11	16	58	GS	9	\$ 6,135	11	15	59
<b>TO BE COMPLETED BY THE OFFICE OF COMPTROLLER</b>											
8. CHECK ONE <input type="checkbox"/> NO EXCESS LWOP. <input type="checkbox"/> EXCESS LWOP						9. NUMBER OF HOURS LWOP					
IF EXCESS LWOP, CHECK FOLLOWING:						10. INITIALS OF CLERK					
<input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD						11. AUDITED BY					
<input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD											
<b>TO BE COMPLETED BY THE OFFICE OF PERSONNEL</b>											
12. TYPE OF ACTION						13. REMARKS					
<input type="checkbox"/> P.R.I. <input type="checkbox"/> E.S.I. <input type="checkbox"/> PAY ADJUSTMENT						<p align="right">AK</p>					
14. AUTHENTICATION											
<p>55. WASHINGTON FIELD</p> <p>55. WASHINGTON BRANCH</p> 											
<b>PAY CHANGE NOTIFICATION</b>											

FORM 560b

560b OBSOLETE PREVIOUS EDITION REPLACES FORM 560a AND 560b.

**SECRET**

OFFICIAL PERSONNEL FOLDER

(4)

**SECRET**  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION																		
NCH 20 MAR 59																		
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 5 Pt-1 10 Pt-2	Code 1	M	1	Mo.	Da.	Yr.			
													04	21	52			
7. SCU			8. CSC Natml.		9. CSC Or Other Legal Authority			10. Apmt. Affidav.			11. FEGLI		12. LCD		13. <small>Ret. Serv. Ltp</small>			
Mo.	Da.	Yr.	Yes-1 No-2	Code				Mo.	Da.	Yr.	Yes-1 No-2	Code	Mo.	Da.	Yr.	Yes-1 No-2	Code	
11	12	48		1	50 USCA 403							1	04	21	52			2

**PREVIOUS ASSIGNMENT**

14. Organizational Designations				Code	15. Location Of Official Station				Station Code	
DDP FE FE/ SUPPORT BRANCH				5161					57557	
16. Dept. - Field		17. Position Title			18. Position No.		19. Serv.	20. Occup. Series		
Dept - 2 USPd - 4 Frgh - 6	Code	RECDS MGMT ANAL			3382		GS	0306.01		
21. Grade & Step		22. Salary Or Rate		23. SD	24. Date Of Grade		25. PSI Due		26. Appropriation Number	
09 1		\$ 5985		DI	Mo.	Da.	Yr.	Mo.	Da.	Yr.
					11	16	50	11	15	59
					9 3780 55 006					

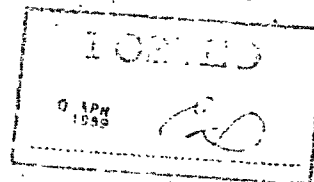
**ACTION**

27. Nature Of Action		Code	28. Eff. Date		29. Type Of Employee		Code	30. Separation Data	
REASSIGNMENT TRANSFER TO VOUCHERED FUNDS		01	Mo.	Da.	Yr.	REGULAR		01	
			03	22	59				

**PRESENT ASSIGNMENT**

31. Organizational Designations				Code	32. Location Of Official Station				Station Code	
DDP FE OFFICE OF THE CHIEF SECRETARIAT				5112	WASH., D. C.				75013	
33. Dept. - Field		34. Position Title			35. Position No.		35. Serv.	37. Occup. Series		
Dept - 2 USPd - 4 Frgh - 6	Code	RECDS MGMT OFF			2461		GS	0306.01		
38. Grade & Step		39. Salary Or Rate		40. SD	41. Date Of Grade		42. PSI Due		43. Appropriation Number	
09 1		\$ 5985		DI	Mo.	Da.	Yr.	Mo.	Da.	Yr.
					11	16	50	11	15	59
					9 3700 20 001					

44. Remarks





SECRET  
(When filled in)

MCM 34 NOV 58												<b>NOTIFICATION OF PERSONNEL ACTION</b>					
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth		4. Vet Pref.		5. Sex		6. CS - EOD					
						Mo.   Da.   Yr.		None-0 5 Pt-1 10 Pt-9		Code 1		M 1		Mo.   Da.   Yr. 04   21   52			
7. SCD		8. CSC Retmt.		9. CSC Or Other Legal Authority		10. Apmt. Affidav.		11. FEGLI		12. LCD		13. mil. Serv. Credit, Yrs.					
Mo.   Da.   Yr.		Yes-1 No-2		Code		Mo.   Da.   Yr.		Yes-1 No-2		Mo.   Da.   Yr.		Yes-1 No-2					
11   12   48		1		50 USCA 403 J						04   21   52		2					

**PREVIOUS ASSIGNMENT**

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DDP FE BRANCH 3				5161						57557	
ADMIN SEC											
16. Dept. Field		17. Position Title				18. Position No.		19. Serv.		20. Occup. Series	
Dept - 1 USfld - 3 Frqn - 5		RECORDS MGMT ANALYST				3382		GS		0306.01	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
07 4		\$ 5430		01		Mo.   Da.   Yr. 04   10   55		Mo.   Da.   Yr. 04   06   58		8 3780 55 006	

**ACTION**

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
PROMOTION		30		Mo.   Da.   Yr. 11   16   58		REGULAR		01			

**PRESENT ASSIGNMENT**

31. Organizational Designations				Code		32. Location Of Official Station				Station Code			
DDP FE FE SUPPORT BRANCH				5161						57557			
33. Dept. Field				34. Position Title				35. Position No.		36. Serv.		37. Occup. Series	
Dept - 1 USfld - 3 Frqn - 5				RECDS MGMT ANAL				3382		GS		0306.01	
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number			
09 1		\$ 5985		01		Mo.   Da.   Yr. 11   16   58		Mo.   Da.   Yr. 11   15   59		9 3780 55 006			

44. Remarks

**POSTED**  
20 NOV 1958  
*ZB*

SECRET

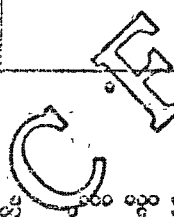
GENERAL SCHEDULE SALARY INCREASE RETROACTIVELY EFFECTIVE  
12 JANUARY 1958 AUTHORIZED BY P. L. 85 - 462 AND DCI  
DIRECTIVE. SALARY AS OF 15 JUNE 1958 ADJUSTED AS FOLLOWS

NAME	SERIAL	GRADE-STEP	OLD SALARY	NEW SALARY
[REDACTED]		GS-07-4	\$ 4,930	\$ 5,430

GORDON M. STEWART  
/S/ DIRECTOR OF PERSONNEL

SECRET

SECRET  
(WHEN FILLED IN)

1. EMP. SERIAL NO.		2. NAME				3. ASSIGNED ORGAB.		4. FUND		5. ALLOTMENT	
						DDP/FE		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	7	\$ 4,795	04	07	57	GS	7	\$ 4,930	04	06	58
TO BE COMPLETED BY THE OFFICE OF COMPTROLLER											
8. CHECK ONE <input checked="" type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP						9. NUMBER OF HOURS LWOP					
IF EXCESS LEAVE LWOP, CHECK FOLLOWING:						10. INITIALS OF CLERK					
<input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD						11. AUTH'D BY					
<input type="checkbox"/> 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.						
						422005 6005					
14. AUTHENTICATION											
 CONFIDENTIAL											
PERIODIC STEP INCREASE - AUTHENTICATION											

SECRET  
(When Filled In)

50  
64

NOTIFICATION OF PERSONNEL ACTION																	
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vol. Pref.		5. Sex		6. CS - EOD				
						Mo.	Da.	Yr.	None-0	Code	M	F	Mo.	Da.	Yr.		
									5 Pt-1	1		04	21	52			
									10 Pt-2								
7. SCD			8. CSC Rptmt.		9. CSC Or Other Legal Authority			10. Apmt. Affidav.			11. FEGLI		12. LCD		13. MIL. SER. CODE		
Mo.	Da.	Yr.	Yes-1	Code				Mo.	Da.	Yr.	Yes-1	Code	Mo.	Da.	Yr.	Yes-1	Code
XX	XX	XX	No-2	1	50 USCA 403 J						No-2	1	04	21	52	No-2	2

PREVIOUS ASSIGNMENT

14. Organizational Designations				Code	15. Location Of Official Station				Station Code		
DDP FI					WASH., D.C.						
RECORDS INTEGRATION DIV											
ANALYSIS AND OPERATIONS BR											
ANALYSIS SEC											
16. Dept. - Field		17. Position Title			18. Position No.		19. Serv.		20. Occup. Series		
Dept. - 1	Code				430.12		GS		0132.35		
USfld - 3	2	INTEL ANALYST									
Frqn - 5											
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. Pst Due		26. Appropriation Number	
07 3		\$ 2795		DI						S 2309 23	

ACTION

27. Nature Of Action			Code	28. Eff. Date			29. Type Of Employee			Code	30. Separation Data	
REASSIGNMENT TRANSFER				09 08 57			REGULAR			.01		
TO UNVOUCHERED FUNDS			06									

PRESENT ASSIGNMENT

31. Organizational Designations				Code	32. Location Of Official Station				Station Code		
DDP FE											
BRANCH 3											
ADMIN SEC				5161					57557		
33. Dept. - Field		34. Position Title			35. Position No.		36. Serv.		37. Occup. Series		
Dept. - 1	Code	RECORDS MGMT ANALYST			3382		GS		0306.01		
USfld - 3	5										
Frqn - 5											
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. Pst Due		43. Appropriation Number	
07 3		\$ 2795		DI		04 10 55		04 10 55		8 3780 55 206	

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

10/15/57

9/6/57

**SECRET**  
(WHEN FILLED IN)

1. EMP. SERIAL NO.		2. NAME			3. ASSIGNED ORGAN.		4. FUNDS		5. ALLOTMENT		
					DDP/FI 29		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.
7	2	\$ 4,660	04	08	56	7	3	\$ 4,795	04	07	57
REMARKS											
<b>CERTIFICATION</b>											
I CERTIFY THAT THE SERVICE AND CONDUCT OF THE ABOVE NAMED EMPLOYEE ARE SATISFACTORY.											
			11 MAR 1957			SIGNATURE OF SUPERVISOR			[Signature]		
<b>PERIODIC STEP INCREASE - CERTIFICATION</b>											

FORM NO. 560  
1 MAR. 56

**SECRET**

PERSONNEL FOLDER (4)

**SECRET**  
(WHEN FILLED IN)

1. EMP. SERIAL NO.		2. NAME			3. ASSIGNED ORGAN.		4. FUNDS		5. ALLOTMENT				
					DDP/FI		V-20		2301				
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.		
7	2	\$ 4,660	04	08	56	7	3	\$ 4,795	04	07	57		
<b>TO BE COMPLETED BY THE OFFICE OF COMPTROLLER</b>													
9. CHECK ONE <input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP IF EXCESS LEAVE LWOP, CHECK FOLLOWING: <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD						10. NUMBER OF HOURS LWOP			11. INITIALS OF CLERK			12. AUDITED BY	
<b>TO BE COMPLETED BY THE OFFICE OF PERSONNEL</b>													
13. PROJECTED SALARY RATE AND EFFECTIVE DATE						14. REMARKS							
GRADE	STEP	SALARY	MO.	DA.	YR.								
15. AUTHENTICATION													
<b>PERIODIC STEP INCREASE - AUTHENTICATION</b>													

FORM NO. 560b  
1 MAR. 56

**SECRET**

PERSONNEL FOLDER (4)

MEMORANDUM FOR: CHIEF, FINANCE DIVISION

ATTENTION: Payroll Section

SUBJECT: Change in Assignment Request Designation -  
Personal Services of [Redacted]

1. The Division request that copy of personal services assignment for 1954  
and leave be changed effective with the old assignment as follows:

FROM ASSIGNMENT 6-3710-55-096

TO ASSIGNMENT 6-2309-83

2. When the change in responsibility is complete, that a  
copy of this request be sent to the [Redacted] and [Redacted]  
Bureau officers with the [Redacted] [Redacted] [Redacted] [Redacted]

BT

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

are

1. NAME (MR - MISS - MRS - ONE GIVEN NAME, INITIAL(S) AND SURNAME)		2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
				22 August 1956
7. This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)		6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
REASSIGNMENT 56		26 Aug 1956	50 USCA 403 J	
FROM		TO		
BY-430.02		8. POSITION TITLE	Intel Analyst BY-430.12	
		9. SERVICE, SERIES, GRADE, SALARY	GS-0132.33-7 \$4660.00 per annum	
		10. ORGANIZATIONAL DESIGNATIONS	DIR/VI Records Integration Division Analysis & Operations Branch Analysis Section	
		11. HEADQUARTERS	Washington, D. C.	
FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/>		12. FIELD OR OFFICE	FIELD <input type="checkbox"/> DEPARTMENTAL <input checked="" type="checkbox"/>	
13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION		
NONE <input type="checkbox"/> WWI <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> 5-PT. <input type="checkbox"/> 10 POINT <input type="checkbox"/>		NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input type="checkbox"/> REAL <input type="checkbox"/>		
15. APPROPRIATION FROM: 7-239-23		16. SUBJECT TO C. S. RETIREMENT ACT (YES OR NO) Yes		
18. TO: Roma 750-13		17. DATE OF APPOINTMENT AFFIDAVIT (ACQUISITION ONLY)		19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
20. REMARKS:  3 EXD 04/21/52				

POSTED  
 8/29/56 RAB

ENTRANCE PERFORMANCE RATING:

Director of Personnel

4. PERSONNEL FOLDER COPY

um 8/28/56

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

171

1. NAME (MR - MISS - MRS - ONE GIVEN NAME, INITIAL(S) AND SURNAME)		2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
				2 Jul 1956
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)		6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
Reassignment		15 Jul 1956	50 UECA 403 j	
FROM		TO		
10 (CI) 577-583-03 65-0136.33-7 \$4660.00 per annum DDP/VI Branch 1 Records Integration Branch Personality Files Section		8. POSITION TITLE 9. SERVICE, SERIAL, GRADE, SALARY 10. ORGANIZATIONAL DESIGNATION 410823 11. HEADQUARTERS 2	Intel Analyst 57-430.02 65-0132.33-7 \$4660.00 per annum DDP/VI Records Integration Division Analysis & Operations Branch Analysis Section Washington, D. C.	
<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		
13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION		
NONE WWII OTHER 5-PT 10 POINT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		NEW VICE I, A. REAL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
15. SEX M		17. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)		18. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)
16. APPROPRIATION W FROM: 7-3740-55-055 TO: 7-6309-23		19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:		DD/MI
20. REMARKS:				
<div style="border: 1px solid black; padding: 5px; display: inline-block;">                 POSTED  <i>APD 7/19/56</i> </div> <p>"Transfer 20 Enclosed Funds From Unenclosed Funds."</p> <p>3 BUD 04/21/52</p>				
ENTRANCE PERFORMANCE RATING: Director of Personnel				
H. SIGNATURE OR OFFICIAL AUTHENTICATION 4. PERSONNEL FOLDER COPY				

SECRET

2012 265 ✓

STANDARD FORM 52  
 PREPARED BY THE  
 U. S. CIVIL SERVICE COMMISSION  
 JOINT AND FEDERAL PERSONNEL  
 MANUAL CHAPTER 11

**REQUEST FOR PERSONNEL ACTION**

UNCLASSIFIED

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., Mrs., Mss - One given name, initial(s), and surname) [ ] 2. DATE OF BIRTH [ ] 3. REQUEST NO. [ ] 4. DATE OF REQUEST [ ]

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

6. EFFECTIVE DATE A. PROPOSED: [ ] 7. C.S. OR OTHER LEGAL AUTHORITY [ ]

8. POSITION (Specify whether establish, change grade or title, etc.)  
 Change in Title and Service Number

B. APPROVED: 17 JUN 1956

FROM: Ops Off (CE) BFF 583.05-7  
 GS-0136.52-7  
 DDF/FE  
 4660

A. POSITION TITLE AND NUMBER [ ]  
 B. SERVICE GRADE AND SALARY [ ]  
 10. ORGANIZATIONAL DESIGNATIONS [ ]  
 11. HEADQUARTERS [ ]  
 12. FIELD OR DEPARTMENTAL [ ]

TO: IO-CI BFF 583.05-7  
 GS-0136.53-7  
 DDF/FE  
 Branch 1 - [ ]  
 Records Integration Branch  
 Personality Files Section  
 466a

FIELD  DEPARTMENTAL  FIELD  DEPARTMENTAL SD:DI

9. REMARKS (Use reverse if necessary)  
 T/O Change

13. VETERAN PREFERENCE [ ]

14. REQUEST [ ]  
 Signature: [ ]  
 Title: *Felcno 21 May 56*

15. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)  
 Ex 8761 [ ]

16. POSITION CLASSIFICATION ACTION  
 NEW VICE I A REAL [ ]

17. SUBJECT TO C & S RETIREMENT ACT (YES-NO) Yes

18. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY) [ ]

19. LEGAL RESIDENCE  
 CLAIMED  PROVED  
 STATE: D.C.

20. STANDARD FORM 50 REMARKS

21. CLEARANCES

CLEARANCE	INITIAL OR SIGNATURE	DATE	REMARKS
A.			
B. CEIL OR FOS CONTROL	<i>2014</i>	<i>2/15/56</i>	
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.		<i>2/15/56</i>	
E.			

APPROVED BY: [ ]

SECRET

21 May 56

USED IN LIEU OF SF50  
 NOT SUBJECT OF PERSONNEL ACTION



PERIODIC STEP INCREASE CERTIFICATION

CONFIDENTIAL

(When Filled In)

U S GOVERNMENT PRINTING OFFICE 1964-280020

1. Agency and organizational designations		2. Payroll period	3. Block No. UV	4. Slip No.
5. Employee's name (and social security account number when appropriate)		6. Grade and salary GS-7 \$4525.00		

PAYROLL CHANGE DATA

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

10. Remarks AED DIVISION		11. Appropriation(s) FE/7	12. Prepared by sfu 1/10
			13. Audited by

Periodic step increase  
  Pay adjustment  
  Other step increase

14. Effective date Apr 56	15. Date last equivalent increase 10 pr 55	16. Old salary rate \$4525.00	17. New salary rate \$4660.00	18. Performance (rate) or other basis for change SERVICE AND CONDUCT ALL SATISFACTORY
------------------------------	---	----------------------------------	----------------------------------	---

19. LWOP data (Fill in appropriate spaces covering LWOP during following periods):

No excess LWOP, Total excess LWOP

(Check applicable box in case of excess LWOP)

in (part or) excess of waiting period  
 LWOP period at end of waiting period

Initials of Clerk

S-E-C-R-E-T

COMBINED HR OFFER ACTION IN LIEU OF SF-52  
CHANGE OF OFFICIAL DESIGNATION  
Effective Date - 22 April 1980

		<u>D</u> to <u>DI</u>			
<u>FE</u>	<u>Name</u>	<u>Grade</u>	<u>NEA</u>	<u>Name</u>	<u>Grade</u>
	[Redacted]	12 12 11 07 09		[Redacted]	12
			<u>FI</u>	[Redacted]	07 07
<u>EE</u>	[Redacted]	12			
<u>SR</u>	[Redacted]	07 11			
<u>D</u> to <u>DS</u>					
<u>WE</u>	[Redacted]	05			
<u>D</u> to <u>DP</u>					
<u>RE</u>	[Redacted]	07			

R.M. [Redacted] by [Redacted]  
17 April 1980

S-E-C-R-E-T

SECRET

SECRET

UNVOUCHERED

7 APR  
4/7/58  
Dan

STANDARD FORM 52  
FORM 52  
U. S. CIVIL SERVICE COMMISSION  
DEPARTMENT OF THE ARMY - FEDERAL PERSONNEL  
MANUAL, CHAPTER 11

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 given name, initial(s), and surname)	2. DATE OF BIRTH	3. REQUEST NO.	4. DATE OF REQUEST 21 Feb 54
---	------------------	----------------	---------------------------------

5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Promotion	6. EFFECTIVE DATE A. PROPOSED:	7. C. 3 OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)	B. APPROVED: <i>Ops. OPR. (CO) APR 10 1958</i>	

FROM - IO (PI) BFF 602.02-5 GS-0136.51-05 \$3535.00 p/a	9. POSITION TITLE AND NUMBER	TO - IO (PI) BFF 602.02-7 GS-0136.51-07 \$4200.00 p/a
DDP/FE	10. SERVICE GRADE AND SALARY	Same
Intelligence Division	10. ORGANIZATIONAL DESIGNATIONS	Same
Positive Intelligence Branch	11. HEADQUARTERS	Same
UNCONV. WARF. DIV.	12. FIELD OR DEPARTMENTAL	Same
<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL

A. REMARKS (Use reverse if necessary)  
Attached herewith are Job Description, Dispatch, and DD/P Personnel Data Sheet.

13. VETERAN PREFERENCE	14. POSITION CLASSIFICATION ACTION																							
<table border="1"> <tr> <td>NONE</td> <td>WAR</td> <td>OTHER</td> <td>S.P.T.</td> <td>10 POINT</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>DISAB. OTHER</td> </tr> </table>	NONE	WAR	OTHER	S.P.T.	10 POINT		<input checked="" type="checkbox"/>								DISAB. OTHER	<table border="1"> <tr> <td>NEW</td> <td>VICE</td> <td>1 A.</td> <td>REAL</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	NEW	VICE	1 A.	REAL				
NONE	WAR	OTHER	S.P.T.	10 POINT																				
	<input checked="" type="checkbox"/>																							
				DISAB. OTHER																				
NEW	VICE	1 A.	REAL																					

15. SEX M <input checked="" type="checkbox"/> W	16. RACE W	17. APPROPRIATION FROM 6-3740-55-096 to: Same	18. SUBJECT TO C. 5 RETIREMENT ACT (YES-NO) Yes	19. DATE OF APPOINTMENT RIGHT AT FIGURE'S (ASSIGNING ONLY)	20. LEGAL RESIDENCE STATE: D.C.
--	---------------	---	--	--	------------------------------------

21. STANDARD FORM 50 REMARKS  
*FORWARD TO COI DIRECTIVE  
LEADERSHIP DIV. 1958  
TO: 11/25*

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.			
B. LEIL. OR POS. CONTROL	<i>AP</i>	<i>3/28/58</i>	
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.	<i>AW</i>	<i>11/25/58</i>	
E.			

F. APPROVED BY	DATE

SECRET

**SECRET**

*2/24/55*  
*Sam*

**REQUEST FOR PERSONNEL ACTION**

UNFOUNDED

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

1. NAME (Mr., Miss, Mrs. - One given name, initial(s), and surname)		4. DATE OF BIRTH	3. REQUEST NO.	6. DATE OF REQUEST
				28 Jan 55
8. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)			5. EFFECTIVE DATE & PROPOSED:	7. C. S. OR OTHER LEGAL AUTHORITY
Reassignment			26 Oct 54	
9. POSITION (Specify whether establish, change grade or title, etc.)			D. APPROVED:	
			26 Oct 1954	

FROM— IO (FI) GS-0136.51-45 BFF 602.02-5 3535.00 p/a 3535. DDP/FE	8. POSITION TITLE AND NUMBER	TO— IO (FI) GS-0136.51-45 BFF 602.02-5 3535.00 p/a 3535.
WARFARE Division Pentagon, Washington, D.C.	9. SERVICE, GRADE, AND SALARY	Same
	10. ORGANIZATIONAL DESIGNATIONS	Same
	11. HEADQUARTERS	Same
<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPARTMENTAL	<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL

A. REMARKS (Use reverse if necessary)

Subject arrived [ ] 26 Oct 54 per [ ] 5239 of 17 Nov 1954.

Director (initials) [ ] Signature: [ ] (L. J. [ ])  
 Title: [ ] 8 Feb 55

13. VETERAN PRECEDENCE				14. POSITION CLASSIFICATION ACTION			
NONV	WHV	OTHER	SPV	DISAS	OTHER	NEW	CLASS
15. SEA RACE	16. APPROXIMATE	17. APPROPRIATION	18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)	19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSION ONLY)	20. LEGAL RESIDENCE STATE: D.C.		
M. W.	6-3740-55-096	Same	Yes				

21. STANDARD FORM 50 REMARKS

*See concern for Section 18 Feb 55*  
*2/24/55*  
*Sam*

*E date per FE*  
*2/24/55*  
*Sam*

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.			
B. CELL OR POS. CONTROL	[ ]	2/17/55	
C. CLASSIFICATION	[ ]	2/17/55	
D. PLACEMENT OR EMPL.	[ ]	2/17/55	
E.			

F. APPROVED: [ ]

**SECRET**

*2/24/55*

1. Agency and organizational designation

2. Pay rate

3. Bio. No.

4. Job No.

5. Account number when appropriate

6. 5-0310

**PAY ROLL CHANGE DATA**

	BASE PAY	OVERTIME	CROSS PAY	RET.	TAX	BOND	F. I. C. A.	NET PAY
7. Previous month								
8. New month								
9. For this period								

10. Remarks

11. Appropriation(s)

12. Prepared by

13. Audited by

14. Effective date

15. Date last increased

16. Old salary rate

17. New salary rate

18. Performance rating is satisfactory or better.

19. LWOP date if all or appropriate spaces covering LWOP during following period(s)

20. No excess LWOP Total excess LWOP

21. Signature or other authentication

22. Initials of Clerk

STANDARD FORM NO. 1120A—Revised  
Form prescribed by Comp. Gen., U. S.  
Nov. 8, 1950, General Regulation No. 102

**PAY ROLL CHANGE SLIP—PERSONNEL COPY**

**CONFIDENTIAL**

**CENTRAL INTELLIGENCE AGENCY**

STANDARD FORM 50  
REV. APRIL 1951  
PUBLISHED BY  
U. S. CIVIL SERVICE COMMISSION  
IN FEDERAL PERSONNEL MANUAL

**NOTIFICATION OF PERSONNEL ACTION** Conc. 26 Mar 1954 Jan

1. NAME (USE -- MRS. -- MRS. -- ONE GIVEN NAME, INITIAL(S), AND SURNAME) <input type="text"/>	2. DATE OF BIRTH <input type="text"/>	3. JOURNAL OR ACTION NO. <input type="text"/>	4. DATE 16 Apr 1954
--	--	--	------------------------

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

5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Assignment	6. EFFECTIVE DATE B.O.B. 25 Apr 1954	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY 50 USCA 403 j
--	--	--

8. FROM Anal. Analyst EY 469.08 GS-0132.35-5 \$3410.00 per annum	9. POSITION TITLE ID (VI) EPP 602.02-5 GS-0136.51-5 \$3410.00 per annum	10. TO EPP/TS Unconventional Warfare Division
11. ORGANIZATIONAL DESIGNATIONS Code Integration Division Processing and Records Branch Identification Section  Washington, D. C.	12. HEADQUARTERS <input type="text"/>	13. FIELD OR DEPT. <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL

14. VETERAN'S PREFERENCE WAR OTHER 1-PT. 10-POINT YES DISAB. OTHER	15. POSITION CLASSIFICATION ACTION NEW YES E.A. REAL SD:D GS-PI
--	--

16. RACE W C O A	17. APPROPRIATION FROM: 4-2359-83 TO: 4-3742-55-006	18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) Yes	19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY) <input type="text"/>	20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> IN FORCE STATE: D. C.
---------------------	---	---	---	---

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.

"Transfer TO Unconventional Warfare Voucher Fund."

*Jim Ben Mc*

PERSONNEL PERFORMANCE RATING  
Acty Assistant Director

**CONFIDENTIAL**

4. PERSONNEL FOLDER COPY

4/16/54

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

BCS

1. NAME (MR - MISS - MRS - ONE OTHER NAME, INITIALS, AND SURNAME)		2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
				27 Feb. 54
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)		6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
Reassignment		28 Feb. 54	50 UECA 603 J	
FROM		TO		
08-132-5		8. POSITION TITLE	Intel. Analyst IV 569.08	
R I Staff		9. SERVICE, SERIES, GRADE - SALARY	08-0132.35-5 \$7410.00 per annum	
		10. ORGANIZATIONAL DESIGNATIONS	RI/71 R I Division Processing & Records Branch Consolidation Section	
		11. HEADQUARTERS	Washington, D. C.	
<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL	12. FIELD OR DIVISION	<input type="checkbox"/> FIELD	<input checked="" type="checkbox"/> DEPARTMENTAL
13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION		
NONE	WVR	OTHER	S-PT	IMP/INT
			X	DISAB/OTHER
		NEW	VICE	L. A.
				REAL
		08-71		
15. SEX	16. RACE	17. APPROPRIATION	18. SUBJECT TO C. S. RETIREMENT ACT (YES - NO)	19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)
M	W	FROM: 4-200-23 TO: 5000	Yes	
		20. LEGAL RESIDENCE		<input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED
				STATE:
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.				

ENTRANCE PERFORMANCE RATED

Deputy Assistant Director for Personnel

4. PERSONNEL FOLDER COPY

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

mlch

1. NAME (MR., MRS., MISS, ONE GIVEN NAME, INITIAL(S), AND SURNAME)		2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
				5 June 1953
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)		6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
Promotion		7 June 1953	Sch A-6.116(b)	
FROM		TO		
Intel. Anal. EV-469.08-4		Same EV-469.08		
GS-132-4 \$3175.00 per annum		GS-132-5 \$3410.00 per annum		
8. POSITION TITLE		9. SERVICE SERIES, GRADE, SALARY		
10. ORGANIZATIONAL DESIGNATIONS		11. HEADQUARTERS		
DIP/PI Records Integration Staff Processing & Records Branch Consolidation Section Washington, D.C.		Same Same Same Same		
<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL	<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL	
12. FIELD OR DEPT'L		13. VETERAN'S PREFERENCE		
		X		
14. POSITION CLASSIFICATION ACTION		15. DATE OF APPOINTMENT AFFIDAVIT (ACCRETIONS ONLY)		
NEW VICE L.A. REAL		16. LEGAL RESIDENCE		
		<input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED		
		STATE:		
17. APPROPRIATION		18. SUBJECT TO C.S. RETIREMENT ACT (YES-NO)		
FROM: 1132100		Yes		
TO: 5309-20				
19. 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.				
EXTENSION 2027				
ENTRANCE PERFORMANCE RATING				
Chief, Personnel Division				



CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR.-MISS.-MRS.-ONE GIVEN NAME, INITIAL(S), AND SURNAME)		2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
				24 Apr. 53
This is to notify you of the following action affecting your employment:				
6. NATURE OF ACTION (USE STANDARD TERMINOLOGY)		8. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
Reassignment		26 Apr. 53	Schedule A-6.116(b)	
FROM		TO		
Mail and File Clerk BV-304.00		Entail. Annl. BV-469.00-1		
GS-4-305 \$3175.00 per annum		GS-4-132 Same		
DDP/VI/RI Processing and Records Br. Consolidation Section		Same Same Same		
Washington, D.C.		Same		
<input type="checkbox"/> FIELD	<input checked="" type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPTL.	<input type="checkbox"/> FIELD	<input checked="" type="checkbox"/> DEPARTMENTAL
13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION		
NONE	WWII	OTHER	5-PT.	10-POINT
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			DEAD/OTHER
15. SEX		17. APPROPRIATION		18. SUBJECT TO C.S. RETIREMENT ACT (215-AO)
M	W	2309-00 2309-20		19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)
				20. LEGAL RESIDENCE
				<input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED
				STATE DC
21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval of the Civil Service Commission. The action may be corrected or annulled.				
ENTRANCE PERFORMANCE RATING: Chief, Personnel Division				

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR., MRS., MISS, ONE GIVEN NAME, INITIAL(S), AND SURNAME)		2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
				9 Mar. 53
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)		6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
Reassignment		15 Mar. 53	Schedule A-6.116(b)	
FROM		TO		
File Clerk BV-356		Mail and File Clerk BV-354.08		
GS-4-305 \$3175.00 per annum DDP/VI/RI Processing and Records Br. File Section		GS-4 SAME SAME Consolidation Section		
8. POSITION TITLE		9. SERVICE SERVICE GRADE SALARY		
10. ORGANIZATIONAL DESIGNATIONS		11. HEADQUARTERS		
Washington, D.C.		Washington, D.C.		
FIELD <input type="checkbox"/> DEPARTMENTAL <input checked="" type="checkbox"/>		FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/>		
13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION		
NONE <input type="checkbox"/> WWII <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> 5-PT. <input type="checkbox"/> 10-POINT <input checked="" type="checkbox"/> OSASB. ID. OTHER		NEW <input type="checkbox"/> VICE <input type="checkbox"/> L.A. <input type="checkbox"/> REAL <input type="checkbox"/>		
15. SEX	16. RACE	17. APPROPRIATION	18. SUBJECT TO C. S. RETIREMENT ACT (YLS-NO)	19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)
M	W	FROM: 11X2100 TO: 2309-20	YES	
20. LEGAL RESIDENCE		21. REMARKS		
<input checked="" type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:		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.		
ENTRANCE PERFORMANCE RATING				
Chief, Personnel Division				

S-E-S-R-F-1  
Security Information

Page 9 of 36 pages

COMBINED PERSONNEL ACTION

Used in lieu of SF-52 and/or SF-50 to document the following types of personnel actions involving no change in grade or salary: (a) Change in title (b) Change of position number (c) Reassignment within Division without series code change (d) Reassignment within Division with series code change. (Note: For action (type d) a SF-50 will be prepared for vouchered positions from information on this form.)

(1) Staff or Division RI (2) Date 17 November 1952 Approved FROM (3) Effective Date of Action 7 Dec 52 TO

(1) NAME	(5) ORG. I.F. & POS. TITLE	(6) SCHEDULE SF I.S. Grade	(7) SLOT NOS.	(8) ACTION	(9) ORG. I.F. & POS. TITLE	(10) SCHEDULE SERIES-Grade	(11) SLOT NOS.
	File Clerk	GS-4	X-32.03	A	File Supervisor	GS-305-4	BV-353.01
	File Clerk	GS-4	X-34.02	B	File Clerk	GS-305-4	BV-354.
	File Clerk	GS-4	X-34.	B	File Clerk	GS-305-4	BV-354.01
	File Clerk	GS-4	X-38.02	B	File Clerk	GS-305-4	BV-354.02
	File Clerk	GS-4	X-38.03	B	File Clerk	GS-305-4	BV-354.03
	File Supervisor e Section	GS-5	X-33.	B	File Supvr.	GS-305-5	BV-355.
	File Clerk	GS-4	X-302.22	B	File Clerk	GS-305-4	BV-356
	File Clerk	GS-4	X-34.03	A	File Supervisor	GS-305-4	BV-357.
	File Clerk	GS-4	X-32.02	B	File Clerk	GS-305-4	BV-358.
	File Clerk	GS-4	X-38.04	B	File Clerk	GS-305-4	BV-358.01
	File Clerk	GS-4	X-34.01	B	File Clerk	GS-305-4	BV-358.02

(12) APPROVED: \_\_\_\_\_

(13) APPROVED: \_\_\_\_\_

(14) APPROVED: \_\_\_\_\_

Class & Wage Div.  
S.E.S.R.F.

Personnel Div.

5) ~ 1 20 (11/12)

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

(ml)

1. NAME (MR--MISS--MRS--ONE GIVEN NAME, INITIALS, AND SURNAME)		2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
				14 Aug. '52
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERM ABBREVIATIONS)		6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
Promotion		17 Aug. '52	Schedule 6-116(h)	
FROM		TO		
File Clerk I-39-04  GS-3-305 \$2950.00 per annum OSO RI Processing and Records Branch File Section  Washington, D.C.		8. POSITION TITLE  9. SERVICE SERIES, GRADE, SALARY  10. ORGANIZATIONAL DESIGNATIONS  11. HEADQUARTERS	File Clerk I-102-22  GS-4-305 \$3175.00 per annum OSO RI Analysis and Operations Branch Service and Correspondence Section	
<input type="checkbox"/> FIELD	<input checked="" type="checkbox"/> DEPARTMENTAL	<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL	
13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION		
NONE WWI OTHER 10-POINT DISAB. OTHER	NEW VICE P.A. REAL			
15. SEX	16. RACE	17. APPROPRIATION FROM TO	18. SUBJECT TO C. S. RETIREMENT ACT (YES--NO)	19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)
M	W	11X2100		
		20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:		
21. REMARKS: THIS ACTION IS SUBJECT TO 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 CANCELLED IF NOT IN ACCORDANCE WITH ALL REQUIREMENTS.				
Chief, Personnel Division		[Signature]		
ENTRANCE EFFICIENCY RATING:				

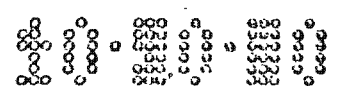
4. PERSONNEL FOLDER COPY

V.C. 26 March 1952  
MCD

STANDARD FORM NO. 50 (PART 1)  
REVISED 1950  
PUBLISHED BY  
CHAPTER 53 FEDERAL PERSONNEL MANUAL  
U. S. CIVIL SERVICE COMMISSION

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

1 NAME (MR. — MISS — MRS. — ONE GIVEN NAME INITIAL(S) AND SURNAME)		2 DATE OF BIRTH	3 JOURNAL OR ACTION NO	4 DATE
			157	21 Apr. '52
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	
Excepted Appointment		21 Apr. 1952	Sch. A — 6,116 ( B )	
FROM		TO		
		8 POSITION TITLE	File Clerk GS - 3 K39.04	
		9 SERVICE, SERIES, GRADE, SALARY	GS - 3 305 (\$2950.00 per annum)	
		10 ORGANIZATIONAL DESIGNATIONS	OSO RI PROCESSING AND RECORDS BRANCH FILE SECTION	
		11 HEADQUARTERS	Washington, D.C.	
<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL	12 FIELD OR DEPT'L	<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL
13 VETERAN'S PREFERENCE			14 POSITION CLASSIFICATION ACTION	
NONE WWII OTHER'S PT. 10 POINT RISER OTHER			NEW VICA I.A. REAL	
15 SEX	16 RACE	17 APPROPRIATION	18 SUBJECT TO C. S. RETIREMENT ACT (YES-NO)	19 DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)
M	W	FROM: 2123500 TO: 3002	Yes	21 Apr. 1952
20 LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: D.C.				
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 CANCELLED IF NOT IN ACCORDANCE WITH ALL REQUIREMENTS.				
(39.04) This appointment is subject to a satisfactory trial period of one year. Subject to a satisfactory medical examination. 07/61 Affidavit executed. 3445				
DOE - 06/07/52 O'NEIL - 04/27/52 LCD - 04/21/52				
				
<div style="border: 1px solid black; width: 100%; height: 40px; margin-top: 10px;"></div>				

Personnel Division

WJ

22

**CONFIDENTIAL**  
CLASSIFICATION

**FITNESS REPORT**

**SECTION A**

**GENERAL INFORMATION**

1. EMPLOYEE NUMBER		2. NAME (Last, first, middle)		3. DATE OF BIRTH	4. SEX	5. GRADE	6. SD
					M	12	D
7. OFFICIAL POSITION TITLE			8. OFF. DIV./RR OF ASSIGNMENT		9. STATION		10. CODE (CS, I)
RECORDS ADMIN OFF CH			DDO/CCS/REG		HQS		X POS. OF
11. TYPE OF APPOINTMENT				12. TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> INITIAL	<input checked="" type="checkbox"/> ANNUAL	<input checked="" type="checkbox"/> REASSIGNMENT	<input type="checkbox"/> SPECIAL	
<input type="checkbox"/> CONTRACT	<input type="checkbox"/> SPECIAL	<input type="checkbox"/> OTHER	13. REPORTING PERIOD (FROM-TO)		14. DATE REPORT DUE IN D.P.		
				01 July 76 - 08 July 77		31 July 1977	

**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.

NO

**SECTION C 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 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).

<b>SPECIFIC DUTY NO. 1</b> Chief of CCS Registry--Supervises employees in setting up and maintaining Staff files and necessary card indices; receiving, distributing and dispatching correspondence to and from the Staff; and processing requests for file traces and other information.	<b>RATING LETTER</b> O
<b>SPECIFIC DUTY NO. 2</b> CCS Records Management Officer--Responsible for overall management of CCS records management program. Monitors developments in DDO records management policies and procedures; maintains liaison with ISS and DDO Records Management Officers; seeks improvement in CCS records organization and discipline.	<b>RATING LETTER</b> O
<b>SPECIFIC DUTY NO. 3</b> Works with personnel responsible for developing and launching the CCS computerized records system (CENCO) to ensure proper integration of Registry Information.	<b>RATING LETTER</b> S
<b>SPECIFIC DUTY NO. 4</b>	<b>RATING LETTER</b>
<b>SPECIFIC DUTY NO. 5</b>	<b>RATING LETTER</b>
<b>SPECIFIC DUTY NO. 6</b>	<b>RATING LETTER</b>

**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**  
O

*Handwritten initials and date*

CONFIDENTIAL  
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.

[redacted] continued to perform in outstanding fashion as Chief of the CCS Registry during an extremely busy period. The figures cited in the last Fitness Report as to the workload of the CCS Registry continued to be representative of the volume and variety of [redacted] responsibilities. He supervised the work of six subordinates with a successful combination of patience and firm professionalism. He continued to be the source of sound, constructive suggestions for coping with the paper "explosion" occasioned by the investigations of CIA and the Freedom of Information and Privacy Acts. [redacted] is a highly valuable, reliable, unobtrusively effective records manager. In moving on to new responsibilities in an area division he leaves behind a solid record of achievement and the admiration of those with whom he has served in CCS.

**SECTION E**

**CERTIFICATION AND COMMENTS**

**1. BY SUPERVISOR**

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION  24	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION.		
DATE  16 August 1977	OFFICIAL TITLE OF SUPERVISOR  DC/CCS	SIGNATURE  [redacted]	

**2. BY EMPLOYEE**

I HAVE <input type="checkbox"/> OR HAVE NOT <input type="checkbox"/> ATTACHED A STATEMENT CONCERNING THE SUPERVISOR'S EVALUATION OF MY PERFORMANCE.	DATE	
---	------	--

**3. BY REVIEWING OFFICIAL**

COMMENTS OF REVIEWING OFFICIAL  [redacted] evaluation of [redacted] performance during the reporting period agrees completely with my observations and conclusions. [redacted] is a first-class professional records officer and supervisor who has clearly earned an overall rating of OUTSTANDING.		
DATE  17 August 1977	OFFICIAL TITLE OF REVIEWING OFFICIAL  Chief, Central Cover Staff	SIGNATURE  [redacted]

**4. BY EMPLOYEE**

I CERTIFY I HAVE SEEN THE ENTRIES IN ALL SECTIONS OF THIS REPORT. I HAVE <input type="checkbox"/> HAVE NOT <input type="checkbox"/> ATTACHED A STATEMENT CONCERNING THE REVIEWING OFFICIAL'S EVALUATION OF MY PERFORMANCE.	DATE  1977 18 Aug	SIGNATURE OF EMPLOYEE  [redacted]
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CONFIDENTIAL  
CLASSIFICATION

**CONFIDENTIAL**  
CLASSIFICATION

**FITNESS REPORT**

<b>SECTION A</b>						<b>GENERAL INFORMATION</b>							
1. EMPLOYEE NUMBER		2. NAME (Last, First, Middle)				3. DATE OF BIRTH		4. SEX	5. GRADE	6. DO			
								M	GS-12	DAC			
7. OFFICIAL POSITION TITLE				8. OFF/DIV/HR OF ASSIGNMENT		9. CURRENT STATION		10. CODE (C.R. #)					
RECORDS ADMIN OF CH				DDO/CCS/REG		HQS		K HQS. DT					
11. TYPE OF APPOINTMENT				12. TYPE OF REPORT									
<input checked="" type="checkbox"/>	CAREER	<input type="checkbox"/>	RESERVE	<input type="checkbox"/>	TEMPORARY	<input type="checkbox"/>	INITIAL	<input checked="" type="checkbox"/>	ANNUAL	<input type="checkbox"/>	REASSIGNMENT	<input type="checkbox"/>	SPECIAL
<input type="checkbox"/>	CONTRACT	<input type="checkbox"/>	SPECIAL	<input type="checkbox"/>	OTHER	13. REPORTING PERIOD (FROM-TO)			14. DATE REPORT DUE IN O.P.				
						1 July 1975-30 June 1976			30 July 1976				

**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.

YES  NO

**SECTION C 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 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).

<b>SPECIFIC DUTY NO. 1</b>	Chief of Registry Section--supervises 6 employees in maintenance of Staff files and required card indices; receiving and distributing Staff correspondence; and processing requests for file checks and other information	<b>RATING LETTER</b> S
<b>SPECIFIC DUTY NO. 2</b>	Records Management Officer--responsible for the overall CCS records management program	<b>RATING LETTER</b> O
<b>SPECIFIC DUTY NO. 3</b>		<b>RATING LETTER</b>
<b>SPECIFIC DUTY NO. 4</b>		<b>RATING LETTER</b>
<b>SPECIFIC DUTY NO. 5</b>		<b>RATING LETTER</b>
<b>SPECIFIC DUTY NO. 6</b>		<b>RATING LETTER</b>

**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**  
O



CONFIDENTIAL  
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.

\_\_\_\_\_ is a quiet, highly effective manager of a major repository of records within the DDO. The workload of his Section is staggering: over 8,000 documents filed each month, over 500 index cards prepared each month; close to 300 Freedom of Information or Privacy Act requests processed each month, etc. \_\_\_\_\_ organizes his Section well; he handles a group of six women with skill and understanding and he heads, as a result, a harmoniously working team.

\_\_\_\_\_ approaches problems with a positive attitude and brings his considerable experience and imagination to bear with appropriate initiative and follow-through. His response to the exceptionally heavy workload of the Staff over the past year of Congressional investigations and cover exposes was vital to the Staff's and the DDO's requirements for current and historical records. He volunteers ideas designed to improve the Staff's records; he works weekends and after hours to keep ahead of a growing avalanche of paper and requests for information. He is, in sum, a highly competent, knowledgeable, yet flexible records manager upon whom the Staff relies heavily.

**SECTION E CERTIFICATION AND COMMENTS**

**1. BY SUPERVISOR**

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION <p style="text-align: center;">12</p>	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION
DATE <p style="text-align: center;">27 July 1976</p>	OFFICIAL TITLE OF SUPERVISOR <p style="text-align: center;">DC/CCS</p>
EMPLOYEE'S PRINTED NAME AND SIGNATURE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	

**2. BY EMPLOYEE**

I HAVE <input type="checkbox"/> OR HAVE NOT <input type="checkbox"/> ATTACHED A STATEMENT CONCERNING THE SUPERVISOR'S EVALUATION OF MY PERFORMANCE.	DATE <p style="text-align: center;">27 July 76</p>	SIGNATURE OF EMPLOYEE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
---	---	--

**3. BY REVIEWING OFFICIAL**

**COMMENTS OF REVIEWING OFFICIAL**

I have no difficulty in agreeing with the letter ratings and the narrative evaluation in the above report. \_\_\_\_\_ established the high level of his professional competence very soon after his assignment in CCS and has maintained this standard without interruption. I again must emphasize his abilities as supervisor in one of the toughest supervisory assignments known to me. With a Registry Chief like \_\_\_\_\_, it is easy to come to the conclusion that running a registry of the complexity and volume as that of CCS is a cinch - at least he makes it appear that way.

DATE <p style="text-align: center;">29 July 1976</p>	OFFICIAL TITLE OF REVIEWING OFFICIAL <p style="text-align: center;">Chief, CCS</p>	SIGNATURE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
---	---	--

**4. BY EMPLOYEE**

I CERTIFY I HAVE SEEN THE ENTRIES IN ALL SECTIONS OF THIS REPORT. I HAVE <input checked="" type="checkbox"/> HAVE NOT <input type="checkbox"/> ATTACHED A STATEMENT CONCERNING THE REVIEWING OFFICIAL'S EVALUATION OF MY PERFORMANCE.	DATE <p style="text-align: center;">29 July</p>	SIGNATURE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
---	--	--

CONFIDENTIAL

**SECRET**  
CLASSIFICATION

**FITNESS REPORT**

SECTION A GENERAL INFORMATION										
1. EMPLOYEE NUMBER		2. NAME (last, first, middle)			3. DATE OF BIRTH		4. SEX		5. GRADE	6. DD
							M		GS-12	DAC
7. OFFICIAL POSITION TITLE				8. OFF/DIV/BR OF ASSIGNMENT		9. CURRENT STATION				
Records Admin OF-CH				DDO/CCS/REG		HQS				
						10. CODE (if any)				
						X		DP		
11. TYPE OF APPOINTMENT					12. TYPE OF REPORT					
<input checked="" type="checkbox"/>	CAREER	<input type="checkbox"/>	RESERVE	<input type="checkbox"/>	CONTRACT	<input type="checkbox"/>	OTHER (Spec.)	<input type="checkbox"/>	TEMPORARY	
<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>	ANNUAL	<input type="checkbox"/>	REASSIGNMENT	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	SPECIAL	
13. REPORTING PERIOD (from-to)					14. DATE REPORT DUE IN O.P.					
1 January 1975 - 30 June 1975					31 July 1975					

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	
<b>U - Unsatisfactory</b> 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 D.	
<b>M - Marginal</b> 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.	
<b>P - Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.	
<b>S - Strong</b> Performance is characterized by exceptional proficiency.	
<b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.	

**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	Chief of Registry Section - supervises 7 employees	RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 2	Records Management Officer - responsible for the overall CCS records management program, ensuring that it is in conformity with DDO and Agency records management policy and procedures.	RATING LETTER <b>O</b>
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	
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 aptly reflects his level of performance.	
	RATING LETTER <b>S</b>

SECRET  
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, may be commented on, if applicable. If extra space is needed to complete Section D, attach a separate sheet of paper.

JUL 8 11 25 AM '75

During the 6 months under review [redacted] has continued to fulfill his responsibilities in the same excellent manner which has been documented in his last two fitness reports and which led to his promotion to GS-12. [redacted] surefootedness as a records officer and manager of people, together with ability to take necessary initiatives where actions are required and his maturity and sound judgement, make him an ideal chief of this very active and complex registry and records management office. I dread to think that eventual rotation will deprive me of the services of this extraordinarily competent and effective officer.

SECTION E

CERTIFICATION AND COMMENTS

1. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION  
1 year, 9 months

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

DATE  
7 July 1975

OFFICIAL TITLE OF SUPERVISOR  
Chief, CCS

TY [redacted]

2. BY EMPLOYEE

STATEMENT CONCERNING THIS EVALUATION OF MY PERFORMANCE  
HAVE ATTACHED [ ] HAVE NOT ATTACHED [ ]

DATE  
7 July 1975

SI [redacted]

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

There is no one in the chain of command who could act as reviewing officer.

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

4. BY EMPLOYEE

I CERTIFY THAT I HAVE BEEN THE ENTRIES IN ALL SECTIONS OF THIS REPORT

DATE  
7 July 1975

SIGNATURE OF EMPLOYEE [redacted]

CLASSIFICATION  
SECRET

CLASSIFICATION

FITNESS REPORT	
SECTION A GENERAL INFORMATION	
1. NAME (LAST, FIRST, MIDDLE INITIAL, SEX, GRADE & BR)	
M GS-12 D	
7. OFFICIAL POSITION TITLE	
RECORDS ADMIN OF-CH	
8. OFF/DIV/BR OF ASSIGNMENT	
DDO/CCS/REGISTRY	
9. CURRENT STATION	
HEADQUARTERS	
10. CODE (4 DIGIT)	
X HQB DP	
11. TYPE OF APPOINTMENT	
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> CONTRACT <input type="checkbox"/> OTHER (Spec.) <input type="checkbox"/> TEMPORARY <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT <input checked="" type="checkbox"/> SPECIAL	
12. REPORTING PERIOD (FROM-TO)	
1 June 1974-31 December 1974	
13. DATE REPORT DUE IN O.P.	
31 January 1974 (Retirement of Supervisor)	
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	
<p><b>U - Un satisfactory</b> 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 D.</p> <p><b>M - Marginal</b> 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> <p><b>P - Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>	
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
Chief of Registry Section - supervises seven employees	S
SPECIFIC DUTY NO. 2	RATING LETTER
Records Management Officer - responsible for the overall CCS records management program, ensuring that it is in conformity with DDO and Agency records management policy and procedures.	O
SPECIFIC DUTY NO. 3	RATING LETTER
CCS Security Officer - Briefs all new and departing CCS employees on Agency and CCS security procedures. Also responsible for duty rosters and related security instructions, and maintains liaison with the Office of Security - through 6 October 1974.	S
SPECIFIC DUTY NO. 4	RATING LETTER
SPECIFIC DUTY NO. 5	RATING LETTER
SPECIFIC DUTY NO. 6	RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION	
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.	
RATING LETTER	
S	

FORM 45 45 9-73

CLASSIFICATION  
SECRET

12. IMPDET CL BY

20 NOV 1974

SECRET  
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 considerations 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.	
<p>Since his last Fitness Report, in June 1974, [redacted] has continued his extremely fine performance as a conscientious, hardworking and thoughtful records manager and registry supervisor. The CCS registry workload remains at about the same level as previously reported, and [redacted] regularly works an hour or so of uninterrupted overtime every working day personally reorganizing procedures, cleaning out, consolidating, and retiring files. His enthusiastic determination in reducing the numbers of out-of-date and no longer useful files is most exemplary. Knowing the numbers of primary and supplemental files involved in this exercise, and as a retiring supervisor, I can only wish him "good luck"!</p> <p>[redacted] also continues eager to learn and use new methods and techniques. During this reporting period, in July 1974, he took the Agency course "Introduction to Micrographics Seminar #2."</p> <p>Finally it gives me pleasure to note here that, effective <sup>24</sup> 11 November 1974, Mr. [redacted] will be given a well deserved promotion from GS 11/6 to GS 12/3.</p>	

SECTION E CERTIFICATION AND COMMENTS			
1. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
15 months			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED	
20 November 1974	Deputy Chief, CCS		
2. BY EMPLOYEE			
STATEMENT CONCERNING THIS EVALUATION OF MY PERFORMANCE		DATE	SIGNATURE
<input type="checkbox"/> HAVE ATTACHED <input checked="" type="checkbox"/> HAVE NOT ATTACHED		20 Nov 74	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>Both [redacted] letter ratings and narrative comments accurately reflect the quality of [redacted] performance during the reporting period. He is a thoroughgoing professional records officer who uses his extensive experience and his good judgement to take initiatives toward improving the Registry service and the management of records. Hand in hand with his high substantive competence goes his excellent ability as a supervisor. I can say nothing more laudable in this regard than that I have not had to deal with Registry personnel problems during the last year. He knows the job that needs to be done and so do his people. With this kind of leadership, the work gets accomplished with a high state of</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED	
25 November 1974	Chief, Cover and Commercial Staff		
4. BY EMPLOYEE			
I CERTIFY THAT I HAVE BEEN THE ENTRIES IN ALL SECTIONS OF THIS REPORT		DATE	SIGNATURE
		25 Nov 74	

CLASSIFICATION  
SECRET

S E C R E T  
CLASSIFICATION

FITNESS REPORT										
SECTION A GENERAL INFORMATION										
1. EMPLOYEE NUMBER		2. NAME (Last, first, middle)			3. DATE OF BIRTH		4. SER	5. GRADE	6. SD	
							N	GS-11	D	
7. OFFICIAL POSITION TITLE				8. OFF/DIV/BR OF ASSIGNMENT		9. CURRENT STATION		10. CODE (if any)		
RECORDS ADMIN OF - CH				DDO/CCS/REGISTRY		HEADQUARTERS		X	DP	
11. TYPE OF APPOINTMENT					12. TYPE OF REPORT					
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> CONTRACT	<input type="checkbox"/> OTHER (Spec.)	<input type="checkbox"/> TEMPORARY	<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT	<input type="checkbox"/>	<input type="checkbox"/> SPECIAL	<input type="checkbox"/>	
13. REPORTING PERIOD (from-to)					14. DATE REPORT DUE IN O.P.					
1 June 1973 - 31 May 1974					30 June 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 TO THE RIGHT.									NO	
SECTION C PERFORMANCE EVALUATION										
<p><b>U—Unsatisfactory</b> 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 D.</p> <p><b>M—Marginal</b> 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> <p><b>P—Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><b>S—Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O—Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>										
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		
Chief of Registry Section - supervises seven employees.								S		
SPECIFIC DUTY NO. 2								RATING LETTER		
Records Management Officer - responsible for the overall CCS records management program, ensuring that it is in conformity with DDO and Agency records management policy and procedures.								O		
SPECIFIC DUTY NO. 3								RATING LETTER		
CCS Security Officer - Briefs all new and departing CCS employees on Agency and CCS security procedures. Also responsible for duty rosters and related security instructions, and maintains liaison with the Office of Security.								S		
SPECIFIC DUTY NO. 4								RATING LETTER		
SPECIFIC DUTY NO. 5								RATING LETTER		
SPECIFIC DUTY NO. 6								RATING LETTER		
OVERALL PERFORMANCE IN CURRENT POSITION										
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.									RATING LETTER	
									S	

CLASSIFICATION  
S E C R E T

12. IMPDET CL BY  *[Signature]*

SECRET  
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.

After a short overlap with his predecessor, [redacted] assumed his responsibilities as Chief of Registry, CCS, on 3 October 1973 - roughly nine months ago. In this position he is responsible, overall, for CCS registry and records management activities, including the supervision of seven other individuals. As could be expected from even a casual reading of his past fitness reports, [redacted] quickly took hold, and has been performing his new responsibilities in an exemplary manner. Despite the volume and variety of files with which he was required to become familiar, early on he systematically began cleaning out, consolidating, and retiring files as appropriate, reorganizing and updating the indexing system for individual and project files, and redistributing employee workloads. He also reorganized the placement of file machinery, desks, and service counter to achieve greater employee comfort and efficiency in the utilization of personnel. Although his task as Staff Security Officer is a secondary function, he also reorganized, simplified and re-wrote the security check and duty officer roster procedures.

Indicative of the work which he supervises are selected Registry statistics for May 1974: 7015 documents filed, 8200 files pulled (and re-filed) for Staff officers' use, 6642 cables processed and distributed, 9900 facility and name searches, 2353 documents logged, 833 index cards made and filed, and 200 new files opened. During his nine months with CCS, [redacted] not only has had to learn the CCS "system" himself,

SECTION E CERTIFICATION AND COMMENTS

1. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
10 mos		
DATE	OFFICIAL TITLE OF SUPERVISOR	TY
25 June 1974	DC/CC2	[redacted]

2. BY EMPLOYEE

STATEMENT CONCERNING THIS EVALUATION OF MY PERFORMANCE	DATE	SI
<input type="checkbox"/> HAVE ATTACHED <input checked="" type="checkbox"/> HAVE NOT ATTACHED	25 June 74	[redacted]

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

In the relatively short period of his assignment to CCS, [redacted] has completely lived up to his advance billing as reflected in past fitness reports. [redacted] has provided the specifics of [redacted] accomplishments and has left me only to say that [redacted] is a first class professional Records Officer and supervisor who fully deserves an overall rating of Strong.

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TY
1 Aug	C/CCS	[redacted]

4. BY EMPLOYEE

VERIFY THAT I HAVE BEEN THE ENTRIES IN ALL SECTIONS OF THIS REPORT.	DATE	SI
	1 July 74	[redacted]

CLASSIFICATION  
SECRET

SECRET

Fitness Report

**SECTION D NARRATIVE COMMENTS (continued)**

but has been required, due to a turnover in personnel, to train three new Records Clerks.

Courses taken since the start of his tour with CCS include Operational Records I and III, ADP I, Forms Management Seminar, and Forms Analysis and Design Workshop.

has proved to be a conscientious, hard-working and thoughtful records manager and supervisor, and CCS is glad to have him aboard. I am sure that the next records inventory will provide statistical evidence of his abilities as a "housecleaner."

SECRET



**SECRET**  
(When Filled In)

<b>FITNESS REPORT</b>					<b>EMPLOYEE SERIAL NUMBER</b> 010032	
<b>SECTION A GENERAL</b>						
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH	3. SEX M	4. GRADE GS-11	5. DD D	
6. OFFICIAL POSITION TITLE Records Admin Officer			7. OFF. DIV/BR OF ASSIGNMENT DDO/EUR	8. CURRENT STATION Rome		
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER		<input type="checkbox"/> RESERVE		<input type="checkbox"/> TEMPORARY		<input checked="" type="checkbox"/> INITIAL
<input checked="" type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)				<input checked="" type="checkbox"/> ANNUAL		<input checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR
<input type="checkbox"/> SPECIAL (Specify):				<input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to) 1 June 72 -31 May 73			
<b>SECTION B PERFORMANCE EVALUATION</b>						
<p><b>U-Unsatisfactory</b> 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><b>M-Marginal</b> 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><b>P-Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><b>S-Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O-Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>						
<b>SPECIFIC DUTIES</b>						
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).						
SPECIFIC DUTY NO. 1		Station Records Management and Control Officer - responsible for the mediation, preparation, implementation and control of the Records Management Program.				RATING LETTER O
SPECIFIC DUTY NO. 2		Chief of Registry Section - in this capacity he supervises one employee in the processing and pouching of all dispatch and other correspondence; serves as the cable analyst, processing and distributing all cable traffic; and serves as Top Secret Control Officer.				RATING LETTER S
SPECIFIC DUTY NO. 3						RATING LETTER
SPECIFIC DUTY NO. 4						RATING LETTER
SPECIFIC DUTY NO. 5						RATING LETTER
SPECIFIC DUTY NO. 6						RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>						
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and 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 O

MAY 1972

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.

This officer has continued to perform with a high degree of effectiveness and accomplishment. He has concentrated on improving our records holding standards and on purging irrelevant and out dated files. In May 1972 he began a monthly series of progress reports for the Chief of Station outlining the month's accomplishments. Copies of these reports through January 1973 were sent to Hqs in OIRT-18014 and 18015, dated 9 Feb 73. These reports clearly show this officer's focus on records management activities, his ingenuity and aggressiveness in launching programs of review of files and his tireless efforts in reducing Station holdings to a practical and useable minimum. His records inventory as of September 1972, reporting a total reduction in excess of 85 feet, speaks for itself. His next report also promises to show dramatic reductions.

This officer shows a sense of professional responsibility and determination in the oft neglected function of records management, deeper and more intense than any other witnessed by the rating officer in his career. He performs his other duties as Chief, Registry with an equally high degree of effectiveness. Subject officer may have been inadvertently hiding his talents under the proverbial bushel basket by having remained in the field for so long. It is the rater's hope that Hqs now has focussed on him and has discovered his potential for greater responsibilities. The records in this Station are tremendously improved for his having had a tour [redacted]. We are certainly glad he came.

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE  
I CERTIFY THAT I HAVE SEEN SECTIONS A, D, AND C OF THIS REPORT

DATE: 30 April 1973 SIGNATURE: /s/ [redacted]

2. BY SUPERVISOR  
MONTHS EMPLOYER HAS BEEN UNDER MY SUPERVISION: IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION:

DATE: 23 May 1973 OFFICIAL TITLE OF SUPERVISOR: Admin Officer TYPED OR PRINTED NAME AND SIGNATURE: /s/ [redacted]

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL  
This officer has been remarkably effective during his tour [redacted]. While we are very sorry to lose him, there is no question that his formidable talents should be used on a much broader range of records management and related problems than could be done in this Station. His next assignment in Headquarters appears to give him that additional scope. We are glad that he served [redacted] and that during this tour here he received a well-deserved promotion. [redacted] Station's records have improved considerably as a result of this officer's tour here. I am in full agreement with the above comments and ratings.

DATE: 23 May 1973 OFFICIAL TITLE OF REVIEWING OFFICIAL: Ops Officer TYPED OR PRINTED NAME AND SIGNATURE: /s/ [redacted]

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT					EMPLOYEE SERIAL NUMBER		
					010032		
<b>SECTION A GENERAL</b>							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD	
				M	GS-10	D	
6. OFFICIAL POSITION TITLE				7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION	
Records Admin Officer				DDP/EUR			
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/>	CAREER	<input type="checkbox"/>	RESERVE	<input type="checkbox"/>	TEMPORARY	<input type="checkbox"/>	REASSIGNMENT SUPERVISOR
<input type="checkbox"/>	CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/>	ANNUAL	<input type="checkbox"/>	REASSIGNMENT EMPLOYEE
SPECIAL (Specify):				SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to)			
31 July 1972				1 October 1971 - 31 May 1972			
<b>SECTION B PERFORMANCE EVALUATION</b>							
<p><b>U-Unsatisfactory</b> 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><b>M-Marginal</b> 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><b>P-Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><b>S-Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O-Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
Chief of Registry Section - In this capacity he supervises one employee in the processing and pouching of all dispatch correspondence and in the performance of other registry duties.						O	
SPECIFIC DUTY NO. 2						RATING LETTER	
Station Records Officer - Responsible for the Station's Record Management Program.						O	
SPECIFIC DUTY NO. 3						RATING LETTER	
Cable Analyst - Processes and distributes all incoming and outgoing cable traffic.						S	
SPECIFIC DUTY NO. 4						RATING LETTER	
Top Secret Control Officer.						S	
SPECIFIC DUTY NO. 5						RATING LETTER	
SPECIFIC DUTY NO. 6						RATING LETTER	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and 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	
						O	

21 AUG 1972

GROUP 1 Excluded from automatic downgrading and declassification

**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. <u>Major 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>This officer's performance over the past year has been outstanding. He is a skilled professional records manager, an indefatigable worker and a highly imaginative and efficient supervisor. Since his last Fitness Report he has directed a TDY team of records officers in a concentrated program of records reduction. He devised the program and supervised its execution with most effective results. This officer is a driver and a doer. He constantly strives to improve the Station's records management posture and follows up with procedures designed to maintain the gains achieved by his efforts. It is highly gratifying and stimulating to work with him. He sees the broad dimensions of the task at hand and focuses constantly on improving the system. This quality convinces the rater that he is capable of greater responsibilities in a position of broader scope. I recommend that Headquarters begin to plan for the utilization of this officer on the completion of his tour of duty [redacted]. He should be placed in a Headquarters position in which his skills and broad experience can be fully used and in which he can achieve the professional growth of which he is both capable and deserving.</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		
17 July 1972	/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	
17 July 1972	Admin Officer	/s/ [redacted]	
3.			BY REVIEWING OFFICIAL
COMMENTS OF REVIEWING OFFICIAL			
<p>I concur in the comments of the rating officer and believe the overall outstanding rating is well deserved. Subject is a first-rate Records Management officer - deeply interested in his work, conscientious in the extreme and always looking for an innovative approach that will upgrade the functioning of Registry and better serve Station needs. Without losing sight of the unending pressure to reduce and periodically reorder the Station's holdings, this officer avoids assuming attitudes that are cast in cement. He works with the Branches and individual officers in solving problems rationally. He is unfailingly pleasant and courteous and is well-liked by all. The Station is fortunate to have</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
25 July 1972	DCOS	/s/ [redacted]	

**SECRET**

ON DUTY

SECRET  
(When Filled In)

FITNESS REPORT						EMPLOYEE SERIAL NUMBER	
<b>SECTION A GENERAL</b>							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX M	4. GRADE GS-10	5. SD D	
6. OFFICIAL POSITION TITLE Records Admin Off				7. OFF/DIV/BR OF ASSIGNMENT DDP/EUR	8. STATION DT #1		
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/>	CAREER	<input type="checkbox"/>	RESERVE	<input type="checkbox"/>	TEMPORARY	<input type="checkbox"/>	
CAREER-PROVISIONAL (See Instructions - Section C)				<input checked="" type="checkbox"/>	ANNUAL	<input type="checkbox"/>	
SPECIAL (Specify):				SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From to-) 4 July 1971-30 September 1971			
<b>SECTION B PERFORMANCE EVALUATION</b>							
<p><b>U-Unsatisfactory</b> 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><b>M-Marginal</b> 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><b>P-Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><b>S-Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O-Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1 Chief of Registry Section - In this capacity he supervises one employee in the processing and pouching of all dispatch correspondence and other registry duties.						RATING LETTER S	
SPECIFIC DUTY NO. 2 Station Records Officer - Responsible for the Station's record program and to give guidance and/or assist the Station officers when called upon to do so.						RATING LETTER S	
SPECIFIC DUTY NO. 3 Cable Analyst - Process and distribute all incoming and outgoing cable traffic, this includes maintenance of the chrono files.						RATING LETTER S	
SPECIFIC DUTY NO. 4 Top Secret Control Officer.						RATING LETTER P	
SPECIFIC DUTY NO. 5						RATING LETTER	
SPECIFIC DUTY NO. 6						RATING LETTER	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and 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. 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.

I have worked with this officer just 2½ months, but this has been long enough to satisfy me that he is above average in registry work. He is a very knowledgeable registry technician, but most important, he is aggressive and imaginative in devising new procedures, or revising old ones to improve the quality of registry service to this Station. He is affable in dealing with his peers and confident and persuasive in dealing with the senior management of this Station. Shortly after arrival he took over the analysing and distribution of the cables, and prepared a Station procedure for this purpose. Immediately following that, he devised a new procedure for handling correspondence and installed it. He had reviewed the multitudinous files at this Station and has plans to trim them back to more reasonable and appropriate dimensions. In every respect, this officer has taken charge of the function he is here to perform, and has devoted a great deal of time, thought and effort to improve it. We are indeed satisfied with his performance.

**SECTION D CERTIFICATION AND COMMENTS**

1. BY EMPLOYEE

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

DATE: 4 October 1971 SIGNATURE: /s/ [Redacted]

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION: 2½ months IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION:

DATE: 4 October 1971 OFFICIAL TITLE OF SUPERVISOR: Chief, Support TYPED OR PRINTED NAME AND SIGNATURE: /s/ [Redacted]

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL: Since I have just arrived at the Station I have not had an opportunity to observe this officer's performance. However, I respect the rating officer's judgment, which in this case coincides with other favorable comments I have heard about the Subject. I therefore defer to the rating officer's evaluation.

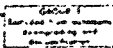
DATE: 4 October 1971 OFFICIAL TITLE OF REVIEWING OFFICIAL: Deputy Chief of Station TYPED OR PRINTED NAME AND SIGNATURE: /s/ [Redacted]

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT					EMPLOYEE SERIAL NUMBER	
<b>SECTION A GENERAL</b>						
1. NAME <i>(Last) (First) (Middle)</i>		2. DATE OF BIRTH		3. SEX <b>M</b>	4. GRADE <b>GS-10</b>	5. SD <b>D</b>
6. OFFICIAL POSITION/TITLE <b>Records Adm. Officer</b>			7. OFF/DIV/BR OF ASSIGNMENT <b>DDP/EUR</b>		8. CURRENT STATION	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT			
<input type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> INITIAL	REASSIGNMENT SUPERVISOR		
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input type="checkbox"/> ANNUAL	<input checked="" type="checkbox"/> SPECIAL (Specify): <b>Promotion</b>	<input checked="" type="checkbox"/> REASSIGNMENT EMPLOYEE	
11. DATE REPORT DUE IN U.P.			12. REPORTING PERIOD (From - to) <b>1 January 1971 - 30 May 1971</b>			
<b>SECTION B PERFORMANCE EVALUATION</b>						
<p><b>U-Unsatisfactory</b> 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><b>M-Marginal</b> 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><b>P-Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><b>S-Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O-Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>						
<b>SPECIFIC DUTIES</b>						
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).						
SPECIFIC DUTY NO. 1 <b>Reviewed, retired and rationalized [redacted] Branch Files and explained same system to Branch personnel</b>					RATING LETTER <b>O</b>	
SPECIFIC DUTY NO. 2					RATING LETTER	
SPECIFIC DUTY NO. 3					RATING LETTER	
SPECIFIC DUTY NO. 4					RATING LETTER	
SPECIFIC DUTY NO. 5					RATING LETTER	
SPECIFIC DUTY NO. 6					RATING LETTER	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>						
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and 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 <b>O</b>

**3 AUG 1971**



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. Mission of Authority 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.

[redacted] first made a survey of the Augean stable that the [redacted] files had become over many years of shifts in personnel and changes of direction. He then reviewed, downgraded, and retired approximately 350 Top Secret documents with appropriate Project and Subject files and copies destroyed. At the completion of this there was not one Top Secret document on the Branch. He devised, gained approval from FI/D, and carried out a new procedure for the downgrading of [redacted] material from Top Secret to Secret so that it could be retired. He retired approximately 60 Project, 25 Subject, and fifty 201 files. He surveyed the [redacted] files and discovered that there were a total of 93 of which 19 were already closed. He closed 47 of the remainder and left 25 open and arranged for RID/ARD to retire all the material in the open files prior to 1 January 1971. He closed and retired Plan files dating back to the early 1950's. All in all, out of 76 feet of safe space filled with CS material, he retired 36 feet of files leaving a catalogue of where everything is or has been sent. A remarkable record (and done with a minimum of fuss and Branch dislocation)!

What he did in such a short time speaks eloquently of how he went about his duties for which see the accompanying memorandum of recommendation for promotion. Reporting officer has known him over fourteen years and has the unvarying impression of him as a quietly competent, diligent, reliable, self-reliant individual.

/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: Subject now in Rome Station

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION: 4 months. IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION: See above

DATE: 27 July 1971. OFFICIAL TITLE OF SUPERVISOR: ADC/EUR [redacted]. TYP: [redacted]

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL: I concur in the above evaluation. Subject turned in a most impressive performance during his brief time [redacted]. Largely as a result of his enthusiasm and initiative, the Branch was able to achieve what had never been accomplished before; a complete overhaul, cleaning, purging, and restructuring of its filing system. To his credit, Subject has a keen appreciation for operational requirements and all of this work was done without sacrificing the future utilization of information acquired in the past; on the contrary, the efficient use of this material has been so enhanced that it will surely be reflected in our future operations. [redacted] has a unique contribution to make [redacted] or any other place he is assigned. The Station is fortunate to have him...his presence is sorely needed to do the same thing [redacted] that he has just accomplished

DATE: 27 July 1971. OFFICIAL TITLE OF REVIEWING OFFICIAL: Chief [redacted]

SECRET



SECRET

-2-

You give him a job and need not worry about whether or how it will be done.

The job offered no opportunity to observe his supervisory capabilities. He is cost conscious and security conscious.

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Fitness Report

(continued)

SECTION D.3. (continued).

in Headquarters. The importance of his contribution and his personal initiative and efforts should be rewarded by a promotion.

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
<b>SECTION A GENERAL</b>					
1. NAME		2. DATE OF BIRTH	3. SEX	4. GRADE	5. ED
			M	GS-10	D
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION
Recs Adm Off			DDP/EUR/		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/>	CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT SUPERVISOR
<input type="checkbox"/>	CAREER-PROVISIONAL (See Instructions - Section C)		<input checked="" type="checkbox"/> ANNUAL	<input checked="" type="checkbox"/>	REASSIGNMENT EMPLOYEE
<input type="checkbox"/>	SPECIAL (Specify):		SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
30 November 1970			30 June 1970 - 18 November 1970		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<b>U-Unsatisfactory</b>	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.				
<b>M-Marginal</b>	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.				
<b>P-Proflient</b>	Performance is satisfactory. Desired results are being produced in the manner expected.				
<b>S-Strong</b>	Performance is characterized by exceptional proficiency.				
<b>O-Outstanding</b>	Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.				
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1					RATING LETTER
Responsible for organization and direct management of the Station Registry					S
SPECIFIC DUTY NO. 2					RATING LETTER
First-line supervisor for two full-time registry assistants.					S
SPECIFIC DUTY NO. 3					RATING LETTER
Organizes and implements review and purge of Registry and other Station files.					O
SPECIFIC DUTY NO. 4					RATING LETTER
Prepares Station notices and outgoing correspondence on Registry matters.					S
SPECIFIC DUTY NO. 5					RATING LETTER
Maintains and controls case file index and 201 file index.					S
SPECIFIC DUTY NO. 6					RATING LETTER
Top Secret Control Officer					S
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and 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. 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.

In the four months he has been under my supervision, Subject has demonstrated that he merits in full measure the high opinion of him held by his previous supervisor. Conscientious, careful, fully knowledgeable of Registry procedures he has gone about his day-to-day tasks in an exceptionally proficient way without the need for constant supervision. He is prompt in his response to requests and has an excellent sense of "got the job done". He is an intelligent and concerned supervisor who has been meticulous in keeping his supervisors briefed on personnel and other problems as they have arisen in the Station Registry. He appears fully capable of assuming larger responsibilities in the records field. The rating officer regrets that Subject's family situation precludes his staying for another tour.

**SECTION D CERTIFICATION AND COMMENTS**

1. BY EMPLOYEE

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

DATE 17 Nov 1970 SIG [Redacted]

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 4 months IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE 17 November 1970 OFFICIAL TITLE OF SUPERVISOR DCOS TYPED OR PRINTED NAME AND SIGNATURE /s/ [Redacted]

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

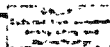
Although the rating officer is newly arrived [Redacted], he has had numerous opportunities in the past to observe Subject's work and the results he has achieved in reducing [Redacted] files to manageable proportions. As a result the ratings awarded in this report are endorsed without hesitation.

DATE 23 November 1970 OFFICIAL TITLE OF REVIEWING OFFICIAL COS TYPED OR PRINTED NAME AND SIGNATURE [Redacted] /s/ [Redacted]

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
<b>SECTION A GENERAL</b>					
1. NAME <small>(Last) (First) (Middle)</small>		2. DATE OF BIRTH	3. SER	4. GRADE	5. SD
			M	GS-10	D
6. OFFICIAL POSITION TITLE <b>Records Admin Off</b>			7. OFF/DIV/BR OF ASSIGNMENT <b>DDP/EUR</b>	8. CURRENT STATION	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> ANNUAL	<input checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR	
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input type="checkbox"/> REASSIGNMENT EMPLOYEE		
SPECIAL (Specify)			SPECIAL (Specify)		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
			1 October 1969 - 30 June 1970		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>U-Unsatisfactory</b> 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><b>M-Marginal</b> 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><b>P-Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><b>S-Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O-Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 <b>Responsible for organization and direct management of station registry.</b>					RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 2 <b>First-line supervisor for two full-time and one part-time registry assistants.</b>					RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 3 <b>Organizes and implements review and purgo of registry and other station files.</b>					RATING LETTER <b>O</b>
SPECIFIC DUTY NO. 4 <b>Prepares station notices and outgoing correspondence on registry matters.</b>					RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 5 <b>Maintains and controls case file index and 201 file index.</b>					RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 6 <b>Top Secret Control Officer.</b>					RATING LETTER <b>S</b>
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b> <span style="float: right;">3 JUL 1970</span>					
Take into account everything about the employee which influences his effectiveness in his current position. Consider 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 <b>S</b>



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. Monitor of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be completed, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p>			
<p>With about nineteen months experience managing the station registry already under his belt, his usefulness here increases. He continues to demonstrate the same quietly effective leadership and talent for sound organization in his own shop as were noted on the last fitness report.</p>			
<p>While maintaining a high standard in the more routine day-to-day services and processes a registry is normally expected to supply, he has also been the catalyst for a thorough, carefully phased and continuing review and, where appropriate, purge of registry and other file holdings. Administering this ambitious reduction program requires sound judgment and experience in handling the detail in our existing records. Subject has these qualities and has achieved impressive results. To complete this task, he has asked to extend his tour here for one year until November 1971 and Headquarters has approved this.</p>			
<p>He is invariably completely responsive to guidance from the DCOS, his immediate supervisor, and conscientiously seeks to achieve the work goals which are identified during our occasional accomplishment and performance consultations. The spirit of cooperation with which he deals with other station personnel is equally commendable.</p>			
<p>No criticism can be made of his security <input type="checkbox"/> department.</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		
18 June 1970	/s/ <input type="checkbox"/>		
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	
18 June 1970	DCOS	/s/ <input type="checkbox"/>	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>Concur entirely with this favorable assessment. Subject has been a dedicated and conscientious supervisor of his office. His achievements have been quite measurable and specific, as described in the above report. On the basis of his performance here, Subject should have excellent career prospects for further growth in his chosen field.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
22 June 1970	COS	/s/ <input type="checkbox"/>	

SECRET

**SECRET**  
(When Filled In)

<b>FITNESS REPORT</b>					EMPLOYEE SERIAL NUMBER	
<b>SECTION A GENERAL</b>						
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD	
			M	GS-10	D	
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT	8. CURRENT STATION		
Records Admin Officer			DDP/EUR			
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT			
<input type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT SUPERVISOR		
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT EMPLOYEE		
<input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to-)			
31 October 1969			18 November 1968-30 September 1969			
<b>SECTION B PERFORMANCE EVALUATION</b>						
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>						
<b>SPECIFIC DUTIES</b>						
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).						
SPECIFIC DUTY NO. 1						RATING LETTER
Responsible for organization and direct management of Station Registry.						S
SPECIFIC DUTY NO. 2						RATING LETTER
First-line supervisor for at first three, later two full-time Registry personnel and one part-time Registry assistant.						S
SPECIFIC DUTY NO. 3						RATING LETTER
Provides informal training and guidance to some Station officers and secretaries on records procedures.						S
SPECIFIC DUTY NO. 4						RATING LETTER
Prepares Station Notices and outgoing correspondence on Registry matters.						P
SPECIFIC DUTY NO. 5						RATING LETTER
Maintains and controls case file index and 201 file index.						S
SPECIFIC DUTY NO. 6						RATING LETTER
Top Secret control officer.						S
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>						
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and 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)

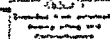
SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language 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 must be described, if applicable. He arrived ten months ago at this post, with considerable experience in Registry work at Headquarters and at other field stations and with a thorough understanding of how a Station Registry should be organized and run. He immediately put this understanding to good use. While maintaining the overall efficiency of Registry programs already in effect when he took over, he enthusiastically began a carefully-planned and continuing effort to further reduce less than essential Registry paper holdings with results which are already impressive. His suggestions on new procedures designed to conserve space and manpower are usually imaginative and practical.</p> <p>He himself is a remarkably well-organized, conscientious and cooperative person.</p> <p>He has had to undertake his improvements while accommodating to the loss of one Registry slot which fell victim to a [redacted] reductions program. Primarily due to his managerial talents, the Registry has been made to carry on almost as well with three regulars as with the previous four. Although his people are increasingly hard-worked, their morale is high. He himself appears to be a glutton for work but his Registry is obviously a happy shop.</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		
9 October 1969	/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	
9 October 1969		/s/ [redacted]	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
Concur with this very favorable assessment. Subject has a real talent for work in his chosen field and his professional accomplishments here have been impressive. Subject's career should be watched with care and there should be room for considerable advancement in the Records Management end of our business.			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
5 November 1969		/s/ [redacted]	

SECRET

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH	3. SEX	4. GRADE	5. SO
			M	GS-10	D
6. OFFICIAL POSITION TITLE Records Admin Of			7. OFF/DIV/BR OF ASSIGNMENT DDP/FE/VNO	8. CURRENT STATION Vietnam	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT SUPERVISOR	
<input checked="" type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL	<input checked="" type="checkbox"/> REASSIGNMENT EMPLOYEE	
SPECIAL (Specify):			SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to) 5 March 1968 - 5 October 1968		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p>W - <u>Weak</u> 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 counselling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - <u>Adequate</u> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - <u>Proficient</u> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - <u>Strong</u> Performance is characterized by exceptional proficiency.</p> <p>O - <u>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.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 Chief Station Registry				RATING LETTER O	
SPECIFIC DUTY NO. 2 Management and training of personnel under his supervision				RATING LETTER S	
SPECIFIC DUTY NO. 3 Scheduling of routine and exceptional work assigned to his unit.				RATING LETTER O	
SPECIFIC DUTY NO. 4 Preparation of routine and other reports on the activities of his Section.				RATING LETTER S	
SPECIFIC DUTY NO. 5 Overall Security of Registry operations				RATING LETTER S	
SPECIFIC DUTY NO. 6 <i>E OCT 1968 BK</i>				RATING LETTER	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and 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. <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>This is Subject's final Fitness Report as Chief, Registry at Vietnam Station. He has worked long and hard but can look with pride at the many accomplishments that he has effected during his tenure. He will depart leaving a sound and well-functioning organization. His planning has been effective and his cross-training and development of the personnel under his supervision have been fully productive.</p> <p>During this period, his unit has experienced heavy increases in workload and assumed new or additional functions with no reduction in the service provided to Station components.</p> <p>Subject has been responsible for many work saving innovations, procedural changes and a thorough updating and revamping of the highly important registry reference records.</p> <p>The personnel under his supervision display enthusiasm and dedication in their work. Their pleasant manner is a reflection of Subject's management ability.</p> <p>Subject performs his managerial and supervisory duties in a highly professional manner. He knows systems, writes lucid and concise procedures and reacts positively to situations. He is a "Doer".</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	
27 Sept 1968	/s/ [ ]	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
14		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
21 Sept 1968	Records Admin Officer	/s/ [ ]
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
<p>I concur in the ratings and comments of the Rating Officer.</p> <p>Subject has been most amenable and responsive to positive direction.</p>		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
22 Sept 1968	Ops Officer	/s/ [ ]

SECRET

-2-

NARRATIVE COMMENTS, Section C. (Continued)

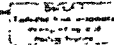
I have enjoyed serving with Subject, wish him success at his next post and look forward to serving with him again.

Subject is cost conscious.

SECRET

SECRET  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER		
<b>SECTION A GENERAL</b>						
1. NAME (First) (Middle)		2. SEX		3. GRADE	4. SO	
		M		GS-9	D	
5. OFFICIAL POSITION TITLE			6. ASSIGNMENT	7. CURRENT STATION		
Records Admin Officer			DDP/FE/VBO	Vietnam		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR			
CAREER-PROVISIONAL (See Instructions - Section C)			<input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE			
SPECIAL (Specify):			<input checked="" type="checkbox"/> SPECIAL (Specify): Promotion			
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)			
			1 Oct 67 - 31 March 68			
<b>SECTION B PERFORMANCE EVALUATION</b>						
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>						
<b>SPECIFIC DUTIES</b>						
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).						
SPECIFIC DUTY NO. 1					RATING LETTER	
Chief Station Registry					S	
SPECIFIC DUTY NO. 2					RATING LETTER	
Management and training of Personnel under his supervision					P	
SPECIFIC DUTY NO. 3					RATING LETTER	
Scheduling of routine and exceptional work assigned to his unit					O	
SPECIFIC DUTY NO. 4					RATING LETTER	
Preparation of routine and other reports on the activities of his Section					S	
SPECIFIC DUTY NO. 5					RATING LETTER	
Overall Security of Registry operations					P	
SPECIFIC DUTY NO. 6					RATING LETTER	
Overall Performance in Current Position					RATING LETTER	
<p>20 MAY 1968</p> <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.</p>					S	



**SECRET**

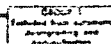
*(When Filled In)*

SECTION C	NARRATIVE COMMENTS
Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.	
<p>Subject has done an excellent job in organizing the layout and arranging the work flow in the new Station Registry. As a result, his unit has been operating on a fully effective and productive basis, even during the recent emergency when certain workloads increased several hundred per cent. In operation and physical appearance the Station Registry may be considered a model registry.</p> <p>He is very cooperative and works well with other offices in solving mutual problems or setting up new requirements.</p> <p>Subject is industrious and dedicated and willingly works long hours to meet the daily demands of his position. He performed in an exemplary manner while working for an extended period under stress during the recent emergency.</p> <p>Subject is a pleasant, dependable individual who is anxious to do the best job possible in a demanding and vital position at the Station.</p> <p>He is properly cost conscious in the use of personnel, space and equipment.</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	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
8 MONTHS	Subject has not reviewed this report inasmuch as it recommends him for promotion.	
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
5 March 1968	Records Admin Officer	/s/ [ ]
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
5 March 1968	Ops Officer	/s/ [ ]

**SECRET**  
(When Filled In)

FITNESS REPORT						EMPLOYEE SERIAL NUMBER	
<b>SECTION A GENERAL</b>						<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD	
				M	GS-9	align="center">D	
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION		
Records Admin Of			DDP/FE/VNO		Vietnam		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT				
<input type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT SUPERVISOR			
<input checked="" type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT EMPLOYEE			
<input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> SPECIAL (Specify):				
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From- to-)				
			10 May 1967 - 30 Sep, 1967				
SECTION B PERFORMANCE EVALUATION							
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
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	
Chief, Station Registry Section						P	
SPECIFIC DUTY NO. 2						RATING LETTER	
Management and training of personnel under his supervision						A	
SPECIFIC DUTY NO. 3						RATING LETTER	
Scheduling of routine and exceptional work assigned to his unit.						S	
SPECIFIC DUTY NO. 4						RATING LETTER	
Preparation of routine and other reports on the activities of his Section.						P	
SPECIFIC DUTY NO. 5						RATING LETTER	
Overall security of Registry operations.						A	
SPECIFIC DUTY NO. 6						RATING LETTER	
29 NOV 1967							
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.							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. <u>Monies 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>			
<p>Subject is responsible for the supervision and operation of one of the more diversified and complex field registry operations in the Organization. He is thoroughly knowledgeable and experienced in registry practices. Subject is a dedicated and hard working officer who will apply himself diligently to individual registry activities. Such diligent application occasionally causes him to overlook his overall supervisory role, the supervision and management of eleven personnel and the responsibility for providing a wide variety of services, locally and in-country. In the press of his activities, he does not always employ a high degree of tact in dealing with his subordinates. In this context it should be noted that he is performing proficiently in a position well above his present grade level.</p>			
<p>During the past several months, the Section has undergone several changes and assumed additional functions under his guidance.</p>			
<p>Subject is cost conscious in the use of supplies and equipment in his Section.</p>			
<p>Subject is attending evening courses leading toward his degree to further himself professionally.</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		
14 Aug 1967	/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	
14 Oct 1967	Records Admin Officer	/s/ [Redacted]	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>I concur in the ratings and comments of the supervisor. In fairness to the employee, it should be noted that the supervisor is a conscientious and conservative rater.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
14 Oct 1967	Opn Officer	/s/ [Redacted]	

**SECRET**

SECRET  
(When Filled In)

FITNESS REPORT						EMPLOYEE SERIAL NUMBER	
<b>SECTION A GENERAL</b>							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX M	4. GRADE GS 9	5. SD D	
6. OFFICIAL POSITION TITLE Records Admin Officer			7. OFF/DIV/BR OF ASSIGNMENT DSE/FE/THO		8. CURRENT STATION VIETNAM		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT				
<input type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> INITIAL		<input checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR		
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input type="checkbox"/> ANNUAL		<input type="checkbox"/> REASSIGNMENT EMPLOYEE		
<input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> SPECIAL (Specify):				
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to) 14 Jan 67 - 9 May 67				
<b>SECTION B PERFORMANCE EVALUATION</b>							
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1  Chief, Registry with supervisory responsibility for 8 employees.						RATING LETTER  S	
SPECIFIC DUTY NO. 2						RATING LETTER	
SPECIFIC DUTY NO. 3						RATING LETTER	
SPECIFIC DUTY NO. 4						RATING LETTER	
SPECIFIC DUTY NO. 5						RATING LETTER	
SPECIFIC DUTY NO. 6						RATING LETTER	
<p>28 JUN 1967</p>							
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and 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)

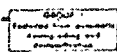
SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. <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> <p style="text-align: right;">Jun 12 10 44 AM '67</p> <p>Although Subject has been at the Station for only a few months, he quickly established himself as a formidable leader in a very large Registry operation. He is resourceful and constantly strives to improve office procedures in order to increase efficiency and provide better service. He is an old hand in the Registry field, well indoctrinated in proper procedure and knows when and how to adjust to meet changing situations.</p> <p>Subject effectively supervises 8 employees and displays cost consciousness in the management and operation of his office.</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		
8 May 1967	/s/ [redacted]		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
4			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
8 May 1967	Records Officer	/s/ [redacted]	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
Concur with rating and narrative comments. Subject is employing in this position his cumulative experience as a Registry supervisor at previous posts. Subject has contributed to the improvement of Registry procedures and in-country courier system of this large and fast moving station.			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
15 May 1967	Ops Officer	/s/ [redacted]	

SECRET



**SECRET**  
(When Filled In)

FITNESS REPORT					EMPLOYEE SERIAL NUMBER
<b>SECTION A GENERAL</b>					
1. NAME		2. GRADE	3. SEX	4. GRADE	5. SD
		M	M	GS-9	b
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION
Intel. Analyst - CH			DDP/FE/Per		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR		
<input checked="" type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE		
<input type="checkbox"/> SPECIAL (Specify)			<input type="checkbox"/> SPECIAL (Specify)		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
			30 Sept 65 - 1 Sept 1966		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1					RATING LETTER
Chief of Central Registry and Records with responsibility for the receipt and routing of all incoming and outgoing cables, dispatches, and memoranda of the Station, including all other organizations corresponding with the Station.					O
SPECIFIC DUTY NO. 2					RATING LETTER
Supervises six Registry employees					S
SPECIFIC DUTY NO. 3					RATING LETTER
Supervises Station courier service which distributes classified correspondence to the _____ Station.					S
SPECIFIC DUTY NO. 4					RATING LETTER
Supervises the analysis and distribution of incoming and outgoing cables.					S
SPECIFIC DUTY NO. 5					RATING LETTER
Supervises the operation of the Station Flexowriters.					S
SPECIFIC DUTY NO. 6					RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and 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

OFFICE OF THE

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

[ ] has continued to perform at a "Strong" level. He is a fine supervisor and thereby gets maximum performance from his staff which is too small to handle a work load which has constantly increased over the past year. He is cost conscious in funds material and also strives to stream-line and improve the functioning of the Registry and its related functions.

[ ] has twice been recommended for promotion. He definitely deserves it and should be assigned next to a position above his present rating.

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

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

DATE

15 August 1966

[ ] /s/

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

14

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

DATE

16 August 1966

OFFICIAL TITLE OF SUPERVISOR

Ops. Officer

TYPED OR PRINTED NAME AND SIGNATURE

[ ] /s/

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Concur in above rating.

DATE

17 August 1966

OFFICIAL TITLE OF REVIEWING OFFICIAL

Chief of Station

TYPED OR PRINTED NAME AND SIGNATURE

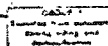
[ ] /s/

SECRET

SECRET

(When Filled In)

FITNESS REPORT					EMPLOYEE SERIAL NUMBER	
<b>SECTION A GENERAL</b>						
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
				M	GS-09	D
6. OFFICIAL POSITION/TITLE Intel Analyst Ch			7. OFF/DIV/BR OF ASSIGNMENT DDP/FE/		8. CURRENT STATION	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT			
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input checked="" type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify)			<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify)			
11. DATE REPORT DUE IN O.P. NOV 30 1965			12. REPORTING PERIOD (From - to) 1 July - 30 September 1965			
<b>SECTION B PERFORMANCE EVALUATION</b>						
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>						
<b>SPECIFIC DUTIES</b>						
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).						
SPECIFIC DUTY NO. 1 Chief of Central Registry and Records with responsibility for the receipt and routing of all incoming and outgoing cables, dispatches, and memoranda of the Station, including all other organizations corresponding with the Station.						RATING LETTER O
SPECIFIC DUTY NO. 2 Supervises six Registry employees						RATING LETTER S
SPECIFIC DUTY NO. 3 Supervises Station courier service which distributes classified correspondence to the [redacted] of the Station.						RATING LETTER S
SPECIFIC DUTY NO. 4 Analyze and distribute all incoming and outgoing Station cables.						RATING LETTER O
SPECIFIC DUTY NO. 5 Supervise the operation of the Station Flexowriter.						RATING LETTER S
SPECIFIC DUTY NO. 6						RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>						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
15 DEC 1965						



SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position based on 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.

Office of Ops  
Dec 15 9 21 AM '65

During the four months [redacted] has been under my supervision he has demonstrated very real supervisory ability and a talent for getting maximum performance from a small staff which handles an increasingly large volume of work. He has also shown his ability to cut the costs of his operation.

[redacted] not only runs a most efficient Registry but is also constantly seeking ways to improve and stream-line its operation. He is a man who takes such interest in his job that his ideas and plans for improvement are carefully worked out and sound.

Though I have observed his work for only four months, I believe his over-all performance is "Strong" and close to "Outstanding." He has been recommended for promotion. He deserves it.

SECTION D

CERTIFICATION AND COMMENTS

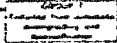
1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE 27 October 1965	SIGNATURE OF EMPLOYEE /s/ [redacted]	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 4	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYER, GIVE EXPLANATION	
DATE 27 October 1965	OFFICIAL TITLE OF SUPERVISOR Ops Officer	TYPED OR PRINTED NAME AND SIGNATURE /s/ [redacted]
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
I agree with his supervisor that Subject is unusually competent in his field and fully deserving of a "Strong" rating. Subject displays unflinching enthusiasm for his job and constantly tries to improve his operation. He has displayed a high degree of imagination and inventiveness in making changes in our over-all CRR set-up. He very definitely deserves promotion.		
DATE 2 November 1965	OFFICIAL TITLE OF REVIEWING OFFICIAL DCOG	TYPED OR PRINTED NAME AND SIGNATURE /s/ [redacted]

SECRET

**SECRET**  
(When Filled In)

15771

FITNESS REPORT			EMPLOYEE SERIAL NUMBER		
<b>SECTION A GENERAL</b>					
1. NAME		2. OFFICE SYMBOL	3. SER	4. GRADE	5. SD
			M	GS-09	D
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION
Intel Analyst Gen			DDP/FE		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR		
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE		
<input type="checkbox"/> SPECIAL (Specify)			<input type="checkbox"/> SPECIAL (Specify)		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
			1 October 1964 - 30 June 1965		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1				RATING LETTER	
Chief of Central Registry and Records with responsibility for the receipt and routing of all incoming and outgoing cables, dispatches, and memoranda of the Station, including all other organizations corresponding with the Station				S	
SPECIFIC DUTY NO. 2				RATING LETTER	
Supervises six Registry employees				S	
SPECIFIC DUTY NO. 3				RATING LETTER	
Supervises Station courier service which distributes classified correspondence to [redacted] the Station				S	
SPECIFIC DUTY NO. 4				RATING LETTER	
Analyzes and distributes all incoming and outgoing Station cables				O	
SPECIFIC DUTY NO. 5				RATING LETTER	
Supervises the Station Flexewriter				S	
SPECIFIC DUTY NO. 6				RATING LETTER	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and 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	
29 JUN 1965				S	



**SECTION C**

**NARRATIVE COMMENTS**

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

As Chief of the Station Registry this employee continues to perform <sup>JUN 29</sup> <sup>9 05</sup> exceptionally proficient level with little supervision from his supervisor. His supervisor <sup>W. J. [redacted]</sup> being reassigned and is scheduled to be replaced by another officer who will necessarily need several months to become knowledgeable of Registry activities. However there is no concern that the flow of paper and the maintenance of accurate records will be affected due to the turnover of supervisors. This employee continues to use his native ingenuity and high standards of achievement to ensure that his office continues to be a well run and efficient unit. He continues to ensure that no government funds are wasted, even to the extent of arranging for the construction of certain modifications to the Registry office by Registry employees at little cost to the Government. This employee has been performing at a level above his present GS-09 grade. As recommended in November 1964, it is reconfirmed that this employee should be promoted to the next higher grade at the earliest possible opportunity.

**SECTION D**

**CERTIFICATION AND COMMENTS**

1. <b>BY EMPLOYEE</b>		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
4 June 65	/s/ [redacted]	
2. <b>BY SUPERVISOR</b>		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
45		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
4 June 65	Ops Officer	/s/ [redacted]
3. <b>BY REVIEWING OFFICIAL</b>		
COMMENTS OF REVIEWING OFFICIAL		
Subject takes his job seriously and performs it in strong fashion; I would say that he displays more energy, interest, and continuing attention than just about anyone else I've seen in registry-type work.		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
10 June 65	DCOS	/s/ [redacted]

FITNESS REPORT						EMPLOYEE SERIAL NUMBER	
<b>SECTION A GENERAL</b>							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX M	4. GRADE GS-09	5. DO D	
6. OFFICIAL POSITION TITLE Intel Analyst Gen				7. OFF/DIV. BR OF ASSIGNMENT DDP/EE/	8. CURRENT STATION		
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY				<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR			
CAREER-PROVISIONAL (See Instructions - Section C)				<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE			
SPECIAL (Specify)				SPECIAL (Specify)			
11. DATE REPORT DUE IN O.P. 30 Nov 64				12. REPORTING PERIOD (From - to) 1 October 1963 - 30 September 1964			
<b>SECTION B PERFORMANCE EVALUATION</b>							
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1 Chief of Central Registry and Records with responsibility for the receipt and routing of all incoming and outgoing cables, dispatches, and memoranda of the Station, including all other organizations corresponding with the Station						RATING LETTER S	
SPECIFIC DUTY NO. 2 Supervises six Registry employees						RATING LETTER S	
SPECIFIC DUTY NO. 3 Supervises Station courier service which distributes classified correspondence to [redacted] the Station						RATING LETTER S	
SPECIFIC DUTY NO. 4 Analyzes and distributes all incoming and outgoing Station cables						RATING LETTER S	
SPECIFIC DUTY NO. 5 Supervises the Station Flexewriter						RATING LETTER S	
SPECIFIC DUTY NO. 6						RATING LETTER	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and 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)

<b>SECTION C</b>	<b>NARRATIVE COMMENTS</b>
<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, if applicable.</u></p>	
<p>This employee continues to be Chief of the Station Registry. During the past year his level of performance can be properly evaluated as exceptionally proficient. He continues to welcome hard work, is not bothered by constantly changing deadlines and is able to fill in for any absent member of his unit, and keep up his own work as well. He is quite conscious of the value of Government personnel and materiel, and does everything in his power to conserve these resources. He continues to come up with new ideas on how to perform his functions in a more efficient and effective manner. This results in benefits to the entire Station. It is regrettable that the position this employee fills does not allow for promotion since he has been performing at a level above his present grade for several years.</p>	

<b>SECTION D</b>			<b>CERTIFICATION AND COMMENTS</b>		
<b>1. BY EMPLOYEE</b>					
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT					
DATE	SIGNATURE OF EMPLOYEE				
1 Oct 64	/s/ [Signature]				
<b>2. BY SUPERVISOR</b>					
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION				
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE			
1 Oct 64	Ops Officer	/s/ [Signature]			
<b>3. BY REVIEWING OFFICIAL</b>					
COMMENTS OF REVIEWING OFFICIAL					
<p>I fully concur with the rater's comments and sentiments. I have known this employee for a number of years during which time he has evidenced real growth in self-sufficiency and also in the handling of his responsibilities as a supervisor.</p>					
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE			
29 Oct 64	COS	/s/ William V. Broe			

SECRET



CONFIDENTIAL  
SECRET  
(When Filled in)

ATT TO FJTT-10860

FITNESS REPORT					EMPLOYEE SERIAL NUMBER	
<b>SECTION A GENERAL</b>						
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
				M	GS-09	D
6. OFFICIAL POSITION TITLE			7. OFF. DIV/BR OF ASSIGNMENT 8. CURRENT STATION			
Intel Analyst Gen			DDP/FE/			
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)			
30 November 1963			1 Oct 62-30 Sep 63			
<b>SECTION B PERFORMANCE EVALUATION</b>						
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>						
<b>SPECIFIC DUTIES</b>						
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).						
SPECIFIC DUTY NO. 1					RATING LETTER	
Chief of Central Registry and Records with responsibility for the receipt and routing of all incoming and outgoing cables, dispatches, and memoranda of the Station, including all other organizations corresponding with the Station.					S	
SPECIFIC DUTY NO. 2					RATING LETTER	
Supervises six Registry employees					P	
SPECIFIC DUTY NO. 3					RATING LETTER	
Supervises Station courier service which distributes classified correspondence to [ ] the Station.					P	
SPECIFIC DUTY NO. 4					RATING LETTER	
Analyzes and distributes all incoming and outgoing Station cables.					P	
SPECIFIC DUTY NO. 5					RATING LETTER	
SPECIFIC DUTY NO. 6					RATING LETTER	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>						
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and 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					S	

CONFIDENTIAL  
SECRET

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

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

As Chief of the [ ] Station Registry, this employee has performed at a level of exceptional proficiency for the past year. He welcomes hard work, is able to fill in for any absent member of his unit and keep up his own work as well. He continues to bring up ideas for the improvement of his unit. These have been particularly welcome during the past year in view of the impending move of the Registry to a new location [ ]. The slight tendency to be arbitrary mentioned in the last fitness report has been eliminated during this reporting period. In view of this employees strong performance over the past year, he is being recommended for promotion to GS-10.

SECTION D

CERTIFICATION AND COMMENTS

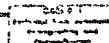
1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
10 Sept. 63	/s/ [ ]	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
10 Sept. 63	Chief, Ops Support Staff	/s/ [ ]
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
I concur in this rating and add that this employee has not let the very serious personal problems thrust upon him during this period interfere in any way with his consistently dependable performance. In this key role, in any station of this size, dependability, reliability, and confidence are "musts" and while there are quite naturally small aggravating incidents of mis-routing or mis-direction of documents, I have been struck by the lack of them here, because rates has the "must" qualities. His performance certainly warrants favorable consideration of the projected promotion action.		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
11 September 63	Deputy Chief of Station	[ ]

SECRET

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
<b>SECTION A GENERAL</b>							
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH		3. SEX M	4. GRADE GS-9	5. SO D	
6. OFFICIAL POSITION TITLE Intel Analyst			7. OFF/OIV/BR OF ASSIGNMENT DDP/FE		8. CURRENT STATION		
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY		<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT SUPERVISOR		
<input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C)				<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT EMPLOYEE		
<input type="checkbox"/> SPECIAL (Specify):				<input type="checkbox"/> SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to) 1 Oct 61 - 30 Sept 62			
<b>SECTION B PERFORMANCE EVALUATION</b>							
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).							
SPECIFIC DUTY NO. 1 Chief of Central Registry and Records with responsibility for the receipt, analysis and routing of all incoming and outgoing cables, dispatches and memoranda of the Station, including all other organizations corresponding with the Station.					RATING LETTER P		
SPECIFIC DUTY NO. 2 Supervises four Registry employees.					RATING LETTER P		
SPECIFIC DUTY NO. 3 Supervises a courier service which distributes correspondence to the [redacted] Station.					RATING LETTER P		
SPECIFIC DUTY NO. 4					RATING LETTER		
SPECIFIC DUTY NO. 5					RATING LETTER		
SPECIFIC DUTY NO. 6					RATING LETTER		
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and 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.

As the Chief of the [ ] Registry this employee has performed well. He has abundant energy and constantly comes up with ideas for the improvement of the efficiency of his unit. He welcomes hard work and is able to fill in and take over any job in his unit and keep up with his own duties as well. As a supervisor, he has a slight tendency to be arbitrary when convinced he is right. This may be due to the fact that the Registry frequently operates under conditions of pressure due to the recent reorganization, reduction, and relocation of the Station. The Station has been required to get the job done with fewer people and under more difficult working conditions.

## SECTION D

## CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

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

DATE

25 Oct. 1962

SIGNATURE OF EMPLOYEE

/s/

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

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

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Subject has done and continues to do well what is expected of him. In amplification of the last sentence of the rater's comments (Section C) Subject has made the adjustment to "fewer people" and "more difficult working conditions" quite well, without trouble and more importantly with no impediment to the CRR service.

DATE

26 Oct 1962

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER CSPD						
<b>SECTION A GENERAL</b>										
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH		3. SEX	4. GRADE					
				M	GS-9					
5. SERVICE DESIGNATION, 6. OFFICIAL POSITION TITLE				7. OFF/DIV/BR OF ASSIGNMENT						
D Opn Officer				STATION						
8. CAREER STAFF STATUS			9. TYPE OF REPORT							
<input type="checkbox"/> NOT ELIGIBLE	<input type="checkbox"/> MEMBER	<input type="checkbox"/> DEFERRED	<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT/SUPERVISOR						
<input type="checkbox"/> PENDING	<input type="checkbox"/> DECLINED	<input type="checkbox"/> DENIED	<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT/EMPLOYEE						
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD		12. SPECIAL (Specify)						
		From 15 Apr 61-30 Sep 61 To								
<b>SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES</b>										
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.					
Chief of local registry, supervising four persons.		4								
SPECIFIC DUTY NO. 2		RATING NO.	SPECIFIC DUTY NO. 5		RATING NO.					
SPECIFIC DUTY NO. 3		RATING NO.	SPECIFIC DUTY NO. 6		RATING NO.					
<b>SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION</b>										
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.										
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.					RATING NO. 4					
<b>SECTION D DESCRIPTION OF THE EMPLOYEE</b>										
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					X					
WRITES EFFECTIVELY					X					
SECURITY CONSCIOUS										
THINKS CLEARLY								X		
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS										X
OTHER (Specify):										
SEE SECTION "E" ON REVERSE SIDE										

SECRET  
(When Filled In)

OFFICE OF PERSONNEL

SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

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

Ratee has been in charge of station registry since 28 April 61. This has been a period of dramatic change in the station and especially in our paper management. He has responded well to these changes and shows a degree of adaptability that bodes well. His handling of our recent "holdings" inventory, his unceasing efforts to reduce unnecessary holdings, and his knowledge of his business (RI) have made him a valued addition to our shrinking team. In this short rating period there has been little opportunity for me to observe his supervisory abilities, but the lack of any problem on this count coming to my attention means to me that he is doing well. Another six months should tell us more on this score.

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: 6 Oct 61  
SIGNATURE OF EMPLOYEE: [Signature]

2. BY SUPERVISOR  
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION: [Blank]  
IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION: [Blank]

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON:  
EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS: [Blank]  
REPORT MADE WITHIN LAST 90 DAYS: [Blank]

OTHER (Specify): [Blank]  
DATE: 6 Oct 61  
OFFICIAL TITLE OF SUPERVISOR: Ops Officer  
TYPED OR PRINTED NAME AND SIGNATURE: [Blank]

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: 6 Oct 61  
OFFICIAL TITLE OF REVIEWING OFFICIAL: Ops Officer  
TYPED OR PRINTED NAME AND SIGNATURE: [Blank]

SECRET

SECRET  
(When Filled In)

20 DEC 1964

21111 1964 FITNESS REPORT				EMPLOYEE SERIAL NUMBER						
<b>SECTION A GENERAL</b>										
1. NAME			3. SEX		4. GRADE					
5. SERVICE DESIGNATION			6. OFFICIAL POSITION TITLE		7. OFF/DIV/BR OF ASSIGNMENT					
DI			Records Management Officer		DDP/12/Secretariat					
8. CAREER STAFF STATUS				9. TYPE OF REPORT						
NOT ELIGIBLE	<input checked="" type="checkbox"/>	MEMBER	<input type="checkbox"/>	DEFERRED	<input type="checkbox"/>	INITIAL	<input type="checkbox"/>			
PENDING	<input type="checkbox"/>	DECLINED	<input type="checkbox"/>	DENIED	<input checked="" type="checkbox"/>	ANNUAL	REASSIGNMENT/SUPERVISOR			
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD		SPECIAL (Specify)						
31 October 1960		From Sep 57 - 30 Sep 60								
<b>SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES</b>										
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 Liaison with RID, DDP/RMO, DDP/MCU, other Division records officers, etc., re implementation of DDP records management program		RATING NO. 6	SPECIFIC DUTY NO. 4 Assistance to FE personnel in problems of retention and retirement of records		RATING NO. 6	DC 54				
SPECIFIC DUTY NO. 2 Training and assistance to FE personnel in records management procedures		RATING NO. 5	SPECIFIC DUTY NO. 5 Guidance to field records officers		RATING NO. 5					
SPECIFIC DUTY NO. 3 Planning and development of Division vital materials program		RATING NO. 5	SPECIFIC DUTY NO. 6 Implementation of various records purges and records programs		RATING NO. 5					
<b>SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION</b>										
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				
<b>SECTION D DESCRIPTION OF THE EMPLOYEE</b>										
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 DERIVED	RATING				
						1	2	3	4	5
GETS THINGS DONE										X
RESOURCEFUL										X
ACCEPTS RESPONSIBILITIES										X
CAN MAKE DECISIONS ON HIS OWN WHEN NEEDED 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):										X
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 his ability to accept greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.*

Subject is an excellent records officer. His interest in the subject and his perseverance in carrying out tasks connected with it have not only produced results in his own work, but have kindled enthusiasm and interest within the Division in developments in Agency records management. He has been able to improve records within the Division with a great deal of success, and at the same time avoided the usual aversion to records responsibility which too much emphasis on records creates in the case officer. His ability to get along well with others is important in his liaison function.

\_\_\_\_\_ work on the vital materials program in the last year has resulted in a much more realistic program for the Division. The creation and ~~establishment~~ up-to-date retention of vital materials has for some time been a problem for which little solution could be found. It appears that the present program will result in vital materials which will be current and usable if needed.

Subject is at present assigned to a part-time detail in MMU. This should help to broaden his knowledge of new approaches in the records field. A/EXO/DDP has expressed his complete satisfaction with the very effective work \_\_\_\_\_ is doing on this detail.

\_\_\_\_\_ work during the last year was the basis for a commendation of the Division's records program by COP.

**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 16 DEC 1960

SIGNATURE

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

20

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

16 December 1960

OFFICIAL TITLE OF SUPERVISOR

C/FE/ESEC

TYPED OR PRINTED NAME AND SIGNATURE

3. BY REVIEWING OFFICIAL

I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

FE/EXO

TYPED OR PRINTED NAME AND SIGNATURE

**SECRET**



**SECRET**  
(When Filled In)

Records  
6020

1 1 1 1 1 1 1 1 1 1

<b>FITNESS REPORT</b>		EMPLOYEE SERIAL NUMBER	
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<b>SECTION A GENERAL</b>					
1. NAME			3. SEX	4. GRADE	
5. SERVICE DESIGNATION			6. OFFICIAL POSITION TITLE		7. OFF/DIV/DR OF ASSIGNMENT
8. CAREER STAFF STATUS			9. TYPE OF REPORT		
NOT ELIGIBLE	MEMBER	OFFERED	INITIAL	REASSIGNMENT/SUPERVISOR	
PENDING	DECLINED	DENIED	ANNUAL	REASSIGNMENT/EMPLOYEE	
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD		SPECIAL (Specify)	
21 October 1959		From 58-30 Sep 59 To			

<b>SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES</b>						
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.	
Liaison with RID, DDP/RMO, DDP/MMU, other Division records officers, etc. re implementation of records mgt program		6	Assistance to FE personnel in problems of retention and retirement of records		5	
SPECIFIC DUTY NO. 2		RATING NO.	SPECIFIC DUTY NO. 5		RATING NO.	
Training and assistance for FE personnel in records mgt procedures		4	Guidance to field records officers		6	
SPECIFIC DUTY NO. 3		RATING NO.	SPECIFIC DUTY NO. 6		RATING NO.	
Planning and development of Division vital materials program		4	Guidance in all records problems		5	

<b>SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION</b>					
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

<b>SECTION D DESCRIPTION OF THE EMPLOYEE</b>										
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 SERVED	RATING				
						1	2	3	4	5
GETS THINGS DONE										X
RESOURCEFUL										X
ACCEPTS RESPONSIBILITIES										X
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES									X	
DOES HIS JOB WITHOUT STRONG SUPPORT									X	
FACILITATES SMOOTH OPERATION OF HIS OFFICE									X	
WRITES EFFECTIVELY								X		
SECURITY CONSCIOUS										X
THINKS CLEARLY									X	
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS										X
OTHER (Specify):										
SEE SECTION "E" ON REVERSE SIDE										

SECRET  
(When Filled In)

OFFICE OF PERSONNEL

**SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE**

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made 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.

Subject is an excellent records officer. He is enthusiastic about his specialty and works hard at it, putting a great deal of energy into his work.

He is quick and understands records thoroughly. Because of this, he is at times inclined to jump ahead of others in records discussions and should attempt to slow down his approach to the subject to meet the level of persons who do not have the same records background.

Subject could fill any position in the records management field, and should advance quickly. He is interested in developing his capabilities and is at present enrolled in the Writing Workshop with this in mind.

This report has been prepared in accordance with FE Division standards which recognize the value of placing the individual against the group. Thus an "average" rating reflects an entirely satisfactory performance.

**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: 29 Oct 59      SIG: [Redacted]

2. BY SUPERVISOR  
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION: 7  
IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION: [Redacted]

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON:  
EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS: [Redacted]      REPORT MADE WITHIN LAST 90 DAYS: [Redacted]  
OTHER (Specify):

DATE: 27 October 1959      OFFICIAL TITLE OF SUPERVISOR: C/FE/ESEC      SIGNATURE: [Redacted]

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

COMMENTS OF REVIEWING OFFICIAL: Subject is a promising young records officer. He has demonstrated a capability for growth and for assuming greater responsibility. He is very much interested in records management and wants to make a career of it. His career development should be designed to afford him opportunities for maximum development both in terms of varied Headquarters experience and in field assignments.

DATE:      OFFICIAL TITLE OF REVIEWING OFFICIAL: FE/EXO      SIGNATURE: [Redacted]

SECRET

SECRET

(When Filled In)

FF-25

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 B, of Section "A" below.

SECTION A. GENERAL

1. NAME [redacted] 2. SEX M 3. SERVICE DESIGNATION DT
4. OFFICE DIVISION BRANCH OF ASSIGNMENT DDP/ [redacted] 5. OFFICIAL DIVISION TITLE [redacted]
6. GRADE GS-7 7. DATE REPORT DUE IN OP 21 August 1958 - 4 Sept 1958
8. PERIOD COVERED BY THIS REPORT (Inclusive dates) 21 August 1958 - 4 September 1958
9. TYPE OF REPORT (Check one) INITIAL [ ] ANNUAL [ ] REASSIGNMENT SUPERVISOR [ ] SPECIAL (Specify) [ ]
REASSIGNMENT EMPLOYEE [ ] For TDY Period [ ]

SECTION B. CERTIFICATION

1. FOR THE RATER: THIS REPORT [ ] HAS [X] NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT: Subject left station

A. CHECK (X) APPROPRIATE STATEMENTS:

X THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.
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.

B. THIS DATE 18 Sept 1958 C. SUPERVISOR'S NAME [redacted] SUPERVISOR'S OFFICIAL TITLE 1st of Station

2. FOR THE REVIEWING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

BY [redacted] DATE [redacted]

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

A. THIS DATE [redacted] B. TYPE IN PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL [redacted] C. OFFICIAL TITLE OF REVIEWING OFFICIAL [redacted]

SECTION C. JOB PERFORMANCE EVALUATION

1. RATING ON GENERAL PERFORMANCE OF DUTIES

DEFINITIONS: 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 - RARELY 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 WEARINESS.
4 - PERFORMS DUTIES IN A COMPLETE, 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: This rating covers the period 21 August - 4 September 1958, while subject was [redacted] surveying Station files and installing new RI standardized filing system.

**SECRET**

2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES																											
<p align="right"><b>OFFICE OF PERSONNEL</b></p> <p align="right">OCT 24 2 14 PM '53</p> <p align="center"><b>MAIL ROOM</b></p> <p><b>DIRECTIONS:</b></p> <p>a. State in the spaces below up to six of the more important SPECIFIC duties performed during this 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. For supervisors, ability to supervise will always be rated as a specific duty (do not rate supervisors those who supervise a secretary only).</p> <p>c. Compare in your mind, when possible, the individual being rated with others performing similar duties at a similar level of responsibility.</p> <p>d. Two individuals with the same job title may be performing different duties. If so, rate them on different duties.</p> <p>e. Be specific. Examples of the kind of duties that might be rated are:</p> <table style="width:100%; border: none;"> <tr> <td style="width: 33%;">ORAL BRIEFING</td> <td style="width: 33%;">HAS AND USES AREA KNOWLEDGE</td> <td style="width: 33%;">CONDUCTS INTERROGATIONS</td> </tr> <tr> <td>GIVING LECTURES</td> <td>DEVELOPS NEW PROGRAMS</td> <td>PREPARES SUMMARIES</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>Typing</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>f. 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	CONDUCTS INTERROGATIONS	GIVING LECTURES	DEVELOPS NEW PROGRAMS	PREPARES SUMMARIES	CONDUCTING SEMINARS	ANALYZES INDUSTRIAL REPORTS	TRANSLATES GERMAN	WRITING TECHNICAL REPORTS	MANAGES FILES	DEBRIEFING SOURCES	CONDUCTING EXTERNAL LIAISON	OPERATES RADIO	KEEPS BOOKS	Typing	COORDINATES WITH OTHER OFFICES	DRIVES TRUCK	TAKING DICTATION	WRITES REGULATIONS	MAINTAINS AIR CONDITIONING	SUPERVISING	PREPARES CORRESPONDENCE	EVALUATES SIGNIFICANCE OF DATA
ORAL BRIEFING	HAS AND USES AREA KNOWLEDGE	CONDUCTS INTERROGATIONS																									
GIVING LECTURES	DEVELOPS NEW PROGRAMS	PREPARES SUMMARIES																									
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WRITING TECHNICAL REPORTS	MANAGES FILES	DEBRIEFING SOURCES																									
CONDUCTING EXTERNAL LIAISON	OPERATES RADIO	KEEPS BOOKS																									
Typing	COORDINATES WITH OTHER OFFICES	DRIVES TRUCK																									
TAKING DICTATION	WRITES REGULATIONS	MAINTAINS AIR CONDITIONING																									
SUPERVISING	PREPARES CORRESPONDENCE	EVALUATES SIGNIFICANCE OF DATA																									
<table style="width:100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><b>DESCRIPTIVE RATING NUMBER</b></p> <p>1 - INCOMPLET IN THE PERFORMANCE OF THIS DUTY</p> <p>2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY</p> <p>3 - PERFORMS THIS DUTY ACCEPTABLY</p> <p>4 - PERFORMS THIS DUTY IN A COMPETENT MANNER</p> <p>5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB</p> </td> <td style="width: 50%; vertical-align: top;"> <p>6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS</p> <p>7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY</p> </td> </tr> </table>				<p><b>DESCRIPTIVE RATING NUMBER</b></p> <p>1 - INCOMPLET IN THE PERFORMANCE OF THIS DUTY</p> <p>2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY</p> <p>3 - PERFORMS THIS DUTY ACCEPTABLY</p> <p>4 - PERFORMS THIS DUTY IN A COMPETENT MANNER</p> <p>5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB</p>	<p>6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS</p> <p>7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY</p>																						
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SPECIFIC DUTY NO. 1	RATING NUMBER	SPECIFIC DUTY NO. 4	RATING NUMBER																								
Installing new RI Filing System	5	Develops new Programs	5																								
SPECIFIC DUTY NO. 2	RATING NUMBER	SPECIFIC DUTY NO. 5	RATING NUMBER																								
Surveying Station Files	5	Manages Files	5																								
SPECIFIC DUTY NO. 3	RATING NUMBER	SPECIFIC DUTY NO. 6	RATING NUMBER																								
Oral Briefing	5																										
<p><b>3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE</b></p> <p><b>DIRECTIONS:</b> Stress strengths and weaknesses, particularly those which affect development on present job</p> <p><b>STRENGTHS:</b> Ability to see another's viewpoint and to work out satisfactory compromises between the RI system and operational requirements of the [redacted] station.</p> <p><b>WEAKNESSES:</b> None observed.</p>																											
<p align="center"><b>SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION</b></p> <p><b>DIRECTIONS:</b> Take into account here everything you know about the individual...productivity, conduct on 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 style="width:100%; border: none;"> <tr> <td style="width: 10%; text-align: center; vertical-align: middle;"><b>5</b></td> <td style="width: 90%;"> <p>1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED</p> <p>2 - OF DOUBTFUL SUITABILITY - SHOULD NOT HAVE ACCEPTED THIS JOB IF I HAD KNOWN WHAT I KNOW NOW</p> <p>3 - A BARELY ACCEPTABLE EMPLOYEE - BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION</p> <p>4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION</p> <p>5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS</p> <p>6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION</p> <p>7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION</p> </td> </tr> </table> <p>IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF YES EXPLAIN FULLY:</p>				<b>5</b>	<p>1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED</p> <p>2 - OF DOUBTFUL SUITABILITY - SHOULD NOT HAVE ACCEPTED THIS JOB IF I HAD KNOWN WHAT I KNOW NOW</p> <p>3 - A BARELY ACCEPTABLE EMPLOYEE - BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION</p> <p>4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION</p> <p>5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS</p> <p>6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION</p> <p>7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION</p>																						
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**SECRET**

SECRET  
(When Filled In)

25 PWA

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. SEX M	4. SERVICE DESIGNATION DI
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT			6. OFFICIAL POSITION/TITLE Records Management Analyst		
7. GRADE GS-7	8. DATE REPORT DUE IN OF	9. PERIOD COVERED BY THIS REPORT (Inclusive dates) 8 December 1957 - September 1958			
10. TYPE OF REPORT (Check one)	INITIAL	REASSIGNMENT-SUPERVISOR	SPECIAL (Specify)		
	ANNUAL	REASSIGNMENT-EMPLOYEE	Promotion		

SECTION B. CERTIFICATION

1. FOR THE RATER, THIS REPORT  WAS  HAD NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT.  
Absent from Station. Will be shown upon return.

A. CHECK (X) APPROPRIATE STATEMENTS:

<input type="checkbox"/>	THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.	<input type="checkbox"/>	IF INDIVIDUAL IS RATED "I" IN CI OR D, A WARNING LETTER HAS BEEN SENT HIM & A COPY ATTACHED TO THIS REPORT.
<input checked="" type="checkbox"/>	THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS SEE ATTACHED REPORTS	<input type="checkbox"/>	I CANNOT CERTIFY THAT THE RATED INDIVIDUAL ANYWHERE I EVALUATE HAS JOB PERFORMANCE BECAUSE (Specify):
<input type="checkbox"/>	I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.	<input checked="" type="checkbox"/>	Will upon return to Station.

8. THIS DATE 4 Sept 1958	C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR	9. SUPERVISOR'S OFFICIAL TITLE C/Admin
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2. FOR THE REVIEWING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A DIFFERENT UNDERSTANDING OF THIS REPORT.

BY \_\_\_\_\_ DATE \_\_\_\_\_  
 H.B. [Signature]  
 10/2/58  
 CONTINUED ON ATTACHED SHEET

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

A. THIS DATE 4 Sept 1958	B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL OFFICIAL George E. Aurell	C. OFFICIAL TITLE OF REVIEWING OFFICIAL COG
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SECTION C. JOB PERFORMANCE EVALUATION

1. RATING ON GENERAL PERFORMANCE OF DUTIES

DEFINITIONS: 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 INCOMPLIANT.
- 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; HANDLES 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.

5  
 INSERT RATING NUMBER  
 COMMENTS

**SECRET**

(When Filled In)

2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES																											
<p><b>DIRECTIONS:</b></p> <p>a. State in the spaces below up to six of the more important SPECIFIC duties performed by 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 them on different duties.</p> <p>f. Be specific. Examples of the kind of duties that might be rated are:</p> <table style="width:100%; border: none;"> <tr> <td style="width: 33%;">ORAL BRIEFING</td> <td style="width: 33%;">HAS AND USES AREA KNOWLEDGE</td> <td style="width: 33%;">CONDUCTS INTERROGATIONS</td> </tr> <tr> <td>GIVING LECTURES</td> <td>DEVELOPS NEW PROGRAMS</td> <td>PREPARES SUMMARIES</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>DERRICKING SOURCES</td> </tr> <tr> <td>CONDUCTING EXTERNAL LIAISON</td> <td>OPERATES RADIO</td> <td>KEEPS BOOKS</td> </tr> <tr> <td>TYPING</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	CONDUCTS INTERROGATIONS	GIVING LECTURES	DEVELOPS NEW PROGRAMS	PREPARES SUMMARIES	CONDUCTING SEMINARS	ANALYZES INDUSTRIAL REPORTS	TRANSLATES GERMAN	WRITING TECHNICAL REPORTS	MANAGES FILES	DERRICKING SOURCES	CONDUCTING EXTERNAL LIAISON	OPERATES RADIO	KEEPS BOOKS	TYPING	COORDINATES WITH OTHER OFFICES	DRIVES TRUCK	TAKING DICTATION	WRITES REGULATIONS	MAINTAINS AIR CONDITIONING	SUPERVISING	PREPARES CORRESPONDENCE	EVALUATES SIGNIFICANCE OF DATA
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SUPERVISING	PREPARES CORRESPONDENCE	EVALUATES SIGNIFICANCE OF DATA																									
<p align="right" style="font-size: small;">OFFICE OF PERSONNEL OCT 14 9 27 AM '58 MAIL ROOM</p>																											
<p><b>DESCRIPTIVE RATING NUMBER</b></p> <table style="width:100%; border: none;"> <tr> <td style="width: 50%;">1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY</td> <td style="width: 50%;">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															
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SPECIFIC DUTY NO. 1	RATING NUMBER	SPECIFIC DUTY NO. 4	RATING NUMBER																								
Supervises 2 Records Mgm. Analysts	5	Processes files in accordance with Specific Records System	6																								
SPECIFIC DUTY NO. 2	RATING NUMBER	SPECIFIC DUTY NO. 5	RATING NUMBER																								
Devises Records Systems to suit Station needs.	6																										
SPECIFIC DUTY NO. 3	RATING NUMBER	SPECIFIC DUTY NO. 6	RATING NUMBER																								
Trains Station personnel in Records maintenance.	5																										
<p><b>3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE</b></p> <p><b>DIRECTIONS:</b> Stress strengths and weaknesses, particularly those which affect development on present job.</p> <p><b>Strengths:</b> Works hard and fast. Able to analyze problems and organize work of Records Management Team in methodical sequence.</p> <p><b>Weakness:</b> No notable weaknesses.</p>																											
<p><b>SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION</b></p>																											
<p><b>DIRECTIONS:</b> 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 style="width:100%; border: none;"> <tr> <td style="width: 20px; text-align: center; border: 1px solid black;">6</td> <td>1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED</td> </tr> <tr> <td></td> <td>2 - OF DOUBTFUL SUITABILITY...WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW</td> </tr> <tr> <td></td> <td>3 - A BARELY ACCEPTABLE EMPLOYEE...BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION</td> </tr> <tr> <td></td> <td>4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION</td> </tr> <tr> <td></td> <td>5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS</td> </tr> <tr> <td></td> <td>6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION</td> </tr> <tr> <td></td> <td>7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION</td> </tr> </table> <p>IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. (If YES, EXPLAIN FULLY)</p>				6	1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED		2 - OF DOUBTFUL SUITABILITY...WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW		3 - A BARELY ACCEPTABLE EMPLOYEE...BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION		4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION		5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS		6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION		7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION										
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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 CF no later than 30 days after the due date indicated in item 8 of Section "E" below.

**SECTION E. GENERAL**

1. NAME (Last) (First) (Middle) 2. DATE OF BIRTH 3. SEX 4. SERVICE DESIGNATION

5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT 6. OFFICIAL POSITION TITLE

7. GRADE 8. DATE REPORT DUE IN OF 9. PERIOD COVERED BY THIS REPORT (Inclusive dates)

10. TYPE OF REPORT (Check one) INITIAL ASSIGNMENT-SUPERVISOR SPECIAL (Specify) ANNUAL REASSIGNMENT-EMPLOYEE Promotion

**SECTION F. CERTIFICATION**

1. FOR THE RATER: I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGEMENT OF THE INDIVIDUAL BEING RATED

A. THIS DATE: B. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR C. SUPERVISOR'S OFFICIAL TITLE

2. FOR THE REVIEWING OFFICIAL: I HAVE REVIEWED THIS REPORT AND NOTED ANY DIFFERENCE OF OPINION IN ATTACHED MEMO.

A. THIS DATE: B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL C. OFFICIAL TITLE OF REVIEWING OFFICIAL

**SECTION G. ESTIMATE OF POTENTIAL**

1. POTENTIAL TO ASSUME GREATER RESPONSIBILITIES

DIRECTIONS: Considering others of his grade and type of assignment, rate the employee's potential to assume greater responsibilities. Think in terms of the kind of responsibility encountered at the various levels in his kind of work.

6

1 - ALREADY ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED  
 2 - HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED  
 3 - MAKING PROGRESS, BUT NEEDS MORE TIME BEFORE HE CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES  
 4 - READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES  
 5 - WILL PROBABLY ADJUST QUICKLY TO MORE RESPONSIBLE DUTIES WITHOUT FURTHER TRAINING  
 6 - ALREADY ASSUMING MORE RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL  
 7 - AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER LEVEL RESPONSIBILITIES

2. SUPERVISORY POTENTIAL

DIRECTIONS: Answer this question: Has this person the ability to be a supervisor?  Yes  No If your answer is YES, indicate below your opinion as to 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	ACTUAL	POTENTIAL	DESCRIPTIVE SITUATION
0 - HAVE NO OPINION ON HIS SUPERVISORY POTENTIAL IN THIS SITUATION			
1 - BELIEVE INDIVIDUAL WOULD BE A WEAK SUPERVISOR IN THIS KIND OF SITUATION			
2 - BELIEVE INDIVIDUAL WOULD BE AN AVERAGE SUPERVISOR IN THIS KIND OF SITUATION			
3 - BELIEVE INDIVIDUAL WOULD BE A STRONG SUPERVISOR IN THIS SITUATION			
	3		A GROUP DOING THE BASIC JOB (Truck drivers, stenographers, technicians or professional specialists of various kinds) WHOSE 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 DO NOT DIRECT SUPERVISORS, WHICH IS RESPONSIBLE FOR MAJOR PLANS, ORGANIZATION AND POLICY (Executive level)
		2	WHEN CONTACT WITH IMMEDIATE SUBORDINATES IS NOT FREQUENT
	3		WHEN IMMEDIATE SUPERVISOR'S ACTIVITIES ARE DIVERSE AND NEED CAREFUL COORDINATION
		3	WHEN IMMEDIATE SUPERVISOR'S ACTIVITIES INCLUDE MEMBERS OF THE OPPOSITE SEX
			OTHER (Specify)

SECRET

(When Filled In)

3. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RATEE EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION  
**6 months**

4. COMMENTS CONCERNING POTENTIAL

OFFICE OF PERSONNEL  
 OCT 14 9 17 AM '58  
 MAIL ROOM

**SECTION II. FUTURE PLANS**

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL

**None planned nor available while on current overseas tour.**

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

**Subject single and willing serve geographic locations. Believe subject performs best in demanding 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; HENCE CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL
- 1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE
- 2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE
- 3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE
- 4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE
- 5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE

CATEGORY	STATEMENT	CATEGORY	STATEMENT	CATEGORY	STATEMENT
3	1. ABLE TO SEE ANOTHER'S POINT OF VIEW	5	11. HAS HIGH STANDARDS OF ACCOMPLISHMENT	4	21. IS EFFECTIVE IN DISCUSSING WITH ASSOCIATES
3	2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES	4	12. SHOWS ORIGINALITY	4	22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS
5	3. HAS INITIATIVE	5	13. ACCEPTS RESPONSIBILITIES	5	23. IS THOUGHTFUL OF OTHERS
4	4. IS ANALYTIC IN HIS THINKING	3	14. ADMITS HIS ERRORS	4	24. WORKS WELL UNDER PRESSURE
5	5. STRIVES CONSTANTLY FOR NEW KNOWLEDGE AND IDEAS	4	15. RESPONDS WELL TO SUPERVISION	4	25. DISPLAYS JUDGEMENT
4	6. KNOWS WHEN TO SEEK ASSISTANCE	5	16. DOES HIS JOB WITHOUT STRONG SUPPORT	3	26. IS SECURITY CONSCIOUS
5	7. CAN GET ALONG WITH PEOPLE	5	17. COMES UP WITH SOLUTIONS TO PROBLEMS	3	27. IS VERSATILE
4	8. HAS MEMORY FOR FACTS	3	18. IS OBEYANT	3	28. HIS CRITICISM IS CONSTRUCTIVE
4	9. GETS THINGS DONE	3	19. THINKS CAREFULLY	4	29. FACILITATES SMOOTH OPERATION OF HIS OFFICE
X	10. CAN Cope WITH EMERGENCIES	4	20. COMPLETES ASSIGNMENTS WITHIN ALLOCABLE TIME LIMITS	5	30. DOES NOT REQUIRE STRESS AND CONTINUOUS SUPERVISION

SECRET



SECRET  
(When Filled In)

FF-35 28 SEP 58

### 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 20-37c. 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. SEX	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) 4 April - 30 June 1958		
10. TYPE OF REPORT (Check one)	INITIAL ANNUAL	REASSIGNMENT-SUPERVISOR REASSIGNMENT-EMPLOYEE	SPECIAL (Specify) T.D.Y.	

SECTION B. CERTIFICATION	
1. FOR THE RATED: THIS REPORT <input type="checkbox"/> HAS <input checked="" type="checkbox"/> HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT.	<b>Report prepared after subject departed this station</b>

A. CHECK (X) APPROPRIATE STATEMENTS:	
<input type="checkbox"/> THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.	IF INDIVIDUAL IS RATED "C" OR "D," A WARNING LETTER HAS BEEN SENT TO HIM OR A COPY ATTACHED TO THIS REPORT.
<input checked="" type="checkbox"/> THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND OTHER SUPERVISORS. other	I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW TO EVALUATE HIS OWN PERFORMANCE BECAUSE (Specify):
I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.	

B. THIS DATE 10 July 1958	C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR	D. SUPERVISOR'S OFFICIAL TITLE
------------------------------	--	--------------------------------

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: A.B. DATE: 11 OCT 1958  
ALL 10/20/58

CONTINUED ON ATTACHED SHEET

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

A. THIS DATE	B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL	C. OFFICIAL TITLE OF REVIEWING OFFICIAL
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#### 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.

- |                                 |   |
|---------------------------------|---|
| 6<br>INSERT<br>RATING<br>NUMBER | 1. DOES NOT PERFORM DUTIES ADEQUATELY. HE IS INCOMPETENT.   |
|                                 | 2. BEARLY 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 BEVEALS SOME AREA OF WEARINESS.   |
|                                 | 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)

OFFICE OF PERSONNEL

2. 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.

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

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

f. 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 - 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 |  |

DESCRIPTIVE RATING NUMBER	RATING NUMBER	DESCRIPTIVE RATING NUMBER	RATING NUMBER
SPECIFIC DUTY NO. 1 Analysis of records problems and establishing records procedures	6	SPECIFIC DUTY NO. 4	RATING NUMBER
SPECIFIC DUTY NO. 2 Supervising	6	SPECIFIC DUTY NO. 5	RATING NUMBER
SPECIFIC DUTY NO. 3 Keeping his own records and reporting on work progress	5	SPECIFIC DUTY NO. 6	RATING NUMBER

3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

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

Subject analyzed difficult records problems quickly and precisely, discussed his recommendations forcefully and convincingly, and then proceeded to put them into effect with considerable energy. He not only supervised his subordinates effectively so that every minute was productive, but did a good share of the routine work himself, making certain that everything was done precisely as planned.

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.

- 1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED
- 2 - OF DOUBTFUL SUITABILITY...SHOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW
- 3 - A BARELY ACCEPTABLE EMPLOYEE...BETWEEN AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION
- 4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION
- 5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS
- 6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION
- 7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION

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

SECRET

SECRET

(When Filled In)

29 SEP 1958

## 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	4. SERVICE DESIGNATION
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT		6. OFFICIAL POSITION TITLE		
7. GRADE	8. DATE REPORT DUE IN OF	9. PERIOD COVERED BY THIS REPORT (Inclusive dates) 4 April - 30 June 1958		
10. TYPE OF REPORT (Check one)	INITIAL	REASSIGNMENT-SUPERVISOR	SPECIAL (Specify) T.D.I.	
	ANNUAL	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 10 July 1958	B. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR	C. SUPERVISOR'S OFFICIAL TITLE
2. FOR THE REVIEWING OFFICIAL: I HAVE REVIEWED THIS REPORT AND NOTED ANY DIFFERENCE OF OPINION IN ATTACHED MEMO.		
A. THIS DATE 10 July 1958	B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL	C. OFFICIAL TITLE OF REVIEWING OFFICIAL

## 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.

6 RATING NUMBER	1 - ALREADY ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
	2 - HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
	3 - MAKING PROGRESS, BUT NEEDS MORE TIME BEFORE HE CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES
	4 - READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES
	5 - WILL PROBABLY ADJUST QUICKLY TO MORE RESPONSIBLE DUTIES WITHOUT FURTHER TRAINING
	6 - ALREADY ASSUMING MORE RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL
	7 - AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER LEVEL RESPONSIBILITIES

## 2. SUPERVISORY POTENTIAL

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 SUITABLE TRAINING. Indicate your opinion by placing the number of the descriptive rating below which comes closest to expressing your opinion in the appropriate column. If your rating is based on observing him supervise, note your rating in the "actual" column. If based on opinion of his potential, note the rating in the "potential" column.

DESCRIPTIVE RATING NUMBER	0 - HAVE NO OPINION ON HIS SUPERVISORY POTENTIAL IN THIS SITUATION	
1	BELIEVE INDIVIDUAL WOULD BE A WEAK SUPERVISOR IN THIS KIND OF SITUATION	
2	BELIEVE INDIVIDUAL WOULD BE AN AVERAGE SUPERVISOR IN THIS KIND OF SITUATION	
3	BELIEVE INDIVIDUAL WOULD BE A STRONG SUPERVISOR IN THIS SITUATION	
ACTUAL	POTENTIAL	DESCRIPTIVE SITUATION
3		A GROUP DOING THE BASIC JOB (truck drivers, stenographers, technicians or professional specialists of various kinds) WHERE CONTACT WITH IMMEDIATE SUBORDINATES IS FREQUENT (First line supervisor)
	3	A GROUP OF SUPERVISORS WHO DIRECT THE BASIC JOB (Second line supervisors)
	0	A GROUP, WHO MAY OR MAY NOT BE SUPERVISORS, WHICH IS RESPONSIBLE FOR MAJOR PLANS, ORGANIZATION AND POLICY (Executive level)
	3	WHEN CONTACT WITH IMMEDIATE SUBORDINATES IS NOT FREQUENT
	3	WHEN IMMEDIATE SUBORDINATES' ACTIVITIES ARE DIVERSE AND NEED CAREFUL COORDINATION
	0	WHEN IMMEDIATE SUBORDINATES INCLUDE MEMBERS OF THE OPPOSITE SEX
	0	Other (Specify)

**SECRET**  
(When Filled In)

OFFICE OF PERSONNEL

3. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RATED EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION  
**Three**

4. COMMENTS CONCERNING POTENTIAL  
From subject's performance here it appears that his potential in the records management field may be limited only by his lack of formal higher education, and <sup>Oct 64</sup> that even in this respect he could overcome this deficiency with some training. His forcefulness and boundless energy would unquestionably inspire any subordinates to higher performance. He has an intense interest in records work and an ability to grasp complex problems and make quick decisions.

**SECTION II. FUTURE PLANS**

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL  
**None**

2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENTS  
**None**

**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; HENCE CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL  
1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE  
2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE  
3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE  
4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE  
5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE

CATEGORY	STATEMENT	CATEGORY	STATEMENT	CATEGORY	STATEMENT
3	1. ABLE TO SEE ANOTHER'S POINT OF VIEW	5	11. HAS HIGH STANDARDS OF ACCOMPLISHMENT	5	21. IS EFFECTIVE IN DISCUSSIONS 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
5	3. HAS INITIATIVE	5	13. ACCEPTS RESPONSIBILITIES	3	23. IS THOUGHTFUL OF OTHERS
4	4. IS ANALYTIC IN HIS THINKING	3	14. ADMITS HIS ERRORS	5	24. COPES WELL UNDER PRESSURE
5	5. STRIVES CONSTANTLY FOR NEW KNOWLEDGE AND IDEAS	3	15. RESPONDS WELL TO SUPERVISION	4	25. DISPLAYS JUDGEMENT
5	6. KNOWS WHEN TO BEAR ASSISTANCE	5	16. DOES HIS JOB WITHOUT STRONG SUPPORT	3	26. IS SECURITY CONSCIOUS
5	7. CAN GET ALONG WITH PEOPLE	4	17. COMES UP WITH SOLUTIONS TO PROBLEMS	X	27. IS VERSATILE
5	8. HAS MEMORY FOR FACTS	4	18. IS OVERCAUTIOUS	4	28. HIS CRITICISM IS CONSTRUCTIVE
5	9. GETS THINGS DONE	5	19. THINKS CLEARLY	4	29. FACILITATES SMOOTH OPERATION OF HIS OFFICE
X	10. CAN COPE WITH EMERGENCIES	4	20. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS	5	30. DOES NOT REQUIRE FREQUENT AND CONTINUOUS SUPERVISION

**SECRET**

SECRET

(When Filled)

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.

SECTION A. GENERAL

1. NAME (Last) (First) (Middle) 2. DATE OF BIRTH 3. SEX M 4. SERVICE DESIGNATION SD: DI
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT FI RI A&O 6. OFFICIAL POSITION TITLE GS-013C.35-7 Intel Analyst
7. GRADE GS-7 8. DATE REPORT DUE IN OP 9. PERIOD COVERED BY THIS REPORT (Inclusive dates) 21 January 1957 - 15 July 1957
10. TYPE OF REPORT (Check one) ANNUAL X REASSIGNMENT SUPERVISOR REASSIGNMENT EMPLOYEE SPECIAL (Specify)

SECTION B. CERTIFICATION

1. FOR THE RATER: THIS REPORT HAS [X] HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT: is on temporary duty

A. CHECK (X) APPROPRIATE STATEMENTS:

X THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL. IF INDIVIDUAL IS RATED "1" IN C1 OR D, A WARNING LETTER WAS SENT TO HIM & A COPY ATTACHED TO THIS REPORT.
THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS. I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW TO EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify)
I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.

D. THIS DATE 22 July 1957 SUPERVISOR D. SUPERVISOR'S OFFICIAL TITLE Coordinator, 201 Control Unit, RI/Analysis Section

2. FOR THE REVIEWING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

BY DATE
Posted Pos. Control [Signature] 7/23/57
Reviewed by PUD D. L. REEDY 10-8-57

I certify that any substantial difference of opinion with the supervisor is reflected in the above section.
A. THIS DATE 22 July 1957 B. TYPED OFFICER REVIEWING C. OFFICIAL TITLE OF REVIEWING OFFICIAL Supervisor, RI/Analysis Section

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: [ ] departed for temporary duty on 9 Feb 1957. His last Fitness Report was completed on 5 Feb 1957, just prior to his departure. Reports from the station indicate that he is doing a commendable job.

AUG 16 3:19 PM '57

SECRET  
(When Filled In)

2. RATINGS ON PERFORMANCE OF MAINTENANCE PERSONNEL

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 is rated on 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 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	DEBRIEFING SOURCES
CONDUCTING EXTERNAL LIAISON	OPERATES RADIO	KEEPS BOOKS
TYPING	COORDINATES WITH OTHER OFFICES	DRIVES TRUCK
TAKING DICTATION	WRITES REGULATIONS	MAINTAINS AIR CONDITIONING
SUPERVISING	PREPARES CORRESPONDENCE	EVALUATES SIGNIFICANCE OF DATA
- g. For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.

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

SPECIFIC DUTY NO. 1	RATING NUMBER	SPECIFIC DUTY NO. 4	RATING NUMBER

3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

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

SECTION 4. 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, held 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 CF 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: DI
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT FI RI A&O 6. OFFICIAL POSITION-TITLE OS-0132.35-7 Intel Analyst
7. GRADE GS-7 8. DATE REPORT DUE IN OP 9. PERIOD COVERED BY THIS REPORT (inclusive dates) 21 January 1957 - 15 July 1957
10. TYPE OF REPORT (Check one) INITIAL REASSIGNMENT-SUPERVISOR SPECIAL (Specify) ANNUAL 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 B. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR C. SUPERVISOR'S OFFICIAL TITLE
2. FOR THE REVIEWING OFFICIAL: I HAVE REVIEWED THIS REPORT AND NOTED ANY DIFFERENCE OF OPINION IN ATTACHED MEMO.
A. THIS DATE B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL C. OFFICIAL TITLE OF REVIEWING OFFICIAL

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

2. SUPERVISORY POTENTIAL

DIRECTIONS: Answer this question: Has this person the ability to be a supervisor? Yes No. If your answer is YES, indicate below your opinion or guess of the level of supervisory ability this person will reach AFTER SUITABLE TRAINING. Indicate your opinion by placing the number of the descriptive rating below which comes closest to expressing your opinion in the appropriate column. If your rating is based on observing him supervise, note your rating in the "actual" column. If based on opinion of his potential, note the rating in the "potential" column.

DESCRIPTIVE RATING NUMBER 0 - HAVE NO OPINION ON HIS SUPERVISORY POTENTIAL IN THIS SITUATION
1 - BELIEVE INDIVIDUAL WOULD BE A WEAK SUPERVISOR IN THIS KIND OF SITUATION
2 - BELIEVE INDIVIDUAL WOULD BE AN AVERAGE SUPERVISOR IN THIS KIND OF SITUATION
3 - BELIEVE INDIVIDUAL WOULD BE A STRONG SUPERVISOR IN THIS SITUATION

Table with columns: ACTUAL, POTENTIAL, DESCRIPTIVE SITUATION. Rows describe various supervisory situations like 'A GROUP DOING THE BASIC JOB', 'A GROUP OF SUPERVISORS WHO DIRECT THE BASIC JOB', etc.

OFFICE OF PERSONNEL  
**SECRET**  
(When Filled-In)

3. INDICATE THE APPROXIMATE NUMBER OF MONTHS WITH INDIVIDUAL HAS BEEN UNDER YOUR SUPERVISION  
**APR 16 3 19 1957**

4. COMMENTS CONCERNING POTENTIAL  
**MAIL ROOM**

**SECTION II. FUTURE PLANS**

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL

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; HENCE CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL
- 1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE
- 2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE
- 3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE
- 4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE
- 5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE

CATEGORY	STATEMENT	CATEGORY	STATEMENT	CATEGORY	STATEMENT
	1. ABLE TO SEE ANOTHER'S POINT OF VIEW		11. HAD HIGH STANDARDS OF ACCOMPLISHMENT		21. IS EFFECTIVE IN DISCUSSIONS WITH ASSOCIATES
	2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES		12. SHOWS ORIGINALITY		22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS
	3. HAS INITIATIVE		13. ACCEPTS RESPONSIBILITIES		23. IS THOUGHTFUL OF OTHERS
	4. IS ANALYTIC IN HIS THINKING		14. ADMITS HIS ERRORS		24. WORKS WELL UNDER PRESSURE
	5. STRIVES CONSTANTLY FOR NEW KNOWLEDGE AND IDEAS		15. RESPONDS WELL TO SUPERVISION		25. DISPLAYS JUDGEMENT
	6. KNOWS WHEN TO SEEK ASSISTANCE		16. DOES HIS JOB WITHOUT STRONG SUPPORT		26. IS SECURITY CONSCIOUS
	7. CAN GET ALONG WITH PEOPLE		17. COMES UP WITH SOLUTIONS TO PROBLEMS		27. IS VERSATILE
	8. HAS MEMORY FOR FACTS		18. IS OBEYANT		28. HIS CRITICISM IS CONSTRUCTIVE
	9. GETS THINGS DONE		19. THINKS CLEARLY		29. FACILITATES SMOOTH OPERATION OF HIS OFFICE
	10. CAN COPE WITH EMERGENCIES		20. COMPLETES ASSIGNMENTS WITHIN ALLOCABLE TIME LIMITS		30. DOES NOT REQUIRE STRONG AND CONTINUOUS SUPERVISION



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.

SECTION A. GENERAL

1. NAME (Last) - (First) (Middle) 2. DATE OF BIRTH 3. SEX M 4. SERVICE DESIGNATION SD&DI 5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT 6. OFFICIAL POSITION TITLE OS-0132.35-7 Intel Analyst 7. GRADE GS-7 8. DATE REPORT DUE IN OF 21 Jan 57 9. PERIOD COVERED BY THIS REPORT (Inclusive dates) 22 January 1956 - 20 January 1957 10. TYPE OF REPORT (Check one) INITIAL REASSIGNMENT-SUPERVISOR SPECIAL (Specify) X ANNUAL REASSIGNMENT-EMPLOYEE

SECTION B. CERTIFICATION

1. FOR THE RATER: THIS REPORT [X] 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 "E" IN CI OR D, A WARNING LETTER WAS SENT TO HIM & A COPY ATTACHED TO THIS REPORT. THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS. I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW I EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify): I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.

B. THIS DATE 5 Feb 1957 C. D. SUPERVISOR'S OFFICIAL TITLE Coordinator 201 Control Unit

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.

since return from foreign assignment has completed one temporary duty assignment and is preparing for another. He has applied the present headquarters work at the station registry on a standard equating with this evaluation. Posted Pos. Control 11 FEB 1957 Reviewed by NCO [Signature] 2-11-57

I certify that any substantial difference is reflected in the above section.

6. THIS DATE 5 Feb 1957 B. TYPED OR OFFICIAL WING C. OFFICIAL TITLE OF REVIEWING OFFICIAL Supervisor, RI/AN Section

SECTION C. JOB PERFORMANCE EVALUATION

1. RATING ON GENERAL PERFORMANCE OF DUTIES

INSTRUCTIONS: 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 WEARINESS. 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)

FILE OF PERSONNEL

7. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES

DIRECTIONS:

- a. State in the spaces below up to six of the *most* important SPECIFIC duties performed during the rating period. Place the most important first. Do not include minor or unimportant duties.
- b. Rate performance on each specific duty considering ONLY effectiveness in performance of this specific duty.
- c. For supervisors, ability to supervise will always be rated as a specific duty (do not rate as supervisors those who supervise a secretary only).
- d. Compare in your mind, when possible, the individual being rated with others performing same duty at a similar level of responsibility.
- e. Two individuals with the same job title may be performing different duties. If so, rate them on different duties.
- f. Be specific. Examples of the kind of duties that might be rated are:
- |                             |                                |                                |
|-----------------------------|--------------------------------|--------------------------------|
| ORAL BRIEFING               | HAS AND USES AREA KNOWLEDGE    | CONDUCTS INTERROGATIONS        |
| GIVING LECTURES             | DEVELOPS NEW PROGRAMS          | PREPARES SUMMARIES             |
| CONDUCTING SEMINARS         | ANALYZES INDUSTRIAL REPORTS    | TRANSLATES GERMAN              |
| WRITING TECHNICAL REPORTS   | MANAGES FILES                  | DEBRIEFING SOURCES             |
| CONDUCTING EXTERNAL LIAISON | OPERATES RADIO                 | KEEPS BOOKS                    |
| TYPING                      | COORDINATES WITH OTHER OFFICES | DRIVES TRUCK                   |
| TAKING DICTATION            | WRITES REGULATIONS             | MAINTAINS AIR CONDITIONING     |
| SUPERVISING                 | PREPARES CORRESPONDENCE        | EVALUATES SIGNIFICANCE OF DATA |
- g. For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.

FEB 6 3 08 PM '57 MAIL ROOM

- |   |  |
|---|--|
| 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 Analysis - subjective analysis of CE, FI and PP material.	RATING NUMBER 5	SPECIFIC DUTY NO. 4 Assignment Management - Organization & scheduling of work.	RATING NUMBER 5
SPECIFIC DUTY NO. 2 Analysis - Quantitative	RATING NUMBER 5	SPECIFIC DUTY NO. 5	RATING NUMBER
SPECIFIC DUTY NO. 3 Has and uses area knowledge.	RATING NUMBER 4	SPECIFIC DUTY NO. 6	RATING NUMBER

8. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

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

During the short time [redacted] has been assigned to this office, he has very quickly grasped the essentials of his assignment; he knows when to seek guidance and is constantly striving to increase his knowledge and understanding of his assignment. He is extremely conscientious, accepts the responsibilities of his job and performs his duties commendably.

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.

- 1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED
- 2 - OF DOUBTFUL SUITABILITY...WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW
- 3 - A BARELY ACCEPTABLE EMPLOYEE...BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION
- 4 - OF THE SAME SUITABILITY AS MOST PEOPLE I FACE 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 - FACILELY 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 REPORT 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	2. DATE OF BIRTH	3. SEX	4. SERVICE DESIGNATION
		M	SD&DI
5. OFFICE/DIVISION BRANCH OF ASSIGNMENT		6. OFFICIAL POSITION TITLE	
FI RI A&O		OS-0132.35-7 Intel Analyst	
7. GRADE	8. DATE REPORT DUE IN OP	9. PERIOD COVERED BY THIS REPORT (Inclusive dates)	
OS-7	21 Jan 57	21 January 1956 - 20 January 1957	
10. TYPE OF REPORT. (Check one)	INITIAL	REASSIGNMENT-SUPERVISOR	SPECIAL (Specify)
	<input checked="" type="checkbox"/> ANNUAL	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	B. OFFICE OR BRANCH OF ASSIGNMENT	C. SUPERVISOR'S OFFICIAL TITLE
5 Feb 1957		Coordinator 201 Control Unit
2. FOR THE REVIEWING OFFICER		REFERENCE OF OPINION IN ATTACHED MEMO.
A. THIS DATE	B.	C. OFFICIAL TITLE OF REVIEWING OFFICIAL
5 Feb 1957		Supervisor, RI/Analysis Section

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.

5 RATING NUMBER	1 - ALREADY ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
	2 - HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
	3 - MAKING PROGRESS, BUT NEEDS MORE TIME BEFORE HE CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES
	4 - READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES
	5 - WILL PROBABLY ADJUST QUICKLY TO MORE RESPONSIBLE DUTIES WITHOUT FURTHER TRAINING
	6 - ALREADY ASSUMING MORE RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL
	7 - AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER LEVEL RESPONSIBILITIES

2. SUPERVISORY POTENTIAL

DIRECTIONS: Answer this question: Has this person the ability to be a supervisor?  Yes  No. If your answer is YES, indicate below your opinion or guess of the level of supervisory ability this person will reach AFTER SUITABLE TRAINING. Indicate your opinion by placing the number of the descriptive rating below which comes closest to expressing your opinion in the appropriate column. If your rating is based on observing him supervise, note your rating in the "actual" column. If based on opinion of his potential, note the rating in the "potential" column.

DESCRIPTIVE RATING NUMBER	0 - HAVE NO OPINION ON HIS SUPERVISORY POTENTIAL IN THIS SITUATION	
	1 - BELIEVE INDIVIDUAL WOULD BE A WEAK SUPERVISOR IN THIS KIND OF SITUATION	
	2 - BELIEVE INDIVIDUAL WOULD BE AN AVERAGE SUPERVISOR IN THIS KIND OF SITUATION	
3 - BELIEVE INDIVIDUAL WOULD BE A STRONG SUPERVISOR IN THIS SITUATION		
ACTUAL	POTENTIAL	DESCRIPTIVE SITUATION
	3	A GROUP DOING THE BASIC JOB (truck drivers, stenographers, technicians or professional specialists of various kinds) where contact with IMMEDIATE SUBORDINATES IS FREQUENT (First line supervisor)
	2	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)
	0	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

(When Filled In)

OFFICE OF PERSONNEL

3. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RATED EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION:  
 Three Months

4. COMMENTS CONCERNING POTENTIAL

[ ] is lacking in formal education, however, he has intelligence, initiative and ability and with continued on-the-job experience is capable of developing into a good supervisor of a section in RI or in operating the Registry Section of a field installation.

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SECTION II. FUTURE PLANS

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL

Training within the established FI/RI pattern.

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; 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	5	11. HAS HIGH STANDARDS OF ACCOMPLISHMENT	4	21. IS EFFECTIVE IN DISCUSSIONS 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	13. ACCEPTS RESPONSIBILITIES	4	23. IS TOLERANT OF OTHERS
4	4. IS ANALYTIC IN HIS THINKING	3	14. ADMITS HIS ERRORS	4	24. WORKS WELL UNDER PRESSURE
4	5. STRIVES CONSTANTLY FOR NEW KNOWLEDGE AND IDEAS	3	15. RESPONDS WELL TO SUPERVISION	4	25. DISPLAYS JUDGMENT
3	6. KNOWS WHEN TO SEEK ASSISTANCE	4	16. DOES HIS JOB WITHOUT STRONG SUPPORT	4	26. IS SECURITY CONSCIOUS
5	7. CAN GET ALONG WITH PEOPLE	4	17. COMES UP WITH SOLUTIONS TO PROBLEMS	4	27. IS VERSATILE
4	8. HAS MEMORY FOR FACTS	4	18. IS OBSERVANT	4	28. HAS ABILITY TO CONSTRUCTIVE
5	9. GETS THINGS DONE	4	19. THINKS CLEARLY	5	29. FACILITATES SMOOTH OPERATION OF HIS OFFICE
5	10. CAN COPE WITH EMERGENCIES	5	20. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS	3	30. DOES NOT REQUIRE STRONG AND CONTINUOUS SUPERVISION

SECRET

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SECRET  
(When Filled In)

15

### FIELD FITNESS REPORT

The Fitness Report is an important factor in organization personnel management. It seeks to provide:

1. The organization selection board with information of value when considering the application of an individual for membership in the career staff; and
2. A periodic record of job performance as an aid to the effective utilization of personnel.

#### INSTRUCTIONS

**TO THE FIELD ADMINISTRATIVE OR PERSONNEL OFFICER:** Consult current field administrative instructions regarding the initiation and transmittal of this report to headquarters.

**TO THE FIELD SUPERVISOR:** Read the entire form before attempting to complete any item. As the supervisor who assigns, directs and reviews the work of the individual, you have primary responsibility for evaluating his strengths, weaknesses, and on-the-job effectiveness as

revealed by his day-to-day activities. If this individual has been under your supervision for less than 30 days, you will collaborate, if practicable, with his previous supervisors to make sure the report is accurate and complete. Primary responsibility rests with the current supervisor. It is assumed that, throughout the period this individual has been under your supervision, you have discharged your supervisory responsibilities by frequent discussions of his work, so that in a general way he knows where he stands. DATE

IT IS OPTIONAL WHETHER OR NOT THIS FITNESS REPORT IS SHOWN TO THE PERSON BEING RATED

Posted Pos. Control *WHR* 28 MAY 1956

#### SECTION I

LEAVE BLANK - FOR HEADQUARTERS USE ONLY		1. DATE OF BIRTH	2. SEX	3. SERVICE DESIGNATION
			M	DI
4. GRADE	5. STATION DESIGNATION (Current)			
GS-7	/Hqs			
6. DUE DATE OF THIS REPORT	7. PERIOD COVERED BY THIS REPORT (Inclusive dates)			
April 1956	15 April 1955 - 15 April 1956			

#### SECTION II (To be completed by field supervisor)

1. CURRENT POSITION	2. DATE ASSUMED RESPONSIBILITY FOR POSITION
Intelligence Analyst - CE	25 September 1954
3. STATE THE SPECIFIC ASSIGNMENTS OR TASKS WHICH ARE TYPICAL OF THOSE GIVEN TO THE EMPLOYEE DURING THE PAST THREE TO SIX MONTHS (List in order of frequency)	

ity

Subject is an intelligence analyst in the Personal/ File Section of the Records Integration Branch. Subject is responsible for the maintenance of agent records and personality files, and is responsible for making all  file checks.

#### SECTION III (To be completed at headquarters only)

DO NOT COMPLETE FOR HEADQUARTERS USE ONLY

AUTHENTICATION OF REPORT AND SIGNATURES	
1. NAME OF RATER (Typed)	2. NAME OF REVIEWING OFFICIAL IN FIELD (Typed)
3. THIS REPORT <input checked="" type="checkbox"/> WAS <input type="checkbox"/> WAS NOT SHOWN TO THE INDIVIDUAL	
4. DATE REPORT AUTHENTICATED AT Hqs.	5. NAME AND SIGNATURE OF ADMINISTRATIVE OR PERSONNEL OFFICER AT HEADQUARTERS
1 May 1956	<input type="checkbox"/> AND SIGNATURES

DO NOT COMPLETE FOR HEADQUARTERS USE ONLY

**SECTION IV**

This section is provided as an aid in describing the individual. Your description is not favorable or unfavorable in itself but acquires its meaning in relation to a particular job or assignment. The descriptive words are to be interpreted literally.

On the left hand side of the page below are a series of statements that apply in some degree to most people. On the right hand side of the page are four major categories of descriptions. The table within each category is divided into three small blocks; this is to allow you to make finer distinctions if you so desire. Look at the statement on the left - then check the category on the right which best tells how much the statement applies to the person you are rating. Placing an "X" in the "Not Observed" column means you have no opinion on whether a phrase applies to an individual. Placing an "X" in the "Does Not Apply" column means that you have the definite opinion that the description is not at all suited to the individual.

STATEMENTS	NOT OR-SERVED	CATEGORIES				
		DOES NOT APPLY	APPLIES TO A LIMITED DEGREE	APPLIES TO A REASONABLE DEGREE	APPLIES TO AN ABOVE AVERAGE DEGREE	APPLIES TO AN OUTSTANDING DEGREE
A. ABLE TO SEE ANOTHER'S POINT OF VIEW.	SAMPLES		X			
B. PRACTICAL.					X	
1. A GOOD REPORTER OF EVENTS.	X					
2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES.				X		
3. CAUTIOUS IN ACTION.				X		
4. HAS INITIATIVE.					X	
5. UNEMOTIONAL.				X		
6. ANALYTIC IN HIS THINKING.				X		
7. CONSTANTLY STRIVING FOR NEW KNOWLEDGE AND IDEAS.				X		
8. GETS ALONG WITH PEOPLE AT ALL SOCIAL LEVELS.				X		
9. HAS SENSE OF HUMOR.				X		
10. KNOWS WHEN TO SEEK ASSISTANCE.				X		
11. CALM.				X		
12. CAN GET ALONG WITH PEOPLE.				X		
13. MEMORY FOR FACTS.				X		
14. GETS THINGS DONE.					X	
15. KEEPS ORIENTED TOWARD LONG TERM GOALS.					X	
16. CAN COPE WITH EMERGENCIES.					X	
17. HAS HIGH STANDARDS OF ACCOMPLISHMENT.					X	
18. HAS STAMINA; CAN KEEP GOING A LONG TIME.					X	
19. HAS WIDE RANGE OF INFORMATION.				X		
20. SHOWS ORIGINALITY.				X		
21. ACCEPTS RESPONSIBILITIES.					X	
22. ADMITS HIS ERRORS.				X		
23. RESPONDS WELL TO SUPERVISION.				X		
24. EVEN DISPOSITION.				X		
25. ABLE TO DO HIS JOB WITHOUT STRONG SUPPORT.				X		



SECRET

OFFICE OF PERSONNEL

Indicate if you think that any single strength or weakness cited and all other considerations:  
Subject's stamina and persistence in accomplishing his tasks in a minimum amount of time outweigh his weakness.

MAY 28 11 26 AM '55

DO YOU FEEL THAT HE REQUIRES CLOSE SUPERVISION?  NO  YES. IF YES, WHY?

MAIL ROOM

WHAT TRAINING DO YOU RECOMMEND FOR THIS INDIVIDUAL?

Recommend training in Phase II and III

OTHER COMMENTS (Indicate here general traits, specific habits or characteristics not covered elsewhere in the report but which have a bearing on effective utilization of this person):

SECTION VI

Read all descriptions before rating. Place "X" in the most appropriate box under subsections A, B, C, & D.

A. DIRECTIONS: Consider only the skill with which the person has performed the duties of his job and rate him accordingly.

- 1. DOES NOT PERFORM DUTIES ADEQUATELY; HE IS INCOMPETENT.
- 2. BARELY ADEQUATE IN PERFORMANCE; ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES COMPETENTLY.
- 3. PERFORMS MOST OF HIS DUTIES ACCEPTABLY; OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.
- 4. PERFORMS DUTIES IN A TYPICALLY COMPETENT, EFFECTIVE MANNER.
- 5. A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.
- 6. PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE RATER.

IS THIS INDIVIDUAL BETTER QUALIFIED FOR WORK IN SOME OTHER AREA?  NO  YES. IF YES, WHAT?

C. DIRECTIONS: Based upon what he has said, his actions, and any other indications, give your opinion of this person's attitude toward the organization.

- 1. WAS AN ANTAGONISTIC ATTITUDE TOWARD THE ORGANIZATION; WILL DEFINITELY LEAVE THE ORGANIZATION AT THE FIRST OPPORTUNITY.
- 2. HAS STRONG NEGATIVE ATTITUDE TOWARD ORGANIZATION; IRRITATED BY RESTRICTIONS; REGARDS ORGANIZATION AS A TEMPORARY STOP UNTIL HE CAN GET SOMETHING BETTER.
- 3. TENDS TO HAVE AN UNFAVORABLE ATTITUDE TOWARD THE ORGANIZATION; BOTHERED BY MINOR FRUSTRATIONS; WILL QUIT IF THESE CONTINUE.
- 4. HIS ATTITUDE TOWARD THE ORGANIZATION IS INDIFFERENT; HAS "WAIT AND SEE" ATTITUDE; WOULD LEAVE IF SOMEONE OFFERED HIM SOMETHING BETTER.
- 5. TENDS TO HAVE FAVORABLE ATTITUDE TOWARD ORGANIZATION; MAKES ALLOWANCES FOR RESTRICTIONS IMPOSED BY WORKING FOR ORGANIZATION; THINKS IN TERMS OF A CAREER IN THE ORGANIZATION.
- 6. DEFINITELY HAS FAVORABLE ATTITUDE TOWARD THE ORGANIZATION; BARRING AN UNEXPECTED OUTSIDE OPPORTUNITY, WILL PROBABLY ENDEAVOR TO MAKE A CAREER IN THE ORGANIZATION.
- 7. WAS AN ENTHUSIASTIC ATTITUDE TOWARD THE ORGANIZATION; WILL PROBABLY SEARCH FOR BETTER WORKING AREAS, BUT IN THE ORGANIZATION.

B. DIRECTIONS: Considering others of this person's grade and type of assignment, how would you rate him on potentiality for assumption of greater responsibilities normally indicated by promotion.

- 1. HAS REACHED THE HIGHEST GRADE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED.
- 2. IS MAKING PROGRESS, BUT NEEDS MORE TIME IN PRESENT GRADE BEFORE PROMOTION TO A HIGHER GRADE CAN BE RECOMMENDED.
- 3. IS READY TO TAKE ON RESPONSIBILITIES OF THE NEXT HIGHER GRADE, BUT MAY NEED TRAINING IN SOME AREAS.
- 4. WILL PROBABLY ADJUST QUICKLY TO THE MORE RESPONSIBLE DUTIES OF THE NEXT HIGHER GRADE.
- 5. IS ALREADY PERFORMING AT THE LEVEL OF THE NEXT HIGHER GRADE.
- 6. AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR RAPID ADVANCEMENT.

D. DIRECTIONS: Consider everything you know about this person in making your rating: skill in job duties, conduct on the job, personal characteristics or habits, and special defects or talents.

- 1. DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED.
- 2. OF DOUBTFUL SUITABILITY; WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW.
- 3. A BARELY ACCEPTABLE EMPLOYEE; DEFINITELY BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION.
- 4. A TYPICAL EMPLOYEE; HE DISPLAYS THE SAME SUITABILITY AS MOST OF THE PEOPLE I KNOW IN THE ORGANIZATION.
- 5. A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS.
- 6. AN INFINITELY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION.
- 7. EQUALLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION.

SECRET



DDP - FF 7-7

SECRET  
(When Filled In)

FIELD FITNESS REPORT

COPIED

The Fitness Report is an important factor in organization personnel management. It seeks to provide:  
1. The organization selection board with information of value when considering the application of an individual for membership in the career staff, and  
2. A periodic record of job performance as an aid to the effective utilization of personnel.

INSTRUCTIONS

TO THE FIELD ADMINISTRATIVE OR PERSONNEL OFFICER: Consult current field administrative instructions regarding the initiation and transmittal of this report to headquarters.

TO THE FIELD SUPERVISOR: Read the entire form before attempting to complete any item. As the supervisor who assigns, directs and reviews the work of the individual, you have primary responsibility for evaluating his strengths, weaknesses, and on-the-job effectiveness as

revealed by his day-to-day activities. If this individual has been under your supervision for less than 30 days, you will collaborate, if practicable, with his previous supervisors to make sure the report is accurate and complete. Primary responsibility rests with the current supervisor. It is assumed that throughout the period this individual has been under your supervision, you have discharged your supervisory responsibilities by frequent discussions of his work, so that in a general way he should be regarded as having been

A

Reviewed by FUD

R.G.W. 6/22/55  
R.W.K.

IT IS OPTIONAL WHETHER OR NOT THIS FITNESS REPORT IS SHOWN TO THE PERSON BEING RATED

SECTION I

1. QUARTERS USE ONLY		2. SER	3. SERVICE DESIGNATION
		M	<del>SD-D</del> SD-D
4. GRADE	5. STATION DESIGNATION (Current)		
GS-5	Mission Headquarters		
6. DUE DATE OF THIS REPORT	7. PERIOD COVERED BY THIS REPORT (Inclusive dates)		
	1 November 1954 - 1/4 April 1955		

SECTION II (To be completed by field supervisor)

1. CURRENT POSITION	2. DATE ASSUMED RESPONSIBILITY FOR POSITION
Intelligence Analyst - CE 0136.52	25 September 1955
3. STATE THE SPECIFIC ASSIGNMENTS OR TASKS WHICH ARE TYPICAL OF THOSE GIVEN TO THE EMPLOYEE DURING THE PAST THREE TO SIX MONTHS (List in order of frequency)	

Subject is an intelligence analyst in the Personality Files Section of the Records Integration Branch. Subject is responsible for the maintenance of agent records and personality files, and is responsible for making all Mission file checks.

SECTION III (To be completed at headquarters only)

DO NOT COMPLETE - FOR HEADQUARTERS USE ONLY

AUTHENTICATION OF REPORT AND SIGNATURES	
1. NAME OF RATER (Type)	2. NAME OF REVIEWER (Type)
3. THIS REPORT <input type="checkbox"/> WAS <input type="checkbox"/> WAS NOT SHOWN TO THE INDIVIDUAL BEING RATED.	
4. DATE REPORT AUTHENTICATED AT HQS.	5. NAME AND SIGNATURE OF ADMINISTRATIVE OR PERSONNEL OFFICER AT HEADQUARTERS
29 April 55	

DO NOT COMPLETE - FOR HEADQUARTERS USE ONLY

SECRET  
(When Filled In)

SECTION IV

OFFICE OF PERSONNEL

This section is provided as an aid in describing the individual. Your description is not responsible or unfavorable in itself but acquires its meaning in relation to a particular job or assignment. The descriptive words are to be interpreted literally.

On the left hand side of the page below are a series of statements that apply to the degree to which people. On the right hand side of the page are four major categories of descriptions. The second category is divided into three small blocks; this is to allow you to make finer distinctions if you wish. Each of the statements on the left - then check the category on the right which best tells how much the statement applies to the person you are rating. Placing an "X" in the "Not Observed" column means you have no opinion on whether a phrase applies to an individual. Placing an "X" in the "Does Not Apply" column means you have the definite opinion that the description is not at all suited to the individual.

STATEMENTS	CATEGORIES	CATEGORIES					
		NOT OBSERVED	DOES NOT APPLY	APPLIES TO A LIMITED DEGREE	APPLIES TO A REASONABLE DEGREE	APPLIES TO AN ABOVE AVERAGE DEGREE	APPLIES TO AN OUTSTANDING DEGREE
A. ABLE TO SEE ANOTHER'S POINT OF VIEW.	SAMPLES			X			
B. PRACTICAL.						X	
1. A GOOD REPORTER OF EVENTS.			X				
2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES.				X			
3. CAUTIOUS IN ACTION.					X		
4. HAS INITIATIVE.						X	
5. UNEMOTIONAL.					X		
6. ANALYTIC IN HIS THINKING.					X		
7. CONSTANTLY STRIVING FOR NEW KNOWLEDGE AND IDEAS.					X		
8. GETS ALONG WITH PEOPLE AT ALL SOCIAL LEVELS.					X		
9. HAS SENSE OF HUMOR.					X		
10. KNOWS WHEN TO SEEK ASSISTANCE.					X		
11. CALM.					X		
12. CAN GET ALONG WITH PEOPLE.					X		
13. MEMORY FOR FACTS.					X		
14. GETS THINGS DONE.						X	
15. KEEPS ORIENTED TOWARD LONG TERM GOALS.						X	
16. CAN COPE WITH EMERGENCIES.						X	
17. HAS HIGH STANDARDS OF ACCOMPLISHMENT.						X	
18. HAS STAMINA; CAN KEEP GOING A LONG TIME.						X	
19. HAS WIDE RANGE OF INFORMATION.					X		
20. SHOWS ORIGINALITY.					X		
21. ACCEPTS RESPONSIBILITIES.						X	
22. ADMITS HIS ERRORS.					X		
23. RESPONDS WELL TO SUPERVISION.					X		
24. EVEN DISPOSITION.					X		
25. ABLE TO DO HIS JOB WITHOUT STRONG SUPPORT.					X		

**SECRET**  
*(When Filled In)*

26. CAN THINK ON HIS FEET.										X									
27. COMES UP WITH SOLUTIONS TO PROBLEMS.										X									
28. STIMULATING TO ASSOCIATES; A "SPARK PLUG".												X							
29. TOUGH MINDED.										X									
30. OBSERVANT.										X									
31. CAPABLE.										X									
32. CLEAR THINKING.										X									
33. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS.													X						
34. EVALUATES SELF REALISTICALLY.										X									
35. WELL INFORMED ABOUT CURRENT EVENTS.								X											
36. DELIBERATE.										X									
37. EFFECTIVE IN DISCUSSIONS WITH ASSOCIATES.										X									
38. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS.												X							
39. THOUGHTFUL OF OTHERS.										X									
40. WORKS WELL UNDER PRESSURE.													X						
41. DISPLAYS JUDGEMENT.										X									
42. GIVES CREDIT WHERE CREDIT IS DUE.										X									
43. HAS DRIVE.													X						
44. IS SECURITY CONSCIOUS.													X						
45. VERSATILE.										X									
46. HIS CRITICISM IS CONSTRUCTIVE.										X									
47. ABE TO INFLUENCE OTHERS.										X									
48. FACILITATES SMOOTH OPERATION OF HIS OFFICE.										X									
49. DOES NOT REQUIRE STRONG AND CONTINUOUS SUPERVISION.													X						
50. A GOOD SUPERVISOR.										X									

**SECTION V**

**A. WHAT ARE HIS OUTSTANDING STRENGTHS?**

Subject is conscientious, hard-working, and more than willing to work long hours. He has a good background and experience in maintaining agent records. Subject has assumed his present responsibilities with a minimum of supervision.

**B. WHAT ARE HIS OUTSTANDING WEAKNESSES?**

Subject is weak in his ability to express himself in writing.

SECRET  
(When Filled In)

C. INDICATE IF YOU THINK THAT ANY SINGLE STRENGTH OR WEAKNESS OUTWEIGNS ALL OTHER CHARACTERISTICS:

Subject's stamina and persistence in accomplishing his tasks in <sup>8 43 AM</sup> amount of time outweigh his weaknesses.

D. DO YOU FEEL THAT HE REQUIRED CLOSE SUPERVISION?  NO  YES. IF YES, WHY?

MAY 16 8 43 AM '55

MAIL ROOM

E. WHAT TRAINING DO YOU RECOMMEND FOR THIS INDIVIDUAL?

Recommend training in Phase II and III

F. OTHER COMMENTS (Indicate here general traits, specific habits or characteristics not covered elsewhere in the report but which have a bearing on effective utilization of this person):

SECTION VI

Read all descriptions before rating. Place "X" in the most appropriate box under subsections A, B, C, & D.

A. DIRECTIONS: Consider only the skill with which the person has performed the duties of his job and rate him accordingly.

- 1. DOES NOT PERFORM DUTIES ADEQUATELY; HE IS INCOMPETENT.
- 2. BARELY ADEQUATE IN PERFORMANCE; ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES COMPETENTLY.
- 3. PERFORMS MOST OF HIS DUTIES ACCEPTABLY; OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.
- 4. PERFORMS DUTIES IN A TYPICALLY COMPETENT, EFFECTIVE MANNER.
- 5. A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.
- 6. PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE RATER.

IS THIS INDIVIDUAL BETTER QUALIFIED FOR WORK IN SOME OTHER AREA?  NO  YES. IF YES, WHAT?

C. DIRECTIONS: Based upon what he has said; his actions, and any other indications, give your opinion of this person's attitude toward the organization.

- 1. HAS AN ANTAGONISTIC ATTITUDE TOWARD THE ORGANIZATION... WILL DEFINITELY LEAVE THE ORGANIZATION AT THE FIRST OPPORTUNITY.
- 2. HAS STRONG NEGATIVE ATTITUDE TOWARD ORGANIZATION... FRKED BY RESTRICTIONS... REGARDS ORGANIZATION AS A TEMPORARY STOP UNTIL HE CAN GET SOMETHING BETTER.
- 3. TENDS TO HAVE AN UNFAVORABLE ATTITUDE TOWARD THE ORGANIZATION... BOTHERED BY MINOR FRUSTRATIONS... WILL QUIT IF THESE CONTINUE.
- 4. HIS ATTITUDE TOWARD THE ORGANIZATION IS INDIFFERENT... HAS "WAIT AND SEE" ATTITUDE... WOULD LEAVE IF SOMEONE OFFERED HIM SOMETHING BETTER.
- 5. TENDS TO HAVE FAVORABLE ATTITUDE TOWARD ORGANIZATION... MAKES ALLOWANCES FOR RESTRICTIONS IMPOSED BY WORKING FOR ORGANIZATION... THINKS IN TERMS OF A CAREER IN THE ORGANIZATION.
- 6. DEFINITELY HAS FAVORABLE ATTITUDE TOWARD THE ORGANIZATION... BARRING AN UNEXPECTED OUTSIDE OPPORTUNITY, WILL PROBABLY ENDEAVOR TO MAKE A CAREER IN THE ORGANIZATION.
- 7. HAS AN ENTHUSIASTIC ATTITUDE TOWARD THE ORGANIZATION... WILL PROBABLY NEVER CONSIDER WORKING ANY PLACE BUT IN THE ORGANIZATION.

B. DIRECTIONS: Considering others of this person's grade and type of assignment, how would you rate him on potentiality for assumption of greater responsibilities normally indicated by promotion.

- 1. HAS REACHED THE HIGHEST GRADE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED.
- 2. IS MAKING PROGRESS, BUT NEEDS MORE TIME IN PRESENT GRADE BEFORE PROMOTION TO A HIGHER GRADE CAN BE RECOMMENDED.
- 3. IS READY TO TAKE ON RESPONSIBILITIES OF THE NEXT HIGHER GRADE, BUT MAY NEED TRAINING IN SOME AREAS.
- 4. WILL PROBABLY ADJUST QUICKLY TO THE MORE RESPONSIBLE DUTIES OF THE NEXT HIGHER GRADE.
- 5. IS ALREADY PERFORMING AT THE LEVEL OF THE NEXT HIGHER GRADE.
- 6. AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR RAPID ADVANCEMENT.

D. DIRECTIONS: Consider everything you know about this person in making your rating, skill in job duties, conduct on the job, personal characteristics or habits, and special defects or talents.

- 1. DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED.
- 2. OF DOUBTFUL SUITABILITY... WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW.
- 3. A BARELY ACCEPTABLE EMPLOYEE... DEFINITELY BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION.
- 4. A TYPICAL EMPLOYEE... HE DISPLAYS THE SAME SUITABILITY AS MOST OF THE PEOPLE I KNOW IN THE ORGANIZATION.
- 5. A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS.
- 6. AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION.
- 7. EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION.

**SECRET**  
SECURITY INFORMATION

DATE  
*Jan 24 1954*

**PERSONNEL EVALUATION REPORT**

*FE 9  
JWC/DV*

*Items 1 through 4 will be completed by Administrative or Personnel Officer*

1. NAME (Last)	(First)	(Middle)	7. GRADE	3. POSITION TITLE
			GS-5	Intel. Anal. CD-FY
4. OFFICE	STAFF OR DIVISION	BRANCH	<input checked="" type="checkbox"/> DEPT'L.	IF FIELD, SPECIFY STATION
DDP/FI/RI	P & R Branch	Consol Section	<input type="checkbox"/> FIELD	
5. PERIOD COVERED BY REPORT		6. TYPE OF REPORT		
From	To	<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Special
21 Apr. 53	20 Apr. 54	<input type="checkbox"/> Reassignment	<input type="checkbox"/> Reassignment of Supervisor	

*Items 7 through 10 will be completed by the person evaluated*

7. LIST YOUR MAJOR DUTIES IN APPROXIMATE ORDER OF IMPORTANCE, WITH A BRIEF DESCRIPTION OF EACH. OMIT MINOR DUTIES.

As senior analyst on the EE/FI/G/Z area my duties consist of:

- (A) Consolidating personality files which entails the following: (1) Make a complete search in Index on all references pertaining to the subject, (2) gathering all references in RI/Files, (3) analyzing documents for inclusion in ZOI, (4) preparing a summary of reference sheet which notes the disposition of all the documents put in the case.
- (B) Liaison with the area desk.
- (C) Supervising the work of the junior analyst.

8. LIST COURSES OF INSTRUCTION COMPLETED DURING REPORT PERIOD.

Name of Course	Location	Length of Course	Date Completed
NONE			

9. IN WHAT TYPE OF WORK ARE YOU PRIMARILY INTERESTED?

Intelligence work at the desk level.

IF DIFFERENT FROM YOUR PRESENT JOB, EXPLAIN YOUR QUALIFICATIONS (APTITUDE, KNOWLEDGE, SKILLS).

Two years experience in RI.

10.

12 April 1954

DATE

*Items 11 through 13 will be completed by Supervisor*

11. BRIEFLY DESCRIBE THIS PERSON'S PERFORMANCE ON THE MAJOR DUTIES LISTED UNDER ITEM 7 ABOVE.

has performed his duties conscientiously and well. He possesses a great deal of energy, is extremely industrious and has maintained excellent relations in his liaison with the area desk.

SECRET  
SECURITY INFORMATION

OFFICE OF PERSONNEL

12. IN WHAT RESPECT IS THIS PERSON'S PERFORMANCE ON PRESENT JOB MOST NOTICEABLY GOOD OR OUTSTANDING?  [ ] has performed his duties most outstandingly by virtue of his formation and maintenance of excellent liaison relations.
13. ON WHAT ASPECT OF PERFORMANCE SHOULD THIS PERSON CONCENTRATE EFFORT FOR SELF IMPROVEMENT?
14. COMMENT ON THIS PERSON'S ABILITY TO HANDLE GREATER RESPONSIBILITIES NOW OR IN THE FUTURE.  [ ] has handled his present responsibilities admirably and I am certain he would be capable of handling additional ones as the opportunity occurs.
15. ARE THERE OTHER DUTIES WHICH BETTER SUIT THIS PERSON'S QUALIFICATIONS? (Recommend appropriate reassignment, if possible.)  [ ] could qualify as an Intelligence Analyst in any of the appropriate section of RI.
16. WHAT TRAINING OR ROTATION DO YOU RECOMMEND FOR THIS PERSON?  None at this time
17. IF PERFORMANCE DURING REPORT PERIOD HAS BEEN UNSATISFACTORY, THERE IS ATTACHED COPY OF MEMORANDUM NOTIFYING THIS PERSON OF UNSATISFACTORY PERFORMANCE.
18. THIS PERSONNEL EVALUATION REPORT HAS BEEN DISCUSSED WITH THE PERSON EVALUATED. ADDITIONAL COMMENTS INCLUDING COMMENT ON ITEMS 7, 8 AND 9, ARE SHOWN BELOW UNDER ITEM 20.
13 April 54 DATE
19. I HAVE REVIEWED THE ABOVE REPORT. (Comments, if any, are shown  18 May 1954 DATE
20. COMMENTS: (if necessary, may be continued on reverse side of cover sheet.)  Subject transferred to FE effective 25 April 1954.  <i>over</i>

SECRET

**SECRET**  
SECURITY INFORMATION

PERSONNEL EVALUATION REPORT													
<i>Items 1 through 6 will be completed by Administrative or Personnel Officer</i>													
1. NAME <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>		2. GRADE GS-4	3. POSITION TITLE File Clerk										
4. OFFICE DD/P		STAFF OR DIVISION FI	BRANCH FI	<input checked="" type="checkbox"/> DEPT'L.	IF FIELD, SPECIFY STATION <input type="checkbox"/> FIELD								
5. PERIOD COVERED BY REPORT from 4-21-52 to 4-21-53		6. TYPE OF REPORT <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Special <input type="checkbox"/> Reassignment <input type="checkbox"/> Reassignment of Supervisor											
<i>Items 7 through 10 will be completed by the person evaluated</i>													
<p>7. LIST YOUR MAJOR DUTIES IN APPROXIMATE ORDER OF IMPORTANCE, WITH A BRIEF DESCRIPTION OF EACH. OMIT MINOR DUTIES.</p> <p>Review and analyze material for consolidation of 201 Personality Files. This includes making a complete impartial name check in RI/CC index and a complete search for all material pertinent to the subject in the RI/Files. Also maintain liaison with the SACs.</p> <p>After reviewing documents, make up Cross References and any Document changes as necessary. Complete a Summary of References Form listing all references reviewed and the action taken on each.</p>													
<p>8. LIST COURSES OF INSTRUCTION COMPLETED DURING REPORT PERIOD.</p> <table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th style="width: 40%;">Name of Course</th> <th style="width: 20%;">Location</th> <th style="width: 20%;">Length of Course</th> <th style="width: 20%;">Date Completed</th> </tr> </thead> <tbody> <tr> <td colspan="4" style="text-align: center; padding: 5px;">None</td> </tr> </tbody> </table>						Name of Course	Location	Length of Course	Date Completed	None			
Name of Course	Location	Length of Course	Date Completed										
None													
<p>9. IN WHAT TYPE OF WORK ARE YOU PRIMARILY INTERESTED?</p> <p>Accounting.</p> <p>IF DIFFERENT FROM YOUR PRESENT JOB, EXPLAIN YOUR QUALIFICATIONS (AFFLUENCE, KNOWLEDGE, SKILLS).</p> <p>Two years of Accounting and law school.</p>													
10.		<table style="width:100%; border: none;"> <tr> <td style="border: none; padding: 5px;">9 April 1953</td> <td style="border: none; padding: 5px;"><span style="border: 1px solid black; display: inline-block; width: 150px; height: 30px;"></span></td> </tr> <tr> <td style="border: none; text-align: center; font-size: x-small;">DATE</td> <td style="border: none; text-align: center; font-size: x-small;">SIGNATURE</td> </tr> </table>				9 April 1953	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 30px;"></span>	DATE	SIGNATURE				
9 April 1953	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 30px;"></span>												
DATE	SIGNATURE												
<i>Items 11 through 13 will be completed by Supervisor</i>													
<p>11. BRIEFLY DESCRIBE THIS PERSON'S PERFORMANCE ON THE MAJOR DUTIES LISTED UNDER ITEM 7 ABOVE.</p> <p><span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span> performance in this section has been very satisfactory. While still in a trainee position, he is learning the procedure of this section very well. He is extremely industrious and shows little inclination to waste time.</p>													

SECRET  
SECURITY INFORMATION

12. IN WHAT RESPECT IS THIS PERSON'S PERFORMANCE ON PRESENT JOB MOST NOTICEABLY GOOD OR OUTSTANDING?  [ ] has been most outstanding by virtue of his industry.
13. ON WHAT ASPECT OF PERFORMANCE SHOULD THIS PERSON CONCENTRATE EFFORT FOR SELF IMPROVEMENT?
14. COMMENT ON THIS PERSON'S ABILITY TO HANDLE GREATER RESPONSIBILITIES NOW OR IN THE FUTURE.  [ ] has had little opportunity to show his ability, in this line, so far.
15. ARE THERE OTHER DUTIES WHICH BETTER SUIT THIS PERSON'S QUALIFICATIONS? (Recommend appropriate reassignment, if possible.)  Due to his position as trainee, other duties cannot be considered, but I feel that he is quite capable of filling any number of jobs in RI.
16. WHAT TRAINING OR ROTATION DO YOU RECOMMEND FOR THIS PERSON?  None at this time.
17. IF PERFORMANCE DURING REPORT PERIOD HAS BEEN UNSATISFACTORY, THERE IS ATTACHED COPY OF MEMORANDUM NOTIFYING THIS PERSON OF UNSATISFACTORY PERFORMANCE.
18. THIS PERSONNEL EVALUATION REPORT HAS BEEN DISCUSSED WITH THE PERSON EVALUATED. ADDITIONAL COMMENTS INCLUDING COMMENT ON ITEMS 7, 8 AND 9, ARE SHOWN BELOW UNDER ITEM 20.
20 April 1953 DATE
19. I HAVE REVIEWED THE ABOVE REPORT. (Comments, if any, are shown in [ ])  [ ] DATE
20. COMMENTS: (If necessary, may be continued on reverse side of cover sheet.)

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
<input type="text"/>			<input type="text"/>	
EMPLOYING DEPARTMENT OR AGENCY			LOCATION (City, State, ZIP Code)	
<input type="text"/>			<input type="text"/>	

**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.**

SIG	<input type="text"/>
DATE	MAR 20 1968

**FOR EMPLOYING OFFICE USE ONLY**

(official receiving date stamp)

OFFICE PERSONNEL  
RECEIVED  
MAR 20 1 47 PM '68

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

**SECRET**

STANDARD FORM No 176-7  
JANUARY 1964  
(For use only until April 14 1968)  
176-101

C-O-N-F-I-D-E-N-T-I-A-L  
(when filled in)

TRAINING REPORT

PERFORMANCE EVALUATION WORKSHOP

Student:  Dates: 23-24 February 1978  
Employee No:  Office: ISS  
Service Designation: p

COURSE OBJECTIVES

At the conclusion of this Workshop, students should:

1. Be familiar with the principal parts of the Agency's Personnel Evaluation Program;
2. Understand their roles as supervisors in the Performance Evaluation part of the overall Program;
3. Be better prepared to deal with some of the more troublesome problems encountered in performance evaluation;
4. Know how to prepare more useful Fitness Reports and conduct more effective ER interviews;
5. Understand how the Letter of Instruction relates to the performance evaluation process.

ACHIEVEMENT RECORD

This is a certificate of attendance only. No attempt was made to evaluate student achievement in the workshop.

FOR THE DIRECTOR OF TR

Instructor

MAR 1978

Date

C-O-N-F-I-D-E-N-T-I-A-L  
(when filled in)

CERTIFICATION OF SEPARATING EMPLOYEE

NAME (Last-First-Middle)  
 NAME: *James S. [unclear]*

*James S. [unclear]*

MEMORANDUM FOR THE RECORD - ATTACH TO OFFICIAL PERSONNEL FOLDER

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

- |    |   |
|----|---|
| /  | 1. Standard Form 8 (Notice to Federal Employee about Unemployment Compensation)   |
| DX | 2. Standard Form 55 (Notice of Conversion Privilege, Federal Employees' Group Life Insurance).  |
| DX | 3. Standard Form 55 (Agency Certification of Insurance Status, Federal Employee Group Life Insurance Act of 1954).  |
| NA | 4. Standard Form 2302 (Application for Refund of Retirement Deductions).  |
|    | 5. Form 2595 (Authorization for Disposition of Paychecks).<br><i>continue to bank</i>   |
| /  | 6. <u>Only applicable to Retiree - Returnee</u> (resignee from overseas assignment)<br>I have been advised of my right to have a medical examination before my separation from this Agency and of the importance of such a medical check to my health and well-being. |
|    | 7. CSC Pamphlet 51 (Re-employment Rights of Federal Employees Performing Armed Forces Duty).  |
|    | 8. Instructions for returning to duty from Extended Leave or Active Military Service.   |

	Date Signed
	Correspondence OVERT CORRESPONDENCE <input type="checkbox"/> Overt <input type="checkbox"/> Conf

C-O-N-F-I-D-E-N-T-I-A-L  
(when filled in)

TRAINING REPORT

PERFORMANCE EVALUATION WORKSHOP

Student:  Dates: 23-24 February 1978  
Employee No:  Office: ISS  
Service Designation: D

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At the conclusion of this Workshop, students should:

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5. Understand how the Letter of Instruction relates to the performance evaluation process.

ACHIEVEMENT RECORD

This is a certificate of attendance only. No attempt was made to evaluate student achievement in the workshop.

FOR THE DIRECTOR OF TRAINING

1978  
\_\_\_\_\_  
Instructor Date

C-O-N-F-I-D-E-N-T-I-A-L  
(when filled in)

ADMINISTRATIVE - INTERNAL USE ONLY



3 February 1977

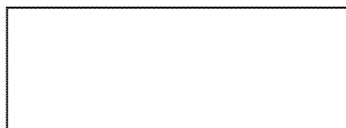
MEMORANDUM FOR THE RECORD

FROM : ISS/Training Staff

SUBJECT: Document Analysis II for Records Management Officers

1. [redacted] OPF has satisfactorily completed the Document Analysis II Course given for Division and Staff Records Management Officers by ISS Training Officer, [redacted]. Classes were held daily from 0900 to 1250 hours from 29 November through 10 December 1976.

2. The topics covered in the course were records principles and processing procedures used by Data Management Section analysts for initial input of correspondence into the DDO Records System. The students also covered the official files system and indexing criteria as they currently exist and discussed some of the drawbacks and possible systems changes we might expect in the next few years. Periodic exercises were given to test the students comprehension of topics discussed.



ADMINISTRATIVE - INTERNAL USE ONLY

20 JUL 1976

I, the undersigned, authorize the Office of Personnel  
to give to CartBlanche whatever information is necessary  
for me to obtain a credit card.



*pro  
7-21-76*

CERTIFICATE OF TRAINING

THIS IS TO CERTIFY THAT



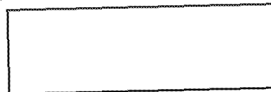
SUCCESSFULLY COMPLETED

SUPERVISORY COUNSELING WORKSHOP

ON

26 - 27 AUGUST 1976

INFORMATION SERVICES GROUP



CHIEF, ISG TRAINING

TRAINING REPORT  
OFFICE OF TRAINING

This certifies that  has  
successfully completed the Introduction to Micrographics Seminar #2  
which was conducted from 24 July to 25 July 1974.

This seminar provides basic information on microphotography  
and explores the application of this technology in controlling  
overburdened and sometimes inefficient paperwork systems. Specific  
blocks of instruction include: Image Recording Techniques,  
Microfilm Formats, Viewers and Viewer-Printers, Indexing Methods,  
Computer Output Microfilm (COM), Micropublishing, and Development  
and Implementation of Agency Applications. Participants receive  
a portfolio of various samples of microforms, a Glossary of  
Micrographic Terms, and a Primer on Information Science.

FOR THE DIRECTOR OF TRAINING:

Course Coordinator



**Final Grade Report**

- Grading System:**  
 A - Superior Scholarship  
 B - Good Scholarship  
 C - Average Scholarship  
 D - Passing Scholarship  
 F(a) - Failure Academic  
 F(b) - Failure Non-Attendance  
 I - Incomplete  
 WX - Withdrawal during first half of term  
 WP - Withdrawal during second half of term  
 WF - Withdrawal during second half of term  
 X - Emergency withdrawal advised withdrawal

**UNIVERSITY OF MARYLAND**  
 EUROPEAN DIVISION - UNIVERSITY COLLEGE  
 OFFICE OF THE REGISTRAR

Report of

Student Copy

Term **1**, Acad. Yr. 1971/72 of Rome Center

COURSE	Semester/Hours	GRADE
ITAL 111	3	B

Signature of Instructor: DeSantis

\* If Incomplete is to be assigned, student must have attended three-fourths of class meetings. Indicate below remaining work, e.g. final exam, term paper, reports, etc.

Grade to date \_\_\_\_\_ Deadline date for completion, if established \_\_\_\_\_

The student is responsible for arranging with the instructor for completion of these requirements.

UMR 11 (5/27/72) - 45 - 67

**Final Grade Report**

- Grading System:**  
 A - Superior Scholarship  
 B - Good Scholarship  
 C - Average Scholarship  
 D - Passing Scholarship  
 F(a) - Failure Academic  
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 WP - Withdrawal during second half of term  
 WF - Withdrawal during second half of term  
 X - Emergency withdrawal advised withdrawal

**UNIVERSITY OF MARYLAND**  
 EUROPEAN DIVISION - UNIVERSITY COLLEGE  
 OFFICE OF THE REGISTRAR

Report of

Student Copy

Term **2**, Acad. Yr. 19 71/72 of Rome Center

COURSE	Semester/Hours	GRADE
ITAL 112	3	B

Signature of Instructor: DeSantis

\* If Incomplete is to be assigned, student must have attended three-fourths of class meetings. Indicate below remaining work, e.g. final exam, term paper, reports, etc.

Grade to date \_\_\_\_\_ Deadline date for completion, if established \_\_\_\_\_

The student is responsible for arranging with the instructor for completion of these requirements.

UMR 11 (5/27/72) - 46 - 67

SC

Report of  
(When Completed)

TRAINING REPORT

Americana Foreign Orientation - [redacted] 6 Students

16 Hours

20-21 March 1961

Student: [redacted]

Year of Entry 1960

DD Form April 1958

Grade: GS-9

Office: FI

COURSE DESCRIPTION - CONTINUED FROM PAGE 10

On 20-21 March 1961 in the general area of orientation included was a briefing on "the Americana abroad problem," its implications for the individual employee or dependent and the Agency, practical advice for successful personal adjustment to foreign assignments of work and living in the area of assignment, useful information on life here, and outside lines for understanding the area for problems. Advice includes cues for effective interpersonal relations in the particular country or region. Area information includes an analysis of the knowledge of the subject to the United States and departments of the area, the institutions, and current living conditions. The course offers lectures, panel discussions, films, slides, and other aids selected for a more extended period of self-study. Emphasis is on content material and on the area of the area.

This is a brief description of the course. Additional information is available in the area of the area.

DATE OF REPORT: 20 April 1961

20 April 1961

/s/

[redacted signature box]

14-00000  
(Form 10-1-59)

U. S. DEPARTMENT OF STATE

14 Form Good Orientation 20-21 March 1961

6

From:	[Redacted]	Office:	[Redacted]
Student:	[Redacted]	Year of Birth:	[Redacted]
Grades:	[Redacted]	Office:	[Redacted]

The course is designed to provide students for venturing of travel in the general area and country of assignment. Included are a briefing on "The Americans Abroad problem," its implications for the individual employee or diplomat and the "know," practical advice for successful personal adjustment to everyday problems of working and living in the area of assignment, useful information on the area, and other lines for understanding the major problems. Advice includes areas for effective interpersonal relationships in the particular country or area. Area information includes an analysis of the structure of the region to the United States and description of the people, the institutions, and current major activities. The course offers lectures, panel discussions, films, slide presentations, and a local problem for the assignment area of public duty. A local problem for the assignment area of public duty. A local problem for the assignment area of public duty.

This is a report of attendance in the course and is to be used to determine the level of the course.

26 April 1961

/s/ [Redacted]

SECRET

WRITING WORKSHOP (INTERMEDIATE) NO. 2

TRAINING EVALUATION

SECTION I: IDENTIFYING INFORMATION			
NAME <input type="text"/>	SEX M	DATES OF COURSE 26 October - 19 November 1959	NO. OF STUDENTS 17
DATE OF BIRTH <input type="text"/>	EOD DATE April 1952	GRADE OR RANK GS-9	OFFICE FE/Administration
PROJECTED ASSIGNMENT OR PRESENT POSITION Records Officer			
SECTION II: OBJECTIVE OF THE COURSE			
To stimulate habits of thoughtful, self-critical writing for intelligence production.			

SECTION III: TECHNICAL CHARACTERIZATION OF THE COURSE

The class is conducted for 10 to 15 students. It meets for nine three-hour morning sessions over a period of four weeks. There are three sessions during the first week and two thereafter for three weeks. The course is run on the "learn by practice" system. A number of writing tests are given in class, and they are evaluated against national and Agency norms. The trainees also prepare written exercises and have an opportunity to rewrite some of them during later sessions. Students may use the form and substance of their own office's written product. Special attention is paid to logical organization, diction, sentence structure and other mechanics of writing. The trainees receive detailed comments on their papers and are encouraged to discuss special writing problems with the staff.

SECTION IV: HOW THE STUDENTS ARE EVALUATED

Staff members observe the student's writing ability, any change demonstrated, and application to the course material. The evaluation represents their agreed comments based on the student's total performance.

SECRET

S-E-C-R-E-T

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SECTION V: REPORT OF STUDENT ACHIEVEMENT

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[redacted] added to the good improvement in mechanics of expression he had achieved in the Basic Writing Workshop. He has now developed the ability to write smooth, compact, and readable sentences. He also learned to organize topics more effectively, and with further writing experience, he can develop the ability to write analytical papers of a professional caliber.

[redacted]  
Chief Instructor

S-E-C-R-E-T

S-E-C-R-E-T

WRITING WORKSHOP (BASIC) NO. 2

TRAINING EVALUATION

SECTION I: IDENTIFYING INFORMATION			
NAME <input type="text"/>	SEX <b>M</b>	DATES OF COURSE <b>21 Sept. - 15 Oct. 1959</b>	NO. OF STUDENTS <b>13</b>
DATE OF BIRTH <input type="text"/>	EOD DATE <b>April 1952</b>	GRADE OR RANK <b>GS-9</b>	OFFICE <b>FE/Administration</b>
PROJECTED ASSIGNMENT OR PRESENT POSITION <b>Records Officer</b>			
SECTION II: OBJECTIVE OF THE COURSE			
To stimulate habits of thoughtful, self-critical writing for intelligence production.			

SECTION III: SPECIFIC CHARACTERISTICS OF THE COURSE

The class is conducted for ten to fifteen students. It meets for one hour three times a week during the first week and two thereafter for three weeks. The course is run on the "learn by practice" system. A number of writing tests are given in class, and they are evaluated against national and Agency norms. The trainees also prepare written exercises and have an opportunity to rewrite some of them during later sessions. Students may use the form and substance of their own office's written product. Special attention is paid to logical organization, diction, sentence structure and other mechanics of writing. The trainees receive detailed comments on their papers and are encouraged to discuss special writing problems with the staff.

SECTION IV: HOW THE STUDENTS ARE EVALUATED

Staff members observe the student's writing ability, any change demonstrated, and application to the course material. The evaluation represents their agreed comments based on the student's total performance.

S-E-C-R-E-T

3-5-C-R-5-7

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SECTION V: REPORT OF STUDENT ACHIEVEMENT

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[redacted] considerably improved the clarity of his writing during the course, by reducing sentence errors and roundabout phrasing. His written papers reflected his gains in knowledge of basic rules of English usage. His achievement in the Writing Workshop (Basic) shows that [redacted] can develop good writing skills, and that he and the Agency would benefit if he took the Writing Workshop (Intermediate).



3-5-C-R-5-7

S-1-C-P-E-T

## TRAINING EVALUATION

## ADMINISTRATIVE SUPPORT COURSE # 2

SECTION I: IDENTIFYING INFORMATION			
NAME	SEX	DATES OF COURSE	NO. OF SEMESTERS
	M	10 - 28 May 1954	1st week-49 2nd & 3rd weeks-44
DATE	FOE DATE	GRADE OR RANK	OFFICE
	21 April 1952	GS-5	FE/FI
PROJECTS ASSIGNED OR PRESENT POSITION			
Registry Analyst			
SECTION II: OBJECTIVES			
The objectives of this course are to provide the student with (1) an understanding of the inter-relationships between operating functions and administrative support functions; (2) an understanding of some of the basic principles and techniques of Agency operations and the organization and functions of the various clandestine components; (3) a knowledge of procedures, regulations, and problems peculiar to Logistics, Finance, and other areas of administrative support.			
SECTION III: SPECIFIC CHARACTERISTICS OF THE COURSE			
One week of the course is devoted to lectures in the area described in category 1 on reverse of this page. The material in categories 2 and 3 is presented both by lecture and by practical exercises during the remaining two weeks of the course. Categories 4 through 9 are concerned with the application of knowledge of Agency organization, structure, procedures and regulations in practical situations.			
SECTION IV: STUDENT'S PERFORMANCE			
The instructor who has many students involved in this course has indicated that this student excelled. The student's performance was excellent and students' performance in the course was an all-around good one. Differences in age, education, experience, etc. These ratings are defined as follows:			
<b>EXCELLENT:</b> The student indicated exceptional ability or proficiency in meeting this goal or objective; he demonstrated an unusually thorough knowledge of the material presented.			
<b>SATISFACTORY:</b> The student met this objective in a competent and effective manner; he demonstrated a good grasp and understanding of the material presented.			
<b>UNSATISFACTORY:</b> The student did not achieve this goal or objective; the student's performance indicated a serious lack of knowledge concerning material presented.			
S-1-C-P-E-T			



MAJOR CATEGORIES	URAT	SAT	LECTURE
1. Orientation in basic principles of clandestine activity.	2	30*	17
2. Knowledge of clandestine services command structure and organization.	5*	14	25
3. Knowledge of Agency and clandestine services regulations and administrative procedures.	2	28*	14
4. (A) Preparation of advance form; travel voucher (DOMESTIC) and entertainment reimbursement (DOMESTIC).	0	17	1*
(B) Preparation of travel voucher (FOREIGN) including computation of per diem and currency conversion.	1	15*	28
5. Preparation of Station Finance Reports.	3	5	16*
6. Preparation of forms used in a detached station for property records; knowledge of responsibility for property at the station.	2	20*	22
7. Preparation of form required for project presentation to the Project Review Committee.	1	30*	13
8. Preparation of cable form used at Headquarters writing message from material given, with use of accepted digits, punctuation, and abbreviations.	1	33*	9
9. Preparation of Headquarters and Field dispatch form and Field pouch manifest.	0	31*	13

SECTION VI: COMMENTS

Comments, especially on habits and characteristics, with particular reference to strong or weak points of the individual or agency; that might have influenced his performance in the course.

FOR THE DIRECTOR OF TRAINING:

SECRET

TRAINING EVALUATION

SECTION I: IDENTIFYING INFORMATION						
Name		Sex	Course and Beginning Date			
		M	PHASE I - ORIENTATION 79 - 19 April 54			
Date of Birth	E O D	Grade or Rank		Office		
	April 152	GS-5		FE/PI		
Projected Assignment or Present Position						
Registry Analyst						
<p>This evaluation is based on a course of 120 hours given over a period of 3 weeks in which there were 89 students. The length of the course, number of students, nature of the course, skills and knowledge taught, and the opportunity for observing the individual student determine which sections of this report are used. These facts must also be considered in interpreting the evaluations which, therefore, should not be used as the sole basis for personnel decisions. THIS REPORT IS INTENDED PRIMARILY TO FURNISH INFORMATION AS TO HOW WELL THE STUDENT LEARNED THE SUBJECT MATTER OR SKILLS TAUGHT. In addition, observations of interest and importance are reported which can have significance only as they are related to other information. Unless otherwise stated, performance is evaluated in terms of standards set by instructors or in relation to the performance of others who have taken the course. For further information, consult the Training Evaluation Branch, Assessment and Evaluation Staff, Office of Training.</p>						
SECTION II: KNOWLEDGE						
Subject	Hrs	Rating				
		Fail	Poor	Sat	Exc	Sup
Introduction to Intelligence	80	5	12	26*	34	12
Communism and the U S S R	40	5	17	35*	31	7
<p>The numbers show how many students received each rating. An asterisk (*) shows the rating this student received.</p>						
SECTION III: SKILLS						
<p>The 'Course Instruction' column contains scores and/or ratings given by the instructional staff for skills which are specifically intended to be outcomes of the course. The 'Observation' column contains ratings by instructors and/or students concerning skills which have been observed for every student in a class but which have not been the subject of intensive instruction or practice.</p>						
Skill	Hrs.	Course Instruction		Observation		
		Objective Score	Rating or Evaluation	Av. Rating by Instructors	Av. Rating by Students	

**SECTION IV: OBSERVATIONS of ATTITUDES or OTHER PERSONAL CHARACTERISTICS**

*During the course incidents were observed which suggested that this person:*

	Yes	No		Yes	No
Had difficulty in getting along with others.		<input checked="" type="checkbox"/>	Lacked motivation for an Agency career.		<input checked="" type="checkbox"/>
Interfered with instructional and classroom activities.		<input checked="" type="checkbox"/>	Lacked sufficient security-mindedness.		<input checked="" type="checkbox"/>
			Lacked interest in the course.		<input checked="" type="checkbox"/>

Explanations of any 'Yes' answers to items above. Frequency of occurrence and number of persons observing these attitudes or characteristics are included.

**SECTION V: COMMENTS**

Comments, especially on habits or characteristics, with particular reference to strong and weak points of the individual, or anything that may have influenced his performance in the course are reported here.

[Signature Box]

Chief-Instructor

**SECTION VI: ADJUSTED OVER-ALL EVALUATION**

**FOR OPTIONAL USE BY INSTRUCTORS**

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 boxes shows the instructor's judgment of his performance in the course.

- He was inadequate in his performance.
- He was barely adequate in his performance and performed acceptably only in a limited range of assignments.
- He performed acceptably, but was barely adequate in some respects.
- He was a typically effective student who performed in a competent, dependable manner.
- He performed at a high level of competence.
- He performed at an extremely high level that only a few students have surpassed.

**FOR OPTIONAL USE BY TRAINING OFFICERS**

This evaluation, shown by an 'X' in one of the boxes, takes into account this training record, the student's age, grade, Area of 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.

- This is an inadequate performance.
- This is a barely adequate performance and raises questions concerning his suitability for his assignment.
- This is an acceptable performance but discloses possible areas of weakness.
- This is a satisfactory performance revealing a typically competent person.
- This performance reveals a high level of competence.
- This is an extremely competent performance that only a few persons of his background and position have surpassed.

Training Officer's Comments

[Signature Box]

Training Officer

SECRET

15

**MEMORANDUM FOR:** Chairman, Clandestine Service Personnel Staff

**SUBJECT:** [redacted] - Recommendation for Promotion

1. Subject has been in grade GS-10 since June 1968. Based on his outstanding performance as Chief of Registry in [redacted] Station since June 30, 1971, he strongly merits promotion to grade GS-11 at this time. When Subject took over the responsibility for Registry a year ago, he found a system glutted with paper and bound up by a policy which discouraged getting rid of it. He found many procedures in force which were out of date, if not obsolete, and proposed streamlined procedures, which were adopted, to replace them. He asked for and was given the responsibility to analyze and distribute the cables, which had previously been a function of the Chief of Station's secretary. He recommended the discontinuance of the abstract system, which proposal had been adopted by most elements of the Station. He recommended a reduction in the retention period for cable and dispatch chronos. With the help of a TDY team here for the first half of CY 1972, he devised and instituted a program of purging the files. This program has resulted in the disposition of most of the departed Soviet files, a severe trimming of the true name files, and the review, reduction and up-dating of the project and operational files. All of this work was accompanied by appropriate name checks, entries on the index cards and selection of pertinent documents for transmittal to Headquarters. In summary, Subject performed a thorough "house-cleaning" of Station records in the full meaning of that phrase. This program is by no means finished. In fact, Subject has plans for continuing efforts along these lines which may exceed his tenure at this Station since he intends to return to Headquarters not later than May 1974. The on-going program includes a review and reorganization of the subject files, the encrypted 201's and the disposition (hopefully) of about 50 feet of microfilm. A corollary to these projects will be a significant reduction in the index cards, which at present lead to the microfilm and to other superfluous material we either have or will destroy.

2. The equally important aspect of records management, namely the introduction of procedures to lessen the likelihood

WARNING NOTICE  
SENSITIVE INFORMATION SOURCES  
AND METHODS INVOLVED

SECRET

CLASSIFIED BY [redacted]
EXEMPT FROM AUTOMATIC DECLASSIFICATION
SCHEDULE 1 (E.O. 11652) DECLASSIFICATION CATEGORY:
5 (unless otherwise indicated, use 01 or more)
APPROVED FOR DECLASSIFICATION ON
AP-212
(unless impossible, insert date or event)

SECRET

-2-

if not prevent the reoccurrence of this pile-up of paper is not lost on this officer. He constantly thinks in terms of procedures and controls to accomplish this end.

3. Subject is dedicated, highly motivated, conscientious, and hard working. He reports to work each day an hour before the Station opens in order to distribute the cables by opening of business. He never hesitates to respond positively to any request for help. Indeed, he solicits work which he believes can be done more easily or more simply in his unit. In all respects, Subject is a trained, professional records management officer who is thoughtful as well as enthusiastic about his work.

4. It is strongly recommended that Subject be promoted to grade GS-11.

*Roosevelt*

Archibald B. Roosevelt, Jr.  
Chief, European Division

SECRET

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 BIELDS WITHOUT COMPLETING THE REMAINDER OF THE FORM EXCEPT THE EMPLOYEE'S SIGNATURE AND DATE. WHEN EXECUTING ITEM 4 ALSO COMPLY WITH MHR 25-7, 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 \_\_\_\_\_

1. MARITAL STATUS (Check one)

<input type="checkbox"/> SINGLE	<input checked="" type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> WIDOWED	<input type="checkbox"/> ANNULLED
---------------------------------	---	------------------------------------	-----------------------------------	----------------------------------	-----------------------------------

IF MARRIED, PLACE OF MARRIAGE: Washington, D.C. DATE OF MARRIAGE: 6 Aug 60

IF DIVORCED, PLACE OF DIVORCE DECREE: \_\_\_\_\_ DATE OF DECREE: \_\_\_\_\_

2. MEMBERS OF FAMILY

TELEPHONE NO. <u>24-0163</u>	DATE OF BIRTH <u>15</u>
FEB 20/2/71	

NAME OF FATHER (or male guardian)	ADDRESS	TELEPHONE NO.

NAME	DATE OF BIRTH	RELATIONSHIP

--	--	--

IS THE INDIVIDUAL NAMED ABOVE A MEMBER OF YOUR BRANCH AFFILIATION? (If NO, BRANCH NAME AND ADDRESS OF organization he believes you work for.)

IS THE INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF IN THE EVENT YOU ARE INCAPABLE? (If NO, give name and address of person (if one) who can make such decisions in case of emergency.)

DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "NO" explain why in item 6.)

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)

<b>5. VOLUNTARY ENTRIES</b>		
<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?    <input checked="" type="checkbox"/> YES    <input type="checkbox"/> NO</p>		
<p>IF YES, DO YOU HAVE A JOINT ACCOUNT?    <input type="checkbox"/> YES    <input checked="" type="checkbox"/> NO</p>		
<p>HAVE YOU COMPLETED A LAST WILL AND TESTAMENT?    <input checked="" type="checkbox"/> YES    <input type="checkbox"/> 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?    <input checked="" type="checkbox"/> YES    <input type="checkbox"/> NO. (If "Yes" give name(s) and address)</p> <p align="center"><i>In the will</i></p>		
<p>HAVE YOU EXECUTED A POWER OF ATTORNEY?    <input type="checkbox"/> YES    <input checked="" type="checkbox"/> NO. (If "Yes", who possess the power of attorney?)</p>		
<b>6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS</b>		
<b>7. RESIDENCE DATA - TO BE COMPLETED ONLY BY EMPLOYEES ENTERING ON DUTY</b> (No Approval Required)		
<p>RESIDENCE WHEN EMPLOYED (Full Address).</p>	<p>PERMANENT PLACE OF RESIDENCE AS DEFINED IN HR 22-3 (Full Address)</p>	
<b>8. CHANGE IN PERMANENT PLACE OF RESIDENCE (See HR 22-3)</b> (To Be Completed by Employee Desiring Such Change While Assigned to Headquarters)		
<p>FULL ADDRESS</p>	<p>DEPUTY DIRECTOR OR DESIGNEE</p>	<p>DATE</p>
	<p>DIRECTOR OF PERSONNEL (when applicable per HR 22-3)</p>	<p>DATE</p>
<p>SIGNED AT <i>Hq</i></p>	<p>DATE <i>8 Nov 71</i></p>	<p><i>[Signature]</i></p>

**CONFIDENTIAL**

**SECRET**  
(When Filled In)

**REPORT OF SERVICE ABROAD**

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

**FILE**  
DI. 115  
115

SERIAL NO. 1-6	NAME		
	LAST (Print)	FIRST 7-26	MIDDLE

**INSTRUCTIONS**

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58, 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) 2 - CORRECTION 3 - CANCELLATION	37	38 39		40-42
			11	18	70					210

**TDY DATES OF SERVICE**

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	AREAS	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 5 - CANCELLATION	37	38 39		40-42

**OFFICE OF PERSONNEL USE ONLY - PUNCH AREA**

**SOURCE DOCUMENT AND CERTIFICATION**

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

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

REMARKS

PREPARED BY	<input checked="" type="checkbox"/> REPORT ANNOTATED ON CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
C & L DIVISION, CTOR.	DATE	SIGNATURE
<input checked="" type="checkbox"/> C & T DIVISION	1/5/71	[Signature]

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



30 June 1970

MEMORANDUM FOR: Chief, European Division  
FROM : Chief of Station [redacted]  
SUBJECT : Promotion Recommendation -  
[redacted]

Subject, who has been in grade as a GS-10 just two years, has been Chief of the Registry of the [redacted] Station for eighteen months. Subject, fresh from a Saigon assignment, brought with him a broad and varied background of field experience (Far East) and several Headquarters' assignments. He has been in one or another aspect of records management work since he started with us as a very junior clerk in 1952.

Subject's fitness reports, since he has been in [redacted] testify to the high regard in which he is held by the Station and the excellent results he has managed to achieve. When he arrived at the Station, the start had been made on a file reduction program but an enormous amount of organized work remained to be done. Subject set about it with great enthusiasm and a high degree of professional organization. As a result, the Registry inventory today is the leanest and the most efficient the Station has seen for many a long day, if ever before. To a great extent this can be laid at Subject's own door and he personally did much of the work. At the same time, Subject surveyed and reorganized the overall workload of the Registry and was finally able to recommend to the Station management a reduction of one Registry clerk. The smaller staff was certainly required a more intensive work effort on the part of Registry personnel, which has been attained without any loss of morale; in fact, quite the reverse.

Subject, therefore, emerges as a records management officer who has thoroughly learned his business and a hard-driving, sympathetic and successful supervisor. In the opinion of the Station management, Subject is already quite capable of taking over broader and more senior responsibilities in the records management field. In this respect, however, we do not believe he will be wasting his time [redacted] by spending, as he currently plans to do, an additional year here on the completion of his tour in November. The [redacted] Registry, reflecting the multi-faceted work of the Station, is sufficiently complex an operation to warrant

Subject's continued attention.

In view of his really excellent performance and high promise, it is strongly recommended that Subject be promoted to GS-11.

/s/ Bronson Tweedy  
COS

SECRET  
(When Filled In)

REPORT OF SERVICE ABROAD														
TO: Office of Personnel, Transactions and Records Branch, Status Section														
SERIAL NO.		NAME												
		LAST			FIRST			MIDDLE						
I-S		(P/INT)			728									
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. REFER TO OPI NO. 88, REVISED.														
PCS DATES OF SERVICE														
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA			O/P USE ONLY		COUNTRY			
MONTH	DAY	YEAR	MONTH	DAY	YEAR	1 - PCS SERVICE	CODE	37	38	39			CODE	
25-26	27-28	29-30	31-31	32-32	33-33	3 - CORRECTION							40-42	
1	1	86	8			6 - CANCELLATION	/						2/0	
TDY DATES OF SERVICE														
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA			O/P USE ONLY		AREA(S)			
MONTH	DAY	YEAR	MONTH	DAY	YEAR	2 - TDY (TRAVEL)	CODE	37	38	39			CODE	
25-26	27-28	29-30	31-31	32-32	33-33	4 - CORRECTION							40-42	
						6 - CANCELLATION								
OFFICE OF PERSONNEL USE ONLY - PUNCH AREA														
SOURCE DOCUMENT AND CERTIFICATION														
TRAVEL VOUCHER						CERTIFICATION								
CABLE						DATE STATUS OR TIME AND ATTENDANCE REPORT								
OTHER (Specify)														
DOCUMENT IDENTIFICATION NO.						DOCUMENT DATE PERIOD								
						1-18-68								
REMARKS														
PREPARED BY			REPORT APPROVED BY			REPORT DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED								
SEC			CONTROL DOCUMENT											
C & A DIVISION, 2780			DATE			10 DEC 1968								
T & P DIVISION														
THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER														

CONFIDENTIAL  
(When Filled In)

IMPORTANT

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

MEMORANDUM OF UNDERSTANDING

I hereby acknowledge that I have read and understand the contents of Field Handbook 20-6, Employee Conduct, dated 30 July 1962.

[Redacted Signature Box]

Signature

15 NOV 68

crto

JAMES G. ROSS

CONFIDENTIAL  
(When Filled In)

**SECRET**  
(When Filled In)

**REPORT OF SERVICE ABROAD**

**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 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. REFER TO OFI NO. 98, REVISED.

**PCS DATES OF SERVICE**

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY		COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR		CODE	28 29 30		
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	37	28 29 30	Vietnam	40-42
			10	03	68		1			7/10

**TDY DATES OF SERVICE**

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY		AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR		CODE	28 29 30		
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 5 - CANCELLATION	37	28 29 30		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) <i>telepatch</i>	

DOCUMENT IDENTIFICATION:   DOCUMENT DATE/PERIOD: *10/3/68*

REMARKS:

PREPARED BY	REPORT APPROVED OR CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
UAC	DATE: <i>10/15/68</i>	SIGNATURE: <span style="border: 1px solid black; padding: 2px;"> </span>
C & L DIVISION, CYOP		
C & T DIVISION		

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

SECRET  
(When Filled In)

*Keel*

REPORT OF SERVICE ABROAD

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 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. REFER TO OPI NO. 99, REVISED.

PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR				
01	1	467				1		Vietnam	772

TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY	SPECIES	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR				

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 IDENTIFICATION NO. *764* DOCUMENT DATE/PERIOD

REMARKS

PREPARED BY: [ ] REPORT ANNOTATED ON CONTROL DOCUMENT: [ ] ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED: [ ]  
 DATE: *5/22/61* SIGNATURE: [ ]

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

**CONFIDENTIAL**  
**(When Filled In)**

I hereby acknowledge that I have read and understand the contents of Handbook 20-4, Employee Conduct, dated 7 October 1963, and the information brochure for PCS returns, dated May 1964.

[Redacted Signature Box]

28 Nov 66  
Date

JAMES S. WOOLS

**CONFIDENTIAL**  
**(When Filled In)**

SECRET  
(When Filled In)

19 December 1966

MEMORANDUM FOR:

THROUGH : Head of <sup>CS</sup> Career Service

SUBJECT : Notification of Designation as a Participant  
in the CIA Retirement and Disability System

1. I have determined that you meet the criteria outlined in HR 20-50 for designation as a participant in the CIA Retirement and Disability System. Your designation as a participant was made effective ~~18 December 1966~~.

2. You are hereby notified of your right to appeal this action to the Director of Central Intelligence as specified in HR 20-50. Such appeal must be received in the Office of the Director not later than 30 calendar days from the date of this memorandum.



Emmett D. Echols  
Director of Personnel

SECRET



**SECRET**  
(When Filled In)

**VERIFIED RECORD OF OVERSEAS SERVICE**

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

EMPLOYEE SERIAL NO. 1-6	NAME OF EMPLOYEE		OFFICE/COMPONENT 28-28
	LAST (Print)	FIRST MIDDLE	
		7-24	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	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		40-42
3 - CORRECTION	1	01	24	61	09	24	66		375
5 - CANCELLATION									

**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									
5 - CANCELLATION									

**SOURCE OF RECORD DOCUMENT**

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

DOCUMENT IDENTIFICATION NO.	DOCUMENT DATE/PERIOD
	5/23 - 9/24/66

REMARKS

PREPARED BY	<input checked="" type="checkbox"/> REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
C S L DIVISION	DATE	SIGN
<input checked="" type="checkbox"/> C S T DIVISION	10/17/66	

CONFIDENTIAL  
(When Filled In)

TRAVEL AGREEMENT BY STAFF EMPLOYEES ASSIGNED TO PERMANENT  
DUTY STATION OUTSIDE CONTINENTAL UNITED STATES

1. In accordance with the policy of the Central Intelligence Agency, I agree to serve outside the continental United States a minimum tour of 2 Years from the date of my arrival at my permanent post of duty, unless said tour is sooner terminated by the Government for its convenience, or it is terminated by the Agency for circumstances that are considered by it to be beyond my control.

2. It is understood and agreed that if I terminate for reasons within my control in less than 12 months from the date of arrival at said post, I shall reimburse CIA for all travel expenses, including storage and per diem, incurred in the transporting of myself, my dependents, my household and personal effects and my automobile to my permanent post of duty, and shall pay all return travel and transportation expenses to the United States.

3. It is further understood and agreed that if I terminate for reasons within my control subsequent to the twelfth month but prior to the completion of my tour of duty, I shall pay all return expenses for the travel and transportation of myself, my dependents, my household and personal effects and my automobile to the United States.

WITNESS:

Date: 29 Nov 66

SECRET

23 MAR 1966

MEMORANDUM FOR: Head, Clandestine Services Career Service

SUBJECT : Notification of Approval of  
Quality Step Increase -

[Redacted]

1. I am pleased to send to you the attached official notification of the approval of the Quality Step Increase which you recommended for this employee.

2. As this award is designed to encourage excellence by recognizing and rewarding the employee, may I ask that you arrange to have this Quality Step Increase presented at an appropriate ceremony.

[Redacted]

Emmett D. Echols  
Director of Personnel

SECRET

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

SECRET

29 MAR 1965

MEMORANDUM FOR: [Redacted]

SUBJECT : Quality Step Increase

1. I was pleased to learn that you have been granted a Quality Step Increase. Such a recognition is proof of the high esteem in which you are held by your supervisors in the Clandestine Services.

2. Please accept my personal best wishes. I am confident that your future performance will be of a continuing high quality.

[Redacted Signature]

Desmond Fitzgerald  
Deputy Director for Plans

SECRET

EX-100  
MAR 30 1965  
COMMUNICATIONS SECTION

SECRET

CP-259

4 MAR 1956

MEMORANDUM FOR: Deputy Director for Plans  
ATTENTION: DDP/OP  
SUBJECT: Request for Quality Step Increase  
for [redacted] GS-09

1. On the basis of the information presented below, it is recommended that a Quality Step Increase be approved for [redacted]

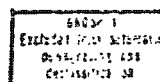
2. [redacted] entered on duty with the Agency in April 1952 as a GS-03 Records and File Clerk assigned to RID. Since that time [redacted] has served as a Records Analyst at Headquarters, [redacted] and since 1961 in the Central Registry Section of the [redacted] [redacted] is 37 years old and has been in grade as a GS-09 since 1958.

3. [redacted] exceptional performance is described by the [redacted] Station as follows:

"A. [redacted] is now on his second tour as Chief of the [redacted] Station Registry. This unit is located at [redacted] and handles all correspondence for all Station elements. In view of the fact that the Station is located [redacted] a great deal of responsibility is given to [redacted] to ensure that action responsibility on incoming cables is rapidly and properly assigned, dispatches are correctly routed and processed, correspondence from other local military agencies is correctly analyzed and routed, the twice-a-day courier system is functioning effectively, and the Station flexewriter is rapidly churning out priority dispatch traffic.

"B. The Registry is presently composed of six employees in addition to [redacted] who is Chief of this unit. [redacted] does an exemplary job in supervising these employees with the result that the Station Registry is a smooth and well-functioning unit.

SECRET



SECRET

"C. In addition to his normal duties, [ ] is constantly thinking of ways to increase the efficiency of the Station Registry, and to be of greater assistance to the Station as a whole. Several of his ideas have been adopted by the Station with a resulting increase in effectiveness. His positive approach to all problems and his cheerfulness and willingness to perform any task have benefited both the Station and the Agency.

"D. In view of [ ] demonstrated ability to provide leadership to the Station Registry unit, his positive approach to the solution of the many problems which daily beset this unit, it is strongly recommended that he be promoted from GS-09 to GS-10 at the earliest opportunity."

4. [ ] has continued to perform in an over-all "Strong" manner as indicated in his recent fitness report. He recently planned and effectively implemented the move of the Cable Secretariat from one location to another. In a dispatch, dated 22 November 1965, the present Chief of Station, [ ] stated, "There is little I can add to my predecessor's recommendation, dated 9 November 1964, for promotion of [ ] He is performing his duties as Chief of the [ ] Station Registry with efficiency and dispatch. He is a strong supervisor who constantly strives to achieve the maximum economy in the use of his personnel and materials."

5. Consideration has been given to the granting of an Honor and Merit Award to [ ] but in this particular case it appears that a Quality Step Increase is more appropriate.

[ ]  
William E. Selby  
Chief, Far East Division

APPROVAL RECOMMENDED:

[ ]  
Secretary, CS Panel Section C

MAR 11  
1966

MAR 11  
1966

Date

SECRET

SECRET

SUBJECT: Request for Quality Step Increase  
for [redacted] GS-09

CONCUR:

[redacted]

DLP/OP

15 March 66

Date

APPROVED:

[redacted]

*for*

Director of Personnel

18 Mar '66

Date

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 26-28
	LAST (Print)	FIRST	MIDDLE	
				56

**INSTRUCTIONS**

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

**PCS DATES OF SERVICE**

TYPE OF DATA	CODE	ARRIVAL			DEPARTURE			COUNTRY	OMIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1 - PCS (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39	40-42	
3 - CORRECTION									
9 - CANCELLATION	1	04	15	61				375	

**TDY DATES OF SERVICE**

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

**SOURCE OF RECORD DOCUMENT**

TRAVEL VOUCHER	DISPATCH
CABLE	DUTY STATUS UP-TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFICATION NO.	DOCUMENT DATE/PERIOD
	30 MAR - 15 APR 1961

REMARKS

PREPARED BY	REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
FISCAL DIVISION	DATE	SIGNATURE
FINANCE DIVISION	26 JUNE 1961	



344 092114

Standard Form No. 2800 CHAPTER 1-1 P.P.M. 6 (7-57-5900)		HEALTH BENEFITS REGISTRATION FORM FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959 (Read Instructions on back of last page. Use only typewriter or ballpoint pen.)			CARRIER'S CONTROL NO. 078-38	
PART A ALL WHO REGISTER MUST FILL IN THIS PART.	1. NAME (LAST) (FIRST) (MIDDLE INITIAL)	2. DATE OF BIRTH (Month, Day, Year)		3. Are you now married?		
	4. YOUR MAILING ADDRESS (NUMBER AND STREET) (CITY AND ZIP NUMBER) (STATE)	5. SEX MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>		6. Are you covered by, or is any family member listed below covered by or enrolling in, a plan under the Federal Employees Health Benefits Act of 1959 (through the enrollment of another United States or District of Columbia Government employee or annuitant)? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
	7. Place an "X" in proper box to show your annual basic salary range.		8. Are you covered by, or is any family member listed below covered by or enrolling in, a plan under the Federal Employees Health Benefits Act of 1959 (through the enrollment of another United States or District of Columbia Government employee or annuitant)?			
PART B FILL IN THIS PART IF YOU WISH TO ENROLL IN A HEALTH BENEFITS PLAN.  If enrollment is for self only, answer item 1. If enrollment is for self and family, also answer item 2 and item 3 if it applies.  THIS PART MUST ALSO BE FILLED IN IF YOU CHANGE YOUR ENROLLMENT.	1. I elect to enroll in a health benefits plan as shown below. I authorize deductions to be made from my salary, compensation, or annuity to cover my share of the cost of this enrollment. (Copy the information requested below from inside cover of brochure of the plan you select.)		9. Place an "X" in proper box to show your annual basic salary range.			
	NAME OF PLAN Association Benefits Plan - Family		OPTIONAL PLAN OR PLAN High		ENROLLMENT CODE NUMBER 4 2 2	
	2. In space below list all eligible family members without exception. List your wife or husband first, then your unmarried children under age 19, including legally adopted children, and stepchildren and illegitimate children who live with you in a regular parent-child relationship. Include also any unmarried child over 19 who became disabled before age 19 and who, because of the disability, is incapable of self-support. (Attach a doctor's certificate for a disabled child age 19 or over.)		3. If you are a female (employee or annuitant)—does the family listed above include a husband who is incapable of self-support by reason of mental or physical disability which can be expected to continue for more than one year? (If answer "Yes," attach a doctor's certificate.) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
PART C FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CANCEL YOUR ENROLLMENT.	PLACE AN "X" IN ITEM 1 OR ITEM 2, WHICHEVER APPLIES AND ANSWER ITEM 3.		3. The reason for my election is (Place an "X" in proper box.)			
	1. I elect not to enroll in any plan under the Health Benefits Act. <input type="checkbox"/>		(a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. <input type="checkbox"/>			
PART D FILL IN THIS PART IF YOU WISH TO CHANGE YOUR ENROLLMENT.	2. I elect to cancel my present enrollment under the Health Benefits Act. <input type="checkbox"/>		(b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input type="checkbox"/>			
	3. Any other reason. <input type="checkbox"/>		(c) Any other reason. <input type="checkbox"/>			
I elect to change my enrollment as shown by the enrollment number and other information in item 8.		1. Enrollment code number of present plan.				
4 2 5		2. Number of event which permits change. (See table on back of application for proper number.)		3. Date of event which permits change.		
March 22 1964		4. DATE RECEIVED BY EMPLOYING OFFICE 3-16-64				
5. EFFECTIVE DATE OF ELECTION 3-15-64		6. PAYROLL OFFICE NO.				
7. NAME AND ADDRESS OF EMPLOYING OFFICE HEALTH BENEFITS OFFICER (ADDRESS)		8. PAYROLL OFFICE NO.				
9. NAME OF AUTHORIZED AGENCY OFFICIAL		5. EFFECTIVE DATE OF ELECTION				
REMARKS FOR USE ONLY BY ANNUITANTS AND AGENCY.		6. PAYROLL OFFICE NO.				
15		5010				

**SECRET**  
(When Filled In)

<span style="font-size: 2em; float: left; margin-right: 10px;">CS</span> <b>VERIFIED RECORD OF OVERSEAS SERVICE</b>																																				
<b>TO:</b> Office of Personnel, Statistical Reporting Branch, ROOM 192 Curie Hall																																				
<b>EMPLOYEE SERIAL NO.</b> 1-6	<b>NAME OF EMPLOYEE</b> LAST FIRST MIDDLE (Prior) 7-24	<b>OFFICE/COMPONENT</b> 25-26  <div style="text-align: center; font-size: 1.5em;">57</div>																																		
<b>INSTRUCTIONS</b> 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.																																				
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<b>TYPE OF DATA</b> 1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4">ARRIVAL</th> <th colspan="3">DEPARTURE</th> <th rowspan="2">COUNTRY</th> <th rowspan="2">OMIT</th> </tr> <tr> <th>CODE</th> <th>MONTH</th> <th>DAY</th> <th>YEAR</th> <th>MONTH</th> <th>DAY</th> <th>YEAR</th> </tr> </thead> <tbody> <tr> <td>27</td> <td>28-29</td> <td>30-31</td> <td>32-33</td> <td>34-35</td> <td>36-37</td> <td>38-39</td> <td></td> <td>40-42</td> </tr> <tr> <td>1</td> <td></td> <td></td> <td></td> <td align="center" style="border: 2px solid black;">03</td> <td align="center" style="border: 2px solid black;">19</td> <td align="center" style="border: 2px solid black;">59</td> <td></td> <td align="center" style="border: 2px solid black;">575</td> </tr> </tbody> </table>	ARRIVAL				DEPARTURE			COUNTRY	OMIT	CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR	27	28-29	30-31	32-33	34-35	36-37	38-39		40-42	1				03	19	59		575	
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DEPARTURE				RETURN			AREA(S)	OMIT																												
CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR																														
27	28-29	30-31	32-33	34-35	36-37	38-39		40-42																												
<b>SOURCE OF RECORD DOCUMENT</b>																																				
<input checked="" type="checkbox"/> TRAVEL VOUCHER		<input type="checkbox"/> DISPATCH																																		
<input type="checkbox"/> CABLE		<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT																																		
<input type="checkbox"/> OTHER (Specify)																																				
DOCUMENT IDENTIFICATION NO.		DOCUMENT DATE/PERIOD																																		
REMARKS																																				
PREPARED BY	REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED																																		
FISCAL DIVISION	2478	SIGNATURE																																		
FINANCE DIVISION <i>Life</i>																																				

Form No. 2079  
 CHAPTER I-3 F.P.M.  
 5 GAO'S 09

## HEALTH BENEFITS REGISTRATION FOR 1961

FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959

EMPLOYEE'S CONTROL NO. **082697**

(Read back cover on back of last page. Use only typewriter or ball point pen.)

---

**PART A**  
ALL WHO REGISTER MUST FILL IN THIS PART.

1. NAME (LAST) (FIRST) (MIDDLE INITIAL)

2. DATE OF BIRTH (The numbers)

3. Are you now married?

4. SEX

5. Are you covered by, or is any family member listed below covered by or enrolling in, a plan under the Federal Employees Health Benefits Act of 1959 (through the enrollment of another United States or District of Columbia Government employee or annuitant)?

6. Place an "X" in proper box to show your annual basic salary range.

---

**PART B**  
FILL IN THIS PART IF YOU WISH TO ENROLL IN A HEALTH BENEFITS PLAN.

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

2. In spots below list all eligible family members without exceptions. List your wife or husband first, then your unmarried children under age 19, including legally adopted children, and stepchildren and illegitimate children who live with you in a regular parent-child relationship. Include also any unmarried child over 19 who became disabled before age 19 and who, because of the disability, is incapable of self-support. (Attach a doctor's certificate for a disabled child age 19 or over.)

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

---

**PART C**  
FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CHANGE YOUR ENROLLMENT.

1. I elect not to enroll in any plan under the Health Benefits Act.

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

3. The reason for my election is (Place an "X" in proper box):

---

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

1. Enrollment code number of present plan.

2. Number of event which permits change.

3. Date of event which permits change.

---

**PART E**  
ALL WHO REGISTER MUST FILL IN THIS PART.

1. NAME AND ADDRESS OF EMPLOYING OFFICE

2. DATE RECEIVED IN EMPLOYING OFFICE

3. EFFECTIVE DATE OF ELECTION

4. PAYROLL OFFICE NO.

5. PAYROLL ACTION (INITIALS AND DATE)

---

**PART F**  
TO BE COMPLETED BY AGENCY.

REMARKS

FE

X-1579

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110532

Signature — DO NOT PRINT: \_\_\_\_\_ DATE: 17/1/61

Signature of Authorized Agency Official: \_\_\_\_\_

Triplicate — To Employing Office

APRIL 1960

CONFIDENTIAL  
(When Filled In)

TRAVEL AGREEMENT BY STAFF EMPLOYEES ASSIGNED TO PERMANENT  
DUTY STATION OUTSIDE CONTINENTAL UNITED STATES

1. In accordance with the policy of the Central Intelligence Agency, I agree to serve outside the continental United States a minimum tour of Twenty-four months from the date of my arrival at my permanent post of duty, unless said tour is sooner terminated by the Government for its convenience, or it is terminated by the Agency for circumstances that are considered by it to be beyond my control.

2. It is understood and agreed that if I terminate for reasons within my control in less than 12 months from the date of arrival at said post, I shall reimburse CIA for all travel expenses, including storage and per diem, incurred in the transporting of myself, my dependents, my household and personal effects and my automobile to my permanent post of duty, and shall pay all return travel and transportation expenses to the United States.

3. It is further understood and agreed that if I terminate for reasons within my control subsequent to the twelfth month but prior to the completion of my tour of duty, I shall pay all return expenses for the travel and transportation of myself, my dependents, my household and personal effects and my automobile to the United States.

WITNESS:

Date: 21 Feb. 1961

Standard Form No. 2809  
 CHAPTER I - F.P.M.  
 6 (ALAT-10)

## HEALTH BENEFITS REGISTRATION FORM

FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959  
 (Read instructions on back of last page. Use only one number or name, not plan.)

REGISTRATION NO. **000000**

**PART A**  
 ALL WHO REGISTER MUST FILE IN THIS PART.

1. NAME (LAST) (FIRST) (MIDDLE INITIAL) 2. DATE OF BIRTH (Use numbers)

3. Are you now married?  
 YES  NO

4. SEX  
 MALE  FEMALE

6. Are you covered by, or is any family member listed below covered by or enrolling in, a plan under the Federal Employees Health Benefits Act of 1959 (through the enrollment of another United States or District of Columbia Government employee or annuitant)? YES  NO

7. Place an "X" in proper box to show your annual basic salary range.  
 UNDER \$4,000  \$4,000 TO \$5,999  \$6,000 TO \$9,999  \$10,000 OR OVER

**PART B**  
 FILE IN THIS PART IF YOU WISH TO ENROLL IN A HEALTH BENEFITS PLAN.

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

NAME OF PLAN: UNITED STATES GOVERNMENT HEALTH BENEFITS PLAN OPTION (HIGH OR LOW): LOW ENROLLMENT CODE NUMBER: 4 2 1 2

2. In space below list all eligible family members without exception: list your wife or husband first, then your unmarried children under age 19, including legally adopted children, and stepchildren and illegitimate children who live with you in a regular parent-child relationship. Include also any unmarried child over 19 who became disabled before age 19 and who, because of the disability, is incapable of self support. (Attach a doctor's certificate for a disabled child age 19 or over.)

NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)	NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)
Wife or Husband	<u>[redacted]</u>		<u>[redacted]</u>
	<u>[redacted]</u>		<u>[redacted]</u>
	<u>[redacted]</u>		<u>[redacted]</u>
	<u>[redacted]</u>		<u>[redacted]</u>
	<u>[redacted]</u>		<u>[redacted]</u>

3. If you are a female (employee or annuitant)—does the family listed above include a husband who is incapable of self support by reason of mental or physical disability which can be expected to continue for more than one year? (If answer is "Yes," attach a doctor's certificate.) YES  NO

**PART C**  
 FILE IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CHANGE YOUR ENROLLMENT.

PLACE AN "X" IN ITEM 1 OR ITEM 2, WHICHEVER APPLIES AND ANSWER ITEM 3

1. I elect not to enroll in any plan under the Health Benefits Act.

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

3. The reason for my election is (Place an "X" in proper box)  
 (a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent.

(b) I am covered by a health insurance plan which is not under the Health Benefits Act.

(c) Any other reason.

**PART D**  
 FILE IN THIS PART IF YOU WISH TO CHANGE YOUR ENROLLMENT.

I elect to change my enrollment as shown by the enrollment number and other information in Part B

1. Enrollment code number of present plan: 4 2 1

2. Number of event which permits change (See table on back of booklet for proper number): 2

3. Date of event which permits change: MONTH AUG DAY 6 YEAR 1960

**PART E**  
 ALL WHO REGISTER MUST FILE IN THIS PART.

WARNING.—Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001.)

[Signature]

**PART F**  
 TO BE COMPLETED BY AGENCY.

1. HEALTH BENEFITS OFFICER: [Signature]

2. DATE RECEIVED BY AGENCY: 8/11/60

3. EFFECTIVE DATE OF ENROLLMENT: 1/1/60

4. PAYROLL OFFICE NO. 5. PAYROLL ACTION (INITIALS AND DATE)

**REMARKS**  
 TO BE USED ONLY FOR COMMENTS AND NOTES.

[Handwritten notes]

**PART A**  
 ALL WHO REGISTER MUST FILL IN THIS PART.

1. NAME (LAST) (FIRST) (MIDDLE INITIAL) 2. DATE OF BIRTH 3. Are you now married?  
 YES  NO

4. YOUR MAILING ADDRESS (NUMBER AND STREET) (CITY AND ZONE NUMBER) (STATE) 5. SEX  
 MALE  FEMALE

6. Are you covered by, or is any family member listed below covered by, or enrolling in, a plan under the Federal Employees Health Benefits Act of 1959 (through the enrollment of another United States or District of Columbia Government employee or annuitant)? YES  NO

7. Place an "X" in proper box to show your annual basic salary range:  
 UNDER \$4,000  \$4,000 TO \$5,999  \$6,000 TO \$9,999  \$10,000 OR OVER

**PART B**  
 FILL IN THIS PART IF YOU WISH TO ENROLL IN A HEALTH BENEFITS PLAN.

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

NAME OF PLAN <b>ASSOCIATION BENEFIT PLAN</b>	OPTION (HIGH OR LOW) <b>HIGH</b>	ENROLLMENT COST NUMBER <b>4 2 1</b>
---	-------------------------------------	--

2. In space below list all eligible family members without exception. List your wife or husband first, then your unmarried children under age 19, including legally adopted children, and stepchildren and legitimate children who live with you in a regular parent-child relationship. Include also any unmarried child over 19 who became disabled before age 19 and who, because of the disability, is incapable of self-support. (Attach a doctor's certificate for a disabled child age 19 or over.)

NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)	NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)
Wife or Husband	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

3. If you are a female (employee or annuitant)—does the family listed above include a husband who is incapable of self-support by reason of mental or physical disability which can be expected to continue for more than one year? (If answer is "Yes," attach a doctor's certificate.) YES  NO

**PART C**  
 FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CHANGE YOUR ENROLLMENT.

PLACE AN "X" IN ITEM 1 OR ITEM 2, WHICHEVER APPLIES AND ANSWER ITEM 3

1. I elect not to enroll in any plan under the Health Benefits Act.

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

3. The reason for my election is (Place an "X" in proper box):  
 (a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent.

(b) I am covered by a health insurance plan which is not under the Health Benefits Act.

(c) Any other reason.

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

I elect to change my enrollment as shown by the enrollment number and other information in Part B

1. Enrollment cost number of present plan. 2. Number of event which permits change. (See table on back of duplicate for proper number.) 3. Date of event which permits change (Month, Day, Year)

**PART E**  
 ALL WHO REGISTER MUST FILL IN THIS PART

WARNING.— Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 3 years, or both. (18 U.S.C. 1003)

14 June 60

**PART F**  
 TO BE COMPLETED BY AGENCY.

1. NAME AND ADDRESS OF EMPLOYING OFFICE

2. DATE RECEIVED IN EMPLOYING OFFICE  
 6/30/60

3. EFFECTIVE DATE OF ELECTION  
 7/1/60

4. FEDERAL OFFICE NO.

5. FEDERAL AGENCY (INITIALS AND DATE)

**REMARKS**  
 FOR USE ONLY BY ANNUITANTS AND AGENCY.

FE

CONFIDENTIAL  
(When Filled In)

TRAVEL AGREEMENT BY STAFF EMPLOYEES ASSIGNED TO PERMANENT  
DUTY STATION OUTSIDE CONTINENTAL UNITED STATES

1. In accordance with the policy of the Central Intelligence Agency, I agree to serve outside the continental United States a minimum tour of 24 months from the date of my arrival at my permanent post of duty, unless said tour is sooner terminated by the Government for its convenience, or it is terminated by the Agency for circumstances that are considered by it to be beyond my control.

2. It is understood and agreed that if I terminate for reasons within my control in less than 12 months from the date of arrival at said post, I shall reimburse CIA for all travel expenses, including storage and per diem, incurred in the transporting of myself, my dependents, my household and personal effects and my automobile to my permanent post of duty, and shall pay all return travel and transportation expenses to the United States.

3. It is further understood and agreed that if I terminate for reasons within my control subsequent to the twelfth month but prior to the completion of my tour of duty, I shall pay all return expenses for the travel and transportation of myself, my dependents, my household and personal effects and my automobile to the United States.

WITNESS:

[Redacted Signature Box]

[Redacted Signature Box]

Date:

23 Aug 57

CONFIDENTIAL

29 November 1956

[redacted] Station wishes to express its appreciation to [redacted] his most diligent performance of duty during his recent TDY here, his highly cooperative attitude and above all, his extreme eagerness to get a job done well and expeditiously.

It was largely with his help that [redacted] station was able to screen and process the voluminous material which needed to be handled in order to establish a coordinated and integrated record and file maintenance system.

All [redacted] Station personnel connected with the work of the TSI Team members were impressed and gratified by the eagerness with which they assisted with details and helped with problems that were outside the responsibilities of their assigned task. Their pleasant manner, apt suggestions, their excellent cooperation and untiring efforts to complete more than the initially estimated workload, all created a most favorable impression which reflects such credit not only on the team members themselves but on the Records Integration Branch as well.

[redacted]

CONFIDENTIAL



144 Cecil Hall -  
Wash. Branch  
10-3

**CONFIDENTIAL**  
(When Filled In)

1. NAME (Last) (First) (Middle) 2. THIS DATE  
 3. THE FOLLOWING AGENCY SPONSORED INSURANCE PROGRAMS HAVE BEEN EXPLAINED TO ME  
 WAR AGENCIES EMPLOYEES PROTECTIVE ASSOCIATION (WAEPA)  SICK DISEASES  
 GROUP HOSPITALIZATION INCORPORATED (GHI)  INCOME REPLACEMENT  
 MUTUAL BENEFIT OF CHAND - HOSPITALIZATION \* *Hand Paid*  
 UNITED LIFE INSURANCE (ULIC) \* CASH PAYMENT OF PREMIUMS AT THE TIME EMPLOYE APPLIED FOR INSURANCE MUST COVER THE PERIOD OF TIME HE WILL BE AWAY FROM HEADQUARTERS.  
 AIR TRIP INSURANCE  
 4. ITINERARY (To be completed only for individuals making application for Air Trip Insurance)  
 WDC - [ ] - WASH - TDY  
 5. I AM NOW PARTICIPATING, OR WOULD LIKE TO PARTICIPATE IN THE INSURANCE PROGRAMS LISTED BELOW. SIGNATURE OF EMPLOYEE  

TYPE OF POLICY	DESIRED	NOW HAVE	POLICY NUMBER	DEDUCTIONS AUTHORIZED EACH PAY PERIOD	CASH PAID
AIR TRIP FLIGHT	✓	✓	2017		4.00

 6. I DO NOT ELECT TO PARTICIPATE IN ANY OF THE STATED INSURANCE PROGRAMS. SIGNATURE OF EMPLOYEE  
 7. EMPLOYEE INTERVIEWED BY CPB (Signature) [ ] LICD (Signature)  
 8. REMARKS  
 When completed, the original of this form should be forwarded to T&RB for incorporation in the employee's official personnel folder. The copy should be forwarded to CPB for retention in CPB files.  
**INSURANCE QUESTIONNAIRE**

CENTRAL INTELLIGENCE AGENCY

2430 E STREET NW.

WASHINGTON 25, D. C.

Date 23 July 1954

Dear

1. This is to notify you that the United States Government, as represented by the Central Intelligence Agency, has accepted your employment effective 25 April 1954.

Position: I.O.

Base Salary: GS-5 \$3535.00

2. You will be:

a. Entitled to annual and sick leave in accordance with Civil Service Commission rules and regulations, or such other provisions of law or regulations as may be established in lieu thereof.

b. Reimbursed for travel expenses in accordance with CIA Regulations or Standardized Government Travel Regulations, as amended.

c. If stationed outside continental United States, granted such monetary allowances as are prescribed by CIA Regulations.

3. As a condition of your employment by the Central Intelligence Agency, you are subject to assignment to tours of duty at posts outside the continental United States. Each time you are so assigned, unless otherwise specified in advance by CIA, you will be required to remain at the post to which assigned for a period of 24 months from the date of arrival thereat, unless sooner transferred, reassigned or separated for reasons beyond your control. If you wish to return to the United States for personal reasons during that period, all travel and transportation costs incident to such return will be borne by you, with no expense to the Government.

4. If this employment is for assignment to an overseas post, it is understood and agreed that, unless earlier separated for reasons beyond your control, you will remain in Government service for 12 months after your arrival at your first overseas post, and if you violate this agreement, any money expended by the United States on account of your travel and the transportation of your immediate family and household goods will be considered a debt due to the United States.

5. Employment is conditioned upon satisfactory completion of the training courses prescribed by CIA and satisfactory performance of duty for a total period of six months from date of employment. In the event

either training or performance of duty is deemed unsatisfactory by CIA, you will be offered other types of employment, if available, or your employment will be terminated.

6. Your appointment is for such time as your services may be required and funds are available for the work of CIA. Notice of termination will be given you by procedure similar to that provided by Civil Service rules and regulations.

Official authorized to sign letters of appointment.

I accept the above agreement as a condition of my employment by CIA.

Employee

23 July 54  
Date

2200 *W. H. H. H. H. H.*  
FE-1

Wing E 13<sup>th</sup> Fl.  
No. 10

### INSURANCE QUESTIONNAIRE

*Page 1*

1. NAME \_\_\_\_\_ 2. THIS DATE 10 June 54

3. THE FOLLOWING AGENCY SPONSORED INSURANCE PROGRAMS HAVE BEEN EXPLAINED TO ME:  
 PAR AGENCIES EMPLOYEES PROTECTIVE ASSOCIATION (PARPA)  MUTUAL BENEFIT OF OMAHA  
*NI*  GROUP HOSPITALIZATION INCORPORATED  AIR TRIP INSURANCE

4. ITINERARY (To be completed only for Lvg Wash. 2 July 54) \_\_\_\_\_

5. I AM NOW PARTICIPATING, OR WOULD LIKE TO PARTICIPATE IN THE FOLLOWING INSURANCE PROGRAMS:

TYPE OF POLICY	DESIRED	NOW HAVE	POLICY NUMBER	DEDUCTIONS AUTHORIZED EACH PAY PERIOD	CASH PAID
WAFERA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	#2574	P/R - \$8.33 - 9/11/54	\$ 27.25
Air Trip Ins	<input checked="" type="checkbox"/>	<input type="checkbox"/>	28354		\$ 4.00

\_\_\_\_\_  
SIGNATURE

6. I DO NOT ELECT TO PARTICIPATE IN ANY OF THE STATED INSURANCE PROGRAMS:

\_\_\_\_\_  
SIGNATURE

7. EMPLOYEE INTERVIEWED BY \_\_\_\_\_  
CPB: \_\_\_\_\_ IACB: \_\_\_\_\_  
SIGNATURE SIGNATURE

8. REMARKS:

When completed, the original of this form should be forwarded to T&RD for incorporation in the employee's official personnel folder. The copy should be forwarded to CPB for retention in CPB files.

## APPOINTMENT AFFIDAVITS

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

C. I. A.

Washington, D. C.

(Department or agency)

(Bureau or division)

(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.

April 21, 1952  
(Date of entrance on duty)

Subscribed and sworn before me this 21st day of April, A. D. 1952,

at Washington  
(City)

D. C.

[SEAL]

(Signature of officer)

J. S. C. 16016A  
(Title)

**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)


INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO	ITEM NO.	10. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS WRITE IN LEFT COLUMN NUMBERS OF ITEMS TO WHICH DETAILED ANSWERS APPLY
6. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?	X			
8. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? <i>If your answer is "Yes", give details in Item 10.</i>		X		
7. DO YOU RECEIVE ANY ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? <i>If your answer is "Yes", give in Item 10 reason for retirement, that is, age, optional disability, or by reason of voluntary or involuntary separation after 2 years' service; amount of retirement pay, and under what retirement act; and rating, if retired from military or naval service.</i>		X		
9. SINCE YOU FILED APPLICATION FOR THIS APPOINTMENT HAVE YOU BEEN DISCHARGED, OR FORGOTTEN, OR PUNISHED FOR MISCONDUCT OR UNLAWFUL FACTORY SERVICE FROM ANY PLACE? <i>If your answer is "Yes", give in Item 10 the name and address of employer, date and reason in each case.</i>		X		
5. HAVE YOU EVER BEEN ARRESTED FOR OR RECEIVED TRAFFIC VIOLATIONS FOR WHICH YOU WERE FINED \$25 OR LESS OR FORFEITED COLLATERAL OF \$5 OR LESS; SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT? <i>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 function of the court; (4) the penalty imposed, if any; or other disposition of the case. If appointed, your fingerprints will be taken.</i>		X		

### INSTRUCTIONS TO APPOINTING OFFICER

The appointing officer before whom the foregoing certificate is made shall determine to his own satisfaction that this appointment would be in accordance with the Civil Service Act, applicable Civil Service Rules and Regulations and acts of Congress pertaining to Government.

This form should be checked by reading of office, pension, suitability in connection with any record of criminal conviction or arrest, and particularly for the following:

(1) **Identity of appointee** - It is the duty of the appointing officer to guard against impersonation and to determine beyond reasonable doubt that the appointee is the same person whose appointment was authorized. The appointee's signature and handwriting are to be compared with the applicant's and other pertinent papers. If the appointee is qualified in a written examination, the signature on this form should be compared with the signature on the declaration sheet, which was signed in the examination room. If a physical examination may be checked against the medical certificate. The appointing officer also has questioned no his personal history for agreement with his previous statements.

(2) **Age** - If definite age limits have been established for the position, it should be determined that applicant is not outside the age range for appointment. Until such determination is made, the appointment may not be consummated.

(3) **Citizenship** - The appointing officer is responsible for observing the citizenship provisions of (1) the Civil Service Rules and Regulations and (2) the Civil Service Act, which constitutes an affidavit for both purposes and is acceptable proof of citizenship status in the absence of conflicting evidence. In doubtful cases the appointment should not be consummated until clearance has been secured from the certifying office of the Civil Service Commission.

(4) **Members of Family** - Section 9 of the Civil Service Act provides that whenever there are already two or more members of a family serving under permanent or permanent appointment in the competitive service, no other member of such family is eligible for probationary or permanent appointment in the competitive service. The appointments of persons entitled to veteran preference are not subject to this requirement. The members of family provision does not apply to temporary appointments. Doubtful cases may be referred to the appropriate office of the Civil Service Commission for decision.

STATEMENT OF FEDERAL CIVILIAN AND MILITARY SERVICE

OFFICE OSO DIVISION RA

NAME (LAST) (FIRST) (MIDDLE)

BASIC GRADE Provisional  
& Records SECTION File

I FEDERAL CIVILIAN SERVICE (BEGIN WITH THIS AGENCY AND FOLLOW IN REVERSE CHRONOLOGICAL ORDER)

AGENCY	LOCATION	FROM			TO			TOTAL SERVICE		
		DA.	MO.	YR.	DA.	MO.	YR.	DA.	MO.	YR.
C. I. A.	<del>Office</del>	21	4	1952				M	8	
Treasury Dept	15 1/2 Penn	7	11	1951	19	4	1952		5	
Treasury Dept.	15 1/2 Penn	19	5	1950	19	9	1950		1	11
50 SC 11/12/48 verified 10/23/57 JR										

Total Civilian Service 16 9 -

II MILITARY SERVICE (INCLUDE ONLY PERIODS OF ACTIVE DUTY; DO NOT INCLUDE TERMINAL LEAVE)

BRANCH OF SERVICE	FROM			TO			TOTAL SERVICE		
	DA.	MO.	YR.	DA.	MO.	YR.	DA.	MO.	YR.
Army	3	10	1946	12	4	1948	10	8	1
Army	19	10	1950	7	8	1951			

Total Military Service 7 5 2

III CERTIFICATION

I swear (or affirm) that the above Civilian and Military service is complete and accurate to the best of my knowledge.

April 21, 1952

SIGNATURE OF EMPLOYEE

IV REMARKS: (CONCERNING ABOVE SERVICE)

V FOR PERSONNEL OFFICE USE ONLY

TOTAL CREDITABLE SERVICE

DAYS MONTHS YEARS

25 1 3

as of 21 April 1952

**SECRET** SECURITY INFORMATION  
**PERSONNEL QUALIFICATION QUESTIONNAIRE**

1. Serial No. (no entry)	2. NAME: (last) (first) (middle)	3. Office <i>RI/FI</i>
4. Date of Birth	5. Sex: <input checked="" type="checkbox"/> male (1) <input type="checkbox"/> female (2)	6. Employment Date: <i>April 1952</i>
7. Citizenship: <input checked="" type="checkbox"/> U.S. <input type="checkbox"/> Other	8. Acquired By: (1) <input checked="" type="checkbox"/> Birth (2) <input type="checkbox"/> Marriage (3) <input type="checkbox"/> Naturalization (4) <input type="checkbox"/> Other (specify) Year U.S. citizenship acquired, if not by birth	

**SEC. I. EDUCATION**

1. Extent: (circle one)

1. Less than high school	<input checked="" type="radio"/> 4. Two years college, or less	8. Masters degree
2. High school graduate	5. Over two years, no degree	9. Doctors degree
3. Trade, Business or Commercial school graduate	6. Bachelor degree	
	7. Post-graduate study (minimum 8 sem. hrs.)	

2. College or University Study:

Name and location of College or University	Major	Minor	Dates att'd		Yrs Compl		Degree Recd		Sem Hrs
			From	To	Day	Night	Title	Date	
<i>Dakota Business School - Grand Forks N. Dakota</i>	<i>accounting</i>	<i>law</i>	<i>Oct 48</i>	<i>Feb 50</i>			<i>Junior</i>	<i>Accounting</i>	<i>Diploma</i>
<i>Strayer College Washington D.C.</i>	<i>accounting</i>	<i>law</i>	<i>Now attending</i>						

3. Trade, Commercial, and Specialized Training:

School	Attendance Dates			Study or Specialization
	From	To	Tot. mo's	

4. Military, Intelligence or Investigative training (full time duty as a student in specialized schools such as intelligence, communications, ordnance disposal, etc.)

School	Attendance Dates			Study or Specialization
	From	To	Tot. mo's	

SECRET



SEC. II. WORK EXPERIENCE

1. State the nature of duties performed with this organization, starting with your present position. Approximate dates (month and year) are sufficient. Use a continuation sheet, if necessary, to adequately describe your duties.

From <u>April 1952</u> To <u>Nov 54</u> Tot. mos. <u>7</u>	Description of Duties:
Grade <u>GS-4</u> Salary <u>3175</u> yr	<u>Supervise the changing of the folders from folders to <del>the</del> single documents.</u>
Office <u>RI/FI</u>	<u>Authenticate documents for PA</u>
Position Title: <u>CLERK</u>	<u>Do requests and other general office duties.</u>
Duty Title: <u>General Office Work</u>	Duty Station, if overseas:
From _____ To _____ Tot. mos. _____	Description of Duties: _____
Grade _____ Salary _____	
Office _____	
Position Title: _____	
Duty Title: _____	Duty Station, if overseas: _____
From _____ To _____ Tot. mos. _____	Description of Duties: _____
Grade _____ Salary _____	
Office _____	
Position Title: _____	
Duty Title: _____	Duty Station, if overseas: _____
From _____ To _____ Tot. mos. _____	Description of Duties: _____
Grade _____ Salary _____	
Office _____	
Position Title: _____	
Duty Title: _____	Duty Station, if overseas: _____

SEC. II. WORK EXPERIENCE (CONT'D.)

2. Previous Employment: Describe your previous work experience in sufficient detail to permit full recognition of your qualifications. Include military work experience. List last position first.

From <u>Jan 2</u> To <u>Jan 5</u> Tot. mo's <u>4</u> Classification Grade (if in Federal Service) <u>GS-3</u> Salary <u>2950</u> Number and Class of Employees Supervised: Employer <u>Treasury Dept.</u> Kind of Business or organization (i. e., paper products mfr, public utility) <u>Div. of Investments</u>	Exact Title of your position <u>Fiscal Accounting Clerk</u> Description of Duties: <u>Working with Mexican Claims</u>
From <u>May 20</u> To <u>Jan 5</u> Tot. mo's <u>7</u> Classification Grade (if in Federal Service) <u>GS-2</u> Salary <u>2150</u> Number and Class of Employees Supervised: Employer <u>Treasury Dept.</u> Kind of Business or organization (i. e., paper products mfr, public utility) <u>Div. of Investments</u>	Exact Title of your position <u>Fiscal Accounting Clerk</u> Description of Duties: <u>verified checks for correct names, addresses and money.</u> <u>Other (3 months of this period spent in the Army)</u> Duty Station if overseas:
From _____ To _____ Tot. mo's _____ Classification Grade (if in Federal Service) _____ Salary _____ Number and Class of Employees Supervised: Employer _____ Kind of Business or organization (i. e., paper products mfr, public utility) _____	Exact Title of your position _____ Description of Duties: _____ _____ _____ Duty Station if overseas: _____
From _____ To _____ Tot. mo's _____ Classification Grade (if in Federal Service) _____ Salary _____ Number and Class of Employees Supervised: Employer _____ Kind of Business or organization (i. e., paper products mfr, public utility) _____	Exact Title of your position _____ Description of Duties: _____ _____ _____ Duty Station if overseas: _____
From _____ To _____ Tot. mo's _____ Classification Grade (if in Federal Service) _____ Salary _____ Number and Class of Employees Supervised: Employer _____ Kind of Business or organization (i. e., paper products mfr, public utility) _____	Exact Title of your position _____ Description of Duties: _____ _____ _____ Duty Station if overseas: _____

**SEC. II. WORK EXPERIENCE (CONT'D)**

3. Special Work Experience: Check any of the following organizations by which you may have been employed.

- |  |  |
|--|--|
| 01 <input type="checkbox"/> U. S. Secret Service         | 24 <input type="checkbox"/> Air Force A-2                |
| 02 <input type="checkbox"/> Civil Police                 | 25 <input type="checkbox"/> Foreign Economic Admin.      |
| 03 <input type="checkbox"/> Military Police              | 26 <input type="checkbox"/> Counter Intelligence Corps   |
| 04 <input type="checkbox"/> U. S. Border Patrol          | 27 <input type="checkbox"/> Immigration & Naturalization |
| 05 <input type="checkbox"/> U. S. Narcotics Squad        | 28 <input type="checkbox"/> Strategic Services Unit      |
| 06 <input type="checkbox"/> FBI                          | 29 <input type="checkbox"/> Foreign Service, State Dept. |
| 07 <input type="checkbox"/> Criminal Investigation Div.  | 30 <input type="checkbox"/> Central Intelligence Group   |
| 21 <input type="checkbox"/> Office of Naval Intelligence | 31 <input type="checkbox"/> Armed Forces Security Agency |
| 22 <input type="checkbox"/> Office of War Information    | 32 <input type="checkbox"/> Coordinator of Information   |
| 23 <input type="checkbox"/> Army G-2                     | 33 <input type="checkbox"/> Office of Facts & Figures    |
| 20 <input type="checkbox"/> Office of Strategic Services | 34 <input type="checkbox"/> Board of Economic Warfare    |
|  | 35 <input type="checkbox"/> Federal Communications Comm. |

**SEC. III. FOREIGN LANGUAGES**

List below the foreign languages in which you have some competence. Be sure to include uncommon modern languages. Check (X) your competence and how acquired.

LANGUAGE	COMPETENCE							HOW ACQUIRED			
	Equivalent to Native Fluency *	Fluent but obviously Foreign *	Adequate for Research **	Adequate for Travel	Limited Knowledge			Native of Country	Prolonged Residence	Contact (Parents, etc.)	Academic Study

\* If you have checked 'Fluent' for a language that has significant difference in spoken and written form (e.g., Arabic), explain your competence herein \_\_\_\_\_

\*\*Specialized Language Competence: Describe ability to do specialized language work involving vocabularies and terminology in the scientific, engineering, telecommunications, and military fields. List the language with the type of speciality. \_\_\_\_\_

**SEC. IV. AREA KNOWLEDGE**

1. List below any foreign countries or regions of which you have knowledge gained as a result of residence, travel or study. Study can mean either academic study, or study of a foreign country resulting from an intelligence, military, commercial or professional work assignment.

Country or Region	Dates of Residence, Study Etc.	Manner in Which Knowledge Was Acquired (check (X) one)		
		Residence	Travel	Study
<del>Tokyo, Japan</del>				
Tokyo, Japan	Jan 47 - March 48	X (Army)		
Korea	Dec 50 - June 51	X (Army)		

2. Specialized Knowledge of Area

List specialized knowledge of foreign country such as knowledge of terrain, coasts and harbors, utilities, railroads, industries, political parties, etc., gained as a result of study or work assignment. Include name of employer or organization.

Country	Type of Knowledge	How and When Gained

**SEC. V. TYPING AND STENOGRAPHIC SKILLS (PRESENT UTILIZATION)**

Skill	Per Cent of Time Used	Not Used	WPM (Approximate Proficiency)	Prefer Assignment Using Skill Oftener
Typing	1. 54%	2.	35	1. Yes 2. No
Shorthand	1.	2. ✓		1. Yes 2. No

Shorthand System: 1. Manual 2. Machine 3. Speedwriting.

**SEC. VI. LICENSES, HOBBIES, SPECIAL QUALIFICATIONS**

1. Licenses: List any licenses or certification such as teachers, pilot, marine, etc. _____	2. Hobbies: List any hobbies such as sailing, skiing, writing, or other special qualifications. _____

**SEC. VII. PROFESSIONAL AND ACADEMIC HONORS**

List any professional or academic associations or honorary societies in which you hold membership. _____

**SEC. VIII. PUBLICATIONS**

List below the type of writing (non-fiction: professional or scientific articles, general interest subjects, current events, etc; fiction: novels, short stories, etc.) of any published materials of which you were author or co-author.


**SEC. IX. INVENTIONS**

Describe any devices you have invented as to type of work for which intended and whether patented.

Device	Patented			
	(1)	Yes	(2)	No
	(1)	Yes	(2)	No
	(1)	Yes	(2)	No
	(1)	Yes	(2)	No

**SEC. X. TESTS (Within present organization)**

Describe below the type of tests which you have taken.

Type of Test	Date Taken

**SEC. XI. PHYSICAL HANDICAPS**

List any physical handicaps you may have.

<i>None</i>

**SEC. XII. OVERSEAS ASSIGNMENT**

Are you willing to accept periodic tour of duty overseas?

(1) 2 year Tour <input checked="" type="checkbox"/>	(2) 4 year Tour <input type="checkbox"/>	(3) Not interested <input type="checkbox"/>
---	--	---

**SEC. XIII. WORK ASSIGNMENT**

In view of your total experience and education, for what assignment do you think you are best qualified?

<i>One in which I may be able to use my accounting experience, such as in the finance work or administrative work.</i>

SEC. XIV. MILITARY STATUS

1. Present Draft Status  
 Have you registered under the Selective Service Act of 1948?  Yes  No.  
 If yes, indicate your present draft classification 4 F

2. Present Reserve or National Guard Status  
 Do you now have Reserve or National Guard Status  Yes  No.  
 If yes, complete the following.

1.  National Guard
2.  Air National Guard
3.  Active Reserve Status (member of organized unit)
4.  Inactive Reserve Status

Service ARMY Grade P.F.C Serial Number

Reserve Unit with which currently affiliated

Service Mobilization Assignment, if any

Location of Service Records, if known Washington 25, D.C.

SEC. XV. TRAINING

List the training courses or subjects you have taken in this organization.

Course or Subject	(from) Dates (to)	Hours

SEC. XVI. REMARKS

Use this space to indicate any other qualifications you may have which you do not describe above.


DATE Nov. 13, 1952

SIGNATURE

WEAR *h/a*

## REPORT OF QUALIFICATIONS

NOTE: THIS REPORT MUST NOT BE DISCUSSED WITH APPLICANT OR EMPLOYEE.

NAME OF EMPLOYEE (OR APPLICANT)

THIS DATE

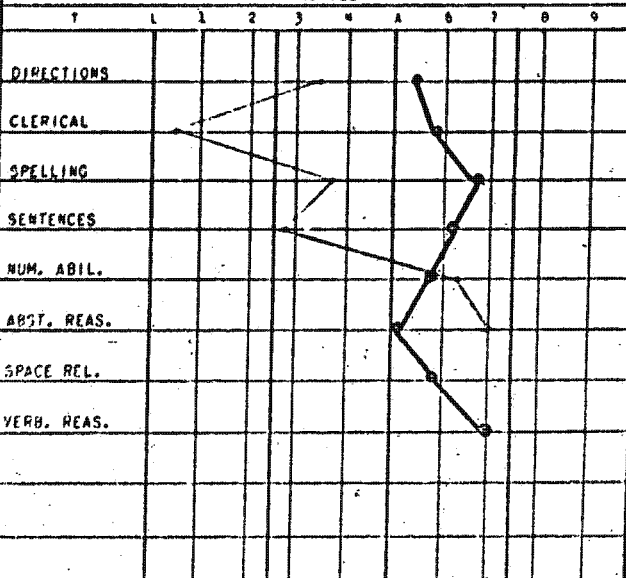
*Asst. Clk.*

*20 December 1951*

### TEST RECORD

NOTE: PRINTED BLACK LINE REPRESENTS MEAN PERCENTILE RANKINGS OF GS-4'S. COLORED LINE REPRESENTS PERCENTILE RANKINGS FOR THIS PARTICULAR SUBJECT.

#### PROFILE



TYPING	SHORTHAND			
	1	2	3	TOT. TIME
GROSS NET ERRORS				
<i>28 18 10</i>				

### EVALUATION OF EDUCATION AND EXPERIENCE

TYPE OF POSITION	OUTSTANDING	SUPERIOR	ADEQUATE	WEAK	INADEQUATE
EDUCATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DIRECT EXPERIENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INDIRECT EXPERIENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDUCATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DIRECT EXPERIENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INDIRECT EXPERIENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDUCATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DIRECT EXPERIENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INDIRECT EXPERIENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUALIFICATIONS TECHNICIAN

SECRET  
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST						
2. NAME (Last, First, Middle) <i>[Redacted]</i>		25 August 1976						
3. POSITION TITLE Records Admin Officer		4. GRADE GS-12						
5. OFFICE, DIVISION, BRANCH DDO/ACS/ASD		6. EMPLOYEE'S EXT. 6352						
7. PURPOSE OF EVALUATION								
<input type="checkbox"/> PRE-EMPLOYMENT	<input type="checkbox"/> HQS/TDY	<table border="1"><tr><td>ETD</td></tr><tr><td>STATION</td></tr><tr><td>TDY OR PCS</td></tr><tr><td>TYPE OF COVER</td></tr><tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td></tr><tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY ATTACHED</td></tr></table>	ETD	STATION	TDY OR PCS	TYPE OF COVER	NO. OF DEPENDENTS TO ACCOMPANY	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY ATTACHED
ETD								
STATION								
TDY OR PCS								
TYPE OF COVER								
NO. OF DEPENDENTS TO ACCOMPANY								
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY ATTACHED								
<input type="checkbox"/> ENTRANCE ON DUTY	<input type="checkbox"/> OVERSEAS ASSIGNMENT							
<input type="checkbox"/> TDY STANDBY	<input type="checkbox"/> RETURN FROM OVERSEAS							
<input type="checkbox"/> SPECIAL TRAINING	<table border="1"><tr><td>ETA</td></tr><tr><td>STATION</td></tr><tr><td>NO. OF DEP.'S</td></tr></table>	ETA	STATION	NO. OF DEP.'S				
ETA								
STATION								
NO. OF DEP.'S								
<input checked="" type="checkbox"/> ANNUAL <i>1976</i>								
<input type="checkbox"/> RETURN TO DUTY								
<input type="checkbox"/> FITNESS FOR DUTY								
<input type="checkbox"/> MEDICAL RETIREMENT								
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER						
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<i>[Signature]</i>						
ROOM NO. & BUILDING 25 41-11, 505		EXT. 6311						
10. COMMENTS								
11. REPORT OF EVALUATION Annual Exam Completed.								
DATE 4 October 1976	SIGNATURE FOR CHIEF OF MEDICAL STAFF <i>[Signature]</i> OMS/PEO							



**SECRET**

1. NAME (Last, First, Middle)		2. DATE OF BIRTH		3. GRADE	
				GS-10	
4. OFFICE, DIVISION, BRANCH (or overseas station and existing cover if lateral assignment)			5. PRESENT POSITION		6. EMPLOYEE EXTENSION
DDP/EUR			Records Admin Officer		a/o7152
7. PROPOSED STATION			8. PROPOSED POSITION (Title, Number, Grade)		
			Records Admin Officer 0699 (09)		
9. TYPE OF COVER AT NEW STATION		10. ESTIMATED DATE OF DEPARTURE		11. NO. OF DEPENDENTS TO ACCOMPANY	
		31 May 1971		-2-	
12. COMMENTS					
<p>Please evaluate for proposed assignment.</p> <p>No language is required for this position</p> <p>Form 58 attached</p>					
13. DATE OF REQUEST		14. OFFICIAL	15. ROOM NUMBER AND BUILDING		16. EXTENSION
8 March 1971		E/Pers	4B0002 Hq.		7152
17. OFFICE OF MEDICAL SERVICES DISPOSITION					
18. OFFICE OF SECURITY DISPOSITION					
19. OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION					
<p align="center">2 APR 1971</p> <p align="center">QUALIFIED FOR OVERSEAS ASSIGNMENT</p> <p align="center">BY: [Signature]</p> <p align="center">[Stamp]</p>					
<b>REQUEST FOR PCS OVERSEAS EVALUATION</b>					

**SECRET**  
(When Filled In)

**QUALIFICATIONS UPDATE**

**READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING, TYPE OR PRINT, AVOID USING LIGHT COLORED INKS**

*Note that your qualifications are a matter of computer record, they must be periodically updated. This is done automatically for much information; however, some must be obtained directly from you. This form is for that purpose.*

*Section I must be completed in all cases. You need provide other information only if there have been changes since you submitted your Form 444, "Qualifications Supplement to the Personal History Statement," or a previous update form. If you are in doubt whether information has been previously submitted, enter it in the appropriate section. The signed and dated form should be returned through administrative channels to the File Room, Office of Personnel, Room 5E-13 Headquarters, whether information is added or not.*

*Additionally, a qualifications update may take place at any time there is information to be added or changed simply by completing and returning an update form on your initiative.*

**SECTION I BIOGRAPHIC AND POSITION DATA**

--	--

**SECTION II EDUCATION**

HIGH SCHOOL			
LAST HIGH SCHOOL ATTENDED	ADDRESS (City, State, Country)	YEARS ATTENDED (From-To)	GRADUATE <input type="checkbox"/> YES <input type="checkbox"/> NO

COLLEGE OR UNIVERSITY STUDY						
NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		YEARS ATTENDED FROM-TO	DEGREE RECEIVED	YEAR RECEIVED	NO. SEM/ QTR. HRS. (Specify)
	MAJOR	MINOR				
UNIVERSITY OF MARYLAND			1964-1970			28 SEM HRS
1.						
2.						

IF A GRADUATE DEGREE HAS BEEN NOTED ABOVE WHICH REQUIRED SUBMISSION OF A WRITTEN THESIS, INDICATE THE TITLE OF THE THESIS AND BRIEFLY DESCRIBE ITS CONTENT.

TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS				
NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	NO. OF MONTHS

OTHER NON-AGENCY EDUCATION OR TRAINING NOT INDICATED ABOVE				
NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	NO. OF MONTHS
1.				
2.				

SECTION III MARITAL STATUS			
1. PRESENT STATUS (Single, Married, Widowed, Separated, Divorced, Annulled, Remarried) SPECIFY:			
2. NAME OF SPOUSE (Last) (First) (Middle) ( Maiden)			
3. DATE OF BIRTH	4. PLACE OF BIRTH (City, State, Country)		
5. OCCUPATION	6. PRESENT EMPLOYER		
7. CITIZENSHIP	8. FORMER CITIZENSHIP(S) COUNTRY(IES)	9. DATE U.S. CITIZENSHIP ACQUIRED	

SECTION IV DEPENDENT CHILDREN AND DEPENDENTS OTHER THAN SPOUSE					
	NAME	RELATIONSHIP	DATE AND PLACE OF BIRTH	CITIZENSHIP	PERMANENT ADDRESS
1.	<input checked="" type="checkbox"/> ADD <input type="checkbox"/> DELETE			AMERICAN	
2.	<input type="checkbox"/> ADD <input type="checkbox"/> DELETE				

**SECRET**  
(When Filled In)

SECTION V GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL							
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF TRAVEL	DATE & PLACE OF STUDY	KNOWLEDGE ACQUIRED BY - CHECK (X)			
				TEST-DANCE	TRAVEL	STUDY	OTHER ASSIGNMENT
		MAR 11 1947	RESIDENCE				
		MAR 11 1947	MAR 11 1947				
SECTION VI TYPING AND STENOGRAPHIC SKILLS							
1. TYPING (PPM)		2. SHORTHAND (WPM)		3. INDICATE SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM			
				<input type="checkbox"/> GREGG <input type="checkbox"/> SPEEDWRITING <input type="checkbox"/> STENOTYPE <input type="checkbox"/> OTHER SPECIFY:			
SECTION VII SPECIAL QUALIFICATIONS							
PROVIDE INFORMATION ON HOBBIES, SPORTS, LICENSES, PUBLISHED MATERIALS OR DEVICES WHICH YOU MAY HAVE INVENTED.							
SECTION VIII MILITARY SERVICE							
CURRENT DRAFT STATUS							
1. HAS YOUR SELECTIVE SERVICE CLASSIFICATION CHANGED?				2. NEW CLASSIFICATION			
<input type="checkbox"/> YES <input type="checkbox"/> NO							
3. LOCAL SELECTIVE SERVICE BOARD NUMBER AND ADDRESS				4. IF DEFERRED, GIVE REASON			
MILITARY RESERVE, NATIONAL GUARD STATUS							
CHECK RESERVE OR GUARD ORGANIZATION TO WHICH YOU BELONG		<input type="checkbox"/> ARMY <input type="checkbox"/> NAVY		<input type="checkbox"/> MARINE CORPS <input type="checkbox"/> AIR FORCE		<input type="checkbox"/> COAST GUARD <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> AIR NATIONAL GUARD	
1. CURRENT RANK, GRADE OR RATE		2. DATE OF APPOINTMENT IN CURRENT RANK		3. EXPIRATION DATE OF CURRENT OBLIGATION			
4. CHECK CURRENT RESERVE CATEGORY <input type="checkbox"/> READY RESERVE <input type="checkbox"/> STANDBY (active) <input type="checkbox"/> STANDBY (inactive) <input type="checkbox"/> RETIRED <input type="checkbox"/> DISCHARGED							
5. MILITARY MOBILIZATION ASSIGNMENT				6. RESERVE UNIT TO WHICH ASSIGNED OR ATTACHED			
MILITARY SCHOOLS COMPLETED (Extended Active, Reserve Duty, or as Civilian)							
NAME AND ADDRESS OF SCHOOL		STUDY OR SPECIALIZATION		DATE COMPLETED		RESIDENT	
						AGENCY-SPONSORED	
SECTION IX PROFESSIONAL SOCIETIES AND OTHER ORGANIZATIONS							
NAME AND CHAPTER		ADDRESS (Number, Street, City, State, Country)				DATE OF MEMBERSHIP	
						FROM    TO	
SECTION X REMARKS							
DATE		310					
		X					

**SECRET**

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(When Filled In)

OFFICIAL USE ONLY (When Filled In)

QUALIFICATIONS SUPPLEMENT TO PERSONAL HISTORY STATEMENT

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING. TYPE OR PRINT. AVOID USING LIGHT COLORED INKS.

SECTION I BIOGRAPHIC AND POSITION DATA

1 EMP. SER. NO. 2 NAME (Last First Middle) 3 SEX 4 DATE OF BIRTH 5 SCHEDULE/GRADE/STEP  
 6 SD 7 POSITION TITLE 8 OFFICE OF ASSIGNMENT 9 LOCATION (Country, City)  
 D RECORDS ADMIN CF PE SAIGON, SOUTH VIET NAM

SECTION II AGENCY OVERSEAS SERVICE

AREA	TYPE TOUR	FROM	TO
VIETNAM	PCS 56	94/08/61	96/07/61
	TDY 56	96/08/61	56/11/61
	TDY 56	97/02/61	97/08/61
	PCS 56	97/09/61	99/03/69
	PCS 45	61/04/64	66/09/64
	PCS 6	67/01/64	68/10/63

OVERSEAS DATA  
 CODE: 16 OCT 1968  
 DATE: INITIALS:

SECTION III EDUCATION

DEGREE	MAJOR FIELD	COLLEGE	YEAR
NO COLLEGE DEGREE ON RECORD			

FORM 147 3443 May 7-67

SECRET

GROUP 1 Excluded from automatic downgrading and declassification

28 FEB 1970 (451)

SECRET

When Filled In

SECTION III		EDUCATION (Cont'd)				
HIGH SCHOOL						
LAST HIGH SCHOOL ATTENDED		ADDRESS (City, State, Country)			YEARS ATTENDED (From To)	GRADUATE <input type="checkbox"/> YES <input type="checkbox"/> NO
COLLEGE OR UNIVERSITY STUDY						
NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		YEARS ATTENDED FROM TO	DEGREE RECEIVED	YEAR RECEIVED	NO. SEM. QTR. HRS. (Specify)
	MAJOR	MINOR				
1 U. OF MD.		ENG I	1966			3
2 U. OF MD.		PHY 10	1966			3
3 U. OF MD. SAIGON		HIS 127	1967			3
4 U. OF MD. SAIGON		PHY 31	1967			3
5 U. OF MD. SAIGON		PHY 1	1967			3
6 IF A GRADUATE DEGREE HAS BEEN NOTED ABOVE WHICH REQUIRED SUBMISSION OF A WRITTEN THESIS, INDICATE THE TITLE OF THE THESIS AND BRIEFLY DESCRIBE ITS CONTENT. CS. ATIA						
TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS						
NAME AND ADDRESS OF SCHOOL		STUDY OR SPECIALIZATION		FROM	TO	NO. OF MONTHS
1						
2						
3						
OTHER NON-AGENCY EDUCATION OR TRAINING NOT INDICATED ABOVE						
NAME AND ADDRESS OF SCHOOL		STUDY OR SPECIALIZATION		FROM	TO	NO. OF MONTHS
1						
2						
3						
4						
5						
AGENCY-SPONSORED EDUCATION						
Specify which, if any, of the education shown in Section III was Agency sponsored						
NAME AND ADDRESS OF SCHOOL		STUDY OR SPECIALIZATION		FROM	TO	NO. OF MONTHS
1						
2						
3						
4						
5						

SECRET



SECRET

(When Filled In)

SECTION VIII			AGENCY EMPLOYMENT HISTORY		
1. INCLUSIVE DATES (From-to-by month & year)	2. LOCATION (Country, City)	3. DIRECTORATE-OFFICE OR DIVISION BRANCH			
APR 61 - DEC 68	S. H. JOHNS HATTUM				
4. TITLE OF JOB	5. GRADES HELD IN JOB				
6. DESCRIPTION OF DUTIES					
1. INCLUSIVE DATES (From-to-by month & year)	2. LOCATION (Country, City)	3. DIRECTORATE-OFFICE OR DIVISION BRANCH			
APR 61 - SEPT 66		FE			
4. TITLE OF JOB	5. GRADES HELD IN JOB				
CHIEF OF REGISTRY	GS 9				
6. DESCRIPTION OF DUTIES					
SUPERVISED 7 EMPLOYEES IN REGISTRY WORK.					
1. INCLUSIVE DATES (From-to-by month & year)	2. LOCATION (Country, City)	3. DIRECTORATE-OFFICE OR DIVISION BRANCH			
FEB 59 - MAR 61	WASH. D.C.	FE			
4. TITLE OF JOB	5. GRADES HELD IN JOB				
RECORDS ADMIN OFFICER	GS-9				
6. DESCRIPTION OF DUTIES					
ASSIST THE FE RMO IN THE MANAGEMENT OF FE RECORDS. INCLUDED CLOSE LIAISON WITH RID. ALSO INVOLVED 4 MONTHS OF HALF-DAY WORK WITH DDP/MACHINE RECORD GROUP IN SETTING UP THE APERTURE CARD SYSTEM.					

SECRET

- 5 -

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When Filled In

SECTION VIII		AGENCY EMPLOYMENT HISTORY (Cont'd)	
1. INCLUSIVE DATES (From-To, by month & year)	2. [ ]	3. DIRECTORATE OFFICE OR DIVISION, BRANCH	
AUG 57 - FEB 59	[ ]	FE	
4. TITLE OF JOB	5. GRADES HELD IN JOB		
CHIEF OF RECORDS MANAGEMENT TEAM	GS-7 & GS-9		
6. DESCRIPTION OF DUTIES			
<p>CHIEF OF A TEAM OF THREE INDIVIDUALS <del>WERE</del> STATIONED PCS [ ] BUT TRAVELLED THROUGHOUT THE F.E. [ ] TO SET UP RECORD SYSTEMS, INCLUDING REGISTRY, ACCORDING TO HEADQUARTERS REGULATION. THIS WAS TO ENSURE THAT FIELD SYSTEMS WOULD BE IN LINE WITH HQS PROCEDURES.</p>			
1. INCLUSIVE DATES (From-To, by month & year)	2. [ ]	3. DIRECTORATE OFFICE OR DIVISION, BRANCH	
FEB 57 - July 57	[ ]	WH	
4. TITLE OF JOB	5. GRADES HELD IN JOB		
TEAM MEMBER OF RECORDS MANAGEMENT TEAM	GS-7		
6. DESCRIPTION OF DUTIES			
<p>MEMBER OF A TEAM OF 4 <del>WERE</del> SENT [ ] TO ESTABLISH AND STREAMLINE A SYSTEM OF RECORDS THIS INVOLVED SETTING UP A 201 SYSTEM, BETTER NAME TRACE SYSTEM, CHARGE-OUT SYSTEM FOR FILES AND THE MICROFILMING OF FBI RECORDS. MY MAIN SPECIALTY WAS 201'S.</p>			
1. INCLUSIVE DATES (From-To, by month & year)	2. [ ]	3. DIRECTORATE OFFICE OR DIVISION, BRANCH	
AUG 54 - NOV 56	[ ]	FE	
4. TITLE OF JOB	5. GRADES HELD IN JOB		
ADMIN ASSISTANT	GS-5 & GS-7		
6. DESCRIPTION OF DUTIES			
<p>NAME TRACES AND OTHER REGULAR REGISTRY DUTIES.</p>			

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AP

PERIODIC SUPPLEMENT PERSONAL HISTORY STATEMENT	THIS DATE
---	-----------

Return to

INSTRUCTIONS

This form provides the means whereby your official personal history statement will be kept current. Even though it duplicates information you have furnished previously, it will be necessary for you to complete Sections I through VII as their entirety. You need complete Sections VII through VIII only if there has been a change since you entered on duty with the organization or if you believe the item furnished is more complete than you have previously reported.

OAB  
1604 Curie

**SECTION I**  
GENERAL

1. NAME (Last, First, Middle)  
 2. HOME TELEPHONE NUMBER  
 3. HOME ADDRESS (No., Street, City, State, Country)

4. HOME TELEPHONE NUMBER: 4791  
 5. COUNTRY: U.S.A.

**SECTION II**  
PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

1. NAME (Last, First, Middle)  
 2. HOME ADDRESS (No., Street, City, State, Country)  
 3. HOME TELEPHONE NUMBER

4. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (Spouse, Mother, Father) MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE.  
NA

**SECTION III**  
MARITAL STATUS

1. CHECK (X) ONE:  SINGLE  MARRIED  WIDDED  SEPARATED  DIVORCED  ANNULLED

2. FURNISH DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS

WIFE OR HUSBAND: 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 fiancée.

3. NAME (First) (Middle) ( Maiden) (Last)

4. DATE OF MARRIAGE 5. PLACE OF MARRIAGE (City, State, Country)

6. HIS (OR HER) ADDRESS BEFORE MARRIAGE (No., Street, City, State, Country)

7. LIVING  YES  NO 8. DATE OF DEATH 9. CAUSE OF DEATH

10. CURRENT ADDRESS (Give date address, if necessary)

11. DATE OF BIRTH 12. PLACE OF BIRTH (City, State, Country)

13. IF BORN OUTSIDE U.S. DATE OF ENTRY 14. PLACE OF ENTRY

15. CITIZENSHIP (Country) 16. DATE ACQUIRED 17. WHERE ACQUIRED (City, State, Country)

18. OCCUPATION 19. PRESENT EMPLOYER (Also give former employer, or if school or university or unemployed, list two employers)

20. EMPLOYER'S OR OWN BIRTH ADDRESS (No., Street, City, State, Country)

CODED  
 12  
 12 SEP 1954  
 10 DEC 1954

SECTIONS III CONTINUED TO PAGE 2

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SECTION III CONTINUED FROM PAGE 1

21. DATES OF MILITARY SERVICE (From and To) BY MONTH AND YEAR	
22. BRANCH OF SERVICE	23. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED
24. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN	

SECTION IV RELATIVES BY BLOOD, MARRIAGE OR ADOPTION LIVING ABROAD OR WHO ARE NOT U.S. CITIZENS

1. FULL NAME (Last-First-Middle) NA	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
1. FULL NAME (Last-First-Middle) NA	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
1. FULL NAME (Last-First-Middle) NA	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
1. FULL NAME (Last-First-Middle) NA	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT

5. SPECIAL REMARKS, IF ANY, CONCERNING THESE RELATIVES

NA

SECTION V FINANCIAL STATUS

1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY?  YES  NO

2. IF YOUR ANSWER IS "NO" TO THE ABOVE, STATE SOURCES OF OTHER INCOME

NA

3. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS

NAME OF INSTITUTION	ADDRESS (City, State, Country)
	Washington, D.C.

SECTION V CONTINUED TO PAGE 3

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**SECTION V CONTINUED FROM PAGE 2**

4. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY?  YES  NO

5. IF YOUR ANSWER IS "YES" TO THE ABOVE QUESTION, GIVE PARTICULARS, INCLUDING COURT AND DATE(S)  
  
NA

6. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT, PENSION, OR COMPENSATION FOR MILITARY OR NAVAL SERVICE?  YES  NO

7. IF YOUR ANSWER IS "YES" TO THE ABOVE QUESTION, GIVE COMPLETE DETAILS  
  
NA

8. DO YOU HAVE ANY FINANCIAL INTEREST IN, OR OFFICIAL CONNECTION WITH, NON-U.S. CORPORATIONS OR BUSINESSES OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS?  YES  NO IF YOU HAVE ANSWERED "YES", GIVE COMPLETE DETAILS ON A SEPARATE SHEET AND ATTACH IN A SEALED ENVELOPE.

**SECTION VI CITIZENSHIP**

1. PRESENT CITIZENSHIP (COUNTRY)  
U.S.A.

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  
NA

5. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, INDICATE PRESENT STATUS OF YOUR APPLICATION (FIRST PAPER, ETC.)  
NA

**SECTION VII EDUCATION**

1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED

<input type="checkbox"/> LESS THAN HIGH SCHOOL GRADUATE	<input type="checkbox"/> OVER TWO YEARS OF COLLEGE - NO DEGREE
<input type="checkbox"/> HIGH SCHOOL GRADUATE	<input type="checkbox"/> BACHELOR'S DEGREE
<input checked="" type="checkbox"/> TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE	<input type="checkbox"/> GRADUATE STUDY LEADING TO HIGHER DEGREE
<input type="checkbox"/> TWO YEARS COLLEGE OR LESS	<input type="checkbox"/> MASTER'S DEGREE
	<input type="checkbox"/> DOCTOR'S DEGREE

2. COLLEGE OR UNIVERSITY STUDY

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		DATES ATTENDED		DEGREE REC'D	DATE REC'D	SEM/OTR. HOURS SPECIFY
	MAJOR	MINOR	FROM	TO			
NA							

3. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL MONTHS
		FROM	TO	
HADLICK'S PRIVATE BUSINESS SCHOOL GRAND FORKS, N. DAK.	ACCOUNTING	NOV-48	APR-49	9 MONTHS
		OCT-49	FEB-50	

4. MILITARY TRAINING (FOR FILL IN DUTY IN SPECIALIZED SCHOOLS SUCH AS Ordnance, Intelligence, Communications, etc.)

NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL MONTHS
		FROM	TO	
NA				

5. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE

NA

**SECRET**

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(When Filled In)

SECTION VIII FOREIGN LANGUAGE ABILITIES									
LANGUAGE <small>(List below each language in which you possess any degree of competence. Indicate your proficiency to read, write or speak by placing a check (X) in the appropriate boxes)</small>	COMPLETENESS - IN ORDER LISTED					HOW ACQUIRED			
	EQUIVALENT TO NATIVE FLUENCY	FLUENT BUT NOT CONSIDERED FOREIGN	ADEQUATE FOR RESEARCH	ADEQUATE FOR TRAVEL	LIMITED KNOWLEDGE	NATIVE TO COUNTRY	PROLONGED RESIDENCE	CONTACT (WITH PARENTS ETC.)	ACADEMIC STUDY (ALL LEVELS)
<b>CANCELLED</b>									
2. IF YOU HAVE CHECKED "ACADEMIC STUDY" UNDER "HOW ACQUIRED", INDICATE LENGTH AND INTENSIVENESS OF STUDY									
3. DESCRIBE YOUR ABILITY TO DO SPECIALIZED LANGUAGE WORK INVOLVING VOCABULARIES AND TERMINOLOGY IN THE SCIENTIFIC, ENGINEERING, TELECOMMUNICATIONS, MILITARY OR ANY OTHER SPECIALIZED FIELD									
SECTION IX GEOGRAPHIC AREA KNOWLEDGE									
1. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES OF WHICH YOU HAVE KNOWLEDGE GAINED AS A RESULT OF RESIDENCE, TRAVEL, STUDY OR WORK ASSIGNMENT. UNDER COLUMN "TYPE OF SPECIALIZED KNOWLEDGE", INDICATE TYPE OF KNOWLEDGE SUCH AS TERRAIN, COASTS, HARBORS, UTILITIES, RAILROADS, INDUSTRIES, POLITICAL PARTIES, ETC.									
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE, TRAVEL, ETC.	KNOWLEDGE ACQUIRED BY						
			RESIDENCE	TRAVEL	STUDY	WORK ASSIGNMENT			
NA									
2. INDICATE THE PURPOSE OF VISIT, RESIDENCE OR TRAVEL FOR EACH OF THE REGIONS OR COUNTRIES LISTED ABOVE									
NA									
SECTION X TYPING AND STENOGRAPHIC SKILLS									
1. TYPING (W.P.M.)		2. SHORTHAND (P.M.)		3. SHORTHAND SYSTEM USED - (CHECK (X) APPROPRIATE ITEM)					
30	NA	CREGG	SPEEDWRITING	STENOGRAPHY	OTHER (Specify):				
4. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (Comptometer, Mimeo-graph, Card Punch, etc.)									
NA									
SECTION XI SPECIAL QUALIFICATIONS									
1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH									
NA									
2. INDICATE ANY SPECIAL QUALIFICATIONS, RESULTING FROM EXPERIENCE OR TRAINING, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION OR TYPE OF WORK									
NA									
3. EXCLUDING EQUIPMENT NOTED IN SECTION X, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT OR MACHINES SUCH AS OPERATION OF SHORTWAVE RADIO, MULTILITH, TURRET LATHE, SCIENTIFIC AND PROFESSIONAL DEVICES, ETC.									
NA									
4. IF YOU ARE A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (Pilot, Electrician, Radar Operator, Teacher, Lawyer, CPA, Medical Technician, etc.), INDICATE THE KIND OF LICENSE OR CERTIFICATE, NAME OF ISSUING STATE, AND REGISTRY NUMBER, IF KNOWN									
NA									
5. FIRST LICENSE OR CERTIFICATE (Year of issue)					6. LATEST LICENSE OR CERTIFICATE (Year of issue)				
NA					NA				

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(When Filled In)

SECTION XI CONTINUED FROM PAGE 8

7. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR (Do not submit copies unless requested). INDICATE TITLE, PUBLICATION DATE, AND TYPE OF WRITING (Non-fiction, scientific articles, general interest, subjects, novels, short stories, etc.)

NA

8. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED

NA

9. LIST ANY PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE

NA

10. LIST ANY PROFESSIONAL, ACADEMIC OR HONORARY ASSOCIATIONS OR SOCIETIES IN WHICH YOU ARE NOW OR WERE FORMERLY A MEMBER. LIST ACADEMIC HONORS YOU HAVE RECEIVED.

NA

SECTION XII ORGANIZATION WORK EXPERIENCE - SINCE LAST COMPLETION OF A PERSONNEL QUALIFICATIONS QUESTIONNAIRE

1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
APR - 1952 - JUNE - 1954	4	RI
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
NONE	FILE CLERK	
6. DESCRIPTION OF DUTIES		
WORKED IN FILES DOING FILING AND OTHER RELATED DUTIES. WORKED IN CONSOLIDATION WITH 201'S		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
JULY 54 - JUNE 56	5	FE/6 OVERSEAS
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
NONE	ADMAN INTELL ANALYST	
6. DESCRIPTION OF DUTIES		
HEAD OF PERSONALITY FILE (201 FILES) SECTION FOR BASE, WHICH INCLUDED ALL AGENT FILES.		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
AUG 56 - NOV 56	7	RI <del>ADMAN</del> TDY OVERSEAS FOR FE/6
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
5	INTELL ANALYST	
6. DESCRIPTION OF DUTIES		
RETIREMENT OF RECORDS TO Hqs FROM BASE. SET UP <sup>NEW</sup> SYSTEM OF RECORDS FOR BASE		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
DEC 56 - JAN 57	7	RI
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
NONE	INTELL ANALYST	
6. DESCRIPTION OF DUTIES		
WORKED IN RI/AN 201 SECTION IN FILLING OUT 831'S		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
FEB 57 - AUG 57	7	RI TDY
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
NONE	INTELL ANALYST	
6. DESCRIPTION OF DUTIES		
SET UP SYSTEM OF RECORDS FOR STATION		

(Use additional pages if required)

SECRET  
3

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(When Filled In)

SECTION XIII CHILDREN AND OTHER DEPENDENTS

1. NUMBER OF CHILDREN (including stepchildren and adopted children) WHO ARE UNMARRIED, UNDER 21 YEARS OF AGE, AND ARE NOT SELF-SUPPORTING. 2. NUMBER OF OTHER DEPENDENTS (including spouse, parents, grandparents, sisters, etc.) WHO DEPEND ON YOU FOR AT LEAST 50% OF THEIR SUPPORT, OR, CHILDREN OVER 21 YEARS OF AGE WHO ARE NOT SELF-SUPPORTING.

3. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS

NAME	RELATIONSHIP	YEAR OF BIRTH	SEX		CITIZENSHIP	ADDRESS
			M	F		

ADDITIONAL COMMENT AND/OR CONTINUATION OF PRECEDING ITEMS

*Can't recall addresses but lived in the following places since Apr 1952 -*

- Corn. Ave. N.W. D.C.*
- Minnesota Ave. S.E. D.C.*
- Colonial Terrace, ~~Washington~~ Arlington, VA.*
- Greenbrier St, Arlington, VA.*

DATE COMPLETED *10 Sept 57* SIGNATURE OF EMPLOYEE *James S Shoads*

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(When Filled In)

LANGUAGE DATA RECORD				
PART I-GENERAL				
1. NAME (Last-First-Middle)			2. DATE OF BIRTH	
3. LANGUAGE			4. BIRTH DATE	
<p>oao</p>			<p>MONTH</p> <p>9</p>	<p>DAY</p> <p>9</p>
			<p>YEAR</p> <p>57</p>	<input checked="" type="checkbox"/> I HAVE NO PROFICIENCY IN ANY FOREIGN LANGUAGE
PART II-LANGUAGE ELEMENTS				
SECTION A. Reading (40)				
1. I CAN READ TEXTS OF ANY DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY ONLY RARELY.				
2. I CAN READ TEXTS OF MOST GRADES OF DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY OCCASIONALLY.				
3. I CAN READ TEXTS OF AVERAGE DIFFICULTY (newspapers, reference materials, etc.), USING THE DICTIONARY FREQUENTLY.				
4. I CAN READ SIMPLE TEXTS, SUCH AS STREET SIGNS, NEWSPAPER HEADLINES, ETC., USING THE DICTIONARY FREQUENTLY.				
5. I HAVE NO READING ABILITY IN THE LANGUAGE.				
SECTION B. Writing (41)				
1. I CAN WRITE PERSONAL LETTERS AND SIMILAR MATERIAL WITH COMPLETE SUCCESS WITHOUT USING THE DICTIONARY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH VERY FEW GRAMMATICAL ERRORS, IN NATIVE STYLE, USING THE DICTIONARY ONLY RARELY.				
2. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL WITH COMPLETE SUCCESS, USING THE DICTIONARY ONLY RARELY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH FEW GRAMMATICAL ERRORS, BUT IN A STYLE WHICH MAY NOT BE NATIVE, USING THE DICTIONARY OCCASIONALLY.				
3. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH OCCASIONAL MINOR GRAMMATICAL ERRORS AND IN OBVIOUSLY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY OCCASIONALLY.				
4. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH MANY GRAMMATICAL ERRORS AND IN A VERY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY FREQUENTLY.				
5. I CANNOT WRITE IN THE LANGUAGE.				
SECTION C. Pronunciation (42)				
1. MY PRONUNCIATION IS NATIVE.				
2. WHILE NATIVES CAN DETECT AN ACCENT IN MY PRONUNCIATION THEY HAVE NO DIFFICULTY UNDERSTANDING ME.				
3. MY PRONUNCIATION IS OBVIOUSLY FOREIGN; BUT ONLY RARELY CAUSES DIFFICULTY FOR NATIVES TO UNDERSTAND.				
4. MY PRONUNCIATION IS OCCASIONALLY DIFFICULT FOR NATIVES TO UNDERSTAND.				
5. I HAVE NO SKILL IN PRONUNCIATION.				
CONTINUE ON REVERSE SIDE				



CONTINUATION OF PART II-LANGUAGE ELEMENTS

SECTION D. Speaking (43)

- 1. I SPEAK FLUENTLY AND ACCURATELY IN ALL PRACTICAL AND SOCIAL SITUATIONS; I CONVERSE FREELY AND IDIOMATICALLY IN ALL FIELDS WITH WHICH I AM FAMILIAR.
- 2. I SPEAK FLUENTLY AND ACCURATELY IN NEARLY ALL PRACTICAL AND SOCIAL SITUATIONS; I CAN CONVERSE IN MOST FIELDS WITH WHICH I AM FAMILIAR AND I EMPLOY SOME POPULAR SAYINGS, LITERARY QUOTATIONS, AND COMMON PROVERBS.
- 3. I GET ALONG QUITE WELL IN SITUATIONS OF DAILY LIFE AND TRAVEL AND CAN CONDUCT ROUTINE BUSINESS IN PARTICULAR FIELDS.
- 4. I MANAGE TO GET ALONG IN THE MOST COMMON SITUATIONS OF DAILY LIFE AND TRAVEL.
- 5. I HAVE NO ABILITY TO USE THE LANGUAGE IN ANY OF THE ABOVE RESPECTS.

SECTION E. Understanding (44)

- 1. I UNDERSTAND NON-TECHNICAL CONVERSATION ON ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND NEARLY EVERYTHING I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
- 2. I UNDERSTAND NON-TECHNICAL CONVERSATION ON NEARLY ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MOST OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES, INCLUDING MOST JOKES AND PUNS.
- 3. I UNDERSTAND NEARLY ALL CONVERSATION ON TOPICS OF DAILY LIFE AND TRAVEL, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MUCH OF WHAT I HEAR ON THE RADIO, AND AT THE MOVIES, PLAYS, AND LECTURES.
- 4. I UNDERSTAND THE SIMPLEST CONVERSATION, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND SOME OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
- 5. I AM NOT ABLE TO UNDERSTAND THE SPOKEN LANGUAGE.

BEFORE CONTINUING - CHECK PART II TO ENSURE THAT YOU HAVE CIRCLED ONE NUMBER PER SECTION.

PART III-EXPERIENCE AS TRANSLATOR OR INTERPRETER (45)

- 1. I HAVE HAD EXPERIENCE AS A TRANSLATOR.
- 2. I HAVE HAD EXPERIENCE AS AN INTERPRETER.
- 3. BOTH OF THE ABOVE STATEMENTS APPLY.
- 4. NONE OF THE ABOVE STATEMENTS APPLY.

PART IV-CERTIFICATION

I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS CERTIFICATION CONSTITUTES MY APPLICATION FOR A MAINTENANCE AWARD PROVIDED I AM ELIGIBLE UNDER THE TERMS OF REGULATION NO. 29-113, PAR. 1C(4). I UNDERSTAND THAT I MUST PASS AN OBJECTIVE LANGUAGE PROFICIENCY TEST BEFORE I BECOME ELIGIBLE FOR AN AWARD, AND THAT IRRESPECTIVE OF THE DATE OF TESTING, ANNUAL MAINTENANCE AWARDS WILL BE CUMULATIVE AS OF THE ANNIVERSARY DATE OF COMPLETING THIS FORM.

DATE SIGNED

9 Sept 57

SIGN

[Signature area]

**APPLICATION FOR FEDERAL EMPLOYMENT**

**INSTRUCTIONS:** In order to prevent delay in consideration of your application, answer every question on this form clearly and completely. Type or print in INK. In applying for a specific United States Civil Service examination, read the examination announcement carefully and follow all directions. If you are applying for a WRITTEN examination, follow the

instructions on the admission card regarding disposition of this application. If you are applying for an UNWRITTEN examination, mail this application to the office named in the announcement. Be sure to mail to the same office any other forms required by the announcement. Notify the office with which you file this application of any change in your address.

<p>APPLICATION NO.</p>	<p>1. NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR <b>Accountant</b> <small>(if mentioned in examination announcement)</small></p> <p>2. PLACE OF EXAMINATION, APPLICANT (City and State) &amp; DATE OF THIS APPLICATION <b>Washington D.C.</b></p> <p>3. LEGAL OR VOTING RESIDENCE (State) <b>N. Dak.</b></p> <p>4. DATE OF BIRTH (month, day, year)</p> <p>5. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE</p> <p>6. HEIGHT <b>5 FEET 6 INCHES</b></p> <p>7. WEIGHT <b>156 POUNDS</b></p> <p>8. (a) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (b) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE <b>GS-2</b></p>	<p><b>DO NOT WRITE IN THIS BLOCK For Use of Civil Service Commission Only</b></p> <p><input type="checkbox"/> APPROV. <input type="checkbox"/> MATERIAL ENTERED REGISTER. <input type="checkbox"/> NON APPROV. <input type="checkbox"/> SUBMITTED <input type="checkbox"/> RETURNED</p> <p>INITIALS AND DATE</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>OPTION</th> <th>GRADE</th> <th>EARNED RATING</th> <th>PREFER. ENCE</th> <th>AUGM. RATING</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td><input type="checkbox"/> 5 POINTS (CENT.)</td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td><input type="checkbox"/> 10 POINTS</td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td><input type="checkbox"/> WIFE OR WIDOW</td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td><input type="checkbox"/> DISAL.</td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td><input type="checkbox"/> BEING INVESTIGATED</td> <td> </td> </tr> </tbody> </table>	OPTION	GRADE	EARNED RATING	PREFER. ENCE	AUGM. RATING				<input type="checkbox"/> 5 POINTS (CENT.)					<input type="checkbox"/> 10 POINTS					<input type="checkbox"/> WIFE OR WIDOW					<input type="checkbox"/> DISAL.					<input type="checkbox"/> BEING INVESTIGATED	
OPTION	GRADE	EARNED RATING	PREFER. ENCE	AUGM. RATING																												
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			<input type="checkbox"/> BEING INVESTIGATED																													

15. (a) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? **\$ 2950 PER YEAR**  
You will not be considered for any position with a lower entrance salary.

(b) CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT IF OFFERED, FOR  
 1 TO 3 MONTHS  3 TO 6 MONTHS  6 TO 12 MONTHS

NOTE: Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a probational appointment.

(c) IF YOU ARE WILLING TO TRAVEL, SPECIFY  
 OCCASIONALLY  FREQUENTLY  CONSTANTLY

(d) CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED:  
 IN WASHINGTON, D. C.  ANYWHERE IN THE UNITED STATES  
 OUTSIDE THE UNITED STATES

(e) IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, GIVE ACCEPTABLE LOCATIONS.

16. EXPERIENCE It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the appointing office of agencies to give you full credit in determining your qualifications. Use a separate block for each position. Start with your present position and work back, explaining clearly the principal tasks which you performed in each position, accounting for all periods of unemployment. Experience gained more than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blocks. If your duties changed materially while working for the same employer, use a separate block to describe each position. You may include any pertinent religious, civic, welfare, or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Military experience should be described in the spaces below in its proper sequence.

(a) If you were ever employed in any position under a name different from that shown in Item 3 of this application, give under "Description of your work" for each position, the name used.

(b) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."

PRESENT POSITION			
<p>17. DATES OF EMPLOYMENT (month, year) FROM <b>May, 1950</b> TO PRESENT TIME</p>	<p>18. EXACT TITLE OF YOUR PRESENT POSITION <b>clerk</b></p>	<p>19. CLASSIFICATION GRADE (if in Field of Service) <b>GS-2</b></p>	<p>20. SALARY OR EARNINGS STARTING: <b>\$ 2480</b> PER YEAR PRESENT: <b>\$ 2830</b> PER YEAR</p>
<p>21. PLACE OF EMPLOYMENT (city and State) <b>Washington D.C.</b></p>		<p>22. NAME AND TITLE OF IMMEDIATE SUPERVISOR</p>	
<p>23. NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal name, department, bureau or establishment, and division) <b>Treasury Dept., Penn. Ave.</b></p>		<p>24. NAME AND ADDRESS OF ORGANIZATION (e. g., wholesale firm, insurance agency, manufacture of locks, etc.) <b>Division of Disbursements</b></p>	
<p>25. REASON FOR DESIRING TO CHANGE EMPLOYMENT <b>Better Position</b></p>			
<p>26. DESCRIPTION OF YOUR WORK <b>Working with vouchers and checks; checking them for names, dates, money, etc. Doing other clerical duties of a general nature.</b></p>			

18 CONTINUED

② DATES OF EMPLOYMENT (month, year) FROM **Feb., 1950** to **May, 1950** EXACT TITLE OF YOUR POSITION **Clerk & Salesman** CLASSIFICATION GRADE (if in Federal service) SALARY OR EARNINGS: STARTING \$ **180** PER MONTH

PLACE OF EMPLOYMENT (City and State) **Grand Forks, N. Dak.**  
 NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) **General Tobacco & Candy Company  
 Grand Forks, N. Dak.**

NAME AND TITLE OF IMMEDIATE SUPERVISOR  
 KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.) **Wholesaler of Tobacco & Candy**

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU **None**

REASON FOR LEAVING **To work for the Government**

DESCRIPTION OF YOUR WORK  
**Selling tobacco and candy. Doing office work such as taking inventories and making out sales tickets.**

③ DATES OF EMPLOYMENT (month, year) FROM **Oct., 1949** to **Feb., 1950** EXACT TITLE OF YOUR POSITION **In school** CLASSIFICATION GRADE (if in Federal service) SALARY OR EARNINGS: STARTING \$ PER MONTH

PLACE OF EMPLOYMENT (City and State)  
 NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division)

NAME AND TITLE OF IMMEDIATE SUPERVISOR  
 KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.)

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU

REASON FOR LEAVING

DESCRIPTION OF YOUR WORK

④ DATES OF EMPLOYMENT (month, year) FROM **April, 1949** to **Oct., 1949** EXACT TITLE OF YOUR POSITION **Farm Laborer** CLASSIFICATION GRADE (if in Federal service) SALARY OR EARNINGS: STARTING \$ **150** PER MONTH

PLACE OF EMPLOYMENT (City and State) **Inkster, N. Dak.**  
 NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division)

NAME AND TITLE OF IMMEDIATE SUPERVISOR  
 KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.) **Farming**

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU **none**

REASON FOR LEAVING **To go to school**

DESCRIPTION OF YOUR WORK  
**Doing general farm duties.**

⑤ DATES OF EMPLOYMENT (month, year) **Oct, 1948 to April, 1950**  
 EXACT TITLE OF YOUR POSITION **In School**  
 CLASSIFICATION (if in Federal Service)  
 SALARY OR EARNINGS STARTING \$ PER PER FINAL \$ PER PER

PLACE OF EMPLOYMENT (city and State)  
 NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division)  
 NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU  
 DESCRIPTION OF YOUR WORK  
 KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale dist., insurance agency, manufacture of goods, etc.)  
 REASON FOR LEAVING

If more space is required, use a continuation sheet (Standard Form No. 58) or a sheet of paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.

17. MILITARY TRAINING In the space below, describe any training received in the Armed Services (not already listed under item 16) that would assist appointing officers in placing you most effectively. Indicate actual amount of training received, such as hours per week. Detailed information regarding any special service schools you attended is especially important. (Extra pages may be used to give full descriptions.)

DATED		LOCATION	DESCRIPTION OF TRAINING
FROM	TO		

18 EDUCATION. (Circle highest grade completed):  
 1 2 3 4 5 6 7 8 9 10 11 ①  
 MARK (X) THE APPROPRIATE BOX TO INDICATE SATISFACTORY COMPLETION OF:  
 ELEMENTARY SCHOOL  JUNIOR HIGH SCHOOL  SENIOR HIGH SCHOOL

(A) GIVE NAME AND LOCATION OF LAST HIGH SCHOOL ATTENDED  
**Forest River High, Forest River, N. Dak.**

(B) SUBJECTS STUDIED IN HIGH SCHOOL WHICH APPLY TO POSITION DESIRED  
**English, Bookkeeping and Math**

DATES ATTENDED		YEARS COMPLETED	DEGREE CONFERRED		SEMESTER HOURS CREDIT
FROM	TO		TITLE	DATE	
Oct. 48	April 49		Junior		
Oct. 49	Feb. 50		Accountancy Diploma		

(C) NAME AND LOCATION OF COLLEGE OR UNIVERSITY  
**Hadlich's Private Business School, Grand Forks, N. Dak.**

MAJOR AND SPECIALTY  
**Accounting & Tax**

(D) LIST YOUR CHIEF UNDERGRADUATE COLLEGE SUBJECTS  
**Accounting, Income Tax**

(E) LIST YOUR CHIEF GRADUATE COLLEGE SUBJECTS

(F) OTHER TRAINING, SUCH AS VOCATIONAL, BUSINESS, STUDY COLLEGE, GIVEN THROUGH THE ARMED SERVICES INSTITUTE (show name and location of school) OR IN SERVICE TRAINING IN PUBLIC OR PRIVATE EMPLOYMENT

19 INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES:  
 SPEAKING UNDERSTAND  
 (Fluently) (Fairly) (Slightly) (None)

20 IF YOU HAVE TRAVELLED OR RESIDED IN ANY FOREIGN COUNTRY, INDICATE (1) NAME OF COUNTRY, (2) DATES AND LENGTH OF TIME SPENT THERE, AND (3) REASON FOR TRIP (e. g., military service, business, education, recreation)  
**Jan. 1947 to March 1948 in Japan. Nov. 1950 to June 1951 in Japan.**

21 LIST ANY SPECIAL SKILLS, KNOWLEDGE AND MACHINES AND EQUIPMENT YOU CAN USE AS AN OPERATOR, DESIGNER, MAINTENANCE MAN, TECHNICIAN, ETC., KEY-PUNCH, TURKISH, LATIN, SCIENTIFIC OR PROFESSIONAL DEVICES

22 ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (e. g., draftsman, electrician, radio operator, teacher, lawyer, CPA, etc.)?  
 YES  NO GIVE KIND OF LICENSE AND STATE.  
 LATEST LICENSE OR CERTIFICATE (YEAR)  
 LATEST LICENSE OR CERTIFICATE (YEAR)

23 GIVE ANY SPECIAL ORGANIZATIONS NOT COVERED ELSEWHERE IN YOUR APPLICATION SUCH AS:  
 (1) TRADE OR PROFESSIONAL SOCIETY (do not submit copies unless requested)  
 (2) VETERAN'S ORGANIZATION  
 (3) PUBLIC AFFAIRS AND PUBLIC RELATIONS EXPERIENCE  
 (4) BOARD MEMBER OF PROFESSIONAL OR SCIENTIFIC SOCIETIES, ETC.  
 (5) ADDRESS AND FOLLOW-UP TO RECEIVED

APPROXIMATE NUMBER OF WORDS PER MINUTE IN TYPING: **35**

24 REFERENCES: List three persons living in the United States or Territories of the United States who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Item 16 (EXPERIENCE).

FULL NAME _____	PRESENT BUSINESS OR HOME ADDRESS (Give complete current address, including street and number) _____	BUSINESS OR OCCUPATION Teacher Teacher Teacher
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INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN

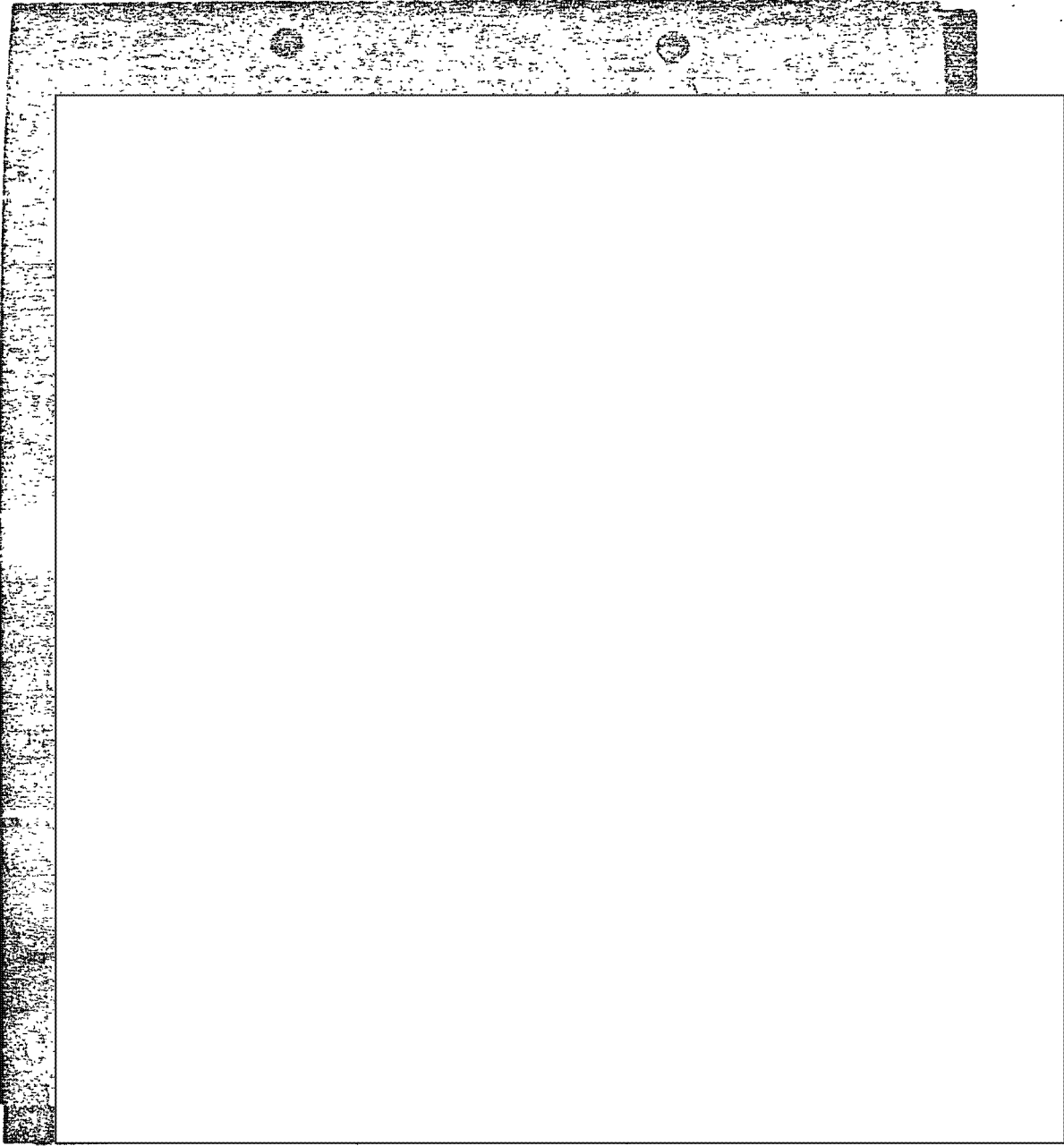
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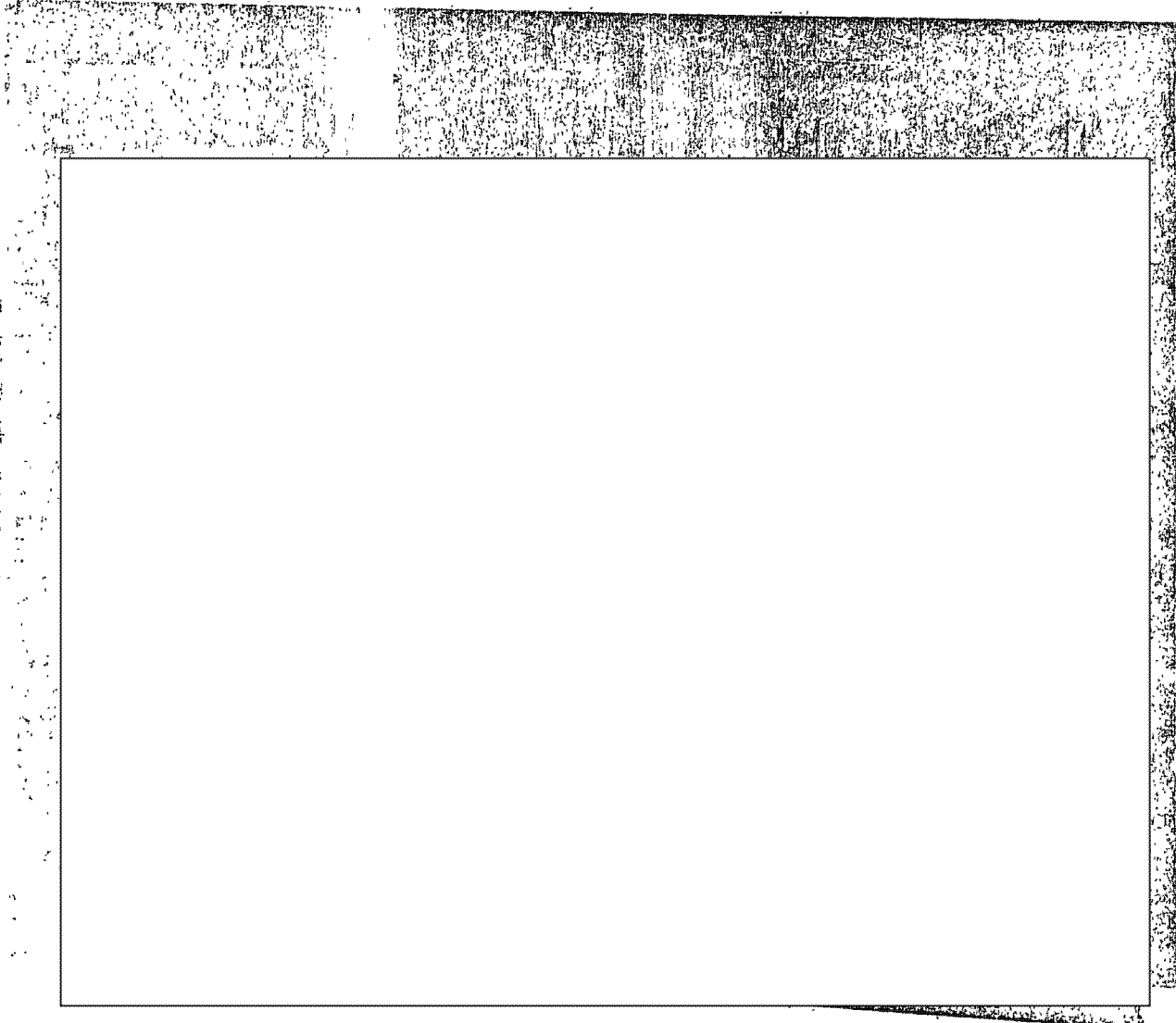
PERSONAL HISTORY STATEMENT 1008

Instructions for completing the form, including a note about the importance of providing accurate information and a warning about the consequences of providing false information.

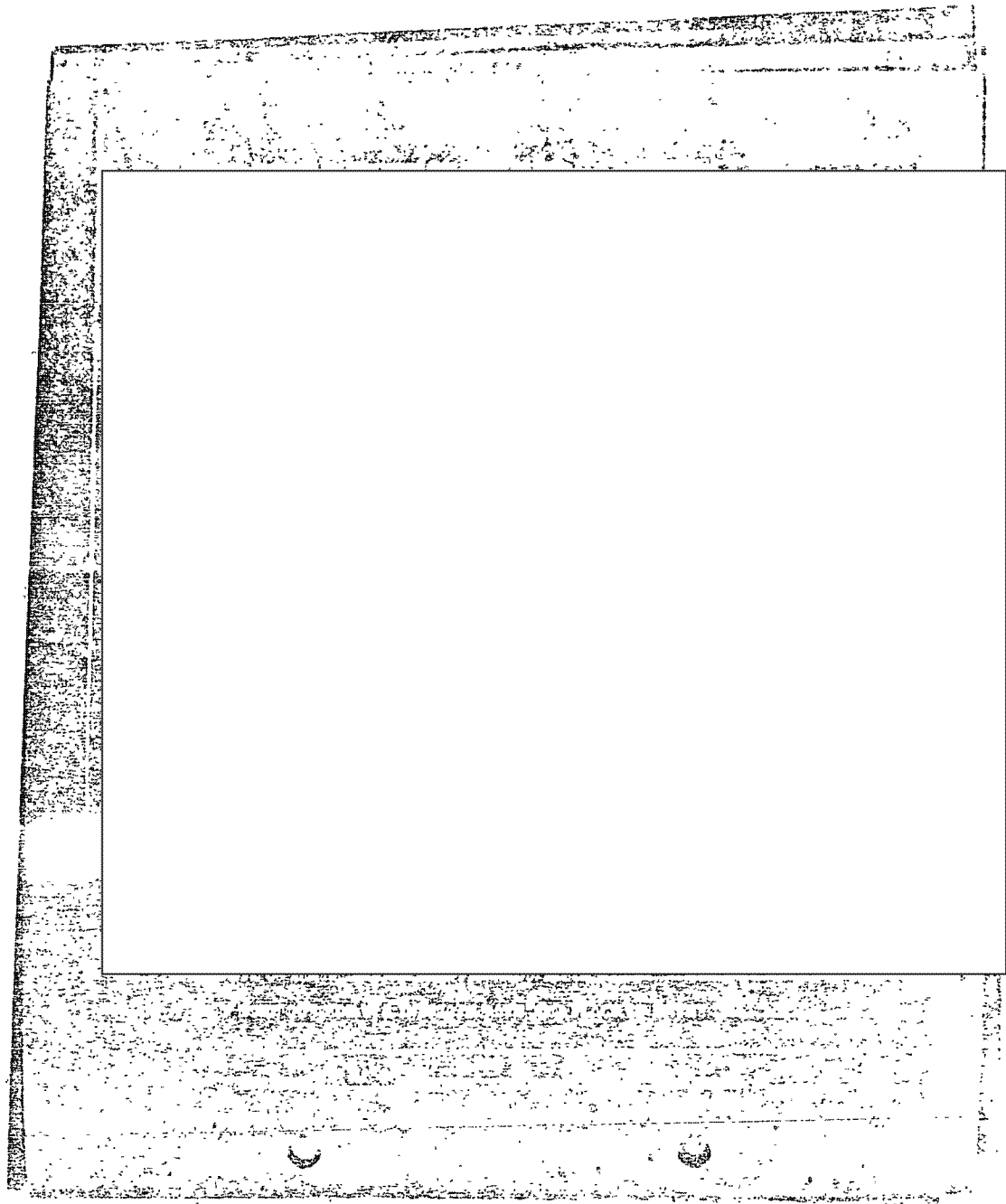
HAVE YOU READ AND DO YOU UNDERSTAND THE INSTRUCTIONS?

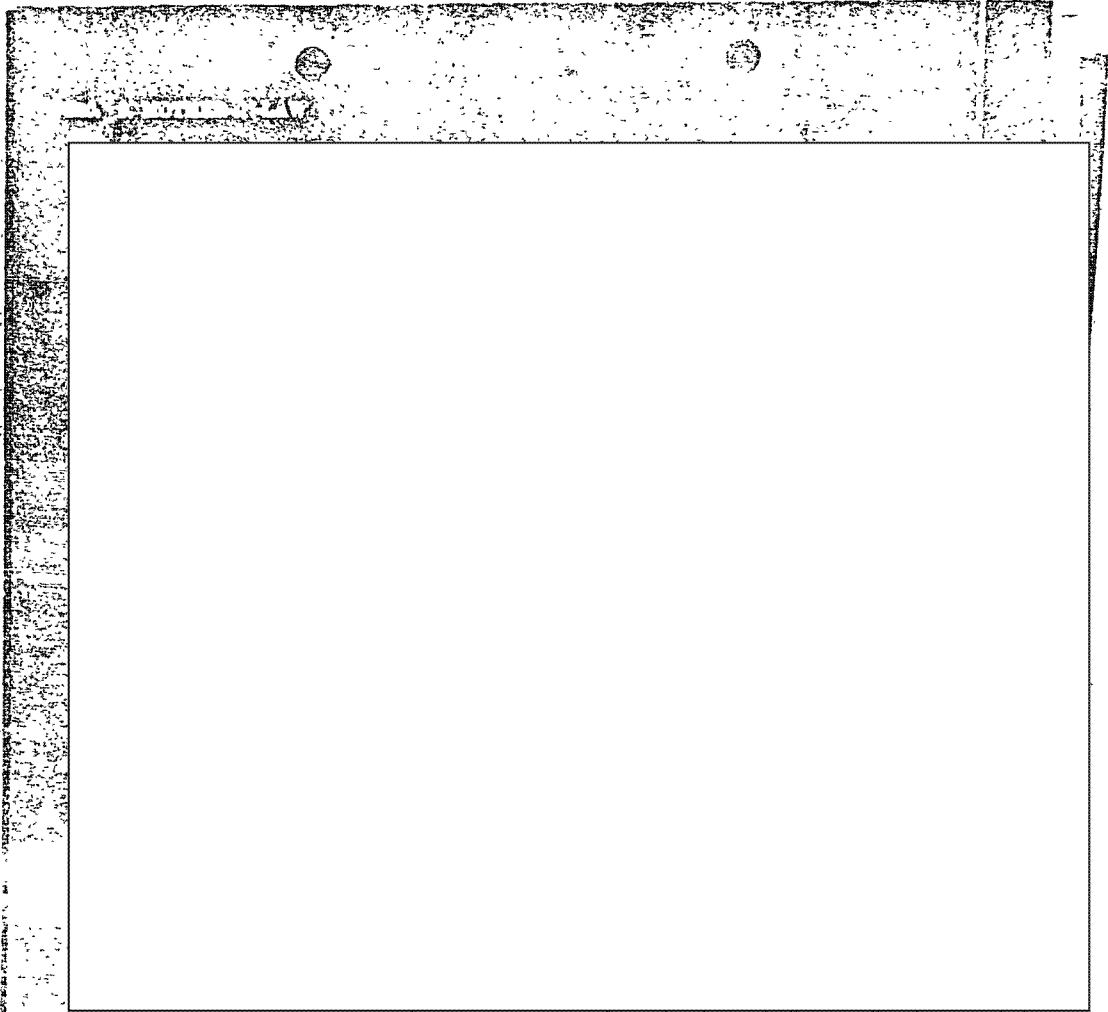
Large empty rectangular box for the personal history statement.

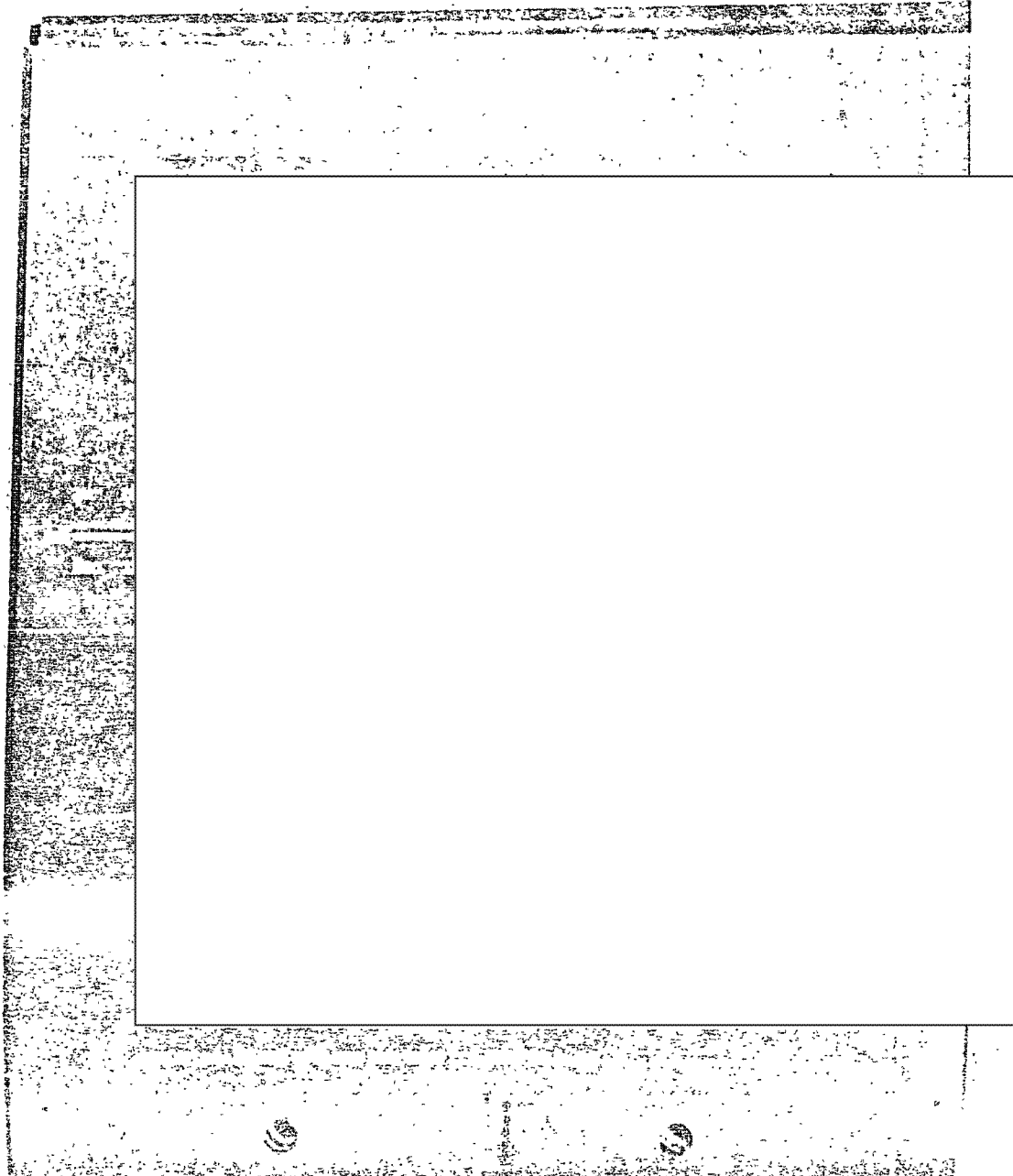


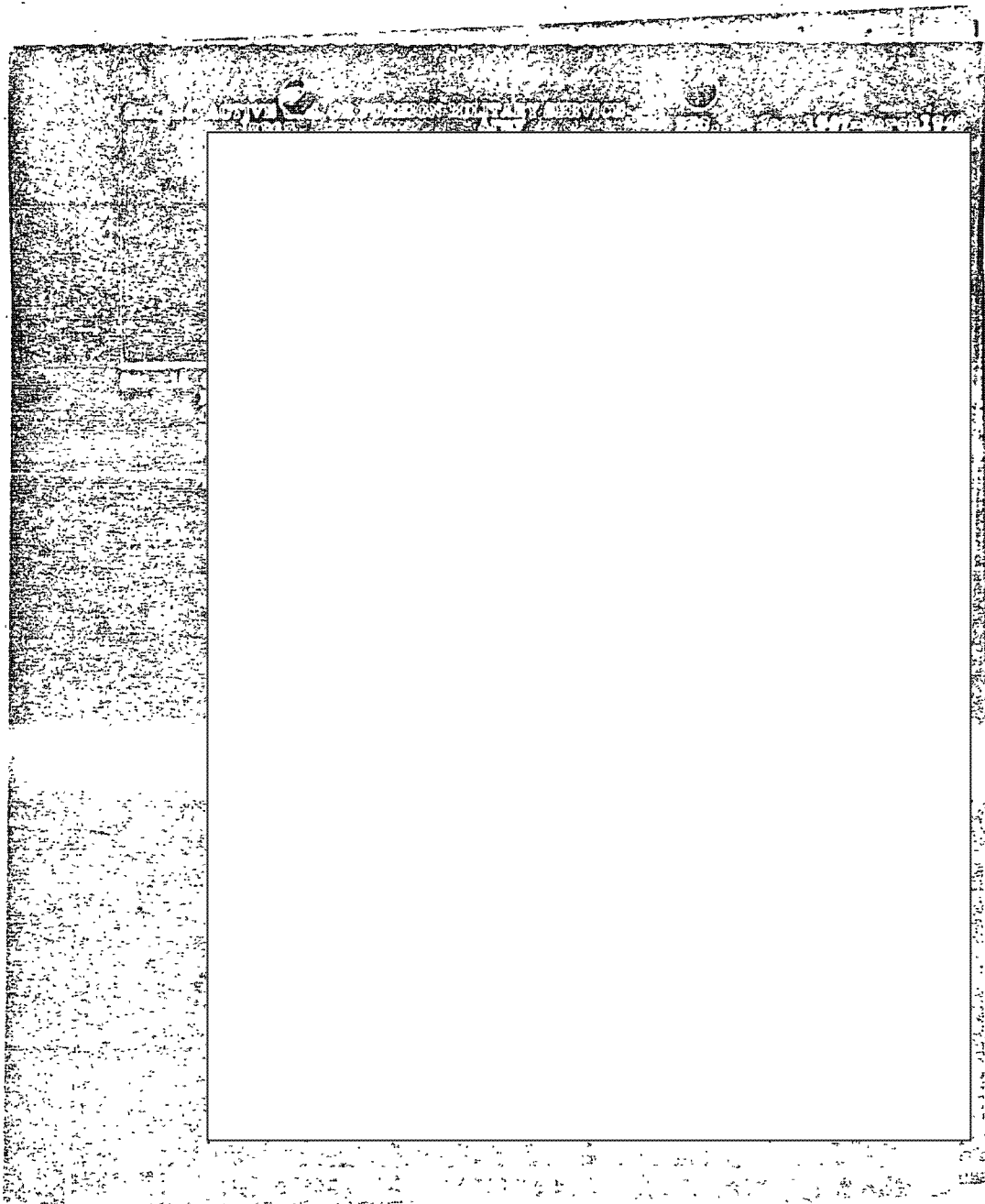


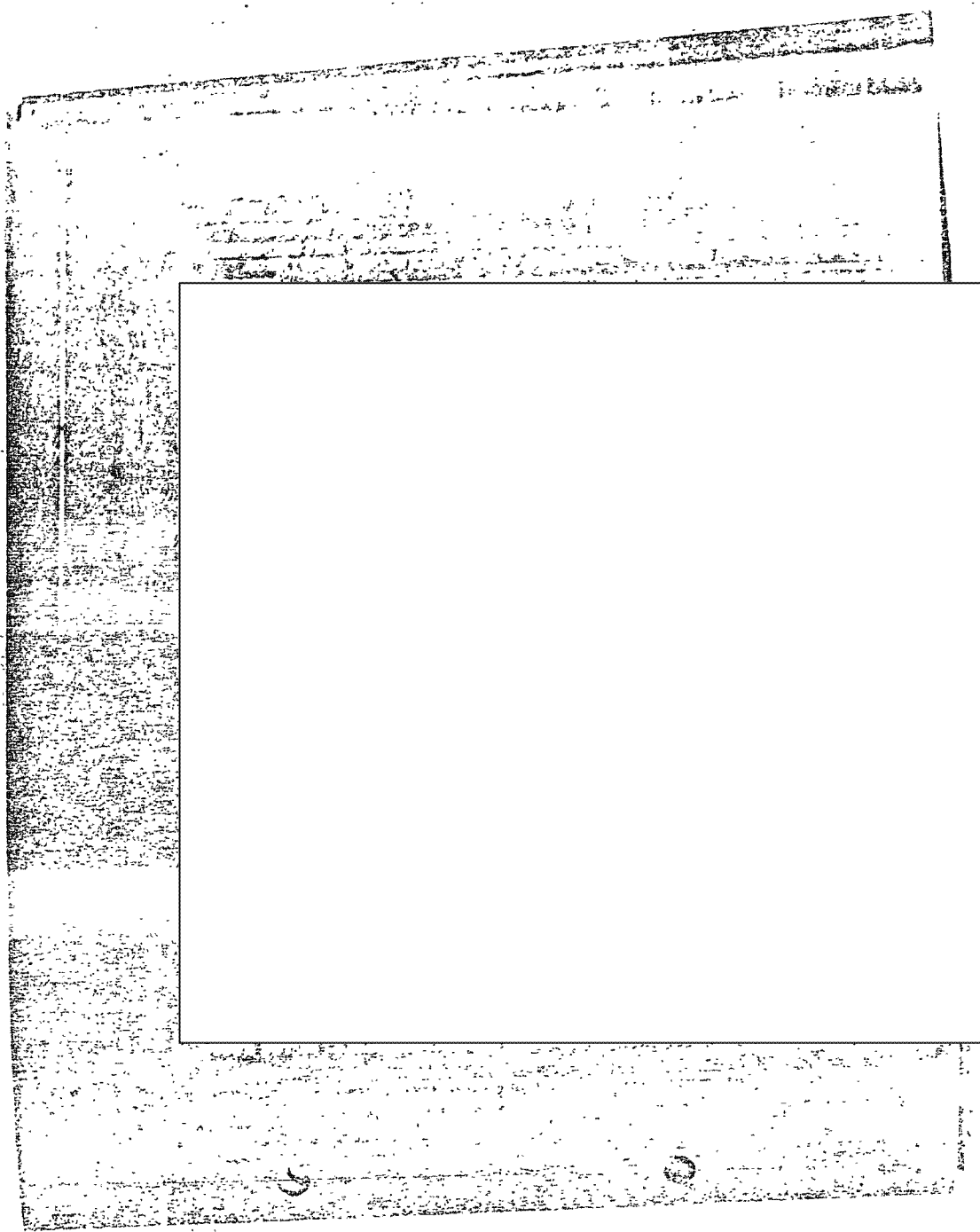


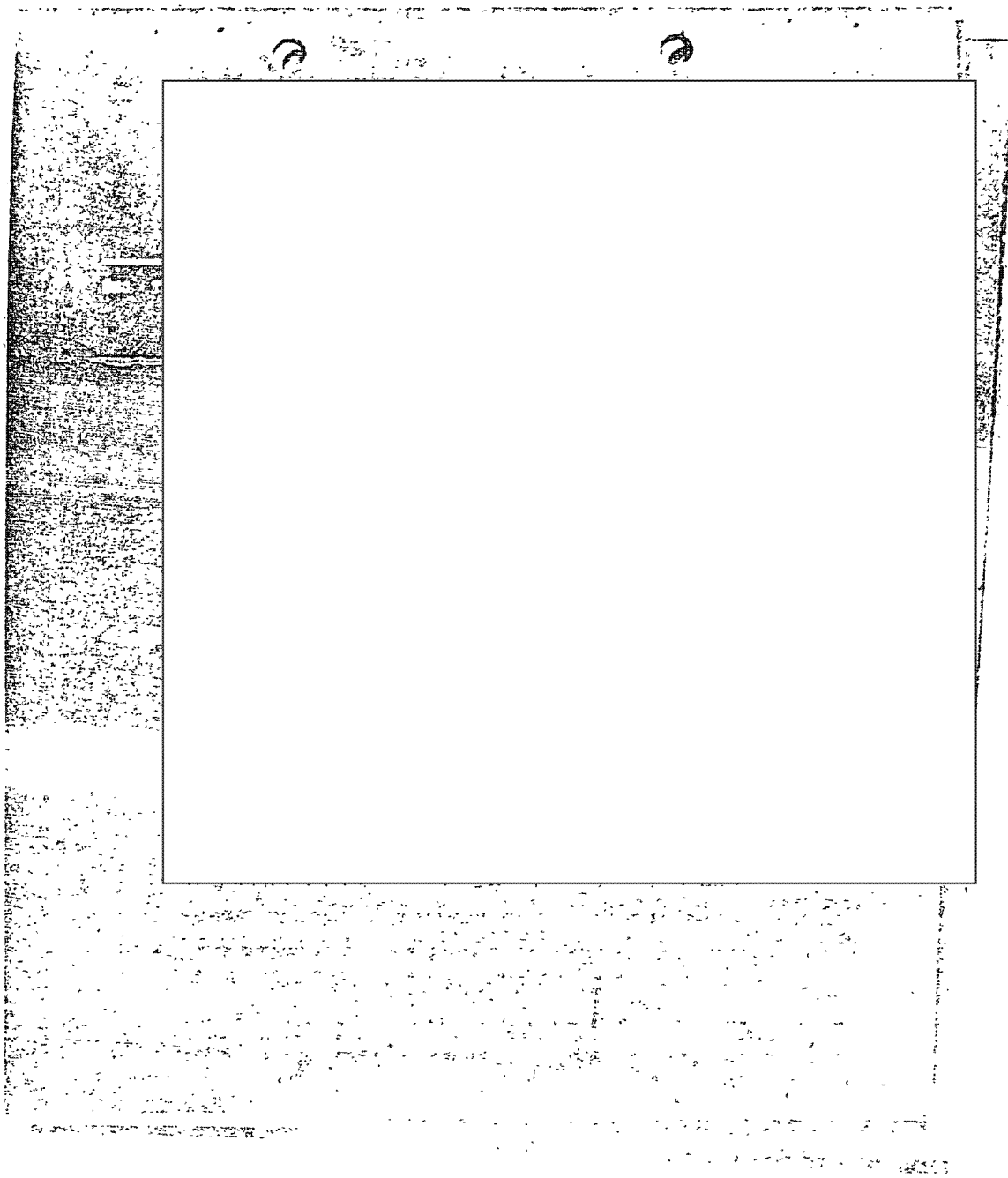


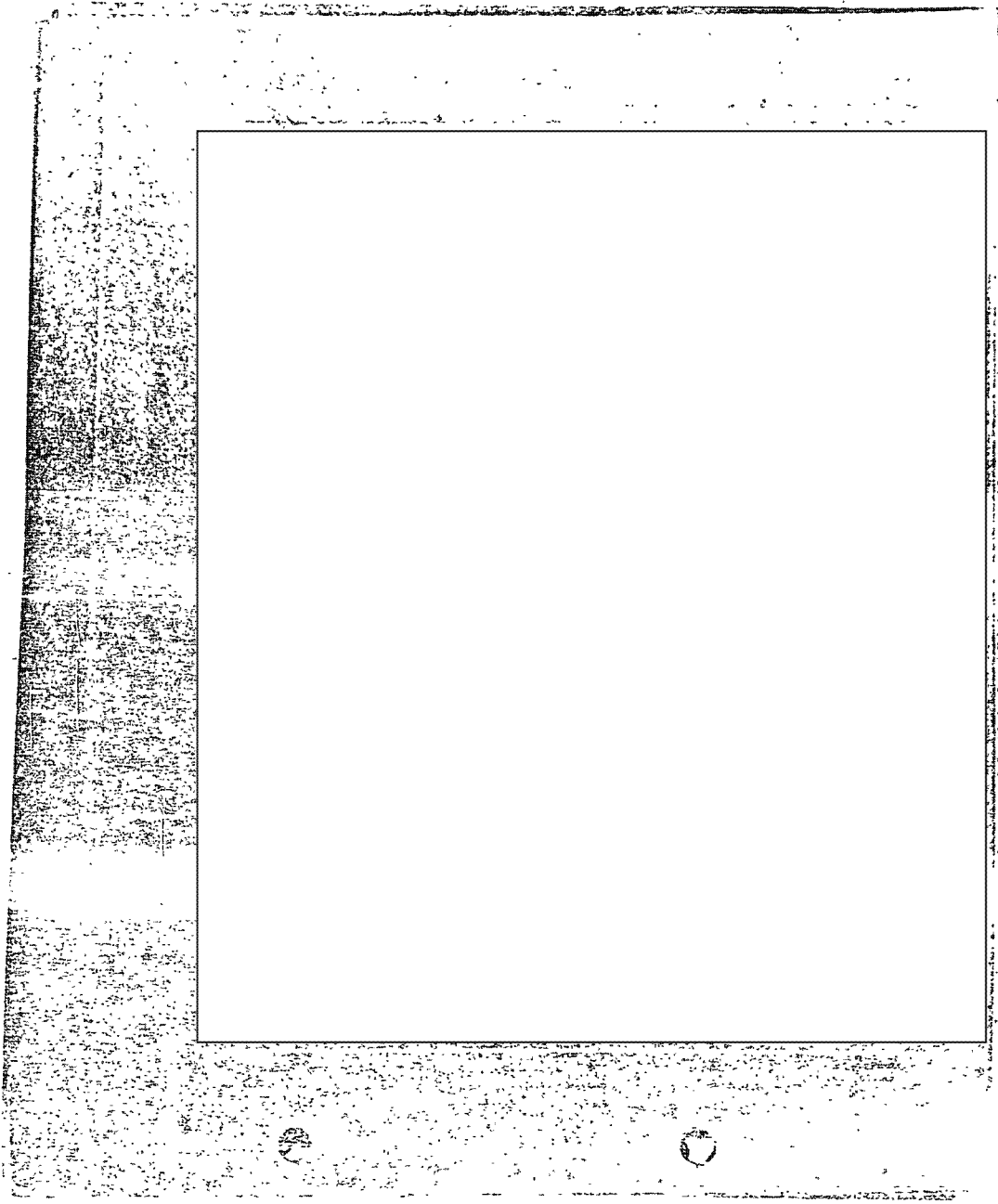


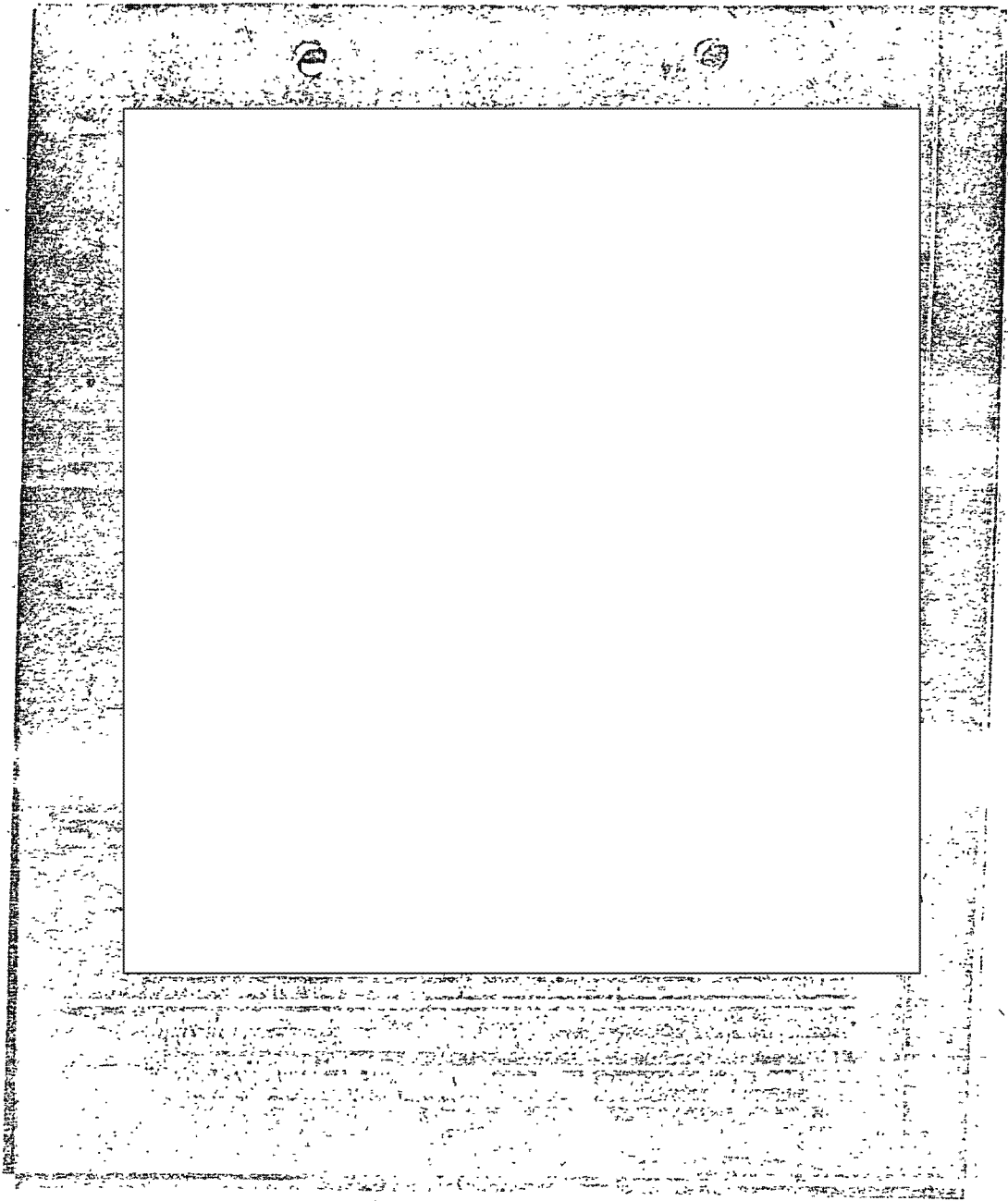




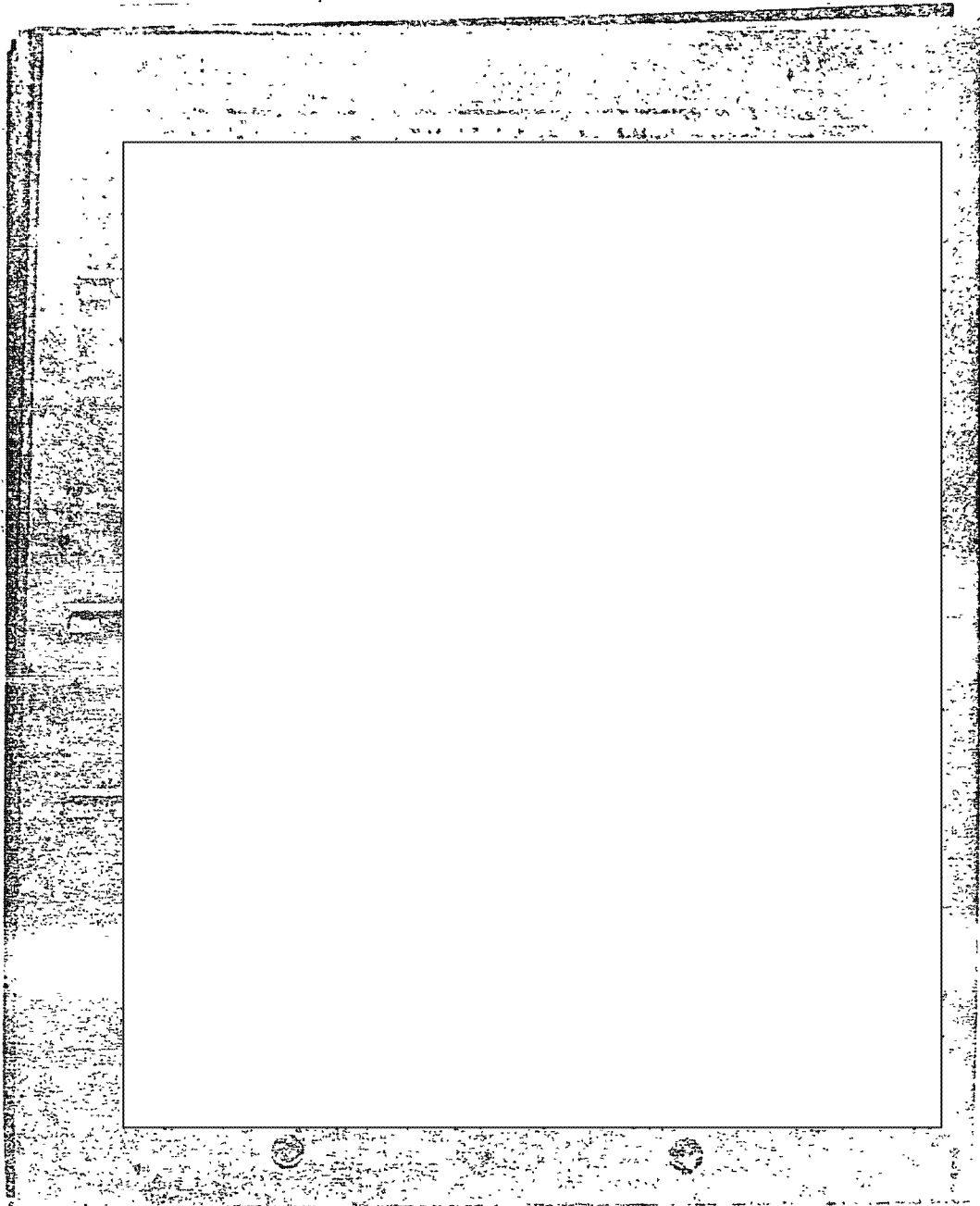


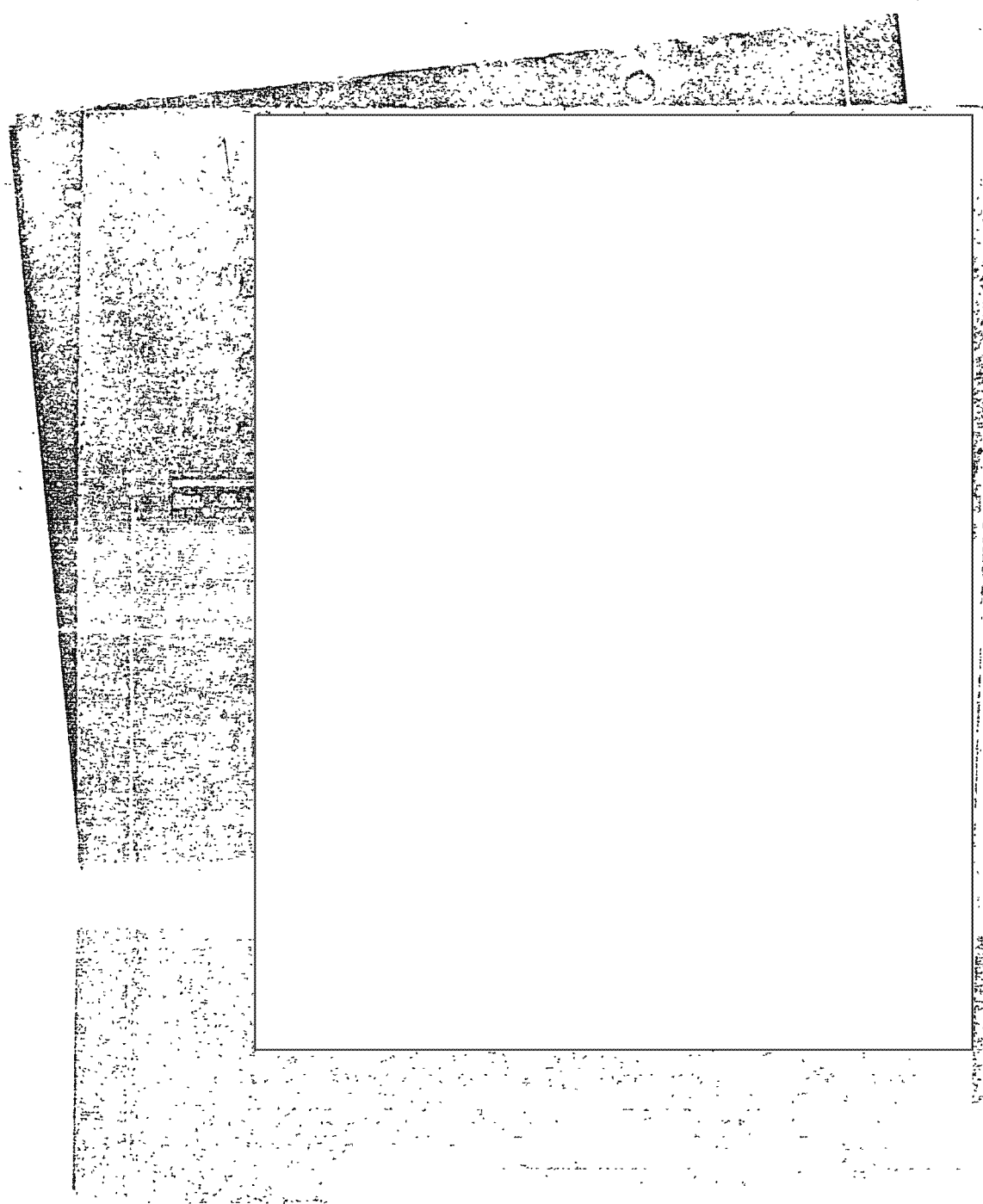


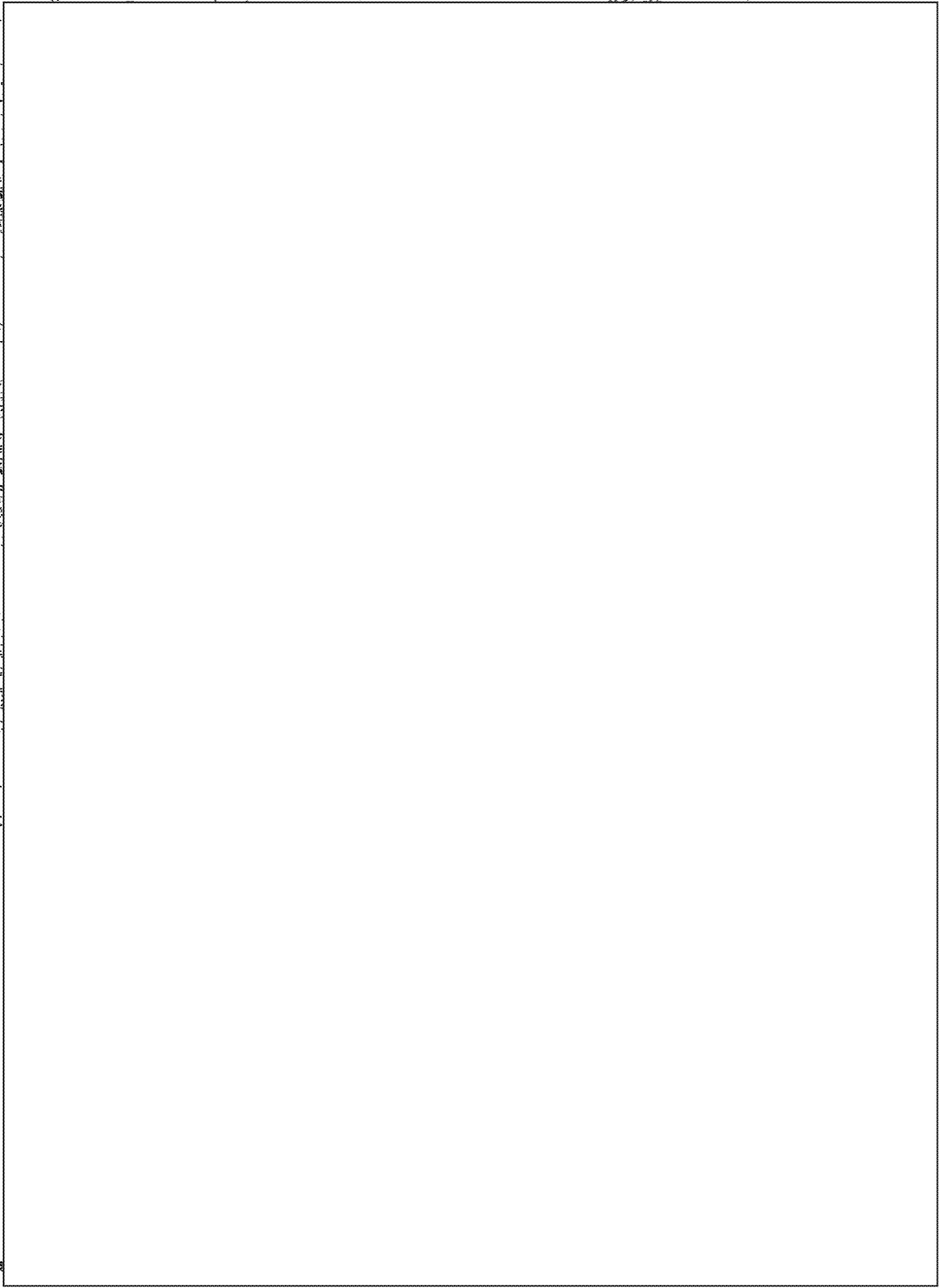
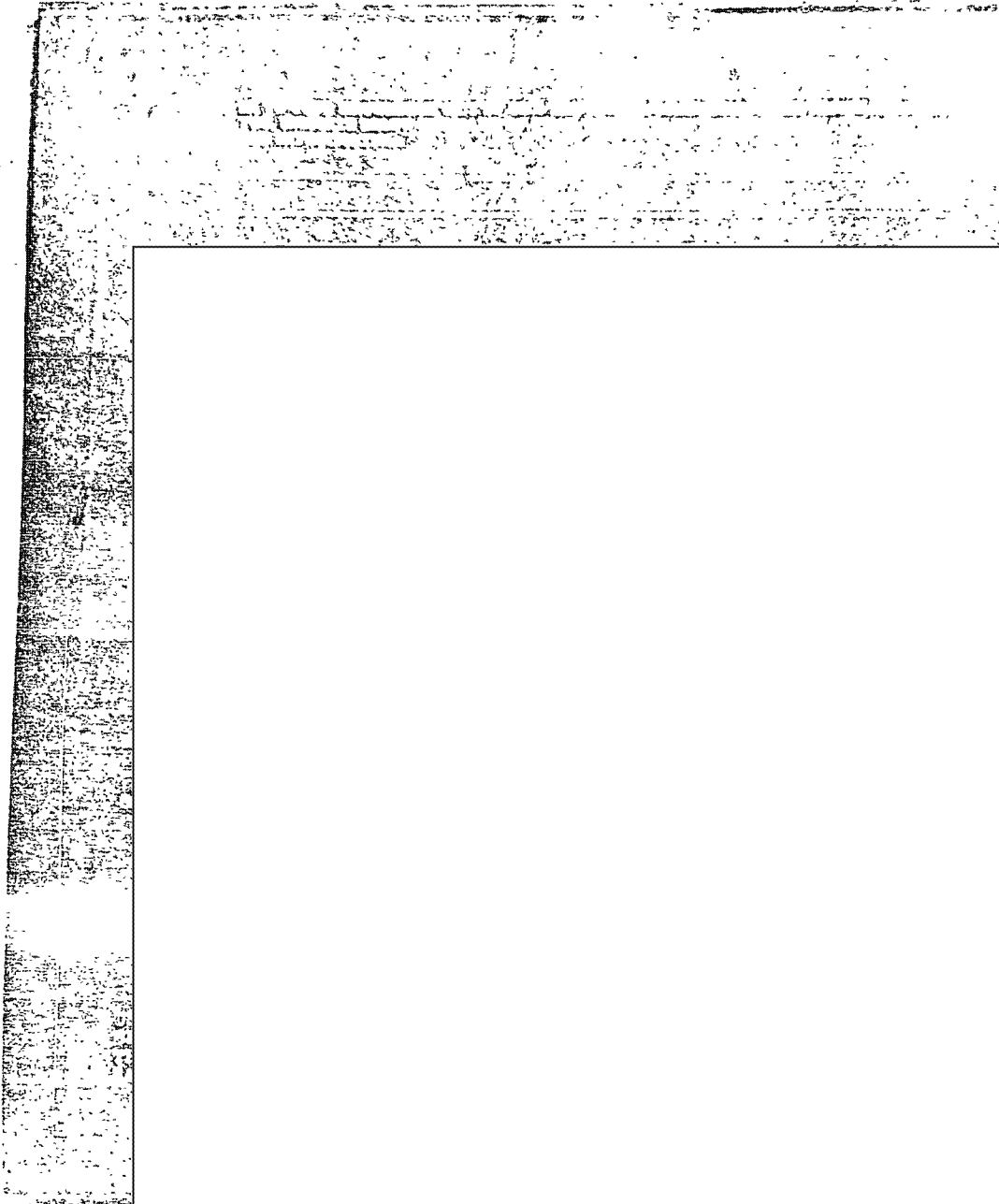


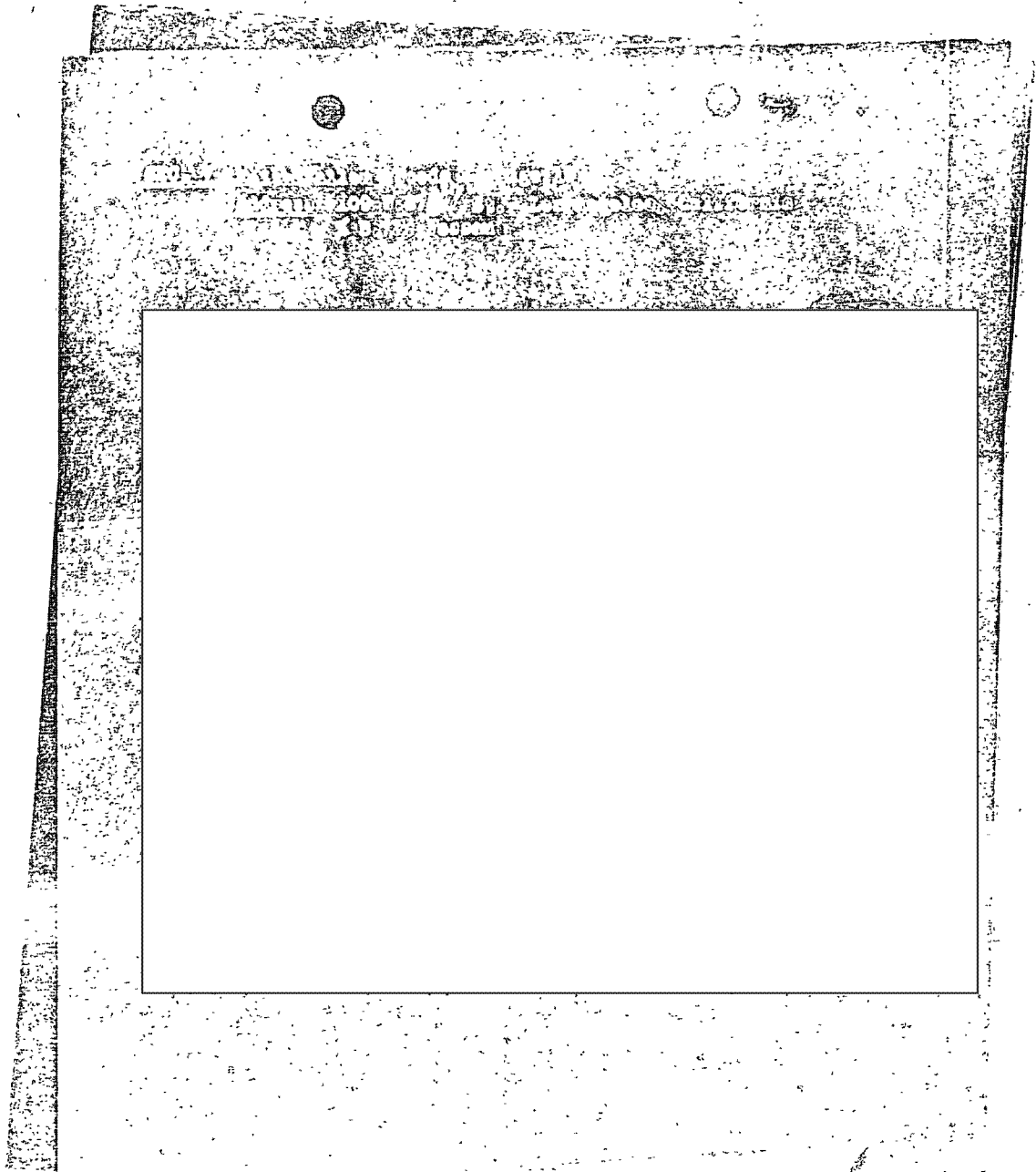












# Aaker's School of Business

Grand Forks, North Dakota

## REPORT OF PROGRESS

NAME

ADDRESS

COURSE OF STUDY Accountancy

DATE December 14, 1951

### SCHOLASTIC ACHIEVEMENT

#### SUBJECTS COMPLETED:

Elementary Accounting  
Advanced Accounting  
Income Tax  
Cost Accounting (Elem.)  
Typewriting  
Spelling  
Business Mathematics  
Business Law  
Penmanship  
Salesmanship  
Business English  
Office Machines

	E	D	C	B	A
Elementary Accounting	.	.	.	.	X
Advanced Accounting	.	.	.	.	X
Income Tax	.	.	.	.	X
Cost Accounting (Elem.)	.	.	.	X	X
Typewriting	.	.	.	X	X
Spelling	.	.	.	.	X
Business Mathematics	.	.	.	.	X
Business Law	.	.	.	.	X
Penmanship	.	.	.	.	X
Salesmanship	.	.	.	.	X
Business English	.	.	.	.	X
Office Machines	.	.	.	.	X

#### KEY

A Superior  
 B Above Average  
 C Average  
 D Fair  
 E Slow

#### COMPLETED SUBJECTS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PERSONAL CHARACTERISTICS

INITIATIVE

QUALITY OF WORK

QUANTITY OF WORK

ENTHUSIASM

PUNCTUALITY

COOPERATION

ADAPTABILITY

	E	D	C	B	A
INITIATIVE	.	.	.	.	X
QUALITY OF WORK	.	.	.	X	X
QUANTITY OF WORK	.	.	.	X	X
ENTHUSIASM	.	.	.	.	X
PUNCTUALITY	.	.	.	.	X
COOPERATION	.	.	.	.	X
ADAPTABILITY	.	.	.	X	X

	E	D	C	B	A
Needs Supervision		Routine Worker	Fairly Progressive	Resourceful	Marked Ability
Careless		Inaccurate	Passable	Good Quality	Highest Quality
Very Low Output		Low Output	Average Output	High Output	Very High Output
Indifferent		Occasionally Enthusiastic	Average	Determined	Confident
Undependable		Improvement Needed	Occasionally Absent or Late	Seldom Late	Always Punctual
Reluctant		Passive	Usually Agreeable	Co-operative	Co-operative
Limited		Slow	Average		

Manager

Please keep this report for future comparison

CONFIDENTIAL  
SECURITY APPROVAL

Date: 26 March 1952

TO: Chief, Personnel Division

Your Reference: H-3007A

FROM: Chief, Security Division

Case Number: 61115

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 the ECD procedures.

*h.p.*  
*with call back:*  
*called 1/2:*  
*ok:*

CONFIDENTIAL

CONFIDENTIAL  
SECURITY INFORMATION  
INTEROFFICE MEMORANDUM

Date: 29 Feb. 1952

TO: Chief, Personnel Division

FROM: Chief, Security Division

SUBJECT:

Request No. H-3007-A

1. Reference is made to your request for security clearance of the subject person who is being considered for employment in the following position: File Clerk, GS-2, OSO, RI, Proc. & Rec., 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.  
*Order per S. [unclear]  
5 min.*

CONFIDENTIAL

*HR*  
*SECRET*

CONFIDENTIAL  
SECURITY  
INTEROFFICE MEMORANDUM

Date: 25 January 1952

TO: Chief, Personnel Division

FROM: Chief, Security Division

SUBJECT:  Request No. H-3007

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

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: **D Street Pool.**

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.

*FILE SENT TO N B I*

CONFIDENTIAL



OAF OF TERMINATED FILE BEING MICROFILMED