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STANDARD FORM 66  
October 1966  
FURNISHED BY U. S. CIVIL SERVICE COMMISSION  
Federal Personnel Manual 2-1  
50-101

**SECRET**

**Official Personnel Folder**

**SECRET**

67 JUL 1967

NOEL, JAMES A.

QUALIFICATION

448919

RETURN TO AGENCIES & RECORDS CENTER  
IMMEDIATELY AFTER USE  
JOB NO. 374 BOX 23



21 May

term  
8-3-68  
70-274  
A-23

[Redacted]

Dear [Redacted]

I am very pleased to forward to you your Letter of Commendation from Ms. Helms and your Certificate of Retirement.

Your service medallion has been ordered and, of course, will be sent to you as soon as it is received from the engraver. You should have it in approximately ten weeks.

Sincerely,

F. W. M. Jannoy  
Director of Personnel

- Enclosures
- Distribution:
- 0 - Addressee
- 4 - OPF
- 1 - D/Pers
- 1 - ROB Soft File
- 1 - ROB Reader

GIA Letterhead

OP/RAD/ROB/ [Redacted]

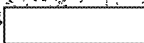
gln 14 May 1975

REF: 5706

Post Office Box 1925  
Washington, D. C. 20013

21



Dear 


I am responding to your letter of 27 November addressed to Mr. John F. Blake, former Director of Personnel.

Your request that your Certificate of Retirement and your Letter of Commendation from the Director be released to you was given very careful consideration. I am most sorry to advise that circumstances still prevail which preclude their release.

Sincerely,

F. W. M. Janney  
Director of Personnel

- Distribution:
- 0 - Addresses
  - 1 - D/Pers.
  - 1 - OPF
  - 1 - ROB Soft File
  - 1 - ROB Reader

OP/RAD/ROB/  (18 December 1973)

SENDER WILL CHECK CLASSIFICATION TOP AND BOTTOM

UNCLASSIFIED

CONFIDENTIAL

SECRET

OFFICIAL ROUTING SLIP

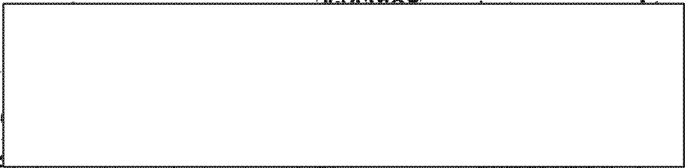
TO	NAME AND ADDRESS	DATE	INITIALS
1	CCS/CSB CH-44 Hqs	7 Dec	[Signature]
2			
3			
4	ROB/Cleaner		
5	205 Magazine		
6			

<input type="checkbox"/> ACTION	<input type="checkbox"/> DIRECT REPLY	<input type="checkbox"/> PREPARE REPLY
<input type="checkbox"/> APPROVAL	<input type="checkbox"/> DISPATCH	<input type="checkbox"/> RECOMMENDATION
<input type="checkbox"/> COMMENT	<input type="checkbox"/> FILE	<input type="checkbox"/> RETURN
<input type="checkbox"/> CONCURRENCE	<input type="checkbox"/> INFORMATION	<input type="checkbox"/> SIGNATURE

Remarks:

Dick:  
 Would you please take another look at this one to see if we might now release letter and certificate.

Eleanor



FOLD HERE TO RETURN TO SENDER

FROM: NAME, ADDRESS AND PHONE NO.

DATE

ROB, 205 Magazine, x2847

12/5/73

UNCLASSIFIED

CONFIDENTIAL

SECRET

FORM NO. 1-67

237

Use previous editions.

(40)

[REDACTED]

November 27, 1973

Mr. John F. Blake  
Director of Personnel  
Central Intelligence Agency  
Washington, D.C., 20505

Dear Mr. Blake:


I am writing to you personally and directly at the  
suggestion of my old friend and new neighbor, [REDACTED]

As the records will show I retired in the spring of  
1971 after 40 years of Federal service 27 of which  
were with the Agency and predecessor organizations.  
At the time of my retirement a small ceremony was  
held, presided over by Mr. Tom K., and I was shown  
various items attesting to my length of service,  
dedication to duty, etc. However, I was not per-  
mitted to take these items with me due to certain  
[REDACTED] considerations which I admit have never been  
quite clear to me. I was told informally in the  
division that perhaps after a year the items would  
be forwarded to me. It will soon be three years  
and I have not yet received them.

I am sure I don't need to tell you how much these  
items mean to me and what they will mean to my sons  
in later years. Therefore I would appreciate hearing  
from you as to the status of these items. I am sure  
there are many other fellows in the same boat.

Anxiously awaiting your reply, I am

[REDACTED]

DISPATCH		CLASSIFICATION	PROCESSING ACTION
		SECRET	
TO	Chief, [redacted]		<input type="checkbox"/> MARKED FOR INDEXING
INFO.			<input checked="" type="checkbox"/> NO INDEXING REQUIRED
FROM	Chief of Base [redacted]		<input type="checkbox"/> ONLY QUALIFIED DESK CAN JUDGE INDEXING
SUBJECT	[redacted] ADMIN - Retirement Letter & Certificate [redacted]		<input type="checkbox"/> MICROFILM
ACTION REQUIRED - REFERENCES			
<p>Action: For your retention  Ref: [redacted] dated 8 November 1971</p> <p>Forwarded under separate cover is the retirement letter and certificate of [redacted] has seen these documents and they are being returned per Reference instructions.</p> <div style="border: 1px solid black; width: 200px; height: 60px; margin: 20px auto;"></div> <p>Attachment:  Letter &amp; Certificate u/s/c</p> <p>Distribution:  <input checked="" type="checkbox"/> C, <input type="checkbox"/> w/att u/s/c</p>			
			
CROSS REFERENCE TO	DISPATCH SYMBOL AND NUMBER	DATE	
	[redacted]	21 March 1972	
	CLASSIFICATION	FILE NUMBER	
	SECRET		

August 25, 1971

Dear Tom -

I am taking advantage of Gene's coming visit to Washington to send you this little note.

We will be moving to the San Diego area the end of this month and hoped to be settled into our new home there by the time mid-September rolls around.

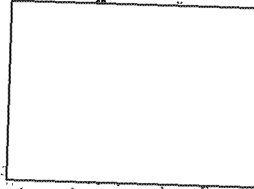
Tom, you will recall that at the time of my retirement you presented me with a letter from Dick, a certificate of service, and (I understood) a silver medallion. All of these items were then returned to be safely stored away until some future date - not specified. I am sure you can appreciate that these items mean an awful lot to me - and eventually will mean a lot to my two sons. I realize and appreciate the need,  for discretion with respect to displaying these items to friends, etc. At the same time I realize that as the years pass the chances of these items getting "lost" or falling between the chairs back home is very good. I do not want to lose them and it goes without saying that I would honor any restrictions that might be imposed in the event they are sent to me. The outfit in past years has entrusted me with top secrets, with the management of unvouchered funds, with details of sensitive operations. Surely it can now trust me to use intelligent discretion in the safeguarding of these items I write about. I would appreciate it Tom if you would take this request into careful consideration.



When I saw you last in Washington you promised one day you would be making a trip out to San Diego. I am holding you to that and hope it will be soon.

joins me in sending you our warmest regards. Don't forget - wherever I am you and the outfit have a sincere friend who is prepared to help out to the best of his ability.

Sincerely,



SECRET

14 September 1971

MEMORANDUM FOR: SA/ADDP

SUBJECT:

[Redacted]

[Redacted]

*h*

[Redacted]

Chief, Central Cover Staff

SECRET

71-14173

71-14173

20 MAR 1971



Dear Jim:

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

You have been privileged to face the challenge of important responsibilities during your more than forty years of service to your country. The success with which you have met this challenge should be a source of lasting pride and satisfaction to you.

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

Sincerely,

Richard Helma

Richard Helma  
Director

Distribution:

- O - Addressee
- 1 - DDCI
- 1 - ER
- 1 - C/EAB/OS
- 1 - D/Pers
- 1 - OPF
- 1 - ROB
- 1 - ROB Reader

Originator:

Harry B. Fisher  
Director of Personnel

12 MAR 1971

\*Concur:

Telephone Concurrence  
16 March 1971  
C/EAB/OS

OP/RAD/ROE [redacted] (16 March 1971)

\* May be shown to Subject but must be retained in Agency files.

TR SMITTAL SLIP		DATE
		22 May 1970
TO: OP/TRB - [ ]		
ROOM NO.	BUILDING	
5 E 13	Hqs	
REMARKS		
<p>Would you be able to get the prior Federal Service file on this fellow. He's now a Career Agent with DOD and making retirement plans.</p> <p>[ ]</p> <p><i>5/23/70 Request sent to Fed. R.C. [ ]</i>  <i>7/14/70 Request sent to state. [ ]</i>  <i>CCS, [ ]</i>  <i>7/17/70 RID searching [ ] file for [ ]</i>  <i>State Dept. file. [ ]</i>  <i>9/18/70 - Per P.S. (ROB) [ ] [ ]</i>  <i>[ ] [ ] for [ ] [ ] [ ]</i></p>		
FROM: RAD/ROB [ ]		
ROOM NO.	BUILDING	EXTENSION
205	Magazine	3251

FORM NO. 241

REPLACE FORM 241 WHICH MAY BE USED

(5)

UNITED STATES CIVIL SERVICE COMMISSION  
WASHINGTON, D. C. 20415

F 18

REQUEST FOR OFFICIAL FILES

TO: National Personnel Records Center General Services Administration 111 Winnebago Street St. Louis, Missouri 63118	DATE	25 MAY 1970	6-5-70 INA: SNT
	FILE NAME		
	DATE		

Please furnish the following material, needed by the Commission for the purpose shown below. The bottom part of this form is for your use as a transmittal. This material will be returned to you as soon as it has served its purpose. Any material classified under E. O. 10501 should be safeguarded and transmitted in accordance with the requirements of that order.

MATERIAL DESIRED:

- Official Personnel File
- Abstract of Federal Employment from Official Personnel File
- Copies of any interviews held
- Copies of interrogatories and replies
- All copies of FBI reports of investigation (if you no longer employ this person, these reports will not be returned - See FPM Chapter 736, Subchapter 5.)

PURPOSE:

- Request for consideration under C.S. Regulation 731.401
- Request for consideration under C.S. Regulation 732.401
- To answer Congressional or other correspondence
- For use in considering pending application for examination
- Special Request  
Chief, Division of Adjudication and Appraisal

[Redacted]

on, Director  
Personnel Investigations

TO: Division of Adjudication and Appraisal  
Bureau of Personnel Investigations  
U. S. Civil Service Commission  
Washington, D. C. 20415

The material indicated below is attached as requested.

- Official Personnel File
- Abstract of Federal Employment
- Copies of any interviews held
- Copies of interrogatories and replies
- All copies of FBI reports of investigation

REMARKS:

[Redacted]

6-18-70

DATE 25 MAY 1970	SIGNATURE	OFFICIAL TITLE PERSONNEL
---------------------	-----------	-----------------------------

SECRET

27 April 1970

MEMORANDUM FOR: Chief, Retirement Affairs Division

SUBJECT : [REDACTED]

REFERENCE : Dispatch - [REDACTED] 19 March 1970

1. Attached is a copy of a dispatch from subject, now a career agent - in which he poses certain questions with respect to his retirement status.

[REDACTED]

2. Since subject's retirement plans are directly involved with the service claimed, it would be appreciated if his records could be checked. Perhaps the Records Center could be checked.

[REDACTED]  
Chief, DO Personnel & Training

Attachment: As Stated

SECRET

DISPATCH

SECRET

INFO

Chief, [redacted]

2

NO REVISIONS FOR AIR  
ONLY BY THE ISSUING  
OFFICE (CAN REVISIONS)

INFO

Chief of Base [redacted]

REVISIONS

SECRET

Retirement Plans - [redacted]

ACTION REQUIRED - REFERENCES

REF: [redacted] 26 February 1970

1. Reference has been seen and noted by [redacted] and Headquarters' offer to assist him in programming his retirement is greatly appreciated.

2. There is a matter in which Headquarters could be of assistance and which, conceivably, could influence a decision on the part of [redacted] to retire before he reaches his 60th birthday in March 1971. It is this: [redacted] resigned from [redacted] on 15 August 1954, to accept employment on 18 August 1954, with [redacted]. He had to his credit with [redacted] a considerable amount of annual and sick leave accrued over a period of about fourteen years. Due to regulations or practices in effect at that time he was not paid for his annual leave but was told that both the annual and sick leave balances would be held in escrow and if he returned to [redacted] employment in the future the credits would be reinstated. Years later [redacted] was being integrated into [redacted], he was told concerning the annual and sick leave credits and was assured by the [redacted] official handling the integration project that reinstatement of his leave could not be granted due to the fact that there had been a "break in the continuity of [redacted]'s government."

...Continued...

Distribution:

CROSS REFERENCE TO

DISPATCH SYMBOL AND NUMBER

DATE

19 March 1970

CLASSIFICATION

FILE NUMBER

SECRET

CONTINUATION OF  
DISPATCH

STANDARD FORM  
S H C A R

OFFICE OF THE  
ATTORNEY GENERAL

service" as reflected by the papers submitted by Headquarters  
to INGOLD in connection with the information process.

[redacted] has been in continual government service  
from 20 January 1901 to date without a single day's break  
in service, as his personnel record will disclose. He  
realizes, of course, that he has long lost his annual leave  
credit with INGOLD and the lost annual leave is therefore  
not a matter of contention at this writing. However, he is  
most interested in now ascertaining whether the sick leave  
which is due to his credit when he resigned from INGOLD in 1944  
can be recovered and added to his sick leave balance now  
being held by WYBICK. Since unused sick leave can now be  
used in computing longevity for retirement purposes, the  
recovery of this sick leave could play an important part in  
[redacted] retirement plans. Consequently, he would greatly  
appreciate it if the appropriate Headquarters officials  
would look into this matter at their earliest convenience.

3. [redacted] would also like to raise another matter  
relating to his service with INGOLD. [redacted] served from  
October 1931 to July 1941 at Mazatlan, Mexico, which was  
then designated by the INGOLD as an "unhealthy post" for  
retirement purposes. Each year of duty at an unhealthy  
post entitled the employee to one and one half years of  
credit for retirement purposes. [redacted] would appreciate  
learning whether his service at Mazatlan during the period  
mentioned would, under present rules, entitle him to extra  
retirement credit.

4. A ruling by Headquarters on the two points raised  
is respectfully requested.

Originated by:

[redacted]



SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1 SERIAL NUMBER		2 NAME (Last-First-Middle)		29 July 1968	
3 NATURE OF PERSONNEL ACTION			4 EFFECTIVE DATE REQUESTED		5 CATEGORY OF EMPLOYMENT
RESIGNATION			MONTH DAY YEAR 08 03 68		REGULAR
6 FUNDS		7 FINANCIAL ANALYSIS NO CHARGEABLE		8 LEGAL AUTHORITY (Completed by Office of Personnel)	
<input type="checkbox"/> V TO V <input type="checkbox"/> V TO CF <input type="checkbox"/> CF TO V <input checked="" type="checkbox"/> CF TO CF		9129-0256			
9 ORGANIZATIONAL DESIGNATIONS			10 LOCATION OF OFFICIAL STATION		
DDP/DOD US FIELD					
11 POSITION TITLE		12 POSITION NUMBER	13 CAREER SERVICE DESIGNATION		
CHIEF OF BASE		0150	D		
14 CLASSIFICATION SCHEDULE (GS, LS, etc)	15 OCCUPATIONAL SERIES	16 GRADE AND STEP		17 SALARY OR RATE	
GS	0136.08	16 6		\$ 26,640	
18 REMARKS					
Subject is reemployable.					
1815 H. ST. N.W. WASH., D.C.					
18 SIGNATURE OF REQUESTOR		DATE SIGNED	188 SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED
			Pers. & Training		3 Aug 68
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19 ACTION CODE	20 EMPLOY CODE	21 OFFICE CODING		22 STATION CODE	23 INTEGET CODE
45 10		NUMERIC ALPHABETIC			24 HQ/RTS CODE
24 DATE EXPIRES	25 SPECIAL REFERENCE	26 RETIREMENT DATA		27 SEPARATION DATA CODE	
MO. DA. YR.		CODE		28 CORRECTION CANCELLATION DATA	
				MO. DA. YR.	
29 VET PREFERENCE	30 SERV COMP DATE		31 LONG COMP DATE		32 CAREER CATEGORY
CODE	MO. DA. YR.		MO. DA. YR.		CODE
0-NONE 1-5 YR 2-10 YR					0-WAITER 1-YES
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE		42 LEAVE CAT. CODE	43 FEDERAL TAX DATA		44 STATE TAX DATA
CODE		CODE	CODE NO. TAX EXEMPTIONS		CODE NO. TAX EXEMPT STATE CODE
0-NONE 1-NONE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)		1-YES 2-NONE	1-YES 2-NONE		1-YES 2-NONE
45. POSITION CONTROL CERTIFICATION			45. OP APPROVAL		DATE APPROVED
			HB. Fisher		6 AUG. 68

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1 EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

SECRET

(When Filled In)

EMPLOYEE NOTICE OF RESIGNATION

I RESIGN EFFECTIVE 03 August FOR THE FOLLOWING REASON.

(Date)

*Justified*

MY LAST WORKING DAY WILL BE--

DATE SIGNED

SIGNATURE OF EMPLOYEE

*see attached*

FORWARD COMMUNICATIONS, INCLUDING SALARY CHECKS AND BONDS, TO THE FOLLOWING ADDRESS (Number, Street, City, State, Zip Code)

1815 H. St. NW  
Washington DC

INSTRUCTIONS

Items 1 thru 7  
and  
Items 9 thru 18a

The initiating office should fill in each of the referenced items. Items 3 thru 7 and 9 thru 18 require information which pertains *only* to the action requested, and NOT to the current status of the employee unless specific items remain unchanged.

Item 5 - "Category of Employment" should show one of the following entries:

- |                     |            |            |
|---------------------|------------|------------|
| Regular             | Summer     | WAE        |
| Part Time           | Detail Out | Consultant |
| Temporary           | Detail In  | Military   |
| Temporary-Part Time |            |            |

Item 9 - "Organizational Designations" should show *all* levels of organization certifying the location of the position:

- Major Component (Director, Deputy Director, etc.)
- Office, Major Staff, etc.
- Foreign Field or U.S. Field (if pertinent)
- Division or Staff (subordinate to first line)
- Branch
- Section
- Unit

Items 11 and 15 - "Position Title" and "Occupational Series" should be the standard abbreviated title and corresponding occupational series in Handbook of Official Occupational Titles and Codes for the duties actually to be performed by the employee. If different from the title and series of the position occupied as shown on the most current edition of the Position Control Register or Form 261, Staffing Complement Change Authorization, explain under Item 18-Remarks.

Item 18b - Signature should be that of the official authorized to approve for the Career Service to which the employee belongs. If more than one Career Service is involved, the gaining Career Service should approve and the other Career Service should concur in Item 18, Remarks.

ROUTING- The original only of this form will be forwarded to the Office of Personnel through the appropriate Career Service official(s). In the case of requests specified in HB 20-800-1, which require advance approval of or notification to the Office of Security or the Office of Finance, one copy only will be sent to the Office(s) concerned.

PERSONNEL AFFAIRS  
BRANCH  
OFFICE OF PERSONNEL  
Aug 8 11 11 AM '68

SECRET

**SECRET**  
(When Filled In)

REQUEST FOR PERSONNEL ACTION					DATE PREPARED					
					19 April 1968					
1 SERIAL NUMBER		2 NAME (Last-First-Initial)								
3 NATURE OF PERSONNEL ACTION			4 EFFECTIVE DATE REQUESTED		5 CATEGORY OF EMPLOYMENT					
REMOVAL FROM CIA RETIREMENT AND DISABILITY SYSTEM - VOLUNTARY			MONTH DAY YEAR		REGULAR					
			05 05 68							
6 FUNDS		7 FINANCIAL ANALYSIS NO CHARGEABLE		8 LEGAL AUTHORITY (Completed by Office of Personnel)						
<input type="checkbox"/> V TO V <input type="checkbox"/> V TO CF <input checked="" type="checkbox"/> CF TO V <input type="checkbox"/> CF TO CF		8129-0256		PL 88-643 Sect. 203						
9 ORGANIZATIONAL DESIGNATIONS			10 LOCATION OF OFFICIAL STATION							
DDP										
11 POSITION TITLE		12 POSITION NUMBER		13 CAREER SERVICE DESIGNATION						
				D						
14 CLASSIFICATION SCHEDULE (GS, LE, etc.)		15 OCCUPATIONAL SERIES		17 SALARY GRADE						
				16 5						
18 REMARKS										
18A SIGNATURE OF REQUESTING OFFICIAL			DATE SIGNED	18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED				
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL										
19 ACTION CODE	20 EMPLOY CODE	21 OFFICE CODES		22 STATION CODE	23 INTEGRAL CODE	24 HOURS CODE	25 DATE OF BIRTH	26 DATE OF GRADE	27 DATE OF LEI	
		NUMERIC	ALPHABETIC				MO. DA. YR.	MO. DA. YR.	MO. DA. YR.	
28 WTE EXPIRES	29 SPECIAL REFERENCE	30 RETIREMENT DATA		31 SEPARATION DATA CODE	32 CORRECTION/CANCELLATION DATA		33 SECURITY REQ. NO.	34 SEX		
MO. DA. YR.		1-ISE 2-ISE 3-NONE		CODE	TYPE MO. DA. YR.					
				1	EOD DATA →					
35 VET. PREFERENCE	36 SERV. COMP. DATE		37 LONG COMP. DATE		38 CAREER CATEGORY	39 FEGLI HEALTH INSURANCE		40 SOCIAL SECURITY NO		
CODE	MO. DA. YR.	MO. DA. YR.	MO. DA. YR.	MO. DA. YR.	CODE	CODE		CODE		
0-NONE 1-5-PT 2-10-PT					CAR-FESH. PROV-TEMP	0-DRIVER 1-YES		HEALTH INS. CODE		
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE			42 LEAVE CAT. CODE	43 FEDERAL TAX DATA		44 STATE TAX DATA				
CODE			CODE	FORM EXECUTED CODE		NO. TAX EXEMPTIONS		FORM EXECUTED CODE		NO TAX STATE CODE EXEMP.
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)				1-YES 2-NO				1-YES 2-NO		
45 POSITION CONTROL CERTIFICATION				46		DATE APPROVED				
Rik				9-25-68		23 APR 68				

**SECRET**  
(When Filled In)

<b>REQUEST FOR PERSONNEL ACTION</b>					DATE PREPARED 12 OCTOBER 1967	
1 SERIAL NUMBER		2 NAME (Last-First-Middle)				
3		4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 10 08 67			5 CATEGORY OF EMPLOYMENT REGULAR	
6 FUNDS		7 FINANCIAL ANALYSIS NO CHARGEABLE 8129-0256		8 LEGAL AUTHORITY (Completed by Office of Personnel)		
9 ORGANIZATIONAL DESIGNATIONS DDP/DOD U.S. FIELD				10 LOCATION OF OFFICIAL STATION		
11 POSITION TITLE CHIEF OF BASE (GS-00)			12 POSITION NUMBER 0150		13 CAREER SERVICE DESIGNATION D	
14 CLASSIFICATION SCHEDULE (CF, LB, etc.) GS		15 OCCUPATIONAL SERIES 0136.08	16 GRADE AND STEP 16	17 SALARY OR RATE \$ 23425		
18 REMARKS  T/O Change.  TRA						
19A		DATE SIGNED 12 OCT 67		19B SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED 4 Oct 67
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL						
19 ACTION CODE 39	20 EMPLOY CODE 10	21 OFFICE CODING NUMERIC ALPHABETIC 4358 DOD		22 STATION CODE 75009	23 INTEGRAL CODE	24 MOOTHS CODE 2
25 DATE OF BIRTH MO DA YR	26 DATE OF GRADE MO DA YR	27 DATE OF LES MO DA YR	28 NTE EXPIRES MO DA YR			
29 SPECIAL REFERENCE		30 RETIREMENT DATA 1-ESC 2-FICB 3-NONE		31 SEPARATION DATA CODE	32 CORRECTION/CANCELLATION DATA TYPE MO DA YR	
33 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 CODE 1-YES 2-NO		39 FEGLI HEALTH INSURANCE CODE 0-WAIVED 1-YES
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 NO. TAX EXEMPTIONS		44 STATE TAX DATA FORM EXECUTED CODE NO. TAX EXEMPTIONS
45 POSITION CONTROL CERTIFICATION REL 10/20/67				46 O P APPROVAL 1		DATE APPROVED 18 Oct 67

FORM 1152 USE PREVIOUS EDITION

**SECRET**  
Pos...

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING  
AND DECLASSIFICATION

ADMINISTRATIVE  
INTERNAL USE ONLY

27 APR 1967

MEMORANDUM FOR :

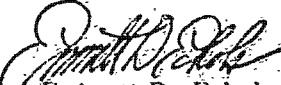
SUBJECT : Retirement Planning

1. As a participant in the CIA Retirement and Disability System, you will reach mandatory retirement at age 60. The prospect of retirement deserves serious thought and planning because of its impact on each of us and for this reason, we are taking this opportunity to provide you with this advance notice that according to our records you will be required to retire on March 1971.

2. Planning ahead can bring about, with each passing year, definite progress toward your retirement goals and the Agency is anxious to assist you in your retirement planning.

3. We would like to make available to you as much information as possible on the general subject of retirement, your annuity estimates, life and health insurance protection in retirement, opportunities for other employment, Social Security benefits, and other additional material which is available. The Agency feels that this type of information and advisory service should be made available and, hopefully, will be used by employees well in advance of the date of retirement.

4. Our Chief, Retirement Branch, on extension 3257, is available to discuss with you any aspect of your retirement planning and we encourage you to contact him.

  
Emmett D. Echols  
Director of Personnel

ADMINISTRATIVE  
INTERNAL USE ONLY

SECRET

DDI/PL:3882

DO 66-197

16 AUG 1966

MEMORANDUM FOR: Director of Central Intelligence

THROUGH : Deputy Director for Plans

SUBJECT : Appointment of [redacted] as Chief of Base [redacted]

1. The appointment of [redacted] effective 9 September 1966 is recommended.

2. [redacted] has been an employee of the Agency since 18 September 1947, and was previously assigned as Chief of Station [redacted]. A biographic profile, including information regarding his Agency experience and training, is attached.

[redacted]

Chief, DO Division

1. Attachment  
Biographic Profile (Parts 1 & 2)

APPROVAL RECOMMENDED:

[Signature]  
Acting, Deputy Director for Plans

16 Aug. 66  
Date

The recommendation in paragraph 1 is APPROVED:

[Signature]  
Director of Central Intelligence

17 Aug. 66  
Date

SECRET

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

SECRET  
(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED								
1 SERIAL NUMBER		2 NAME (Last-First-Middle)		17 Nov. 1966								
3 NATURE OF PERSONNEL ACTION			4 EFFECTIVE DATE REQUESTED		5 CATEGORY OF EMPLOYMENT							
REASSIGNMENT CORRECTION			MONTH DAY YEAR 08 14 66		REGULAR							
6 FUNDS		7 COST CENTER, NO. CHARGE, ABE	8 LEGAL AUTHORITY (Completed by Office of Personnel)									
V TO V		V TO C										
C TO V		XX C TO C	7129-0256									
9 ORGANIZATIONAL DESIGNATIONS			10 LOCATION OF OFFICIAL STATION									
DDP/ <input type="checkbox"/> U.S. FIELD												
OFFICE OF THE CHIEF												
11 POSITION TITLE			12 POSITION NUMBER	13 SIGNATURE								
CHIEF OF BASE			0150	D								
14 CLASSIFICATION SCHEDULE (GS, LS, FH, ...)		15 OCCUPATIONAL SERIES	16 GRADE AND STEP		17 SALARY OR RATE							
GS		0136.08	16 5		\$ 22,755							
18 REMARKS												
Subject is being assigned to this position in accordance with HR 20-11-03 for a 1 year period.												
Care. eff. date from: 08-10-66 to 08-14-66												
DATE SIGNED			18B SIGNATURE OF CAREER SERVICE ASSIGNING OFFICER		DATE SIGNED							
12/28/66 Training					11/25/66							
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL												
19 ACTION CODE	20 EMPLOY CODE	21 OFFICE CODING		22 STATION CODE	23 INTERIE CODE	24 HQ/RTS CODE	25 DATE OF BIRTH		26 DATE OF GRADE		27 DATE OF LEI	
		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. CORRECTION CANCELLATION DATA		33. SECURITY-REQ. NO.		34. SER			
MO. DA. YR.		1-CSC	3-CFLA		TYPE	MO. DA. YR.	FOD DATA					
35. VET PREFERENCE	36. SERV. COMP. DATE		37. LONG. EMP. DATE		38. CAREER CATEGORY		39. FEGLI/HEALTH INSURANCE		40. SOCIAL SECURITY NO.			
CODE	0-NONE	MO. DA. YR.	MO. DA. YR.	MO. DA. YR.	CODE	CODE	3-WAYER	HEALTH INS. CODE				
	1-5 PT.				PROV/TEMP		1-YES					
	2-10 PT.											
41. PREVIOUS GOVERNMENT SERVICE DATA			42. LEAVE CAT. CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA					
CODE:					FORM EXECUTED		NO. TAX EXEMPTIONS		FORM EXECUTED		CODE NO. TAX EXEMP. STATE CODE	
0-NONE					1-YES				1-YES			
1-NONE					2-NONE				2-NONE			
2-BREAK IN SERVICE (LESS THAN 3 YEARS)												
3-BREAK IN SERVICE (MORE THAN 3 YEARS)												
45. POSITION CONTROL CERTIFICATION				46. O/P APPROVAL		DATE APPROVED						
WE-												
11-20-66 / 15												

FORM 6-63 1152 USE PREVIOUS EDITION

SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING  
AND DECLASSIFICATION

(4)

SECRET  
(If box filled in)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED 25 JULY 1966	
1 SERIAL NUMBER		2 NAME (Last-First-Middle)			
3 TYPE OF PERSONNEL ACTION CONVERSION FROM <input type="checkbox"/> STATUS			4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 08 13 66		5 CATEGORY OF EMPLOYMENT REGULAR
6 FUNDS V TO V Q TO V XXX Q TO Q		7 COST CENTER NO CHARGEABLE 7136-1347		8 LEGAL AUTHORITY (Completed by Office of Personnel)	
9 ORGANIZATIONAL DESIGNATIONS DDP WE OFFICE OF THE CHIEF			10 LOCATION OF OFFICIAL STATION		
11 POSITION TITLE CHIEF OF STATION		12 POSITION NUMBER (16) 0399	13 CAREER SERVICE DESIGNATION D		
14 CLASSIFICATION SCHEDULE (GS, I, B, etc.) GS		15 OCCUPATIONAL SERIES 0136.05	16 GRADE AND STEP 16 5	17 SALARY OR RATE 22755 \$ 22,755.	
18 REMARKS					
DATE SIGNED C/E/PERS		18B SUGGESTING OR CAREER SERVICE APPROVING OFFICER		DATE SIGNED 7/27/66	
FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19 ACTION CODE 56	20 EMPLOY CODE 10	21 OFFICE CODING NUMERIC ALPHABETIC 50660 W		22 STATUS CODE 67033	23 UNICOLE CODE 3
24 HOURS CODE	25 DATE OF BIRTH MO DA YR		26 DATE OF GRADE MO DA YR		27 DATE OF LES MO DA YR
28 WTE EXPIRES MO DA YR	29 SPECIAL REFERENCE	30 RETIREMENT DATA 1-EM 2-TER 3-WAR	31 SEPARATION DATA CODE	32 CORRECTION/CANCELLATION DATA TYPE MO DA YR	33 SECURITY RTO NO
34 VET PREFERENCE CODE 0-NONE 1-5 YR 2-10 YR	35 SERV. COMP. DATE MO DA YR		36 LONG COMP. DATE MO DA YR		37 CAREER CATEGORY CODE 1-YES 2-NO
38 LEGS/HEALTH INSURANCE CODE 0-NONE 1-YES	39 SOCIAL SECURITY NO 371	40 FEDERAL TAX DATA CODE NO. TAX EXEMPTIONS FORM EXECUTED 1-YES 2-NO 7/17 53		41 STATE TAX DATA CODE NO. TAX EXEMPTIONS FORM EXECUTED 1-YES 2-NO 1 SA 6/17 66	
42 LEAVE CAT. CODE			43 FEDERAL TAX DATA CODE NO. TAX EXEMPTIONS		
44 PREVIOUS GOVERNMENT SERVICE DATA CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)			45 POSITION CONTROL CERTIFICATION 7-27-66 WIR		
46 OP APPROVAL			DATE APPROVED 7/27/66		

FORM 1152 USE PREVIOUS EDITION

SECRET *Noted*

GROUP 1 EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

(4)

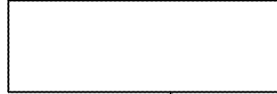


SECRET  
(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED 21 July 1966	
1 SERIAL NUMBER		2 NAME (Last-First-Middle)			
REASSIGNMENT		4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 8-ASAP 1966		3 CATEGORY OF EMPLOYMENT REGULAR	
8 FUNDS		7 COST CENTER NO. CHARGE 7129-0256		9 LEGAL AUTHORITY (Completed by Office of Personnel)	
9 ORGANIZATIONAL DESIGNATIONS DDP/DOD U.S. FIELD		10 LOCATION OF OFFICIAL STATION			
11 POSITION TITLE Chief of Base GS-00 (15)		12 POSITION NUMBER 0150		13 CAREER SERVICE DESIGNATION D	
14 CLASSIFICATION SCHEDULE (G.S. I.B. #.) GS		15 OCCUPATIONAL SERIES 0136.08		17 SALARY OR RATE \$ 22,085.22 275.5	
16 REMARKS Replacement [redacted] - to be reassigned. Subject is being assigned to this position in accordance with HR 20-21c (2) for two years. From: DDP/WE [redacted] Position No. 0399		18 GRADE AND STEP 16 5			
18A SIGNATURE OF REQUESTING OFFICIAL		DATE SIGNED 21 July 66		18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER	
[redacted]		Pers. & Training		[redacted]	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19 ACTION CODE 57	20 EMPLOY CODE N	21 OFFICE CODING NUMERIC ALPHABETIC 43620 262		22 STATION CODE 75017	23 INTEGRITY CODE
24 HOURS CODE 2	25 DATE OF BIRTH	26 DATE OF GRADE	27 DATE OF LEA	28 SECURITY PEO NO.	
28 NIE EXPRES	29 SPECIAL REFERENCE	30 RETIREMENT DATA		31 SEPARATION DATA CODE	
32 CORRECTION/CANCELLATION DATA	33 SECURITY PEO NO.		EOD DATA		
34 YET PREFERENCE	36 SERV COMP. DATE	37 LONG COMP. DATE	38 CPREF. 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	45 POSITION CONTROL CERTIFICATION Same as 28		46 O.P. APPROVAL		DATE APPROVED
42-1-YES 2-NO		43-1-YES 2-NO		44-1-YES 2-NO	
45-1-YES 2-NO		46-1-YES 2-NO		47-1-YES 2-NO	

Security Approval Granted by Pers. SD/OS 8/3/66  
C/S 8/10/66

23 March 1966



19 March 1911

U. S. State Dept.  
Foreign Service  
American Consulate  
Guadaluajara, Mexico  
26 Jan. 1931 To Aug. 1944

PERSONNEL

SECRET

29 MAR 1965

MEMORANDUM FOR: Director of Personnel  
THRU : DDP/OP  
SUBJECT : PCS Return Prior to Completion of Tour  
of Duty - [redacted]  
REFERENCE : CSN-20-59, dated 17 November 1965

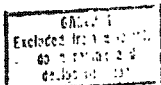
1. This memorandum contains in paragraph 2 a recommendation for the approval of the Director of Personnel.

2. [redacted] as the Chief of Station on 21 September 1961. After home leave, he returned [redacted] on 7 August 1964, for a second tour of duty which would normally be completed on 6 August 1966. We have been advised that upon completion of his current assignment, [redacted] as Chief

[redacted]  
Since the officer now filling that position is required to leave in early September for another assignment, it is very desirable that [redacted] about 6 September. Therefore, it is requested that [redacted] on or about 1 July 1966. This will permit him to take some home leave and arrive at his new post in sufficient time to settle his family, which includes two school age children, and report for his projected assignment on schedule.

[redacted]  
Acting Chief  
Western Europe Division

SECRET



AD/PERS  
(over)

SECRET

2

SUBJECT: PCS Return Prior to Completion of Tour of Duty -  
[Redacted]

CONCUR:

See Concurrence on Page 1

DDP/OP

22 April 1966

Date

The recommendation in paragraph 2 is APPROVED:

[Redacted Signature]

Director of Personnel

26 APR 66

Date

SECRET

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

F 57

SECRET  
(When Filled In)

<b>REQUEST FOR PERSONNEL ACTION</b>				DATE PREPARED 3 January 1966	
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 02 16 66		5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>			
6. FUNDS V TO V OF TO V		7. COST CENTER NO. CHARGEABLE 617-1347		8. LEGAL AUTHORITY (Completed by Office of Personnel) PL 88-443 Sect. 203	
9. ORGANIZATIONAL DESIGNATIONS DEP/WE FOREIGN FIELD OFFICE OF THE CHIEF			10. LOCATION OF OFFICIAL STATION		
11. POSITION TITLE CHIEF OF STATION		12. POSITION NUMBER 0399		13. CAREER SERVICE DESIGNATION	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) FSR GS		15. OCCUPATIONAL SERIES 0136.05		16. GRADE AND STEP 02 4 16 5	
17. SALARY OR RATE 20,980 \$22,331					
18. REMARKS EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE.					
18A. SIGNATURE OF REQUESTING OFFICIAL		DATE SIGNED 5 JAN 1966		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING NUMERIC ALPHABETIC		22. STATION CODE	23. INTEGREE CODE
28	10	50040 WE		6703	
24. NTE EXPIRES MO. DA. YR.		29. SPECIAL REFERENCE		30. RETIREMENT DATA 1-CR 2-HEA 3-ROSE	
				31. SEPARATION DATA CODE	
				32. CANCELLATION DATA TIME MO. DA. YR.	
				33. SECURITY REQ. NO.	
35. VET PREFERENCE 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 EMP. RES. PROT. TEMP.	
				39. FEGLI/HEALTH INSURANCE CODE CODE 0-WAIVER 1-TIS	
				40. SOCIAL SECURITY NO.	
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0-NONE 1-NONE 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 NO TAX EXEMPTIONS
					44. STATE TAX DATA FORM EXECUTED CODE NO TAX EXEMPT. STATE CODE
45. POSITION CONTROL CERTIFICATION 01-07706 N				46. CP APPROVAL DATE APPROVED	
				5 Jan 66	

FORM 1152 USE PREVIOUS EDITION

SECRET

EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

SECRET

Chief of Station [redacted]

1

Director of Personnel [redacted]

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

Action: As indicated

REF: [redacted]

Reference dispatch informed you that the Director of Personnel has determined that you met the criteria specified in the applicable regulation for designation as a participant in the Organization Retirement and Disability System. On the basis of this determination and your recently executed election to remain in the System, your designation as a participant was made effective 16 January 1966.

[redacted] 21 JAN 1966

27 JAN 66

[redacted] 21 Jan 66

SECRET  
(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED 18 August 1961			
SERIAL NUMBER		P. NAME (Last-First-Middle)					
3. SCOPE OF PERSONNEL ACTION <b>REASSIGNMENT</b>				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR <b>08 20 61</b>		5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>	
6. FUNDS		V TO V		V TO CP		7. COST CENTER NO. CHANGE-ABLE <b>2136-6400-1017</b>	
CF TO V		<b>X</b>		CF TO CP		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS <b>DDP WE</b> <b>OFFICE OF THE CHIEF</b>				10. LOCATION OF OFFICIAL STATION			
11. POSITION TITLE <b>CHIEF OF STATION</b>				12. POSITION NUMBER <b>399</b>		12A. PCR CONTROL NO.	13. CAREER SERVICE DESIGNATION <b>D</b>
14. CLASSIFICATION SCHEME (GS, LD, etc.) <b>FSR GS</b>		15. OCCUPATIONAL SERIES <b>00 0136.01</b>		16. GRADE AND STEP <b>03 16 01</b>		17. SALARY OR RATE <b>13,600</b> <b>15,255</b>	
18. REMARKS <b>DDP/WH/DoV Comp/Havana Cuba</b>  <b>COPY SENT TO SECURITY</b>  <i>Security from DTS. 8/21/61</i> <i>7/17 9/7/61</i> <i>coordinated with [redacted] phone [redacted]</i> <i>8/21/61</i>				I certify funds available: CR 2 Ref. No. <b>MCR 2-007</b> Charge Acct. No. <b>236-6400-1012</b> Auth. Officer [redacted]			
19. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <b>OFFICER</b>				[redacted]			
USE OF THE OFFICER'S PERSONNEL							
21. BIRTH DATE MM DD YY <b>37 10 62660</b>		22. SERVICE RECORD ALPHABETIC <b>WE</b>		23. STATION CODE <b>67033</b>		24. GRADE AND STEP <b>3 0319/11</b>	
25. VET. PREFERENCE		26. MIL. SERV. ESTABLISHED		27. REG. / MIL. / RES. STATUS		28. SOCIAL SECURITY NO.	
29. FEDERAL EMPLOYMENT SERVICE DATA		30. FEDERAL TAX DATA		31. STATE TAX DATA		32. STATE EMPLOYMENT DATA	
33. POSITION CONTROL CERTIFICATION				34. C.P.			

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)				24 July 1961	
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE REQUESTED		5. CATEGORY OF EMPLOYMENT	
REASSIGNMENT				MONTH DAY YEAR 07 23 61		REGULAR	
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE	
CF TO V		X		CF TO CF		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
						2135-1990-1000	
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION			
CS/CS DEVELOPMENT COMPLEMENT DDP/WH DIVISION							
11. POSITION TITLE				12. POSITION NUMBER		12A. PCR CONTROL NO.	13. CAREER SERVICE DESIGNATION
CHIEF OF STATION				9997			D
14. CLASSIFICATION SCHEDULE (GS, LD, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE	
FSR CS		0136-01		3 16 1		13600 15255	
18. REMARKS							
(FROM: DDP/WH/Branch 4/PAP-114/ [redacted] [redacted] 9)							
1 copy to Security Office.							
*Returnee Casual - pending approval of his appointment as Chief of Station [redacted]							
19. [redacted] CER				19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
21. ACTION CODE		22. EMPLOY CODE		23. OFFICE LODGING		24. SPECIAL REFERENCE	
37 14		14777		4-10 1965		[redacted]	
25. VET. PREFERENCE		26. SEPR. COMP. DATE		27. LEAD. COMP. DATE		28. SOCIAL SECURITY NO.	
CODE 3 = NONE 1 = 5 PT. 2 = 10 PT.		NO. DA. YR. MO. CA. PA.		NO. DA. YR. MO. CA. PA.		NO. DA. YR. MO. CA. PA.	
29. PREVIOUS GOVERNMENT SERVICE DATA		30. LEAF CAT. CODE		31. FEDERAL TAX DATA		32. STATE TAX DATA	
CODE 1 = NO PREVIOUS SERVICE 2 = HERE IN SERVICE (LESS THAN 12 MONTHS) 3 = AHEAD IN SERVICE (MORE THAN 12 MONTHS)		1-101 2-101		FORM 1041 FORM 1042		FORM 1041 FORM 1042	
33. POSITION CONTROL CERTIFICATION				34. O.P. APPROVAL			
[redacted]				24 July 61			



SECRET

1-3683

61-59241

16 June 1961

MEMORANDUM FOR: Director of Central Intelligence

VIA : Deputy Director (Plans)

SUBJECT : Appointment of [redacted]  
 Chief of Station, [redacted]

1. The appointment of [redacted] as Chief of Station, [redacted] effective on or about 15 September 1961, is recommended.

2. [redacted] has been an employee of the Agency since 18 September 1947, and is presently assigned to WH Division. A biographic data sheet, including information regarding his Agency experience and training, is attached.

3. In view of the fact that [redacted] is not available for interview because he is on home leave the usual interview endorsement is not made a part of this memorandum.

[redacted]

ERIC W. TIMM  
 Chief  
 Western Europe Division

1 Attachment  
 Biographic Information

APPROVAL RECOMMENDED:

*Richard W. Russell Jr.* *ERW*  
 Deputy Director (Plans) *20 July 61* 8 JUL 1961  
 (Date) (Date)

The recommendation in paragraph 1 is approved:

*Allen Dulles*  
 Director of Central Intelligence 11 AUG 1961  
 (Date)

SECRET

SECRET

16 June 1961

Name:  
Grade:  
Service Designation:

[Redacted]  
GS-16  
D

Date and Place of Birth:

[Redacted]  
New York, New York

Marital Status:

Married

Wife:  
Son:  
Son:

[Redacted]

Education and Career Outside the Agency:

1926 - 1929  
1931 - 1944

San Diego Senior High School  
Department of State  
Ensenada, Mexico; Vice Consul  
Mazatlan, Mexico; Vice Consul  
Guadalajara, Mexico; Vice Consul  
OSS/SSU/CIG

1944 - 1947

[Redacted] Chief of Station

Languages:

Spanish; Good

Military Duty:

None

CIA Experience:

Sep 1947  
Mar 1949  
Aug 1949  
Aug 1951  
Sep 1952  
Aug 1954  
Jan 1956  
Jun - Jul 1956  
Jun 1957  
Apr 1958  
Apr 1961

[Redacted]

SECRET

SECRET

- 2 -

15 June 1961

Name:

CIA Training:

1947

1947

1947

1949

1949

1949

1949

1949

1952

1952

1958

1958

SECRET

**SECRET**  
(When Filled In)

V to V		V to UV		REQUEST FOR PERSONNEL ACTION				DATE PREPARED					
UV to V		UV to UV						Mo	Da	Yr			
1. Serial No.		2. Name (Last-First-Middle)			3. Date Of Birth		4. Vac. Ref.		5. Sex		6. CS - EOD		
					Mo Da Yr		None-0 5 Pt-1 10 Pt-2		O M		Mo Da Yr		
7. SCD		8. CSC Ream		9. CSC Or Other Legal Authority		10. Acmt. Affidav.		11. FEGLI		12. LCD		13. Credit Lcd	
Mo Da Yr		Yes - 1 No - 2				Mo Da Yr		Yes - 1 No - 2		Mo Da Yr		Yes - 1 No - 2	

**CURRENT ASSIGNMENT**

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DDP/WH Branch III											
16. Dept. Field		17. Position Title				18. Position No.		19. Serv.		20. Occup. Series	
Dept - Usfld - Frag -		Code		CHIEF OF STATION				114		PSS US 0136-01	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
15 4		\$ 13,670		DI		Mo Da Yr 08 01 58		Mo Da Yr 07 24 66			

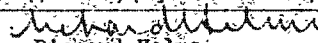
**ACTION**

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
PROMOTION (TEMPORARY) *				Mo Da Yr 07 20 68		REGULAR					

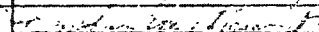
**PROPOSED ASSIGNMENT**

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
33. Dept. Field		34. Position Title				35. Position No.		36. Serv.		37. Occup. Series	
Dept - Usfld - Frag -		Code									
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
16 1		\$ 14,190		DI		Mo Da Yr 07 20 68		Mo Da Yr 07 24 66		0155-5450-3000	

**SOURCE OF REQUEST**

A. Requested By (Name And Title)				C. Request Approved By (Signature And Title)				Date Approved			
				 Richard Helms Chief of Operations, DD/P							
B. For Additional Information Call (Name & Telephone Ext.)											

**CLEARANCES**

Clearance		Signature		Date		Clearance		Signature		Date	
A. Career Board						D. Placement					
B. Pos. Control				8-10-68		E. Release					
C. Classification						F. Approved By				MAR 1968	

Remarks  
\* Promotion to the grade indicated is temporary and for such duration as the Director will determine. Your permanent grade is the grade from which you are temporarily promoted.

Continued on reverse side

SECRET

Classify Area To Content

REQUEST FOR PERSONNEL ACTION															
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vet. Pref.		5. Sex	6. GS - EOD			
						Mo Da Yr			None-0 Code 5 Pt-1 10 Pt-2		M	Mo Da Yr			
7. SCD		8. CSC Retmt		9. CSC Or Other Legal Authority			10. Appt. Affidav.			11. FEGLI		12. LCD		13. Credit Lco	
Mo Da Yr		Yes-1 Code No-2					Mo Da Yr			Yes-1 Code No-2		Mo Da Yr		Yes-1 Code No-2	

2A

PREVIOUS ASSIGNMENT

UNVOUCHERED

14. Organizational Designations				Code	15. Location Of Official Station				Station Code	
DDP/WH Branch II					Washington, D.C.					
16. Dept. - Field		17. Position Title			18. Position No.		19. Serv.	20. Occup. Series		
Dept - X Code		Area Ops Officer (Br Ch)			SA-160		GS	0136.01		
21. Grade & Step		22. Salary Or Rate		23. SD	24. Date Of Grade		25. PSI Due		26. Appropriation Number	
GS-15-3		\$ 12,150		DI	Mo Da Yr		Mo Da Yr		B-3500-10-200	

ACTION

27. Nature Of Action		Code	28. Eff. Date		29. Type Of Employee			Code	30. Separation Date	
REASSIGNMENT		69	4/16/58		REGULAR			OM		

PRESENT ASSIGNMENT

UNVOUCHERED

31. Organizational Designations				Code	32. Location Of Official Station				Station Code	
DDP/WH Branch III				4657					17085	
33. Dept. - Field		34. Position Title			35. Position No.		36. Serv.	37. Occup. Series		
Dept - X Code		SA-114 (SEE) CHIEF OF STATION			D		FSS	65		
38. Grade & Step		39. Salary Or Rate		40. SD	41. Date Of Grade		42. PSI Due		43. Appropriation Number	
GS-15-3					08/10/57		01/25/58		E-3545-55-055	

SOURCE OF REQUEST

A. Re		C. Request Approved By (Signature And Title)			
B. For Additional Information Call (Name & Telephone Ext.)		27 Feb 1958			

CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board			D. Placement		1 MAR
B. Pos. Control		3/18/58	E.		
C. Classification			F. Approved By		1 MAR

Remarks

2 copies to Security. Sec. Conc. by ext 3/24 ny 3/26

SECRET

SECRET

100-3-10576

10-1694/1

12 February 1958

MEMORANDUM FOR: Director of Central Intelligence

VIA: Deputy Director (Plans)

SUBJECT: Appointment of [redacted] Chief of Station, [redacted]

1. The appointment of [redacted] as Chief of Station, [redacted] effective on or about 7 September 1958, is recommended by [redacted] whose reassignment to another field station is under active consideration.

2. [redacted] has been an employee of the Agency since 15 August 1944, and is presently assigned as Chief of Branch II, WH Division, Headquarters, GS-15. A biographic data sheet, including information regarding his Agency experience and training, is attached.

[redacted]  
J. C. KING  
Chief

Western Hemisphere Division

1 Attachment  
Biographic information

APPROVAL RECOMMENDED:  
[redacted] has been interviewed by the Chief of Operations, and by myself, and we are satisfied that he is qualified for this assignment.

*opc*  
DDCI 10 MAR 1958

*Frank S. Lewis*  
Deputy Director (Plans) 5 March 1958  
(Date)

The recommendation in paragraph 1 is APPROVED:  
*Cliff Keller*  
Director of Central Intelligence 10 MAR 1958  
(Date)

SECRET

[Redacted]

[Redacted]

12 November 57

Branch Chief

DDP/MI/II

GS-15

ooo

ooo

TDY Stand-by Status

Subject is qualified for one (3 weeks) TDY. (11/23/57)  
Must be evaluated for each TDY.

NOV 23 1957

NOV 23 5 00 PM '57

DEPT OF DEFENSE

SECRET

S-E-C-R-E-T

This Notice Expires 1 July 1958

N 20-190-139

NOTICE  
NO. 20-190-139

PERSONNEL  
2 July 1957

ANNOUNCEMENT OF ASSIGNMENTS TO KEY POSITIONS

PANEL OF EXAMINERS OF THE CIA SELECTION BOARD

In accordance with paragraph 5b of Regulation No. 20-105, The Career Staff of the Central Intelligence Agency, the following persons are appointed, effective 1 July 1957, to serve as members of the Panel of Examiners for the period ending 30 June 1958:

<u>Name</u>	<u>Service Designation</u>	<u>Organizational Component</u>
-------------	----------------------------	---------------------------------

--	--	--

S-E-C-R-E-T



S-E-C-R-E-T

N 20-190-139

NOTICE  
NO. 20-190-139

PERSONNEL  
2 July 1957

<u>Name</u>	<u>Service Designation</u>	<u>Organizational Component</u>
-------------	----------------------------	---------------------------------

[Redacted Content]		
--------------------	--	--

FOR THE DIRECTOR OF CENTRAL INTELLIGENCE:

H. GATES LLOYD  
Acting Deputy Director  
(Support)

DISTRIBUTION: A, plus each member  
of the Panel of Examiners

S-E-C-R-E-T

SECRET

STANDARD FORM 52  
FORMS ISSUED BY THE  
U. S. CIVIL SERVICE COMMISSION  
GPO: 1957 O - FEDERAL PROPERTY  
MANUAL, CHAPTER 10

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, initials, and surname)	2. DATE OF BIRTH	3. REQUEST NO.	4. DATE OF REQUEST
			17 May 57

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.)	B. APPROVED:	

FROM: (DC EN) Area Ops Officer (DC) EA-10 GS-0136.01-15 \$11,880.00 p.a. (FSS-3 \$9635.00 p.a.) DDP/WH Branch I Washington, D. C.	9. POSITION TITLE AND NUMBER	TO: (DC EN) 460 Area Ops Officer (DC) EA-10 GS-0136.01-15 \$11,880.00 p.a. (FSS-3 \$9635.00 p.a.) DDP/WH Branch II Washington, D. C.
10. SERVICE GRADE AND SALARY	11. ORGANIZATIONAL DESIGNATIONS	12. FIELD OR DEPARTMENTAL
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL (D)	

8. REMARKS (Use reverse if necessary)  
Memorandum forwarded to Management on 23 May 1957 requesting that position BA-51 be converted from Headquarters Vouchered to Headquarters Unvouchered.

9. REQUEST APPROVED BY	Signature: [Signature]	Title: [Title]
10. DATE OF APPROVAL	10 JUNE 57	

13. VETERAN PREFERENCE	14. POSITION CLASSIFICATION ACTION																		
<table border="1"> <tr> <td>None</td> <td>WH</td> <td>OTHER</td> <td>S.P.T.</td> <td>15. POINT</td> </tr> <tr> <td>X</td> <td></td> <td></td> <td></td> <td>DISAB. OTHER</td> </tr> </table>	None	WH	OTHER	S.P.T.	15. POINT	X				DISAB. OTHER	<table border="1"> <tr> <td>NEW</td> <td>VICE</td> <td>I. A.</td> <td>REAS.</td> </tr> <tr> <td></td> <td></td> <td></td> <td>60-DI</td> </tr> </table>	NEW	VICE	I. A.	REAS.				60-DI
None	WH	OTHER	S.P.T.	15. POINT															
X				DISAB. OTHER															
NEW	VICE	I. A.	REAS.																
			60-DI																

16. APPROPRIATION FROM: 7-3500-10-200 TO: Same	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

21. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.			Approved by [Signature] on 11 June 1957
B. CEIL. OR POS. CONTROL	[Signature]	12 JUN 1957	
C. CLASSIFICATION	[Signature]	14 June	
D. PLACEMENT OR EMPL.	[Signature]	10 JUNE 57	

F. APPROVED	[Signature]	11 June 1957
-------------	-------------	--------------

SECRET

STANDARD FORM 52 FORMERLY USED BY THE U. S. AIR FORCE, ARMY, NAVY, MARINE CORPS, AND AIR NATIONAL GUARD BRANCH, EMPLOYED BY		UN 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, initial(s), and surname)		2. DATE OF BIRTH	3. REQUEST NO.
			4. DATE OF REQUEST 14 Dec 55
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (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: 29 Jan 1956	
FROM-- <b>Area Ops Officer (S.C.), BAF-93</b> GS-0136.01-15 \$11610.00 p.a. (FSS-3 \$8481.00 p.a.) DDP/WH		9. POSITION TITLE AND NUMBER	TO-- <b>Area Ops Officer (S. C.) BA-40</b> GS-0136.01-15 \$11610.00 p.a. (FSS-3 \$8481.00 p.a.) DDP/WH Branch I - NWC Washington, D. C.
10. SERVICE, GRADE, AND SALARY		11. ORGANIZATIONAL DESIGNATIONS	12. FIELD OR DEPARTMENTAL
11. HEADQUARTERS		12. FIELD	13. DEPARTMENTAL
13. FIELD		14. DEPARTMENTAL	15. (FP)
A. REMARKS (Use reverse if necessary)  A memorandum has been forwarded to the Management Staff requesting that this position be converted from vouchered to unvouchered.			
B. REVIEW		C. FOR A	
13. V. L. I.		14. POSITION CLASSIFICATION ACTION	
NONE /WH /M /F /S /PT /DISAB. /OTHER		NEW /VICE /I. A. /REAL	
16. SEX M / F		17. APPOINTMENT FROM: 6-3588-55-066 TO: 6-3588-20 6-3500-10-200	18. SUBJECT TO C. S. AFFILIATION ACT (YES-NO) Yes
19. DATE OF APPOINTMENT AFFILIATION (ACCESSIONS ONLY)		20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:	
21. STANDARD FORM 10 REMARKS  Case by Elise 20 Dec 55 LR 1/24/56			
22. CLEARANCES		INITIAL OR SIGNATURE	DATE
A.			
B. CEIL. OR POS CONTROL			23 JAN 1956
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.		L. P. S. I.	M. L. W. A.
E.			
F.		19 Jan 1956	

SECRET

26 May 1954

MEMORANDUM FOR: PERSONNEL OFFICER, FI

SUBJECT: [REDACTED] -  
Recommendation for Promotion

1. [REDACTED]  
is married and has two children. He graduated from San Diego Senior High School and entered the United States Foreign Service, where he served as consular officer in Mexico and Spain, from 1931 to 1944. He entered on duty with CIA, at CAF-11, on 15 August 1944. He served in [REDACTED] and was promoted to CAF-12 in 1946. He subsequently served at [REDACTED] as Chief of Station, and in March 1947, was promoted to GS-13. He was assigned to [REDACTED] as Chief of Station, and in August of 1951 was promoted to GS-14. Subject is presently Chief of Station at [REDACTED]

2. [REDACTED] has been rated Excellent to Outstanding as Chief of Station. His last efficiency report in June 1953 reflected a lower rating due to a difficult personnel situation and hospitalization. However, this situation has been resolved, and it is felt that [REDACTED] has earned his promotion to GS-15.

3. Your approval is requested.

*J. Caldwell King*  
J. Caldwell King  
Chief, WH

SECRET

SECRET

21 January 1954

MEMORANDUM FOR: CMH

SUBJECT : Reference to [redacted] by William I. Clark,  
Assistant Director U.S.I.A. for Latin America.

During the briefing of CIA personnel conducted by William I. Clark, Assistant Director of U.S.I.A. for Latin America, on 14 January 1954, he was referred to the excellent cooperation between our Chief of Mission [redacted] and the P.A.O., which he characterized as exemplary and a model for all other stations.

CFP/WH

Distribution:

Original and 1: Addressee

BRANCH  
FEB 1 3 21 PM '54  
PERSONNEL

SECRET

SECRET

CONFIDENTIAL FUNDS PERSONNEL ACTION

12951

NAME		DATE
NATURE OF ACTION		EFFECTIVE DATE 12 March 1952
<del>Reassignment</del> Reassignment		FROM 27 April 1952
TITLE	<i>Intell Off</i> Chief of Station, GS-14	<i>Intell Off</i> Chief of Station, GS-14
GRADE AND SALARY	GS-14, \$9600.00 per annum	GS-14, \$9600.00 per annum
OFFICE	OSO	
DIVISION	INT	INT
BRANCH	IC	Branch I
OFFICIAL STATION		
QUALIFICATIONS	FOR ASSISTANT DIRECTOR	EXECUTIVE
<i>RM 1099 4-24-52</i> CLASSIFICATION		
POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS		YES <input type="checkbox"/> NO <input type="checkbox"/>
OATH OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON		DATE MAR 20 1952
SECURITY CLEARED ON		CORCOR FOR THE CHIEF OF STATION AND
OVERSEAS AGREEMENT SIGNED		CHIEF, PERSONNEL SECURITY BRANCH
ENTERED ON DUTY		
(SIGNATURE OF AUTHENTICATING OFFICER)		
REMARKS:		
<i>1.</i>		
12 March 1952		

SECRET

MR+CED

CONFIDENTIAL FUNDS PERSONNEL ACTION

NAME		DATE
[Redacted]		16 July 51
NATURE OF ACTION		Early Retirement 1951
FROM		(Intelligence Officer)
TITLE	Chief of Station, CS-13	Chief of Station, CS-11
GRADE AND SALARY	GS-13, \$12,000 PER ANNUM	GS-11, \$8,500 PER ANNUM
OFFICE	OSO	OSO
DIVISION	INT	INT
BRANCH	EC	EC
OFFICIAL STATION	[Redacted]	
QUALIFICATIONS	APPROVAL FOR ASSISTANT DIRECTOR	EXECUTIVE
CLASSIFICATION	PERSONNEL OFFICER	
POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS		YES <input type="checkbox"/> NO <input type="checkbox"/>
DATE OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON _____		
SECURITY CLEARED ON _____		
OVERSEAS AGREEMENT SIGNED _____		
ENTERED ON DUTY _____		
SIGNATURE OF AUTHENTICATING OFFICER _____		
REMARKS: Slot # 07.		
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>POSTED</b>  <i>17 Aug 51</i> </div> <div style="text-align: right; font-size: 2em; margin-top: 20px;"> <i>JC</i> </div>		

SECRET

-----  
FROM: [REDACTED] ROUTINE  
TO: SPECIAL OPERATIONS 22 DEC 49  
ACTION: FDT (1-2) IN 12169  
INFORMATION: ADSO (3-4), SED (5), CFD (6), COMMO (7-8), IID (9)  
-----

[REDACTED]  
TO: WASHF CITE: [REDACTED]  
RE: WASH 4980 (OUT 95043)

[REDACTED] 22 DECEMBER. [REDACTED] IN CHARGE.

[REDACTED]


SECRET

TOR: 1932Z 22 DEC 49

Copy No. 5



- C. To be able to plan my travel and leave, it is important that I know the approximate duration of TDY.
- D. Would it be possible to postpone the date of my arrival at my new post until 15 June? This would be a great convenience to me, and I would appreciate any consideration which Headquarters may be able to give to this request.

  
\_\_\_\_\_  
Chief of Station

[redacted]

16 February 1948.

close relation to the job he is doing. Since this job is directly concerned with national security and the national interest, and has been consistently well done, I believe that [redacted] can be said with sincerity to be an employee of unquestionable loyalty and integrity.

- 5. The same beliefs of the writer pertain to [redacted] wife, whom I have met on many occasions and found to share his attitudes and feelings completely. She, too, is strongly interested in the work [redacted] is engaged in and has few, if any, outside interests. Their home life is happy and wholesome and their social activities appear strictly restricted to the business of the day.
- 6. In this respect, I believe that both [redacted] and his wife are, by training and personality, security-conscious people who are quite happy to devote themselves to the success of the career in intelligence which [redacted] has selected.

RECISTRY

16 FEB 15 1948

RECEIVED

[faint stamp]

*Office Memorandum* • UNITED STATES GOVERNMENT ①

TO :  X-2  
FROM : OSS Draft Deferment Committee  
SUBJECT:

DATE: 21 August 1945

The local Board has notified us as follows:

Class 2-A Eff. Aug. 1, 1945 until indefinitely.

*File**Office Memorandum* • UNITED STATES GOVERNMENT

TO : Mr. William Sherwood

DATE: 17 October 1944

FROM : M. L. Brockdorff

SUBJECT: *(1)*

This office is in receipt of advice from  Local Board, dated 12 October 1944, that he has been classified II-A until 9 April 1945. The Local Board also stated that their records show that the registrant was never ordered for a pre-induction physical examination by that Board.

*M. L. B.*

M. L. Brockdorff  
Administrative Assistant

SECRET

REPRODUCTION MASTERS

SECRET

BIOGRAPHIC PROFILE

SECRET

H a n d l e   W i t h   C a r e



## CHIEF OF MISSION'S EVALUATION OF PERFORMANCE

(Mission submits original and one copy directly to appropriate agency; retains one copy.)

OFFICER BEING RATED Chief, CAS [redacted]	POST [redacted]	
POSITION Chief, Liaison Section	GRADE FSR-2	AGENCY CAS
RATING PERIOD 9/4/64 to 10/31/65	DATE OF REPORT December 15, 1965	
SIGNATURE OF REPORTING OFFICER <i>Angler Biddle Duke</i> Angler Biddle Duke	TITLE Ambassador	
SIGNATURE OF REVIEWING OFFICER	TITLE	

## EVALUATION OF PERFORMANCE

 Outstanding     Satisfactory     Unsatisfactory

II. Does this officer properly understand and perform his role and his functions as a member of your staff under existing Presidential directives?  Yes     No (If no, explain in detail below.)

Has he seen this report?  Yes     No

## NARRATIVE COMMENTS

(Attach additional sheets, if necessary for this section or for reviewing officer's comments.)

Chief, CAS is one of the ablest members of my Country Team. He has a profound knowledge and understanding of the complex [redacted] political scene, and scores of valuable contacts. I have a healthy respect for his judgment, and frequently seek his advice and counsel.

He manages his staff effectively and enjoys their respect and confidence. Popular and well liked by his colleagues in the Embassy [redacted] Chief, CAS is an excellent representative of our Government.

Chief, CAS is prudent and discreet, and I have complete confidence in him. He is a man of few words but when he expresses himself, he does so in a meaningful way.

III. A gifted analyst with an incredibly deep grasp of the complicated [redacted] mentality, Chief, CAS' assessment and opinions are highly valued by me and the members of my Country Team.

Chief, CAS and his associates have been most cooperative at all times, and have provided me with excellent support. I regard their operation superior in every respect which is a compliment to Chief, CAS' skillful leadership and direction.

Chief, CAS' wife is an attractive American lady who is an asset to her husband. She takes an active part in community affairs.

THIS DOCUMENT CONSISTS OF ONE PAGE. COPY NUMBER 1 OF TWO COPIES, SERIES A.

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 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 14 JULY 1968

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
		43	500	CF	GS 16 6	324,477 326,640

SECRET

NOTIFICATION OF ESTABLISHMENT OF OFFICIAL COVER BACKSTOP		DATE 22 July 1966
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, PERSONNEL OPERATIONS DIVISION	ESTABLISHED FOR  
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION	
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) DOD	
ATTN: Personnel	FILE NO. 233	
REF: Verbal Request	ID CARD NO.	
OFFICIAL COVER BACKSTOP ESTABLISHED OS, Evaluation Office	EMPLOYEE NO.	

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

Block Records:  
(OPMERS 20-800-11)

a. Temporarily for \_\_\_\_\_ days, effective \_\_\_\_\_

b. Continuing, effective \_\_\_\_\_ EOD \_\_\_\_\_

Submit Form 642 to change limitation category:  
(HNB 20-7)

Ascertain that Army W-2 being issued.  
(HB 20-282-1)

Submit Form 1322 (R 240-250) to change affecting this cover.

Submit Form 1323 (R 240-252) to transfer cover responsibility.

Remarks:

Cover History

THIS MEMO MUST REMAIN  
ON TOP OF FILE

*[Signature]*

CD/nz

CHIEF, OFFICIAL COVER CCS

DISTRIBUTION: Copy 1-POD, Copy 2-Operating Component, Copy 3-OS D'OS, Copy 4-OL/TELSVC, Copy 5-PSD/OS, Copy 6-OCS/OPS, Copy 7-File



PLW: 15 AUG 68

**SECRET**  
(When Filled In)

OEF		NOTIFICATION OF PERSONNEL ACTION					
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)					
3. NATURE OF PERSONNEL ACTION							
RESIGNATION		4. EFFECTIVE DATE	5. CATEGORY OF EMPLOYMENT				
		08 03 68	REGULAR				
6. FUNDS		7. Financial Analysis No. Chargeable	8. CSC OR OTHER LEGAL AUTHORITY				
<table border="1"> <tr> <td>V TO V</td> <td>V TO CF</td> </tr> <tr> <td>CF TO V</td> <td>CF TO CF</td> </tr> </table>		V TO V	V TO CF	CF TO V	CF TO CF	9. ORGANIZATIONAL DESIGNATIONS	10. LOCATION OF OFFICIAL STATION
V TO V	V TO CF						
CF TO V	CF TO CF						
DDP		12. POSITION NUMBER					
US FIELD		13. SERVICE DESCRIPTION					

11. LAST NAME		FIRST NAME		INITIALS		12. APPOINTMENT DATA		13. TOTAL SERVICE FOR LEAVE							
						Entered on duty P/T P/T		List of dates of separation							
14. DATE AND NATURE OF SEPARATION		Subject to Sec. 203(d), 1951 Leave Act		Yes <input type="checkbox"/> No <input type="checkbox"/>		Ceased to be subject to Sec. 203(d) on		<table border="1"> <tr> <td>Years</td> <td>Months</td> <td>Days</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>		Years	Months	Days			
Years	Months	Days													
Retirement: 3/31/71 8-3-68		Annual Leave Bal				<input type="checkbox"/> More than 15 years									
SUMMARY OF ANNUAL AND SICK LEAVE				SUMMARY OF HOME LEAVE				REMARKS							
(HOURS)				(DAYS)											
5. Balance from prior leave year ended 1/9 71		ANNUAL	SICK	14. Date arrival abroad for HL purposes		15. Current balance as of 19		None							
6. Current leave year accrued through 3/20 71		480	1901	16. 12-month accrual rate		17. Dates leave used, prior 24 months									
7. Total		40	20	18. Monthly accrual date		19. Calendar days credit for next accrual date									
8. Reduction in credits, if any, (current year)		520	1921	20. Date basic service period completed		21. Dates during current calendar yr									
9. Total leave taken		0	0	22. Dates during preceding calendar yr		23. During leave year in which separated									
10. Balance		40	0	24. During 18-month waiting period which began on		10/5/69									
11. Total hours paid in lump sum 480 hrs. + 1 Holiday		480	1921	25. During 18-month HL accrual period (dates)											
12. Salary rates: \$33,757.00															
13. Lump sum leave dates															
From 6/1/71 to 6/24/71															
26. (Signature)		(Date)													
Auth. Cert. Officer															
(Title)		(Telephone)													

Standard Form 3150  
November 1969  
50 20-108

**RECORD OF LEAVE DATA TRANSFERRED**

U.S. CIVIL SERVICE COMMISSION  
PFM SUPPLEMENTS 290-31 AND 990-1

7-15

115C  
May 1967

Use Previous  
Edition

**SECRET**

FVD

Excluded from automatic  
downgrading and  
declassification

(When Filled In)

JLB: 14 MAY 68

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1 SERIAL NUMBER		2 NAME (LAST FIRST MIDDLE)		4 EFFECTIVE DATE MO DA YR 05 05 68		5 CATEGORY OF EMPLOYMENT REGULAR	
3 NATURE OF PERSONNEL ACTION REMOVAL FROM CIA RETIREMENT AND DISABILITY SYSTEM-VOLUNTARY				7 Financial Analysis No. Chargeable 8129 0256 0000		8 CSC OR OTHER LEGAL AUTHORITY PL 88-643 SECT. 203	
4 FUNDS		V TO V	V TO CF	9 ORGANIZATIONAL DESIGNATIONS		10 LOCATION OF OFFICIAL STATION	
CF TO V		X	CF TO CF	DDP/			
11 POSITION TITLE				12 POSITION NUMBER		13 SERVICE DESIGNATION D	
14 CLASSIFICATION SCHEDULE (SEE LB 40E)		15 OCCUPATIONAL SERIES		16 GRADE AND STEP 16		17 SALARY OR RATE	
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 INTEGRITY CODE	24 HOURS CODE	25 DATE OF BIRTH MO DA YR	26 DATE OF GRADE MO DA YR	27 DATE OF LEI MO DA YR
28 NET EXPENSE MO DA YR	29 SPECIAL REFERENCE	30 RETIREMENT DATA 1. CIV. 2. MIL. 3. RET. 4. NONE		31 SEPARATION DATA CODE	32 Correction/Conciliation Data 1. YES 2. NO		33 SECURITY REG. NO		34 SEX
35. VET. PREFERENCE CODE 0 NONE 1 SUPP 2 10 PT		36 SERV. COMP. DATE MO DA YR	37 LONG. COMP. DATE MO DA YR	38 CAREER CATEGORY LAB. CIV. CODE CODE 1 YES 2 NO		39 REG. HEALTH INSURANCE CODE CODE 1 YES 2 NO		40 SOCIAL SECURITY NO.	
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0 NO PREVIOUS SERVICE 1 NO PREVIOUS SERVICE 2 SERVED IN SERVICE (HOW MANY YEARS) 3 SERVED IN SERVICE (HOW MANY YEARS)			42 LEAVE CAT. CODE	43 FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS 1 YES 2 NO			44 STATE TAX DATA FORM EXECUTED CODE NO. TAX EXEMPT. STATE CODE 1 YES 2 NO		

SIGNATURE OR OTHER AUTHENTICATION

**POSTED**  
R.S.  
5-14-68

"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 1962

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
		43	500	CF GS 16 5	\$22,753	\$23,776

SECRET  
(When Filled In)

MAH: 25 OCT 67

NOTIFICATION OF PERSONNEL ACTION

OCF

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

3. NATURE OF PERSONNEL ACTION	4. EFFECTIVE DATE	5. CATEGORY OF EMPLOYMENT
REASSIGNMENT	10 108 67	REGULAR

6. FUNDS	7. Financial Analysis No. Chargeable	8. CSC OR OTHER LEGAL AUTHORITY
Y TO Y CF TO Y X CF TO CF	8129 0256 0000	50 USC 403 J

9. ORGANIZATIONAL DESIGNATIONS	10. LOCATION OF OFFICIAL STATION
DDP/DOD U.S. FIELD	

11. CLASSIFICATION SCHEDULE (GS, GS, etc.)	12. OCCUPATIONAL SERIES	13. GRADE AND STEP	14. SALARY OR RATE
GS	0136.08	16 6	28425

15. REMARKS
CHIEF OF BASE

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. HQ/IN CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI
37	1A	NUMERIC: 43500 ALPHABETIC: DOD	75007		2			
28. NTE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA	33. SECURITY REQ. NO.	EOD DATA		
		1 - CSC 2 - CIA 3 - PICA 4 - NONE						
35. VET. PREFERENCE	36. SERV. COMP. DATE	37. LONG COMP. DATE	38. CAREER CATEGORY	39. FEGLI / HEALTH INSURANCE	40. SOCIAL SECURITY NO.			
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE	42. LEAVE CAT. CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA					
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 STATE CODE		

SIGNATURE OR OTHER AUTHENTICATION

POSTED  
R.S.  
10-25-67

D-25

1. SERIAL NO.		2. NAME		3. ORGANIZATION	4. FUNDS	5. LWOP HOURS			
				43 620	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 5	\$22,755	10/10/65	GS	10 6	\$25,425	10/08/67		
CERTIFICATION AND AUTHENTICATION									
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.									
SIGNATURE				DATE					
				11 Aug 67					
<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									
CLERK'S INITIALS				INITIALED BY					
FORM 560 E 7-66		Use previous editions		PAY CHANGE NOTIFICATION				(4-51)	

MAY 1967

*RS*

SECRET  
(When Filled In)

3107

PLT: 30 10/66

NOTIFICATION OF PERSONNEL ACTION

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

[Redacted]

4. EFFECTIVE DATE  
NO. 31 YR.  
08 14 66

5. CATEGORY OF EMPLOYMENT  
REGULAR

REASSIGNMENT - CORRECTION

6. FUNDS  
V TO V  
CF TO V  
X  
CF TO CF

7. Financial Analysis No. Chargeable 8. CSC OR OTHER LEGAL AUTHORITY  
7129 0256 0000

9. ORGANIZATIONAL DESIGNATIONS  
DDP/DOO  
US FIELD

10. LOCATION OF OFFICIAL STATION

[Redacted]

OFFICE OF THE CHIEF

11. POSITION TITLE  
CHIEF OF BASE

12. POSITION NUMBER  
0150

13. SERVICE DESIGNATION  
D

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

15. OCCUPATIONAL SERIES  
0135.02

16. GRADE AND STEP  
16 5

17. SALARY OR RATE  
22755

18. REMARKS  
THIS ACTION CORRECTS FORM 1150 TO CHANGE EFFECTIVE DATE WHICH READ 08/10/55 TO READ 08/14/66.

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING NUMERIC ALPHABETIC	22. STATION CODE	23. INTEGRAL CODE	24. HOURS CODE	25. DATE OF BIRTH MO. DA. YR.	26. DATE OF GRADE MO. DA. YR.	27. DATE OF LEI MO. DA. YR.
28. NTE EXPIRES NO. DA. YR.	29. SPECIAL REFERENCE	30. RETIREMENT DATA 1. CSC 2. CIA 3. FICA 4. NONE	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE NO. DA. YR.	EOD DATA →		33. SECURITY REQ NO.	34. SEX
35. VET. PREFERENCE CODE 0. NONE 1. 5-YR. 2. 10-YR.	36. SERV. COMP. DATE NO. DA. YR.	37. LONG COMP. DATE NO. DA. YR.	38. CAREER CATEGORY CAP. REG. TEMP.	39. FECL/HEALTH INSURANCE CODE CODE 0. PAID 1. YES 1. YES 2. NO	40. SOCIAL SECURITY NO.			
41. PREVIOUS FEDERAL GOVERNMENT SERVICE CODE 0. NO FED. GOV. SERVICE 1. NO FEDERAL SERVICE 2. FEDERAL SERVICE (LESS THAN 1 YR.) 3. FEDERAL SERVICE (MORE THAN 1 YR.)	42. LEAVE CAT. CODE	43. FEDERAL TAX DATA FORM EXECUTED CODE NO. TAX EXEMPTIONS 1. YES 2. NO		44. STATE TAX DATA FORM EXECUTED CODE NO. TAX EXEMPT. STATE CODE 1. YES 2. NO				

SIGNATURE OR OTHER AUTHENTICATION

POSTED  
11-30-66 AS

FORM 1150 5-66

Use Previous Edition

SECRET

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

(When Filled In)

RZF 1 2 AUG 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
CONVERSION FROM <input type="checkbox"/> STATUS	MO COB YR 08 13 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	7136 1347 0000 50 USC 403 J

9. ORGANIZATIONAL DESIGNATIONS	10. LOCATION OF OFFICIAL STATION
DOP/WE FOREIGN FIELD	
OFFICE OF THE CHIEF	

11. POSITION TITLE	12. POSITION NUMBER	13. SERVICE DESIGNATION
CHIEF OF STATION	0399	D

14. CLASSIFICATION SCHEDULE (GS, LO, etc.)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
GS	0136.05	16 5	22755

18. REMARKS  
MADRID, SPAIN

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. MAINT. CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI	
56	10	NUMERIC: 50660 ALPHABETIC: WE	67033		3				
28. NTE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA	EOD DATA			33. SECURITY REQ. NO.	34. SER
		1. CSC 2. FICA 3. NONE							
35. VET. PREFERENCE	36. SERV. COMP DATE	37. LONG. COMP. DATE	38. CAREER CATEGORY	39. FEGLI / HEALTH INSURANCE	40. SOCIAL SECURITY NO.				
CODE	0 - NONE 1 - 5 PT. 2 - 10 PT.	MO. DA. YR.	MO. DA. YR.	CODE	0 - WAIVER 1 - YES	HEALTH INS. CODE			
41. PREVIOUS GOVERNMENT SERVICE DATA	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

0803 607

PJH: 10 AUG 66

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		NO. DA. YR. 08   10   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		7129 0256 0000		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION							
DDP/DOD U.S. FIELD				OFFICE OF THE CHIEF							
11. POSITION TITLE				12. POSITION NUMBER		13. SERVICE DESIGNATION					
CHIEF OF BASE				0150		D					
14. CLASSIFICATION SCHEDULE (GS, 18, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY PD RATE				
GS			0136.08		16 5		22755				
10. 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. MONTH CODE	25. DATE OF BIRTH		26. DATE OF GRADE	27. DATE OF LET	
37	10	NUMERIC ALPHABETIC 43620 D00		75007		2	NO. DA. YR.		NO. DA. YR.	NO. DA. YR.	
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ. NO.	34. SEX
NO. DA. YR.				1 - CSC 2 - FICA 3 - NONE				EOD DATA			
35. VET. PREFERENCE		36. SERV. COMP. DATE		37. LONG. COMP. DATE		38. CASER CATEGORY		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.	
CODE		NO. DA. YR.		NO. DA. YR.		CAP. SECT. PROB. TEMP.		CODE CODE 0 - WAIVER 1 - YES		HEALTH INS. CODE.	
0 - NONE 1 - 8 PT. 2 - 10 PT.											
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT. CODE		43. FEDERAL TAX DATA			44. STATE TAX DATA		
CODE				FORM EXECUTED		CODE NO. TAX EXEMPTIONS			FORM EXECUTED		
0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)				1 - YES 2 - NO					1 - YES 2 - NO		
SIGNATURE OR OTHER AUTHENTICATION											
FROM: WE											
[Signature]											

FORM 11-62 1150

Use Previous Edition

SECRET

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

(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
		50	660	CF	GS 16 5	\$22,331 \$22,755

F. I. O.

PJH: 17 JAN 66

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION												
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)										
3. NATURE OF PERSONNEL ACTION DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM				4. EFFECTIVE DATE MO DA YR 01 16 66		5. CATEGORY OF EMPLOYMENT REGULAR						
6. FUNDS		V TO V OF TO V		V TO OF OF TO OF		7. COST CENTER NO. CHARGEABLE 6136 1347 0000		8. CSC OR OTHER LEGAL AUTHORITY SECTION 203 P.L.88-643				
9. ORGANIZATIONAL DESIGNATIONS DDP/WE FOREIGN FIELD OFFICE OF THE CHIEF					10. LOCATION OF OFFICIAL STATION							
11. POSITION TITLE CHIEF OF STATION				12. POSITION NUMBER 0399		13. SERVICE DESIGNATION D						
14. CLASSIFICATION SCHEDULE (GS, LO, etc.) GS		15. OCCUPATIONAL SERIES 0136.05		16. GRADE AND STEP 02 4 16 5		17. SALARY OR RATE 20928 22331						
18. REMARKS EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE.												
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL												
19. ACTION CODE 28	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC 50660 WE		22. STATION CODE 67033	23. INTEGREE CODE F	24. HOURS CODE 3	25. DATE OF BIRTH MO DA YR		26. DATE OF GRADE MO DA YR 03 20 60		27. DATE OF LEI MO DA YR 10 10 65	
28. NTE EXPIRES MO DA YR		29. SPECIAL REFERENCE		30. RETIREMENT DATA 1 - CSC 2 - FICA 3 - NONE 2		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA TYPE MO DA YR		33. SECURITY REG. 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 CAP SLIP PRIV TEMP		39. FEGLI / HEALTH INSURANCE CODE 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 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)				42. LEAVE CAT. CODE		43. FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS 1 - YES 2 - NO		44. STATE TAX DATA FORM EXECUTED CODE NO TAX EXEMPT. STATE CODE 1 - YES 2 - NO				
SIGNATURE OF OTHER AUTHENTICATION										<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p style="margin: 0;">POSTED</p> <p style="margin: 0;"><i>[Signature]</i></p> </div>		

FORM 1-62 1150

Use Previous Edition

SECRET

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

(When Filled In)

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-301  
PURSUANT TO AUTHORITY OF PCT AS PROVIDED IN THE CIA ACT OF 1949,  
AS AMENDED, AND ADPTI POLICY DIRECTIVE DATED 1 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 OCTOBER 1965

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
[REDACTED]	50	660	CF	GS 16 5	\$21,555	\$22,331

F57

1. Serial No.		2. Name		3. Cost Center Number		4. LWOP Hours				
[REDACTED]		[REDACTED]		50 660 CF						
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADJ.
GS 16	4	\$20,900	10/13/63	GS 16	5	\$21,555	10/10/65			
8. Remarks and Authorization										
// ✓ NO EXCESS LWOP // ✓ IN PAY STATUS AT END OF WAITING PERIOD // ✓ LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS: _____ AUDITED BY: <i>67</i>										
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.										
SIGNATURE: <i>W. J. [unclear]</i> DRSE 20 Aug 1965										
PAY CHANGE NOTIFICATION										

SECRET  
(When Filled In)

57  
DCS 06/16/65

NOTIFICATION OF PERSONNEL ACTION

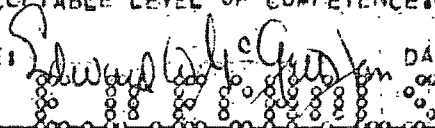
1 SERIAL NUMBER		2 NAME (LAST-FIRST MIDDLE)							
3 NATURE OF PERSONNEL ACTION SERIFS CODE ADJUSTMENT				4 EFFECTIVE DATE MO DA YR 06 07 65		5 CATEGORY OF EMPLOYMENT			
6 FUNDS		V TO V		V TO G		7 COST CENTER NO. CHARGEABLE		8 CSC OR OTHER LEGAL AUTHORITY	
G TO V		X G TO G				9136 1347 0000			
9 ORGANIZATIONAL DESIGNATIONS DDP/4E DIVISION				10 LOCATION OF OFFICIAL STATION					
11 PREVIOUS TITLE CHIEF OF STATION				12 POSITION NUMBER 0399		13 CAREER SERVICE DESIGNATION D			
14 CLASSIFICATION SYMBOL (GS-18, etc.) GS		15 OCCUPATIONAL SERIES 0136.05		16 GRADE AND STEP 26		17 SALARY OR RATE			
18 REMARKS									
<div style="border: 1px solid black; padding: 5px; display: inline-block;">POSTED Jun 6-21-65</div>									
SIGNATURE OR OTHER AUTHENTICATION									



IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-799 AND  
CSI MEMORANDUM DATED 1 AUGUST 1986, SALARY IS ADJUSTED AS FOLLOWS:  
EFFECTIVE 14 OCTOBER 1982

NAME	SERIAL	ORGN	FUNDS	OLD	OLD	NEW	NEW
				GR	GR	GR	GR
[REDACTED]	62460		CF 16 2	\$15515	16 2	\$16800	

**SECRET**  
(When Filled In)

1. Serial No.		2. Name			3. Cost Center Number			4. LWOP Hours		
[REDACTED]		[REDACTED]			62 660 CF					
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	PBI	LSI	ADI
GS-16	2	\$16,500	09/17/81	S-16	3	\$17,000	10/14/82			
8. Remarks and Authentication										
/ / NO EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD / / LWOP STATUS AT END OF WAITING PERIOD. CLERKS INITIALS AUDITED BY										
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.										
SIGNATURE: [Signature]						DATE: 24 Oct 1982				
 PAY CHANGE NOTIFICATION										

1. Serial No.		2. Name		3. Cost Center Number		4. LWOP Hours				
				62 600 CF 14						
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	PS	IS	ADJ
GS 16	3	\$17,000	10/14/62	GS 16	4	\$17,500	10/13/63			
8. Remarks and Authentication										
/ / NO EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD / / LWOP STATUS AT END OF WAITING PERIOD CLEMS INITIALS AUDITED BY 663										
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.										
SIGNATURE: <i>[Signature]</i> DATE: <i>Aug 26, 1963</i>										
PAY CHANGE NOTIFICATION										

Form 560  
9-61

Obsolete Previous Edition

(4-51)

**SECRET**  
(When Filled In)

1. Serial No.		2. Name		3. Cost Center Number		4. LWOP Hours				
				DDP/WH 9 UV						
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	PS	IS	ADJ
GS 16	1	\$13,255	03/20/60	16	2	\$15,515	09/17/61			
8. Remarks and Authentication										
/ / NO EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD / / IN LWOP STATUS AT END OF WAITING PERIOD										
<i>[Signature]</i> PAY CHANGE NOTIFICATION										

Form 560  
7-60

Obsolete Previous Edition

**SECRET**

(4-51)

AES: 26 JULY 61

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
OD:											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
3. NATURE OF PERSONNEL ACTION											
REASSIGNMENT						4. EFFECTIVE DATE			5. CATEGORY OF EMPLOYMENT		
						07 23 61			REGULAR		
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE			8. CSC OR OTHER LEGAL AUTHORITY		
CF TO V		X		CF TO CF		2135 1990 1000			50 USC 403 J		
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
CS/CS DEV COMP DDP WH DIVISION											
11. POSITION TITLE						12. POSITION NUMBER			13. CAREER SERVICE DESIGNATION		
CHIEF OF STATION						9997			D		
14. CLASSIFICATION SCHEDULE (GS, WD, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0136.01		03 0 16 1		13600 15255			
18. REMARKS											
RETRUNEE CASUAL											
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. HOURS CODE	25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI
37	14	64997 WH		17085	1	3					
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REG NO	34. SEX
35. VET. PREFERENCE		36. SERV. COMP. DATE		37. LONG COMP. DATE		38. MIL SERV. CREDIT/LCD		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.	
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA	
SIGNATURE OR OTHER AUTHENTICATION											
FOOTED											
2/28/61: RKT											

Form 6-60 1150

Obsolete Previous Editions

SECRET

(4-51)

03/27/61



PSC: 7 SEPT 1961

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
ODF											
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT						08   20   61		REGULAR			
6. FUNDS		V TO V		V TO CP		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY			
CF TO V		X		CF TO CP		2136 6400 1017		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DOP WE											
OFFICE OF THE CHIEF											
11. POSITION TITLE						12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION			
CHIEF OF STATION						0399		D			
14. CLASSIFICATION SCHEDULE (GS, NW, etc.)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP		17. SALARY OR RATE			
FSR GS			0136.01			03 0 16 1		13600 15255			
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. HQ/INT. CODE	25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI
37	10	62660	WE	67033	1	3					
28. NTE EXPIRES		29. SPECIAL REFERENCE	30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA		33. SECURITY REG. NO.		34. SER.	
NO DA YR			1. CSC 2. PICA 3. NONE			TYPE NO. DA YR		EOD DATA			
35. VET. PREFERENCE		36. SERV. COMP. DATE		37. LONG. COMP. DATE		38. MIL. SERV. CREDIT/LCD		39. FEGLI/HEALTH INSURANCE		40. SOCIAL SECURITY NO.	
CODE 0 - NONE 1 - 5 PT. 2 - 10 PT.		NO DA YR		NO DA YR		1 - YES 2 - NO		CODE CODE 0 - WAIVER 1 - YES		HEALTH INS. CODE	
41. PREVIOUS GOVERNMENT SERVICE DATA				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 12 MOS) 3 - BREAK IN SERVICE (MORE THAN 12 MOS)					FORM EXECUTED CODE NO TAX EXEMPTIONS			FORM EXECUTED CODE NO TAX STATE CODE EXEMP			
					1 - YES 2 - NO			1 - YES 2 - NO			
SIGNATURE OR OTHER AUTHENTICATION											
9-11-61 [Signature]											

Form 6-60 1150

Obsolete Previous Editions

SECRET

(4.51)

Jan 9-7-61

AES: 6 APRIL 61

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				
CONVERSION TO PERMANENT SUPERGRADE RANK*						04 06 61		REGULAR				
6. FUNDS		V TO V		V TO CP		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY				
CF TO V		I		CF TO CP				50 USC 403 J				
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION						
DDP WH BRANCH												
11. POSITION TITLE				12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION						
CHIEF OF STATION				0114		0						
14. CLASSIFICATION (SCHEDULE, GS, WD, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY RATE					
GS			0136.01		16 1		11740 15255					
18. REMARKS												
*THE DIRECTOR OF CENTRAL INTELLIGENCE ON 6 APRIL 1961 APPROVED YOUR PERMANENT GRADE AS GS 16.												
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. MONTH CODE	25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LES	
		NUMERIC ALPHABETIC					MO DA YA		MO DA YA		MO DA YA	
28. NTE EXPIRES		29. SPECIAL REFERENCE	30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA			33. SECURITY REG. NO.			
MO DA YA			1 - CSC 2 - FICA 3 - NONE			TYPE MO DA YA			EOD DATA			
34. VET PREFERENCE		35. SERV. COMP. DATE		37. LONG SERV. DATE		38. MIL. SERV. CREDIT/CD		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.		
CODE		0 - NONE 1 - 5 YR 2 - 10 YR		MO DA YA		1 - YES 2 - NO		CODE CODE 0 - WAIVER 1 - YES		HEALTH INS. CODE		
42. PREVIOUS GOVERNMENT SERVICE DATA				43. LEAVE CAT CODE	44. FEDERAL TAX DATA			45. STATE TAX DATA				
CODE					FORM EXECUTED CODE NO. TAX EXEMPTIONS			FORM EXECUTED CODE NO. STATE CODE				
0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 12 MO) 3 - BREAK IN SERVICE (MORE THAN 12 MO)					1 - YES 2 - NO			1 - YES 2 - NO				
SIGNATURE OR OTHER AUTHENTICATION												
<div style="border: 1px solid black; padding: 5px; display: inline-block;">           TO 42761 WH         </div>												

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

SD	NAME	SERIAL	ORGN	GR-ST	OLD SALARY	NEW SALARY
D			46 52	GS-16 1	\$14,190	\$15,255

/S/ EMMETT D. ECHOLS  
DIRECTOR OF PERSONNEL

**SECRET**  
(When Filled In)

**NOTIFICATION OF PERSONNEL ACTION**

PAS: 11 MARCH 1960

1. Serial No.		2. Name (Last-First-Middle)			3. Date Of Birth			4. Var. Pref.		5. Sex		6. CS - ECDS		
					Mo.	Da.	Yr.	None-0 5 Pt-1 10 Pt-2	Code	M	1	Mo.	Da.	Yr.
								0				09	18	47
7. SCD		8. CSC Reim.		9. CSC Or Other Legal Authority			10. Apmt Affidav.		11. FEGLI		12. LCD		13. <sup>with</sup> <sub>creat</sub> <sup>code</sup>	
Mo.	Da.	Yr.	Yes-1 No-2	Code				Mo.	Da.	Yr.	Yes-1 No-2	Code		
01	26	31		1	50 USCA 403 J						09	18	47	1

**PREVIOUS ASSIGNMENT**

14. Organizational Designations				Code	15. Location Of Official Station				Station Code		
DDP WH BRANCH III									17085		
16. Dept. - 1 USStd - 3 Fign - 5		17. Position Title		18. Position No.		19. Serv.		20. Occup. Series			
5		CHIEF OF STATION		0114		GS		0136.01			
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
02 15 4		\$ 10920 13670		D		Mo. Da. Yr. 08 01 54		Mo. Da. Yr. 01 25 59		8.3545 55-055	

**ACTION**

27. Nature Of Action		Code	28. Eff. Date		29. Type Of Employee		Code	30. Separation Data	
PROMOTION (TEMPORARY)*		30	Mo. Da. Yr. 03 20 60		REGULAR		OM		

**PRESENT ASSIGNMENT**

31. Organizational Designations				Code	32. Location Of Official Station				Station Code		
DDP WH BRANCH III									17085		
34. Dept. - 1 USStd - 3 Fign - 5		35. Position Title		36. Position No.		36. Serv.		37. Occup. Series			
5		CHIEF OF STATION		0114		GS		0136.01			
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
02 16 1		\$ 10920 14190		D		Mo. Da. Yr. 03 20 60		Mo. Da. Yr. 09 17 61		0135 5450 3000	

44. Remarks  
\* PROMOTION TO THE GRADE INDICATED IS TEMPORARY AND FOR SUCH DURATION AS THE DIRECTOR WILL DETERMINE. YOUR PERMANENT GRADE IS THE GRADE FROM WHICH YOU ARE TEMPORARILY PROMOTED.

FOUNDED

4-7-60

GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
			MO.	DA.	YR.				MO.	DA.	YR.
GS 15	3	\$13,370	07	28	57	GS 15	4	\$13,670	01	25	59

REMARKS

**CERTIFICATION**

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

TYPED, OR PRINTED, NAME OF SUPERVISOR: \_\_\_\_\_ DATE: 11 Dec. 1958

**PERIODIC STEP INCREASE - CERTIFICATION**

FORM NO. 560  
MAR. 56

**SECRET**

PERSONNEL FOLDER (4)

**SECRET**  
(WHEN FILLED IN)

1. EMP. SERIAL NO. 12		NAME		3. ASSIGNED ORGAN. ODP/WH		4. FUNDS UV		5. ALLOTMENT			
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 15	3	\$13,370	07	28	57	GS 15	4	\$13,670	01	25	59

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

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

9. NUMBER OF HOURS LWOP \_\_\_\_\_

10. INITIALS OF CLERK \_\_\_\_\_ 11. AUDITED BY \_\_\_\_\_

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

12. PROJECTED SALARY RATE AND EFFECTIVE DATE						13. REMARKS 544 7/10 1711					
GRADE	STEP	SALARY	MO.	DA.	YR.						

14. AUTHENTICATION

**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
		GS-15-3	\$12,150	\$13,370

GORDON M. STEWART  
 75/ DIRECTOR OF PERSONNEL

**SECRET**

**SECRET**  
(When Filled In)

<b>DMG 4 APR 58</b>												<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 - LOD				
						Mo. Da. Yr.			Non-0 Code 5 Pt-1 0 10 Pt-9		M 1		Mo. Da. Yr. 09 18 47				
7. SCD		8. CSC Rmt.		9. CSC Or Other Legal Authority				10. Appt. Allidav.			11. FEGLI		12. LCD		13. MIL. TEST		
Mo. Da. Yr. 01 26 31		Yes-1 Code No-2 1		50 USCA 403 J				Mo. Da. Yr.			Yes-1 Code No-2		Mo. Da. Yr. 09 18 47		Yes-1 Code No-2 1		

**PREVIOUS ASSIGNMENT**

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DDP WH BRANCH 11						WASH. D.C.					
16. Dept. Code		17. Position Title		18. Position No.				19. Serv.		20. Occup. Series	
Dept - 1 USId - 3 Fign - 5		AREA OPS OFF BR CH		0460				GS		0136.01	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. Pst. Due		26. Appropriation Number	
02 15 3		\$925 \$12150		DI		Mo. Da. Yr.		Mo. Da. Yr.		8 3500 10 200	

**ACTION**

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
REASSIGNMENT		67		04 06 58		REGULAR		OM			

**PRESENT ASSIGNMENT**

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DDP WH BRANCH 111				4652						17025	
33. Dept. Code		34. Position Title		35. Position No.				36. Serv.		37. Occup. Series	
Dept - 1 USId - 3 Fign - 5		CHIEF OF STATION		0114				GS		0136.01	
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. Pst. Due		43. Appropriation Number	
02 15 3		\$925 \$12150		DI		Mo. Da. Yr. 03 01 54		Mo. Da. Yr. 01 25 59		3 3545 55 055	

44. Remarks

**POSTED**

9 MAY 1958

SECRET  
(WHEN FILLED IN)

1. EMP. SERIAL NO.		2. NAME			3. ASSIGNED ORG.			4. FUNDS		5. ALLOTMENT	
					DDP/WH -3			UV			
6. OLD SALARY RATE					7. NEW SALARY RATE						
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
15	2	\$11,880	01	29	56	15	3	\$12,150	07	28	57
REMARKS											
CERTIFICATION											
I CERTIFY THAT THE SERVICE AND CONDUCT OF THE ABOVE NAMED EMPLOYEE ARE SATISFACTORY.											
TYPED OR PRINTED NAME OF SUPERVISOR				DATE		SIGNATURE OF SUPERVISOR					
J.C. KING				16 July 57		<i>J.C. King</i>					
PERIODIC STEP INCREASE CERTIFICATION											

FORM NO 560  
1 MAR 56

SECRET

PERSONNEL FOLDER (4)

SECRET  
(WHEN FILLED IN)

1. EMP. SERIAL NO.		2. NAME			3. ASSIGNED ORG.			4. FUNDS		5. ALLOTMENT	
					DDP/WH			UV			
6. OLD SALARY RATE					7. NEW SALARY RATE						
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
15	2	\$11,880	01	29	56	15	3	\$12,150	07	28	57
<p>8. CHECK ONE <input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP</p> <p>IF EXCESS LEAVE LWOP, CHECK FOLLOWING:</p> <p><input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD</p> <p><input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD</p>											
9. NUMBER OF HOURS LWOP										11. AUDITED BY	
10. INITIALS OF CLERK											
TO BE COMPLETED BY THE OFFICE OF PERSONNEL											
12. PROJECTED SALARY RATE AND EFFECTIVE DATE						13. REMARKS					
GRADE	STEP	SALARY	MO.	DA.	YR.	<p><i>W. King</i></p> <p><i>07/28/57</i></p> <p><i>20 725</i></p>					
14. AUTHENTICATION											
PERIODIC STEP INCREASE - AUTHENTICATION											

FORM NO 560a  
1 MAR 56

SECRET

PERSONNEL FOLDER (4)

**NOTIFICATION OF PERSONNEL ACTION**

1000

1. NAME (MR - MRS - MISS - ONE GIVEN NAME, INITIALS) AND SURNAME:		2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE																		
				28 Jun 1957																		
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		30 Jun 1957	50 USCA 403 J																			
FROM		TO																				
BA-40		Area Ops Officer (Br Ch) BA-460 (Attache)																				
Branch I		DDP/WH Branch II																				
8. POSITION TITLE		9. SERVICE SERIES, GRADE, SALARY																				
		GS-0136, 01-15 \$11,880.00 per annum (PSS-3 \$9635.00 per annum)																				
10. ORGANIZATIONAL DESIGNATIONS		11. HEADQUARTERS																				
467552		1																				
12. FIELD OR DEPT'L		Washington, D. C.																				
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL																				
13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION																				
<table border="1"> <tr> <td>NONV</td> <td>WWII</td> <td>OTHER</td> <td>5-PT.</td> <td>10-POINT</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		NONV	WWII	OTHER	5-PT.	10-POINT						<table border="1"> <tr> <td>NEW</td> <td>VICE</td> <td>I. A.</td> <td>RED.</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>			NEW	VICE	I. A.	RED.				
NONV	WWII	OTHER	5-PT.	10-POINT																		
NEW	VICE	I. A.	RED.																			
0 X		SD/DI																				
15. SEX		16. APPROPRIATION	17. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)	18. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)																		
1 M		FROM 7-3500-10-200 TO 750-13	Yes																			
1 W		TO: 8470		19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:																		
20. REMARKS:																						
3 EOD 09/18/47																						
<div style="border: 1px solid black; padding: 5px; display: inline-block;">                     POSTED                      5 JUL 1957  <i>Rw</i> </div>																						
ENTRANCE PERFORMANCE RATING:		21. SIGNATURE OR OTHER AUTHENTICATION																				
Director of Personnel																						

**SECRET**

1-EMPLOYEE COPY

*27 7/1/57*



PERIODIC STEP INCREASE CERTIFICATION

CONFIDENTIAL  
(When Filled In)

U. S. GOVERNMENT PRINTING OFFICE, 1954-270090

1. Agency and organizational designation		2. Payroll period	3. Step No.	4. Slip No.						
5. [ ] (number when appropriate)		6. Grade and salary GS-15 \$11,510								
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 normal										
8. New normal										
9. Pay this period										
10. Remarks [Handwritten notes]					11. Appropriation(s) [Handwritten: WTI-5]			12. Prepared by [Handwritten: Jan 10 Nov 55]		
<input checked="" type="checkbox"/> Periodic step increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other step increase										
14. Effective date 29 Jan 56	15. Date last step increase received	16. Old salary rate \$11,510	17. New salary rate \$11,870	18. Performance rating & history of merit SERVICE AND CONDUCT ARE SATISFACTORY						
19. LWOP data (fill in appropriate spaces covering LWOP during waiting period)					(Signature or other authentication) (Check applicable box in case of excess LWOP) <input type="checkbox"/> in pay status at end of waiting period. <input type="checkbox"/> in LWOP status at end of waiting period.					
<input type="checkbox"/> No excess LWOP. Total excess LWOP [ ]					Initials of Clerk [ ]					
STANDARD FORM NO. 11260—Revised					CONFIDENTIAL					
Forms prescribed by Comp. Gen. U. S. October 26, 1954, General Regulations No. 102					PAYROLL CHANGE SLIP — PERSONNEL COPY					

**NOTIFICATION OF PERSONNEL ACTION**

rvs

1. NAME (MR.-MISS-MRS.-ONE GIVEN NAME, INITIAL(S), AND SURNAME)		2. DATE OF EXTS	3. JOURNAL OR ACTION NO.	4. DATE
				25 Jan 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	
<b>REASSIGNMENT</b>		29 Jan 1956	50 UBCA 403 J	
FROM		TO		
Area Ops Off (Sta Ch) BAF-93		Area Ops Officer (B. C.) BA-40		
GS-0136.01-15 \$11,610.00 per annum (FSS-3 \$9120.00 per annum)		GS-0136.01-15 \$11,610.00 per annum (FSS-3 \$9120.00 per annum)		
IDP/WE		IDP/WE		
		Branch I - NWC		
		Washington, D. C.		
12: FIELD OR DEPT'L		12: FIELD OR DEPT'L		
<input checked="" type="checkbox"/> FIELD		<input checked="" type="checkbox"/> DEPARTMENTAL		
13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION		
NONE WWII OTHER 5-PT. 10-POINT		NEW VICE L.A. REAL		
<input checked="" type="checkbox"/>		SD-DI		
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: 6-3588-55-066 TO: 6-3580-10-200	Yes	
21. REMARKS:		20. LEGAL RESIDENCE <input checked="" type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: _____		
		<div style="border: 1px solid black; padding: 5px; display: inline-block; transform: rotate(-15deg);"> <b>POSTED</b> 28 JAN         </div>		
ENTRANCE PERFORMANCE RATING: Director of Personnel		22. SIGNATURE OR OTHER AUTHENTICATION		

**SECRET**

1. EMPLOYEE COPY

*rvs 1/25/56*

STANDARD FORM 52  
PROPERTY OF THE  
U. S. CIVIL SERVICE COMMISSION  
GSA GEN. REG. NO. 27  
MAY 1962 EDITION  
REVISED CHAPTER II

**SECRET**

7/23/54  
9/23/54  
S  
S

**REQUEST FOR PERSONNEL ACTION**

**CONFIDENTIAL FUNDS**

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
		-	26 May 54
5. NATURE OF ACTION REQUESTED A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) <b>PROMOTION</b>		6. EFFECTIVE DATE A. PROPOSED: <b>ASAP</b>	7. C. S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED: <b>AUG 1 1954</b>	

FROM <b>AREA OPS OF (STA CH), BAF-93-14</b>	9. POSITION TITLE AND NUMBER	TO <b>AREA OPS OF (STA CH), BAF-93</b>
<b>GS-0136-01-14, \$9800.00 p.a.</b>	10. SERVICE GRADE AND SALARY	<b>GS-0136-01-15, \$10,800.00 p.a.</b>
<b>\$7929.00 p.a.</b>	11. ORGANIZATIONAL DESIGNATIONS	<b>\$7929.00 p.a.</b>
<b>DDP/WH</b>	12. HEADQUARTERS	<b>DDP/WH</b>
<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	13. FIELD OR DEPARTMENTAL	<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL

A. REMARKS (Use reverse if necessary)  
**BAF-93**

**PERIODIC STEP INCREASE DUE 15 Aug 54**

**TO SALARY \$10,000.00**

B. REQUESTED BY (Name and title)  
*[Signature]*

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

D. REQUEST BY  
Signature: *[Signature]*  
Title: **W.D.P. Admin**

13. VETERAN PREFERENCE

NONE	WH	OTHER	5%	10%	15%	20%
<input checked="" type="checkbox"/>						

14. POSITION CLASSIFICATION ACTION

NEW	VICE	I.A.	REAL

**GD: VI**

15. SEX: **M** 16. RACE: **W** 17. APPROPRIATION FROM: **4-3509-55-066** TO: **BAF-93**

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

19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSION ONLY)

20. LEGAL RESIDENCE STATE: **CA**  CLAIMED  APPROVED

21. STANDARD FORM 20 REMARKS

*[Signature]*

**POSTED**  
*[Signature]*

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS:
A.			<p>APPROVED BY FI CAREER SERVICE BOARD DATE: <b>JUN 23 1954</b></p>
B. CEIL OR POS CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR EMPL			
E.			
F. APPROVED BY			

July 23, 1954

STANDARD FORM 52  
FORM 52 PREPARED BY THE  
U. S. CIVIL SERVICE COMMISSION  
JANUARY 1954—FEDERAL PERSONNEL  
MANUAL, CHAPTER 5

**SECRET**

UNVOICED

*2/23/54*  
*1/8*

### 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
		-	16 Feb. 54

5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) <b>Reassignment</b>	6. EFFECTIVE DATE A. PROPOSED: <b>28 Feb. 54</b>	7. C. S. OR OTHER LEGAL AUTHORITY
B. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED: <b>FEB 28 1954</b>

FROM: OPS OF - CHIEF, BA-121-14 GS-132-14, \$9800.00 p.a. \$7929.00 p.a. DDP/WH	8. POSITION TITLE AND MEMBER	TO: ARZA OPS OF - (STA CH) BAF-93-14 GS-0136.01-14, \$9800.00 p.a. \$7929.00 p.a. DDP/WH
9. SERVICE GRADE AND SALARY	10. ORGANIZATIONAL DESIGNATIONS	11. HEADQUARTERS
<input type="checkbox"/> HEAD	<input type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPARTMENTAL: <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL

A. REMARKS (Use reverse if necessary)  
**BAF-93**

B. [Signature]	D. REQUEST APPROVED BY
C. [Signature and telephone extension]	Signature: _____ Title: _____

13. VETERAN PREFERENCE	14. POSITION CLASSIFICATION ACTION
NONE <input checked="" type="checkbox"/> WITH <input type="checkbox"/> OTHER: 3-PT. <input type="checkbox"/> 10 POINT <input type="checkbox"/> DISAB <input type="checkbox"/> OTHER <input type="checkbox"/>	NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input type="checkbox"/> REAL <input type="checkbox"/>

15. SEX: <b>M</b>	16. RACE: <b>W</b>	17. APPROPRIATION FROM: <b>4-3588-55-066</b> TO: <b>same</b>	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: _____
-------------------	--------------------	--------------------------------------------------------------------	----------------------------------------------	-----------------------------------------------------	---------------------------------------------------------------------------------------------------------

21. STANDARD FORM 50 REMARKS

*9/16 26K*

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A			
B. CEIL. OR POS. CONTROL	<i>ICW</i>	<i>2/19</i>	
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.		<i>1/26/54</i>	
E.			

F. APPROVED BY \_\_\_\_\_ *19 Feb 54*

1. Agency and organizational designations		2. Pay roll	3. Block No. UV	4. Slip No.	
5. Employer's name (and social security account number when appropriate)		6. Grade and salary GS - 14 38 \$9600			
PAY ROLL CHANGE DATA					
	BASE PAY	OVERTIME	GROSS PAY	RET. TAX BOND F.I.C.A.	NET PAY
7. Previous period					
8. New period					
9. Pay this period					
10. Remarks: <i>[Handwritten signature]</i>		11. Appropriation(s) VR		12. Prepared by Jan 2/17/53	
13. Audited by					
<input checked="" type="checkbox"/> Periodic step increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other step increase					
14. Effective date 15 Feb 53	15. Does last equivalent increase 19 Aug 52	16. Old salary rate \$7600	17. New salary rate \$9800	18. Performance rating is satisfactory or better.  (Signature or other authentication)	
19. LWOP data (Fill in appropriate spaces covering LWOP during following periods): Period(s) <input type="checkbox"/> No excess LWOP   Total excess LWOP		(Check applicable box in case of excess LWOP) <input type="checkbox"/> LWOP status and appropriate period as per 5 CFR 2635.102 <input type="checkbox"/> LWOP status and appropriate period as per 5 CFR 2635.103			
STANDARD FORM NO. 1126-Rev. 11-52 Form prescribed by Comp. Gen., U. S. Nov. 8, 1952, General Regulations No. 102					PAY ROLL CHANGE SLIP - PERSONNEL COPY 1 <i>[Handwritten initials]</i>

STANDARD FORM 52  
 PREVIOUS EDITIONS BY THE  
 U. S. GPO, WASHINGTON, D. C.  
 (GSA GEN. REG. NO. 27)  
 GPO: 1953 O - 375-000

**SECRET**  
 SECURITY INFORMATION UNCLASSIFIED

**REQUEST FOR PERSONNEL ACTION**

*FR. MAR 25 1953*

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
		-	7 Mar. 53
5. NATURE OF ACT OR REQUESTED: A. PERSONNEL (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.)		9. APPROVED: <i>29 MAR 53</i>	

FROM: <b>INTELL OFF</b> (Chief of Station) 08-14 08-14, \$7689 P.A. \$7600 DDP MH: I	9. POSITION TITLE AND NUMBER	10. OPS OF (CHIEF), BA-121-14
	10. SERVICE, GRADE, AND SALARY	08-122-01, \$9000 P.A. \$7689 \$7800
	11. ORGANIZATIONAL DESIGNATIONS	DDP MH: I
	12. HEADQUARTERS	
<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPARTMENTAL	<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL

A. REMARKS (Use reverse if necessary)  
**BA-121**

**APPROVED BY:  
 FT CAREER SERVICE BOARD**

B. REQ.	C/MH	D. REQUEST APP.
	(extension)	Signature: <i>[Signature]</i>
C. FOR		Title: <i>Chief of Station</i>

13. VET.	14. POSITION CLASSIFICATION ACTION
NONE WHI OTHER OPS 10 POINT DISAB OTHER	NEW VICE I.A. REAL

15. SEX	16. RACE	17. APPROPRIATION FUND: 3529 TY: 3529	18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)	19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)	20. LEGAL RESIDENCE STATE: <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED
---------	----------	---------------------------------------------	----------------------------------------------	-----------------------------------------------------	------------------------------------------------------------------------------------------------

21. STANDARD FORM 50 REMARKS

**POSTED**  
*AK 26 Mar*

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

F. *3/23/53*

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, initials, and surname)	2. DATE OF BIRTH	3. REQUEST NO.	4. DATE OF REQUEST <b>7 May 56</b>
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) <b>Reassignment</b>		6. EFFECTIVE DATE & PROPOSED: <b>MAY 20 1956</b>	7. C.S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED:	

FROM— <b>Area Ops Officer (Br Ch) BA-40</b>	9. POSITION TITLE AND NUMBER	TO— <b>Area Ops Officer (Br Ch) BA-40</b>
10. SERVICE GRADE AND SALARY <b>GS-0136.01-15 \$11800.00 p.a. \$9380.00 p.a.</b>		
11. ORGANIZATIONAL DESIGNATIONS <b>DDP/WH Branch I</b>		
11. HEADQUARTERS <b>Washington, D. C.</b>		
12. FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/>	12. FIELD OR DEPARTMENTAL	12. FIELD <input checked="" type="checkbox"/> DEPARTMENTAL <input type="checkbox"/>

A. REMARKS (Use reverse if necessary)  
**New T/O**

USED IN LIEU OF SF50  
NOTIFICATION OF PERSONNEL ACTION

D. REQUEST APPROVED BY  
 Signature: *C/WH*  
 Title:

13. VETERAN PREFERENCE NONE <input checked="" type="checkbox"/> WWII <input type="checkbox"/> OTHER <input type="checkbox"/> 5 PT. <input type="checkbox"/> 10 POINT <input type="checkbox"/> DISAB. <input type="checkbox"/> OTHER <input type="checkbox"/>	14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> P.A. <input type="checkbox"/> RAIL <input type="checkbox"/>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------

15. SEX <b>M</b>	16. APPROPRIATION FROM: <b>6-3500-10-200</b> TO: <b>Same</b>	17. SUBJECT TO C.S. RETIREMENT ACT (YES-NO) <b>Yes</b>	18. DATE OF APPOINTMENT AFFIDAVIT (ACCESSORY ONLY)	19. LEGAL RESIDENCE STATE: <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED
---------------------	--------------------------------------------------------------------	-----------------------------------------------------------	----------------------------------------------------	------------------------------------------------------------------------------------------------

20. STANDARD FORM 50 REMARKS:  
 APPROVED BY  
 FI CAREER SERVICE BOARD  
 DATE: **14 May 56**

**POSTED**  
*BD 5-21-56*

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

16 May 56

SECRET

*MD + MR*  
*21 Aug 52*

CONFIDENTIAL FUNDS PERSONNEL ACTION

NAME	DATE
	14 August 1952
NATURE	EFFECTIVE DATE
	15 August 1952

	FROM	TO
TITLE	Intell. Off. (Chief)	
GRADE AND SALARY	GS-14, \$2900	\$7889.
OFFICE		
DIVISION	WH	WH
BRANCH	1	1
OFFICIAL STATION		

APPROVAL		
QUALIFICATIONS	FOR ASSISTANT DIRECTOR	EXECUTIVE
CLASSIFICATION	PERSONNEL OFFICER	

POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS  YES  NO

OATH OF OFFICE AND NO-STRIKE AFFIDAVIT EXECUTED ON \_\_\_\_\_

SECURITY CLEARED ON \_\_\_\_\_

OVERSEAS AGREEMENT SIGNED \_\_\_\_\_

ENTERED ON DUTY \_\_\_\_\_

(SIGNATURE OF AUTHENTICATING OFFICER)

REMARKS:

*32877*  
*29 August 52 HP*



SECRET

FDI MR  
30 APR 52 T.H.

CONFIDENTIAL FUNDS PERSONNEL ACTION

NAME		DATE
[Redacted]		12 March 1952
NATURE OF ACTION		EFFECTIVE DATE
<del>XXXXXX</del> Reassignment		27 April 1952
TITLE	<i>Intell Off</i> Chief of Station, GS-14	<i>Intell Off</i> Chief of Station, GS-14
GRADE AND SALARY	GS-14, \$9600.00 per annum	GS-14, \$9600.00 per annum
OFFICE	OSO	
DIVISION	FDT	WII
BRANCH	EC	Branch I
OFFICIAL STATION	[Redacted]	

APPROVAL

RECUTIVE

POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS  YES  NO

DATE OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON \_\_\_\_\_

SECURITY CLEARED ON \_\_\_\_\_

OVERSEAS AGREEMENT SIGNED \_\_\_\_\_

ENTERED ON DUTY \_\_\_\_\_

SIGNATURE OF AUTHENTICATING OFFICER

REMARKS:  
S-#1.

132

POSTED  
*J/K & May*

[Redacted] 12 March 1952  
ACWII

SECRET

CONFIDENTIAL FUNDS PERSONNEL ACTION

NAME		DATE	
[Redacted]		16 July 1951	
NATURE OF ACTION		EFFECTIVE DATE	
Promotion		19 August 1951	
TITLE	FROM		TO
	Chief of Station, GS-13		Chief of Station, GS-11
	GS-13, \$7800.00 per annum		GS-11, \$6800.00 per annum
	OSO		OSO
	EDT		EDT
OFFICE	ED		EC
	OFFICIAL STATION		
[Redacted]			EXECUTIVE
[Redacted]			[Redacted]
POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS			YES <input type="checkbox"/> NO <input type="checkbox"/> 5:130
DATE OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON _____			
SECURITY CLEARED ON _____			
OVERSEAS AGREEMENT SIGNED _____			
ENTERED ON DUTY _____		PURSUANT TO DCI DIRECTIVE 15 OCT 1951 SALARY ADJUSTED TO \$ <u>9600</u>	
			SIGNATURE OF AUTHENTICATING OFFICER
REMARKS: Slot # 87.			
[Redacted]		COPY 18 PAYROLL FILES CONFIDENTIAL FUNDS BRANCH	
		9c	

SECRET

*ib Seymour*

CONFIDENTIAL FUNDS PERSONNEL ACTION

NAME		DATE	
[Redacted]		19 September 1950	
NATURE OF ACTION		EFFECTIVE DATE	
Periodic Pay Increase		17 September 1950	
	FROM	TO	
TITLE	Intelligence Officer (Staff)	Intelligence Officer (Staff)	
GRADE AND SALARY	GS-13 \$7600.00	GS-13 \$7800.00	
OFFICE	OSO	OSO	
DIVISION	FDT	FDT	
BRANCH			
OFFICIAL STATION	[Redacted]		
	APPROVAL		
QUALIFICATIONS	FOR ASSISTANT DIRECTOR	EXECUTIVE	
CLASSIFICATION	[Redacted]		
POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS		YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>
DATE OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON _____			
SECURITY CLEARED ON _____			
OVERSEAS AGREEMENT SIGNED _____			
ENTERED ON DUTY _____			
		SIGNATURE OF AUTHENTICATING OFFICER	
REMARKS:			
L.S.I. 7 March 1949. This is to certify that the conduct and services of the employee during this period were satisfactory in all respects.			
		[Redacted Signature]	
		SUPERVISOR CHIEF	
<div data-bbox="572 1585 879 1755" data-label="Text"> <p><b>POSTED</b> <i>JA 25 Sept</i></p> </div>		<div data-bbox="1229 1542 1434 1776" data-label="Text"> <p><i>BKD</i> <i>JE</i></p> </div>	

SECRET

CONFIDENTIAL FUNDS PERSONNEL ACTION		
NAME		DATE 10 November 1949
NATURE OF ACTION Conversion - Classification Act of 1949*		EFFECTIVE DATE 30 October 1949
	FROM	TO
TITLE	Intelligence Officer (Staff)	Intelligence Officer (Staff)
GRADE AND SALARY	CAF-16 \$7432.20	GS-13 \$7800.00
OFFICE	OSO	OSO
BRANCH	FBI	FBI
DIVISION		
OFFICIAL STATION		
QUALIFICATIONS	APPROVAL	
	FOR ASSISTANT DIRECTOR	EXECUTIVE
CLASSIFICATION	PER	
POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS		
YES <input type="checkbox"/> NO <input type="checkbox"/>		
DATE OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON _____		
SECURITY CLEARED ON _____		
OVERSEAS AGREEMENT SIGNED _____		
ENTERED ON DUTY _____		
SIGNATURE OF AUTHENTICATING OFFICER _____		
REMARKS: * Per authority contained in ltr DCI - 28 October 1949		

FORM NO. 37-1 PREVIOUS EDITIONS ARE NOT TO BE USED. AUG 1949

SECRET

SECRET

CONFIDENTIAL FUNDS PERSONNEL ACTION

NAME		DATE	
[Redacted]		28 June 1949	
RESIDENCE AT TIME OF EMPLOYMENT			
LOCAL ADDRESS			
CITIZENSHIP	SEX	MARITAL STATUS	NO. OF DEPENDENTS
U.S.	Male	Married	
NATURE OF ACTION			EFFECTIVE DATE
Transfer and Reassignment			24 July 1949
	FROM		
TITLE	Chief	Intelligence Officer (Staff)	
GRADE AND SALARY	CAF-13, \$7432.20	CAF-13, \$7432.20	
OFFICE	OSO	OSO	
BRANCH	FBI	FBI	
DIVISION			
OFFICIAL STATION	[Redacted]		
APPROVAL			
FIELD		HEADQUARTERS	
CHIEF OF STATION		FOR THE ASSISTANT DIRECTOR	
[Redacted]		[Redacted]	
		PERSONNEL OFFICER	
POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS <input type="checkbox"/> YES <input type="checkbox"/> NO			
OATH OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON _____			
SECURITY CLEARED ON _____			
OVERSEAS AGREEMENT SIGNED _____			
ENTERED ON DUTY _____			
AUTHENTICATED BY			
REMARKS			
S-2 Subject is replacement for [Redacted] who is leaving that slot.			

*Copy in PAFS  
CONFIDENTIAL FILES*

*12/10/49*

SECRET

SECRET

*JB.*

CONFIDENTIAL FUNDS PERSONNEL ACTION

NAME		DATE	
[Redacted]		25 February 1949	
RESIDENCE AT TIME OF EMPLOYMENT			
LOCAL ADDRESS			
CITIZENSHIP	SEX	DATE OF BIRTH	MARITAL STATUS
USA	M	[Redacted]	Married
NO. OF DEPENDENTS		DATE OF APPOINTMENT	
NATURE OF ACTION		EFFECTIVE DATE	
Promotion		7 March 1949	
	FROM	TO	
TITLE	Chief of Station	Chief of Station	
GRADE AND SALARY	CAP-12 8674.00	CAP-13 8742.20	
OFFICE	OSO - FBI	OSO - FBI	
BRANCH			
DIVISION			
OFFICIAL STATION	[Redacted]		
APPROVAL			
FIELD		HEADQUARTERS	
CHIEF OF STATION		FOR THE ASSISTANT DIRECTOR	
		PERSONNEL OFFICER <i>George E. Miller</i> 2-28-49	
POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
OATH OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON _____			
SECURITY: CLEARED ON _____			
OVERSEAS AGREEMENT SIGNED _____			
ENTERED ON DUTY _____			
AUTHENTICATED BY _____			
REMARKS			
Subject has been in grade since 20 October 1946.			
<i>CE 3/31/49</i>			

FILED IN HARRISVILLE FILES  
CONFIDENTIAL FUNDS BRANCH  
INITIALS

SECRET

**SECRET**

**PERSONNEL ACTION REQUEST  
SPECIAL FUNDS**

*10*

NOTE: See instructions on reverse side.

NAME		DATE	12 October 1948
LEGAL ADDRESS		MARITAL STATUS	Married
LOCAL ADDRESS		NUMBER OF DEPENDENTS	
TELEPHONE		CITIZENSHIP	USA
		SEX	M
		AGE	37
NATURE OF ACTION	Periodic Pay Increase		EFFEKTIVE DATE 17 October 1948

	FROM	TO
Title	Chief of Station	Chief of Station
Grade and Salary	CAF-12 \$6474.60	CAF-12 \$6714.00
Office - Branch	OSO - FBT	OSO - FBT
Division		
Section		
Official Station		
ALLOWANCES (Per Annum)		
Quarters		
Cost of Living		
Special Foreign Living		

REMARKS: (May be continued to reverse side)

Subject has received no increase in salary since 6 April 1947.  
I certify that the services and conduct of the employee during the period were satisfactory in all respects.

**POSTED** *11/4/48*

*Do not post  
before 09-11-47  
1311 09-13-47*

FIELD	APPROVAL																
HEADQUARTERS U.S.																	
<table border="0"> <tr><td>_____</td><td>DATE</td></tr> <tr><td>CHIEF OF STATION</td><td>DATE</td></tr> <tr><td>_____</td><td>DATE</td></tr> <tr><td>SPECIAL FUNDS OFFICER</td><td>DATE</td></tr> <tr><td>_____</td><td>DATE</td></tr> <tr><td>_____</td><td>DATE</td></tr> <tr><td>_____</td><td>DATE</td></tr> <tr><td>_____</td><td>DATE</td></tr> </table>	_____	DATE	CHIEF OF STATION	DATE	_____	DATE	SPECIAL FUNDS OFFICER	DATE	_____	DATE	_____	DATE	_____	DATE	_____	DATE	<div style="border: 1px solid black; width: 150px; height: 100px; margin: 0 auto;"></div> <p style="text-align: right;"><i>130-148</i> DATE <i>11-10-48</i> DATE DATE DATE DATE DATE</p>
_____	DATE																
CHIEF OF STATION	DATE																
_____	DATE																
SPECIAL FUNDS OFFICER	DATE																
_____	DATE																
_____	DATE																
_____	DATE																
_____	DATE																

**SECRET**

PERSONNEL ACTION REPORT

HB 2

This form is to be initiated in the **SECRET** appropriate branch or Office Chief for record and to be processed in accordance with the personnel procedures. Upon approval, the original and one copy will be retained by the Disbursing Office and one copy returned to the originating office.

NAME _____		DATE <u>19 March 1947</u>
NATURE OF ACTION <u>Periodic Increase</u>		NUMBER OF DEPENDENTS <u>One</u>
EFFECTIVE DATE <u>6 April 1947</u>		LOCATION OF DEPENDENTS _____
MARITAL STATUS <u>Married</u>		CITIZENSHIP <u>U.S.</u> SEX <u>M</u> AGE <u>35</u>
FROM		TO
POSITION <u>Chief of Station</u>		POSITION <u>Chief of Station</u>
CONTROL NO. _____		CONTROL NO. _____
CLASSIFICATION <u>CAF-12</u>		CLASSIFICATION <u>CAF-12</u>
ANNUAL GROSS SALARY <u>\$5905.20</u>		ANNUAL GROSS SALARY <u>\$6144.60</u>
OFFICIAL STATION _____		SPECIAL STATION _____
ALLOWANCES:		ALLOWANCES:
QUARTERS _____		QUARTERS _____
COST OF LIVING _____		COST OF LIVING _____
SPECIAL FOREIGN LIVING _____		SPECIAL FOREIGN LIVING _____
TOTAL _____		TOTAL _____
OFFICE:		OFFICE:
BRANCH <u>OSO-FBI</u>		BRANCH <u>OSO-FBI</u>
DIVISION _____		DIVISION _____

TO BE PAID BY \_\_\_\_\_ OFFICE \$ \_\_\_\_\_

(Field)

TAX WITHHELD IN UNITED STATES \_\_\_\_\_

INSURANCE TO BE WITHHELD IN UNITED STATES \_\_\_\_\_  
 (Amount subject to change if premium is increased or decreased)

SAVINGS BONDS 12.50

RETIREMENT WITHHELD IN UNITED STATES 37.50

OTHER (Specify in detail) \_\_\_\_\_

ALLOTMENTS \_\_\_\_\_  
 (Name of Allottee) 142.60

Address \_\_\_\_\_

TOTAL GROSS SALARY PER PAY PERIOD 472.60

I hereby authorize and direct the Disbursing Office to make above allotments from my compensation.

\_\_\_\_\_  
 (Signature of Employee)



JOB DESCRIPTION:

SPECIAL QUALIFICATIONS

REASONS FOR ACTION

DATE OF LAST PROMOTION

Periodic Pay Increase - Last Salary Increase - 1 Sep 1946

APPROVED _____ OFFICE _____ (Field) _____ Date _____ (Chief of Mission) _____ Date _____ (Security Officer) _____ Date _____ (Special Funds Officer) _____ Date _____	APPR _____ Date _____ (Branch Chief) _____ Date <u>2/3/47</u> (Chairman, Pers. Review Com.) _____ <i>EN Schell</i> Date <u>2/9/47</u> (Special Funds Officer) _____
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

PERSONNEL ACTION REQUEST

**SECRET**

This form is to be initiated in triplicate by the appropriate Branch or Office Chief for processing in accordance with existing personnel procedures. Upon approval, the original and one copy will be retained by the Disbursing Office and one copy returned to the originating office.

NAME _____		DATE <u>8 March 1947</u>	
NATURE OF ACTION <u>Transfer</u>		NUMBER OF DEPENDENTS <u>one</u>	
EFFECTIVE DATE <u>10 March 1947</u>		LOCATION OF DEPENDENTS _____	
MARITAL STATUS <u>married</u>		CITIZENSHIP <u>American</u> SEX <u>male</u> AGE <u>35</u>	
FROM		TO	
POSITION <u>Chief of Station</u>		POSITION <u>Chief of Station</u>	
CONTROL NO. _____		CONTROL NO. _____	
CLASSIFICATION <u>CAF-12</u>		CLASSIFICATION <u>CAF-12</u>	
ANNUAL GROSS SALARY <u>\$5908.20</u>		ANNUAL GROSS SALARY <u>\$5908.20</u>	
OFFICIAL STATION _____		OFFICIAL STATION _____	
ALLOWANCES:		ALLOWANCES:	
QUARTERS _____		QUARTERS _____	
COST OF LIVING _____		COST OF LIVING _____	
SPECIAL FOREIGN LIVING _____		SPECIAL FOREIGN LIVING _____	
TOTAL _____		TOTAL _____	
OFFICE:		OFFICE:	
BRANCH <u>OSO - FBK</u>		BRANCH <u>OSO - FBK</u>	
DIVISION _____		DIVISION _____	

TO BE PAID BY \_\_\_\_\_ OFFICE \_\_\_\_\_ \$ \_\_\_\_\_  
 (Field)

TAX WITHHELD IN UNITED STATES \_\_\_\_\_

INSURANCE TO BE WITHHELD IN UNITED STATES \_\_\_\_\_  
 (Amount subject to change if premium is increased or decreased)

SAVINGS BONDS \_\_\_\_\_

RETIREMENT WITHHELD IN UNITED STATES \_\_\_\_\_

OTHER (Specify in detail) \_\_\_\_\_

ALLOTMENTS \_\_\_\_\_  
 (Name of allottee)

Address \_\_\_\_\_

TOTAL GROSS SALARY PER PAY PERIOD \$ \_\_\_\_\_

I hereby authorize and direct the Disbursing Office to make above allotments from my compensation.

Form No. 37-1  
 Sep 1946

**SECRET**

\_\_\_\_\_  
 (Signature of Employee)

JOB DESCRIPTION:

SPECIAL QUALIFICATIONS

REASONS FOR ACTION

DATE OF LAST PROMOTION

APPROVED \_\_\_\_\_ OFFICE

(Field)

Date \_\_\_\_\_

(Chief of Mission)

Date \_\_\_\_\_

(Security Officer)

Date \_\_\_\_\_

(Special Funds Officer)

[Redacted Signature Box]

14 March 47

APPROVED - N.S. OFFICE

[Redacted Signature Box]

6/3/47

14 Mar 47

(Chairman, Loan Review Com.)

*E. Nichols*

Date 18 Mar 47

(Special Funds Officer)

**PERSONNEL ACTION REQUEST**

This form is to be initiated in triplicate by the appropriate Branch or Office Chief for processing in accordance with existing personnel procedures. Upon approval, the original and one copy will be retained by the Disbursing Office and one copy returned to the originating office.

NAME _____		DATE <u>OCT 20 1946</u>
NATURE OF ACTION <u>New Appointment</u>	NUMBER OF DEPENDENTS <u>one</u>	
EFFECTIVE DATE <u>OCT 20 1946</u>	LOCATION OF DEPENDENTS _____	
MARITAL STATUS <u>married</u>	CITIZENSHIP <u>American</u> SEX <u>Female</u> AGE <u>35</u>	
FROM	TO	
POSITION _____	POSITION <u>Chief of Station</u>	
CONTROL NO. _____	CONTROL NO. _____	
CLASSIFICATION _____	CLASSIFICATION <u>CAF-12</u>	
ANNUAL GROSS SALARY _____	ANNUAL GROSS SALARY <u>\$5905.20</u>	
OFFICIAL STATION _____	OFFICIAL STATION _____	
ALLOWANCES:	ALLOWANCES:	
QUARTERS _____	QUARTERS <u>\$ 900.00</u>	
COST OF LIVING _____	COST OF LIVING <u>840.00</u>	
SPECIAL FOREIGN LIVING _____	SPECIAL FOREIGN LIVING _____	
TOTAL _____	TOTAL <u>\$ 1,740.00</u>	
OFFICE:	OFFICE:	
BRANCH _____	BRANCH <u>FSR O</u>	
DIVISION _____	DIVISION _____	

TO BE PAID BY _____ OFFICE	\$ <u>121.53</u>
(Field)	
TAX WITHHELD IN UNITED STATES	_____
INSURANCE TO BE WITHHELD IN UNITED STATES (Amount subject to change if premium is increased or decreased)	<u>12.50</u>
SAVINGS BONDS	<u>37.50</u>
RETIREMENT WITHHELD IN UNITED STATES	_____
OTHER (Specify in detail)	_____
Acct. _____	_____
ALLOTMENTS _____	<u>282.71</u>
Address _____	_____
TOTAL GROSS SALARY PER PAY PERIOD	\$ <u>4544.24</u>

I hereby authorize and direct the Disbursing Office to make above allotments from my compensation.

\_\_\_\_\_  
(Signature of Employee)

JOB DESCRIPTION:

[Empty box for Job Description]

SPECIAL QUALIFICATIONS

REASONS FOR ACTION

DATE OF LAST PROMOTION

APPROVED [Redacted] OFFICE

(Field)

[Redacted] Date 20.10.46

(Chief of Mission)

Date

(Security Officer)

Date

(Special Funds Officer)

[Redacted signature box]

APPROVED [Redacted] OFFICE

(Administrative Officer)

Date 13 Nov

(Branch Chief)

Date 14 Nov

(Malayan, Pers. Review Com.)

[Signature] Date 20 Nov

(Special Funds Officer)

**SECRET**  
(When Filled In)

<b>FITNESS REPORT</b>					EMPLOYEE SERIAL NUMBER <div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>	
<b>SECTION A GENERAL</b>						
1. NAME		2. DATE OF BIRTH		3. SEX <b>M</b>	4. GRADE <b>GS-16</b>	5. SD <b>D</b>
6. OFFICIAL POSITION TITLE <b>Chief of Base</b>			7. OFF/DIV/BR OF ASSIGNMENT <b>DDP/</b>		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	INITIAL
<input type="checkbox"/>	CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/>	ANNUAL	REASSIGNMENT SUPERVISOR
<input type="checkbox"/>	SPECIAL (Specify):			<input type="checkbox"/>	SPECIAL (Specify):	
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to) <b>1 April 67 - 31 March 1968</b>		
<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 <b>Chief of Base supervising six professional and three clerical subordinates.</b>					RATING LETTER <b>S</b>	
SPECIFIC DUTY NO. 2 <b>Establishment and maintenance of operational support mechanisms.</b>					RATING LETTER <b>S</b>	
SPECIFIC DUTY NO. 3 <b>Operational reporting.</b>					RATING LETTER <b>S</b>	
SPECIFIC DUTY NO. 4 <b>Liaison with FBI and DCS, et al.</b>					RATING LETTER <b>S</b>	
SPECIFIC DUTY NO. 5 <b>Direction of recruitment and handling of support assets.</b>					RATING LETTER <b>S</b>	
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>S</b>	

28 JUL 1968

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 relevant information 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.

JUL 19 11 08 AM '68

[redacted] is much too experienced and practiced a hand for his performance to vary very much from year to year. He has continued to turn in the highly creditable performance [redacted] that has been standard for him for many years. He has managed his subordinates well and has exercised uniformly good judgment in directing their operational efforts. Of particular value has been his steadiness in the face of administrative adversity disrupting the organization of his Base. [redacted] insured that the work of the Base continued uninterrupted and demonstrated his capacity to keep on top of all details and report them to Headquarters as appropriate. It is a credit to [redacted] that in the post-Ramparts exposure period there was not a single instance of an academic asset withdrawing from a relationship with the Base.

The performance of his officers attests the careful guidance and wise leadership which has enabled them to operate securely and well in sensitive areas. His relations with the FBI and DCS are excellent. He is appropriately economy minded. In short, he is a decidedly strong supervisor.

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  
18 months

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION  
[redacted] is in the Field and will be shown a copy of this Fitness Report on his next TDY trip to Headquarters.

DATE OFFICIAL TITLE OF SUPERVISOR SIGNATURE  
15 July 1968 C/DO/I [redacted]

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Concur in rating officer's judgment.

DATE OFFICIAL TITLE OF REVIEWING OFFICIAL TYPE  
17 July 1968 Chief, DO Division [redacted]

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYER SERIAL NUMBER		
				055292		
<b>SECTION A GENERAL</b>						
1. NAME <small>(Last) (First) (Middle)</small>		2. DATE OF BIRTH		3. SEX	4. GRADE	5. SO
				M	16	D
6. OFFICIAL POSITION TITLE <b>Chief of Base</b>				7. OFF/BIV/DR OF ASSIGNMENT <b>DDP/</b>		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	INITIAL
<input type="checkbox"/>	CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/>	ANNUAL	REASSIGNMENT SUPERVISOR
<input type="checkbox"/>	SPECIAL (Specify):			<input type="checkbox"/>	SPECIAL (Specify):	REASSIGNMENT EMPLOYEE
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to)		
				1 October 1966 - 31 March 1967		
<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 <b>Chief of Base supervising six professional and three clerical subordinates.</b>						RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 2 <b>Establishment and maintenance of operational support mechanisms.</b>						RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 3 <b>Operational reporting.</b>						RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 4 <b>Liaison with the FBI and DCS, et al.</b>						RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 5 <b>Direction of recruitment and handling operations.</b>						RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 6  <i>31 AUG 1967</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 <b>S</b>



**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.

[redacted] is an old hand at running Bases or Stations abroad and his performance as Chief of Base, [redacted] amply attests that. It goes without saying that he understands all aspects of the business, knows how to delegate, organize, direct and report. He has continued to do all these things well. His seniority, experience and maturity served the Agency in particularly good stead during this period [redacted] through no fault of [redacted]. His subsequent and consequent actions were all taken with sound judgment and appropriate calm and circumspection. He was also most receptive to, and cooperative in, Headquarters suggestions in this matter. He is, of course, cost conscious and an excellent supervisor. His overall performance is that of a high order of senior Agency officers.

**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

6 months

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

Subject is in the field; a copy of this report is being retained to show him on his next TDY to Hqs.

DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE (signed in draft)
------	------------------------------	-------------------------------------------------------

21 August C/DO/I [redacted]

**3. BY REVIEWING OFFICIAL**

COMMENTS OF REVIEWING OFFICIAL

Concur fully in overall rating of "Strong".

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

28 August 1967 Chief, DO Division [redacted]

**SECRET**  
(When Filled In)

FITNESS REPORT						EMPLOYEE SERIAL NUMBER	
<b>SECTION A</b>						<b>GENERAL</b>	
1. NAME <small>(Last) (First) (Middle)</small>			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD	
				M	GS-16	D	
6. OFFICIAL POSITION TITLE <b>Chief of Station</b>				7. OFF/DIV/BR OF ASSIGNMENT UDP/WE		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 type="checkbox"/>	INITIAL
<input type="checkbox"/>	CAREER-PROVISIONAL (See Instructions - Section C)			<input type="checkbox"/>	ANNUAL	<input checked="" type="checkbox"/>	REASSIGNMENT SUPERVISOR
<input type="checkbox"/>	SPECIAL (Specify):			<input type="checkbox"/>	SPECIAL (Specify):	<input type="checkbox"/>	REASSIGNMENT EMPLOYEE
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to)			
				1 April 1965 - 27 September 1965			
<b>SECTION B</b>						<b>PERFORMANCE EVALUATION</b>	
<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.					
<b>A - Adequate</b>		Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.					
<b>P - Proficient</b>		Performance is more than satisfactory. Desired results are being produced in a proficient manner.					
<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	
My rating of the performance of this officer remains the same as the description of his performance which is contained in his fitness report for the period ending 31 March 1965.							
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	
23 OCT 1965						S	

20

SECRET

(When Filled In)

OFFICE OF PERSONNEL

**SECTION C NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in mind the employee's 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.

MAIL ROOM

**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 EMPLOYER HAS BEEN UNDER MY SUPERVISION

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

is currently at his overseas post.

DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
27 September 65	Chief, WE Division	

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

[Empty space for reviewing official comments]

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
19 OCT 1965	ADDP	Thomas H. Karamessines

SECRET

SECRET

12 May 1965

MEMORANDUM IN LIEU OF FITNESS REPORT

SUBJECT: [redacted] WF  
Fitness Report for the Period 1 April 1964 Hdqrs. 3  
to 31 March 1965

1. Subject, [redacted] is a GS-16 and has been assigned to [redacted] as Chief of Station since October 1961.

2. As Chief of Station, he is charged with the organization and management of the station and is responsible for the planning, direction, and supervision of all its activities. He also exercises general supervision of the [redacted]

3. Subject serves as the Ambassador's principal intelligence officer, as chairman of the Embassy Defector Committee, as the Agency representative on the Embassy Country Team, and as the coordinator of U.S. clandestine intelligence operations [redacted]. Accredited as the Agency's representative to [redacted]

[redacted]

4. Subject is an experienced and mature officer, possessing an excellent command of Spanish. Highly motivated, conscientious, and industrious, he readily accepts responsibility and is both thorough and reliable in the execution of his duties. Even tempered and affable, he holds the confidence and friendship of those whom he directs and those to whom he is responsible, and the morale of his station is noticeably high. He is alert to the operational possibilities

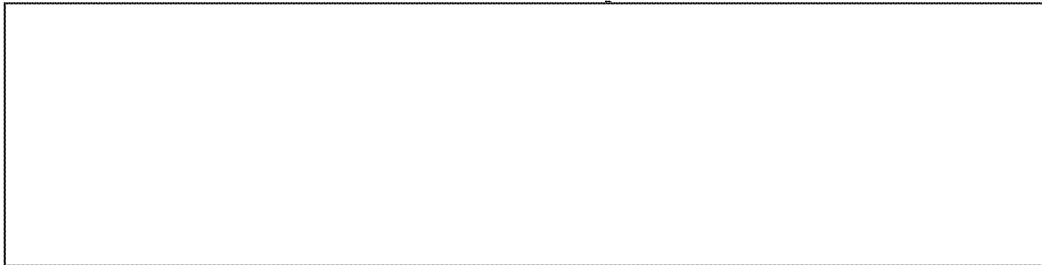
14 JUN 1965

SECRET

TC

of any given situation, evidences sound and objective judgment, and works well under pressure. He writes lucidly, speaks articulately, and exhibits a high degree of cost consciousness in the use of government funds and property. His delegation of responsibility to others is meaningful and well delineated.

5. Subject's performance has been strong throughout the rating period. He has given the station purposeful direction and competent management and as an effective supervisor who commands the loyalty and respect of those whom he supervises, he has succeeded in obtaining a maximum effort from the station personnel. He enjoys the confidence of the Ambassador and other principal officers of the Embassy, several of whom have expressed their appreciation of subject's work and commented on the value of the station's contribution to the functioning of the Embassy. The fact that the Ambassador arrived [redacted] with definite prejudices regarding the Agency but was of quite another mind upon his departure is testimony to subject's skill and tact.



7. In addition to his considerable executive and liaison duties, subject has carried out the previously cited operational assignments with marked ability. He is a convincing and persuasive agent handler, and his operational reporting is prompt and thorough.

8. The only criticism I would make of subject is that I believe [redacted]



Deputy Chief  
Western Europe Division

OVERALL PERFORMANCE IN CURRENT POSITION: "S"

COMMENTS OF REVIEWING OFFICIAL: CONCUR

SECRET



**SECRET**  
(When Filled In)

FITNESS REPORT					EMPLOYEE SERIAL NUMBER	
<b>SECTION A GENERAL</b>						
1. NAME			BIRTH	3. SEX	4. GRADE	5. SD
				M	16	D
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT & CURRENT STATION			
Chief of Station			DDP/WE			
8. CHECK (X) TYPE OF APPOINTMENT:			9. 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		
SPECIAL (Specify):			SPECIAL (Specify):			
11. DATE REPORT DUE IN O.R.			12. REPORTING PERIOD (From - to)			
			1 April 1963 - 31 March 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						RATING LETTER
As Chief of Station [ ] plans and directs all FI and CA operations [ ]						P
SPECIFIC DUTY NO. 2						RATING LETTER
Supervises [ ] personnel						P
SPECIFIC DUTY NO. 3						RATING LETTER
Maintains contact with [ ]						S
SPECIFIC DUTY NO. 4						RATING LETTER
Represents the Director of CIA with the Ambassador [ ] and other U.S. officials [ ]						O
SPECIFIC DUTY NO. 5						RATING LETTER
Personally handles several sensitive operations. [ ]						S
SPECIFIC DUTY NO. 6						RATING LETTER
[ ]						O
<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
12 MAY 1964						S

FRP

SECRET

(When Filled In)

OFFICE OF PERSONNEL

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 professional duties must be described, if applicable.

Subject is one of the Agency's truly mature, experienced operations officers. He has had unusual operational experience in Central and South America, both in the field and in Headquarters. His activities have spanned both the FI and the CA spectrum. He has and does deal easily and graciously with high ranking officials, both American and foreign. His good sense, poise and dignity never fail to impress. He is a person of principal and high morals. He does not hesitate to express his conviction even though he may have reason to believe such convictions are not popular. He is a strong supervisor who enjoys his subordinate's respect. He is economy minded and made diligent efforts to comply with requests to economize.

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

Subject is worthy full. This report will be shown to him upon his return.

DATE

OFFICIAL TITLE OF SUPERVISOR

TURE

20 April 1964

Chief, WE/5

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED

5 May 1964

C/WF

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 16	D	
5. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION	
Chief of Station			DDP/WE			
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"/> ANNUAL	<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.			12. REPORTING PERIOD (From - to)			
22 April 1963			1 April 1962-31 March 1963			
<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	
Direction of all FI and CA operations.					S	
SPECIFIC DUTY NO. 2					RATING LETTER	
Administration of Station and supervision of personnel.					S	
SPECIFIC DUTY NO. 3					RATING LETTER	
Direct supervision of senior ops officer <input style="width: 100px;" type="text"/>					S	
SPECIFIC DUTY NO. 4					RATING LETTER	
Personally handles a sensitive operation of interest <input style="width: 100px;" type="text"/>					S	
SPECIFIC DUTY NO. 5					RATING LETTER	
Maintains contact with senior <input style="width: 50px;" type="text"/> personnel.					S	
SPECIFIC DUTY NO. 6					RATING LETTER	
Maintains a working relationship with the Ambassador and other U. S. officials.					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	
30 APR 1963					S	

DHP



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.

[redacted] has ably administered a large Station and has <sup>APR 29 9 51 AM '63</sup> demonstrated maturity, good judgment and tact in the day-to-day management and direction of Station activities and personnel.

SECTION D CERTIFICATION AND COMMENTS

1. I CERTIFY THAT I		[redacted]
DATE	SIGNATURE OF	
4 Feb 1964	[redacted]	

2. MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION:	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
19	Subject employee is in the field. Report will be shown to him upon his return to Headquarters.	
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPE
April 25, 1963	DC/WE	[redacted]

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL  
*I concur in the above assessment.*

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPE
25 April 1963	C/WE	[redacted]

RYBAT  
SECRET

RECORDED BY  
CSFD

17 April 1962

MEMORANDUM FOR: Acting Chief, WE

SUBJECT :

[redacted]  
Fitness Report Covering the Period 14 August 1961 to  
31 March 1962

1. [redacted] assumed his duties as Chief of Station, [redacted] on  
23 September 1961. The Station, as constituted when [redacted] arrived,  
included [redacted]

[redacted]  
[redacted] had to be brought home due to a family emergency.

2. To date [redacted] has given every evidence of a particular ability  
to cope with the crash program and the acute shortage of personnel with  
judiciousness and maturity. While it is too early, yet, to pass judgement,  
there are indications that [redacted]

[redacted]

3. As indicated above, [redacted] has not been in place as Chief of  
Station long enough to justify firm reservations concerning his management,  
nor to permit meaningful criticism. Also, as indicated above, his out-  
standing noticeable strength to date has been his ability to cope with a  
heavy operational program, a shortage of personnel, and a sometimes difficult  
operational climate, with judgement, calmness and patience.

[redacted]

Chief, WE/5

CONCUR:

[redacted]

C/WE

RYBAT

496.64  
[handwritten initials]

[redacted]

CONFIDENTIAL

MEMORANDUM FOR: Director of Personnel  
SUBJECT: State Department Promotion of

[REDACTED]

1. The Department has informed this office that effective April 1, 1962 subject employee was promoted from FSR-3, \$13,600 to FSR-2, \$14,900

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

[REDACTED]

cc: Finance Division  
Area Division

CONFIDENTIAL

70-204 B of 23

STANDARD FORM 50 JANUARY 1970 U.S. CIVIL SERVICE COMMISSION FPM SUPPLEMENT 870-1 SF-109		AGENCY CERTIFICATION OF INSURANCE STATUS <b>Federal Employees Group Life Insurance Program</b>	
1. NAME (Last) <u>3</u> (First) (Middle)		2(a). DATE OF BIRTH (Month, Day, Year)	
2(b). SOCIAL SECURITY ACCOUNT NUMBER			
3. CHECK THE REASON FOR TERMINATING INSURANCE			
(a) <input type="checkbox"/> Separated (includes resignations) (b) <input checked="" type="checkbox"/> Retired (c) <input type="checkbox"/> Died as an employee (d) <input type="checkbox"/> Died as a reemployed annuitant (e) <input type="checkbox"/> End of 12 months non-pay status (f) <input type="checkbox"/> Other (specify)		NOTE: If the reason checked is "b, Retired" your group life insurance (but not accidental death and dismemberment benefits) will continue during retirement if you meet the conditions described in "Notice to Retiring Employee" below.	
4. CHECK APPROPRIATE BOX CONCERNING SF 54, DESIGNATION OF BENEFICIARY			
(a) <input type="checkbox"/> CURRENT SF 54 ATTACHED		(b) <input checked="" type="checkbox"/> A CURRENT SF 54 IS NOT ON FILE WITH THIS AGENCY	
		(c) <input type="checkbox"/> A CURRENT SF 54 IS ON FILE IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER (OR EQUIVALENT)	
NOTE: IF EMPLOYEE (A) DIED OR (B) IS RETIRING OR RECEIVING FEDERAL EMPLOYEES' COMPENSATION UNDER CONDITIONS ENTITLING HIM TO RETAIN HIS LIFE INSURANCE, ATTACH CURRENT SF 54, IF ANY, TO ORIGINAL SF 56 AND CHECK BOX 4 (a) ON ORIGINAL AND ALL COPIES OF SF 56. IF NO CURRENT SF 54 IS ON FILE, CHECK BOX 4 (b). IN ALL OTHER CASES, SHOW WHETHER OR NOT CURRENT SF 54 IS ON FILE BY CHECKING BOX 4 (b), OR (c). A CURRENT SF 54 IS ONE THAT HAS NOT BEEN CANCELED BY EMPLOYEE OR AUTOMATICALLY BY TRANSFER OR PRIOR TERMINATION OF INSURANCE.			
5. DATE OF EVENT CHECKED IN ITEM 3 (MONTH, DAY, YEAR)	6. ANNUAL BASIC PAY RATE (NOT AMOUNT OF INSURANCE) OR DATE IN ITEM 3 CONVERT DAILY, HOURLY, PIECEWORK, ETC. RATE TO ANNUAL RATE	7. DID EMPLOYEE HAVE OPTIONAL INSURANCE ON DATE IN ITEM 5? NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> IF YES, GIVE RECEIPT DATE OF ELECTION OF OPTIONAL INSURANCE (SF 176 or 176-1)	8. DATE OF NOTICE OF CONVERSION PRIVILEGE (SF 33) TO EMPLOYEE (MONTH, DAY, YEAR)
31 March 1971	\$ 33,757 PER ANNUM		
9. I CERTIFY THAT THE ABOVE INFORMATION HAS BEEN OBTAINED FROM, AND CORRECTLY REFLECTS, OFFICIAL RECORDS AND THAT THE EMPLOYEE NAMED WAS COVERED BY FEDERAL EMPLOYEES GROUP LIFE INSURANCE ON THE DATE SHOWN IN ITEM 3:			
Personal signature of authorized agency official		Name and address of agency, including zip code	
<i>[Signature]</i>		Central Intelligence Agency Washington, D. C. 20505	
Typed name of authorized agency official		Phone number, including area code	
Title		Date	
Insurance Officer, Alternate		10 APR 1971	

SEE OTHER SIDE  
FOR  
INSTRUCTIONS TO EMPLOYING AGENCY

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
[Redacted]				
EMPLOYING DEPARTMENT OR AGENCY			LOCATION (City, State, ZIP Code)	

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

Mark here if you **WANT BOTH** optional and regular insurance

(A)

**ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE**

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

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

(B)

**DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE**

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

Mark here if you **WANT NEITHER** regular nor optional insurance

(C)

**WAIVER OF LIFE INSURANCE COVERAGE**

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

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

SIGNATURE

DATE

16 February 1968

**FOR EMPLOYING OFFICE USE ONLY**

(official receiving date stamp)

RECEIVED  
GENERAL INVESTIGATIVE  
DIVISION  
MAR 28 1 28 PM '68

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

SECRET

STANDARD FORM No. 176-T  
JANUARY 1962  
(For use only until April 16, 1968)  
176-101

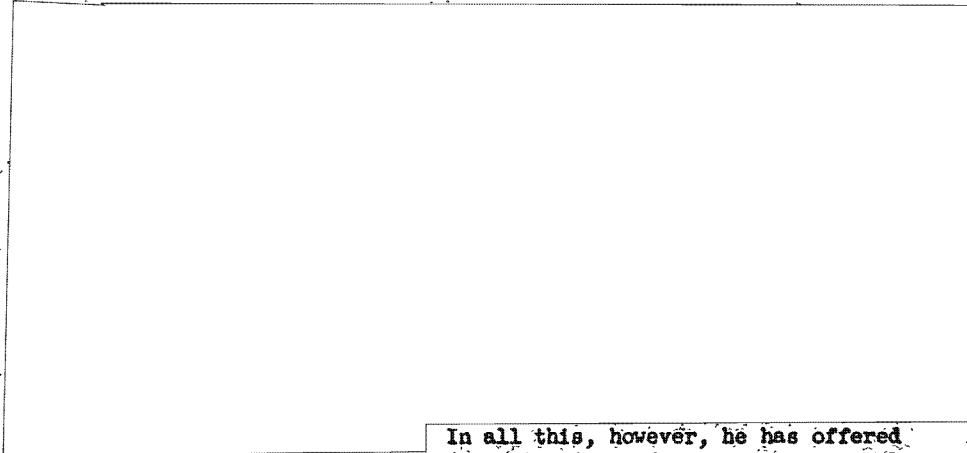
SECRET

26 October 1960

MEMORANDUM FOR: Director of Personnel

SUBJECT:

Memorandum in Lieu of Fitness Report



In all this, however, he has offered leadership of a high quality to his staff and has been a fine example of good morale, which is reflected in the attitude of every member of his staff, all of whom respond readily and without complaint to the demands made of them by their surrounding circumstances.  deserves to be warmly commended for a job well done.

*J. King*  
J. C. KING  
Chief

Western Hemisphere Division

REVIEWED BY:

*W. Floyd George for*

Chief of Operations, DD/P

SECRET

*DE*

**SECRET**  
(When Filled In)

25 *[Handwritten initials]* *[Handwritten initials]*

<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. SERVICE DESIGNATION		6. OFFICIAL POSITION/TITLE	
DT		Chief of Station	
7. OFF/DIV/BR OF ASSIGNMENT		DDP/WH/III	
8. CAREER STAFF STATUS		9. TYPE OF REPORT	
<input type="checkbox"/> 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
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD	
30 April 1959		From 20 Oct 57 - 31 Mar 59 To	

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

1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior	7 - Outstanding
SPECIFIC DUTY NO. 1 Direction of FI operations	RATING NO. 6	SPECIFIC DUTY NO. 4 Intelligence evaluation and reporting	RATING NO. 6			
SPECIFIC DUTY NO. 2 Direction of PP operations	RATING NO. 5	SPECIFIC DUTY NO. 5 Development of working relationship with indigenous leaders and local Americans	RATING NO. 6			
SPECIFIC DUTY NO. 3 Administration of Station and supervisor of personnel	RATING NO. 6	SPECIFIC DUTY NO. 6 Development of working relationship with Ambassador and other US officials	RATING NO. 5			

**SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION**  
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties; productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.

1 - Performance in many important respects falls to most requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.	RATING NO. <div style="border: 1px solid black; padding: 5px; width: 30px; margin: 0 auto;">5</div>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------

**SECTION D DESCRIPTION OF THE EMPLOYEE**  
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee.

1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree				
CHARACTERISTICS								
		NOT APPLICABLE	NOT OBSERVED	RATING				
				1	2	3	4	5
GETS THINGS DONE								X
RESOURCEFUL								X
ACCEPTS RESPONSIBILITIES								X
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES								X
DOES HIS JOB WITHOUT STRONG SUPPORT								X
FACILITATES SMOOTH OPERATION OF HIS OFFICE								X
WRITES EFFECTIVELY								X
SECURITY CONSCIOUS							X	
THINKS CLEARLY								X
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS							X	
OTHER (Specify):								

SEE SECTION "E" ON REVERSE SIDE

**SECRET**

*(When Filled In)*

**SECTION E**

**NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE**

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

[ ] was assigned to his post at a time when the country was undergoing a revolution which later was successful. He has done an outstanding job in adapting and redirecting the Station's operational program. He has shown initiative, imagination and resourcefulness in developing new operations, both in the FI and PP fields.

**SECTION F**

**CERTIFICATION AND COMMENTS**

<b>1. BY EMPLOYEE</b>		
I certify that I have seen Sections A, B, C, D and E of this Report.		
DATE	SIGNATURE OF EMPLOYEE	
<b>2. BY SUPERVISOR</b>		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
	Employee is in the field	
IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON:		
EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS	REPORT MADE WITHIN LAST 90 DAYS	
OTHER (Specify):		
DATE	OFFICIAL TITLE OF SUPERVISOR	
29 May 1959	DC/WH	[ ]
<b>3. BY REVIEWING OFFICIAL</b>		
<input checked="" type="checkbox"/>	I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.	
<input type="checkbox"/>	I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.	
<input type="checkbox"/>	I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.	
<input type="checkbox"/>	I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.	
<b>COMMENTS OF REVIEWING OFFICIAL</b>		
I concur that [ ] operational performance under difficult conditions has been outstanding. It should also be noted that he has been highly successful at his present post in getting the best out of his staff.		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
28 May 1959	C/WH	J. C. KING <i>J. C. King</i>

**SECRET**



SECRET

(When Filled In)

### FITNESS REPORT (Part I) PERFORMANCE

#### INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any question. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in item 8, of Section A, below.

SECTION A. GENERAL			
1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX M	4. SERVICE DESIGNATION (DI)
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT DDP/WH/II/DC		6. OFFICIAL POSITION TITLE Area Ops Officer - Branch Chief	
7. GRADE GS-15	8. DATE REPORT DUE IN OP 9 November 1957	9. PERIOD COVERED BY THIS REPORT (Inclusive dates) 21 Oct 56 - 20 Oct 57	
10. TYPE OF REPORT (Check one)	A. ANNUAL	REASSIGNMENT SUPERVISOR	SPECIAL (Specify)

#### SECTION B. CERTIFICATION

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

A. CHECK (X) APPROPRIATE STATEMENT:

<input checked="" type="checkbox"/> THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.	IF INDIVIDUAL IS RATED "I" IN C, OR "D," A WARNING LETTER HAS BEEN SENT TO HIM & A COPY ATTACHED TO THIS REPORT.
<input type="checkbox"/> 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)
<input checked="" type="checkbox"/> I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES TO THE	

D. THIS DATE 14 Oct 57	E. OF SUPERVISOR	F. SUPERVISOR'S OFFICIAL TITLE ADC/WH
---------------------------	------------------	------------------------------------------

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.

Period Pos. Cont. *RN* DATE 25 OCT 1957

Reviewed by *JCS* *11/3/57*

CONTINUED ON ATTACHED SHEET

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

A. THIS DATE 15 Oct 57	B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL J. C. King <i>JCKing</i>	C. OFFICIAL TITLE OF REVIEWING OFFICIAL Chief, WH
---------------------------	------------------------------------------------------------------------------------------	------------------------------------------------------

#### SECTION C. JOB PERFORMANCE EVALUATION

F. 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 WEAKNESS.
- 4 - PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER.
- 5 - A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.
- 6 - PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR.

5

INSERT RATING NUMBER.

COMMENTS:

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 during the 12 MONTH 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 (by supervisors those who supervise a secretary only).</p> <p>d. Compare in your mind, when possible, the individual being rated with others performing similar duty at a similar level of responsibility.</p> <p>e. Two individuals with the same job title may be performing 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%; border: none;">                 ORAL BRIEFING                  GIVING LECTURES                  CONDUCTING SEMINARS                  WRITING TECHNICAL REPORTS                  CONDUCTING EXTERNAL LIAISON                  FITTING                  TAKING DICTATION                  SUPERVISING             </td> <td style="width: 33%; border: none;">                 HAS AND USES AREA KNOWLEDGE                  DEVELOPS NEW PROGRAMS                  ANALYZES INDUSTRIAL REPORTS                  MANAGES FILES                  OPERATES RADIO                  COORDINATES WITH OTHER OFFICES                  WRITES REGULATIONS                  PREPARES CORRESPONDENCE             </td> <td style="width: 33%; border: none;">                 CONDUCTS INTERROGATIONS                  PREPARES SUMMARIES                  TRANSLATES GERMAN                  DEBRIEFING SOURCES                  KEEPS TRACKS                  DRIVES TRUCK                  MAINTAINS AIR CONDITIONING                  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 GIVING LECTURES CONDUCTING SEMINARS WRITING TECHNICAL REPORTS CONDUCTING EXTERNAL LIAISON FITTING TAKING DICTATION SUPERVISING	HAS AND USES AREA KNOWLEDGE DEVELOPS NEW PROGRAMS ANALYZES INDUSTRIAL REPORTS MANAGES FILES OPERATES RADIO COORDINATES WITH OTHER OFFICES WRITES REGULATIONS PREPARES CORRESPONDENCE	CONDUCTS INTERROGATIONS PREPARES SUMMARIES TRANSLATES GERMAN DEBRIEFING SOURCES KEEPS TRACKS DRIVES TRUCK MAINTAINS AIR CONDITIONING EVALUATES SIGNIFICANCE OF DATA
ORAL BRIEFING GIVING LECTURES CONDUCTING SEMINARS WRITING TECHNICAL REPORTS CONDUCTING EXTERNAL LIAISON FITTING TAKING DICTATION SUPERVISING	HAS AND USES AREA KNOWLEDGE DEVELOPS NEW PROGRAMS ANALYZES INDUSTRIAL REPORTS MANAGES FILES OPERATES RADIO COORDINATES WITH OTHER OFFICES WRITES REGULATIONS PREPARES CORRESPONDENCE	CONDUCTS INTERROGATIONS PREPARES SUMMARIES TRANSLATES GERMAN DEBRIEFING SOURCES KEEPS TRACKS DRIVES TRUCK MAINTAINS AIR CONDITIONING EVALUATES SIGNIFICANCE OF DATA				
OFFICE OF PERSONNEL Oct 24 2 18 PM '57 MAIL ROOM						
<table style="width:100%; border: none;"> <tr> <td style="width: 50%; border: none;">                 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 DISTINCTION ACHIEVER ON HIS JOB             </td> <td style="width: 50%; border: none;">                 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             </td> </tr> </table>				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 DISTINCTION ACHIEVER 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	
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 DISTINCTION ACHIEVER 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 <b>Direction of Branch</b>	RATING NUMBER <b>7</b>	SPECIFIC DUTY NO. 4 <b>Spotting of operational possibilities</b>	RATING NUMBER <b>6</b>			
SPECIFIC DUTY NO. 2 <b>Supervision of PI Ops</b>	RATING NUMBER <b>6</b>	SPECIFIC DUTY NO. 5 <b>Use of area knowledge</b>	RATING NUMBER <b>5</b>			
SPECIFIC DUTY NO. 3 <b>Supervision of PP Ops</b>	RATING NUMBER <b>5</b>	SPECIFIC DUTY NO. 6 <b>Working relationship with other U. S. officials</b>	RATING NUMBER <b>5</b>			
3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE						
<p><b>DIRECTIONS:</b> Stress strengths and weaknesses, particularly those which affect development on present job.</p> <p><b>This officer has performed in a superior manner during the past year as branch chief</b></p> <p style="margin-left: 40px;"><b>His long experience in the field coupled with a flair for intelligence, sound judgement and an ability to organize and efficiently administer his branch make him a valuable asset to the organization. He has markedly improved in his ability to express himself and in his conduct of PP operations.</b></p>						
SECTION B. SUITABILITY FOR CURRENT JOB IN ORGANIZATION						
<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> <p>1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED</p> <p>2 - OF DOUBTFUL SUITABILITY...WOULD NOT HAVE ACCEPTED HIM 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>						
RATING NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">5/6</div>	IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF YES, EXPLAIN FULLY:					

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 OMA no later than 30 days after the due date indicated in item 8 of Section "E" below.

SECTION E.

GENERAL

Form with fields for Name (Last, First, Middle), Date of Birth, Sex, Service Designation, Office/Division/Branch of Assignment, Official Position Title, Grade, Date Report Due in of, Period Covered by this Report, Type of Report (Check one), Initial, Reassignment-Supervisor, Special (Specify).

SECTION F.

CERTIFICATION

Form with fields for Rating, Date, Official Title of Reviewing Official, Signature, and Official Title of Reviewing Official.

SECTION G.

ESTIMATE OF POTENTIAL

Form with directions and a list of potential levels (1-7) for assuming greater 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.

Table with columns for Actual Rating, Potential Rating, and Descriptive Situation. Includes rows for various supervisory levels and situations.

SECRET

(When Filled In)

OFFICE OF PERSONNEL

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

4. COMMENTS CONCERNING POTENTIAL

He will be an excellent Station Chief where there are and PP responsibilities.

OCT 24 2 38 PM '57

MAIL ROOM

SECTION M. FUTURE PLANS

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL

Senior staffs

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

SECRET

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 DI
5. OFFICE/DIVISION BRANCH OF ASSIGNMENT 6. OFFICIAL POSITION TITLE
DD/P/WH/Br. I Area Ops Officer (Branch Chief)
7. GRADE GS-15 8. DATE REPORT DUE IN OF 11 November 1956 9. PERIOD COVERED BY THIS REPORT (Inclusive dates) 11 October 1955 - 20 October 1956
10. TYPE OF REPORT (Check one) INITIAL REASSIGNMENT-SUPERVISOR SPECIAL (Specify)
ANNUAL REASSIGNMENT-EMPLOYEE

SECTION B. CERTIFICATION

1. FOR THE RATER: THIS REPORT HAS BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT.
2. CHECK (X) APPROPRIATE STATEMENTS:
THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.
THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS.
I HAVE DISCUSSED WITH HIM AND REASSURES SO THAT HE IS...
3. THIS DATE 7 DEC 1956 C. TYPE
4. SUPERVISOR D. SUPERVISOR'S OFFICIAL TITLE Deputy Chief/WH
5. FOR THE REVIEWING OFFICIAL: OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

BY DATE
Posted [Signature] 8 DEC 1956
Reviewed [Signature] 2-A-57

I certify that any substantial difference of opinion with the supervisor is reflected in the above section.
A. THIS DATE 4 Feb '57 B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL J. C. King JCK King C. OFFICIAL TITLE OF REVIEWING OFFICIAL Chief/WH

SECTION C. JOB PERFORMANCE EVALUATION

1. RATING ON GENERAL PERFORMANCE OF DUTIES
DISPOSITIONS: 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 WEAKNESS.
4 - PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER.
5 - A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.
6 - PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR.
5
INSERT RATING NUMBER

COMMENTS:

FORM NO. 45 (Part I) 1 NOV 55

REPLACES PREVIOUS EDITIONS OF FORMS 45 AND 45A WHICH ARE OBSOLETE.

SECRET

Performance

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SECRET

(When Filled In)

OFFICE OF PERSONNEL  
FEB 5 2 37 PM '57  
MAIL ROOM

**7. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES**

**DIRECTIONS:**

- State in the spaces below up to six of the most important SPECIFIC duties performed during this rating period. Place the most important first. Do not include minor or unimportant duties.
- Note 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).
- Compare in your mind, when possible, the individual being rated with others performing the same duty at a similar level of responsibility.
- Two individuals with the same job title may be performing different duties. If so, rate them on different duties.
- Be specific. Examples of the kind of duties that might be rated are:
 

ORAL BRIEFING GIVING LECTURES CONDUCTING SEMINARS WRITING TECHNICAL REPORTS CONDUCTING EXTERNAL LIAISON TYPING TAKING DICTATION SUPERVISING	HAS AND USES AREA KNOWLEDGE DEVELOPS NEW PROGRAMS ANALYZES INDUSTRIAL REPORTS MANAGES FILES OPERATES RADIO COORDINATES WITH OTHER OFFICES WRITES REGULATIONS PREPARES CORRESPONDENCE	CONDUCTS INVESTIGATIONS PREPARES SUMMARIES TRANSLATES GERMAN DEBRIEFING SOURCES KEEPS BOOKS DRIVES TRUCK MAINTAINS AIR CONDITIONING EVALUATES SIGNIFICANCE OF DATA
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*E. 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><b>DESCRIPTIVE RATING NUMBER</b></p> <p>1 - INCOMPETENT 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
General Management of Branch	5	Spotting operational possibilities	5
SPECIFIC DUTY NO. 2	RATING NUMBER	SPECIFIC DUTY NO. 5	RATING NUMBER
Supervision FI Ops	6	Use of area knowledge	5
SPECIFIC DUTY NO. 3	RATING NUMBER	SPECIFIC DUTY NO. 6	RATING NUMBER
Supervision FP Ops	4	Coordination other Branches	5

**8. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE**

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

Under his supervision the Branch will do a reliable job without higher echelon direction. His administration is efficient. His inability to express himself in clear, and forceful language is a handicap, particularly in connection with briefings.

In addition to his proven competence as an FI officer he is applying with steadily increasing effectiveness his growing knowledge of the conduct of FP operations.

**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.

<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">5</div>	<ol style="list-style-type: none"> <li>1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED</li> <li>2 - OF DOUBTFUL SUITABILITY... WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW</li> <li>3 - A BARELY ACCEPTABLE EMPLOYEE... BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION</li> <li>4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION</li> <li>5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS</li> <li>6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION</li> <li>7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION</li> </ol>
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IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION?  YES  NO. IF YES, EXPLAIN FULLY: He has at the same time excellent judgment and displays sound thinking at all times; these characteristics, along with his administrative ability, are his distinguishing qualities.

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## FITNESS REPORT (Part II) POTENTIAL

## INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is a privileged communication to your supervisor, and to appropriate career management and personnel officials concerning the potential of the employee being rated. It is NOT to be shown to the rated employee. It is recommended that you read the entire report before completing any question. This report is to be completed only after the employee has been under your supervision FOR AT LEAST 90 DAYS. If less than 90 days, hold and complete after the 90 days has elapsed. If this is the INITIAL RATING on the employee, however, it MUST be completed and forwarded to the O no later than 30 days after the due date indicated in item 8 of Section "F" below.

SECTION E. GENERAL			
1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX	4. SERVICE DESIGNATION
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT DDR/WB/Branch I		6. OFFICIAL POSITION TITLE Area Ops Officer (Branch Chief)	
7. GRADE GS-15	8. DATE REPORT DUE IN OP 4 November 1956	9. PERIOD COVERED BY THIS REPORT (Inclusive dates) 11 October 1955 - 20 October 1956	
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		BY BEST JUDGEMENT OF THE INDIVIDUAL BEING RATED	
A. THIS DATE 7 DEC 1956	B.	TITLE OF SUPERVISOR	SUPERVISOR'S OFFICIAL TITLE Deputy Chief/WB
2. FOR THE REVIEWING OFFICIAL: I HAVE REVIEWED THIS REPORT AND NOTED ANY DIFFERENCE OF OPINION IN ATTACHED MEMO.			
A. THIS DATE 4 Feb '57	B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL J. C. King	C. OFFICIAL TITLE OF REVIEWING OFFICIAL Chief/WB	

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 on his kind of work.	
3	<ul style="list-style-type: none"> <li>1. ALREADY ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED</li> <li>2. HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED</li> <li>3. MAKING PROGRESS, BUT NEEDS MORE TIME BEFORE HE CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES</li> <li>4. READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES</li> <li>5. WILL PROBABLY ADJUST QUICKLY TO MORE RESPONSIBLE DUTIES WITHOUT FURTHER TRAINING</li> <li>6. ALREADY ASSUMING MORE RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL</li> <li>7. AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER LEVEL RESPONSIBILITIES</li> </ul>

2. SUPERVISORY POTENTIAL	
DIRECTIONS: Answer this question: Has this person the ability to be a supervisor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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.	
DISCRIPTIVE RATING NUMBER	<ul style="list-style-type: none"> <li>0 - HAVE NO OPINION ON HIS SUPERVISORY POTENTIAL IN THIS SITUATION</li> <li>1 - BELIEVE INDIVIDUAL WOULD BE A WEAK SUPERVISOR IN THIS KIND OF SITUATION</li> <li>2 - BELIEVE INDIVIDUAL WOULD BE AN AVERAGE SUPERVISOR IN THIS KIND OF SITUATION</li> <li>3 - BELIEVE INDIVIDUAL WOULD BE A STRONG SUPERVISOR IN THIS SITUATION</li> </ul>

ACTUAL	POTENTIAL	DESCRIPTIVE 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 supervisor)
3		A GROUP OF SUPERVISORS WHO DIRECT THE BASIC JOB (Second line supervisors)
	1	A GROUP WHO MAY OR MAY NOT BE SUPERVISORS, WHO IS RESPONSIBLE FOR MAJOR PLANS, ORGANIZATION AND POLICY (Executive level)
	2	WHEN CONTACT WITH IMMEDIATE SUBORDINATES IS NOT FREQUENT
3		WHEN IMMEDIATE SUBORDINATES' ACTIVITIES ARE DIVERSE AND NEED CAREFUL COORDINATION
3		WHEN IMMEDIATE SUBORDINATES INCLUDE MEMBERS OF THE OPPOSITE SEX
		OTHER (Specify)

**SECRET**  
(When Filled In)

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

4. COMMENTS CONCERNING POTENTIAL **He will be an above-average station chief, particularly in the area of basically FI missions; he is, as a result of his current Hqs. assignment, showing an increasing comprehension of PP matters, and may in the near future have the opportunity to assume strong PP field responsibilities.**

OFFICE OF PERSONNEL  
MAIL ROOM

**SECTION II. FUTURE PLANS**

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL  
**FI Staff; however, not in the near future because of the key position he occupies now in this Division.**

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

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



SECRET  
(When Filled In)

### FITNESS REPORT

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

#### INSTRUCTIONS

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

TO THE 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 with his previous supervisors to help ensure the report is accurate and complete. Primary responsibility rests with the current supervisor. It is essential 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 has met the standards.

Reviewed by PUD *[Signature]*

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

#### SECTION I (To be filled in by Administrative Officer)

1. NAME (Last, First, Middle)	2. SEX	3. CAREER DESIGNATION
	M	SD-DI
4. DATE OF ENTRANCE ON DUTY	5. OFFICE ASSIGNED TO	6. DIVISION
15 August 1944	DDP	WH
7. NATURE OF ASSIGNMENT	8. BRANCH	9. GRADE
<input checked="" type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> FIELD	I	GS-0136,01-15
10. DATE THAT THIS REPORT IS DUE	11. PERIOD COVERED BY THIS REPORT (Inclusive dates)	
10 October 1955	16 July 1954 - 10 October 1955	

#### SECTION II (To be filled in by Supervisor)

1. CURRENT POSITION	2. DATE ASSUMED RESPONSIBILITY FOR POSITION
Branch Chief	20 January 1956
3. WHAT SPECIFIC ASSIGNMENTS OR TASKS ARE TYPICAL OF THOSE GIVEN TO HIM DURING THE PAST THREE TO SIX MONTHS: (List in order of frequency):	
Branch Chief: Under Division Chief, plans and supervises performance of all covert espionage and CE ops, covert political, economic and psychological warfare activities in area of responsibility and the collection of foreign clandestine intelligence in the area. Reviews all projected and current FI and PP operations with desk officers; provides guidance to desk officers on FI and PP ops matters; supervises processing and dissemination of foreign clandestine intelligence information collected in area; makes recommendations to Div. Chief of any change in projects, organization or procedures in order to achieve maximum effectiveness; responsible for general administration and supervision of Branch personnel at Hqs.	
This officer was Chief of a major station for part of the period under review.	

READ THE ENTIRE FORM BEFORE ATTEMPTING TO COMPLETE ANY ITEM

#### SECTION III

I certify that, during the latter half of the period covered by this report, I have discussed with the rated individual the manner in which he has performed his job and provided suggestions and criticisms wherever needed. I believe that his understanding of my evaluation of his performance is consistent with my evaluation of him as evidenced by this fitness report and I have informed him of his strengths, weaknesses, and on-the-job effectiveness. If performance during the report period has been unsatisfactory, there is attached a copy of the memorandum notifying him of unsatisfactory performance.

This report <input checked="" type="checkbox"/> has <input type="checkbox"/> has not	been	rated.
DATE	NAME AND	OFFICE (Official next higher in line of authority)
March 20 '56		
I HAVE REVIEWED THIS REPORT (Comments, if any, are reflected by attached memorandum)		
DATE	SIGNATURE OF SUPERVISING OFFICIAL (Official next higher in line of authority)	
March 20, 1956	<i>[Signature]</i>	

FORM NO. 45 REPLACES FORM 37-16 MAY 54 WHICH MAY BE USED.

SECRET

**SECRET**  
(When Filled In)

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 <sup>most</sup> ~~some~~ degree to most people. On the right hand side of the page are four major categories of descriptions. The scale within <sup>each</sup> ~~the~~ category is divided into three small blocks; this is to allow you to <sup>make finer distinctions if you so desire.</sup> ~~state~~ 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 <sup>no</sup> ~~an~~ opinion on whether a phrase applies to an individual. Placing an "X" in the "Does Not Apply" column means that you <sup>do not</sup> ~~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)

C. INDICATE IF YOU THINK THAT ANY SINGLE STRENGTH OR WEAKNESS OUTWEIGNS ALL OTHER CONSIDERATIONS:  
Strength: General reliability.

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

E. WHAT TRAINING DO YOU RECOMMEND FOR THIS INDIVIDUAL?  
Advance PP.

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):  
His attention to duty has been manifested in steady improvement in regard to major objectives and in a commendable increase of station assets.

SECTION VI

Read all descriptions before rating. Place "X" in the most appropriate box under subsections A-D, 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 agency.

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

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.

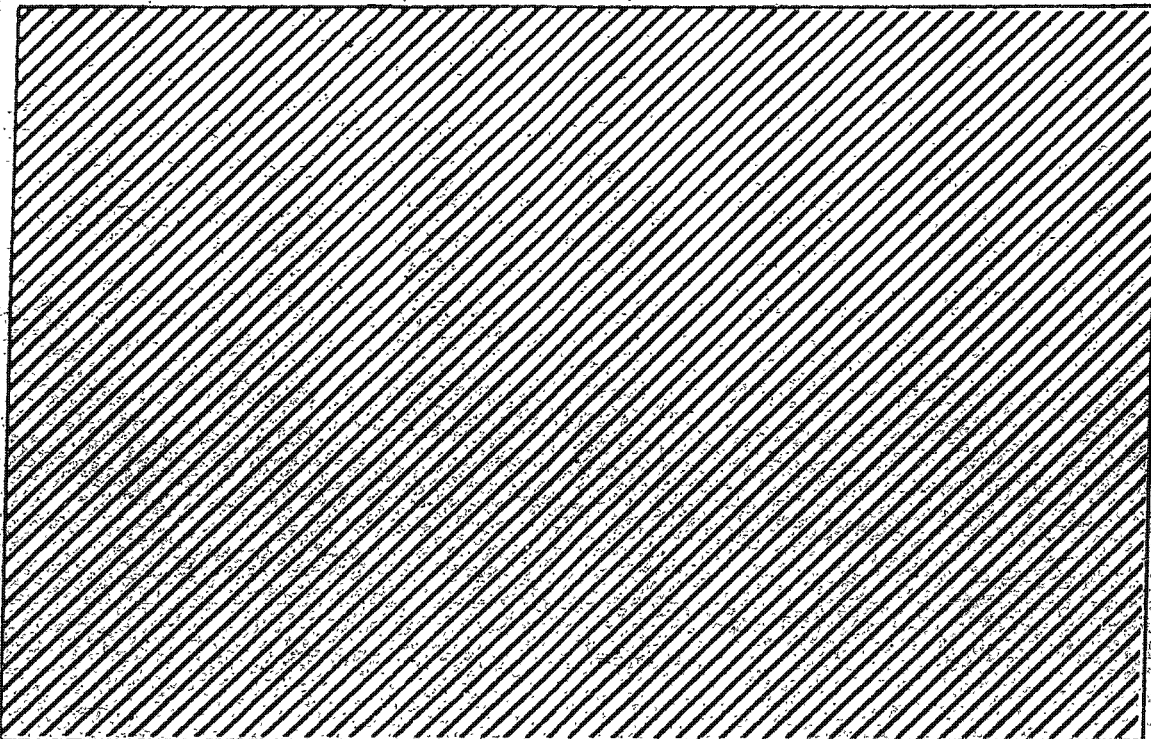
- 1. HAS REACHED THE HIGHEST GRADE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED.
- 2. IS MAKING PROGRESS, BUT NEEDS MORE TIME IN PRESENT GRADE BEFORE PROMOTION TO A HIGHER GRADE CAN BE RECOMMENDED.
- 3. IS READY TO TAKE ON RESPONSIBILITIES OF THE NEXT HIGHER GRADE, BUT MAY NEED TRAINING IN 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 AGENCY.
- 5. A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS.
- 6. AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE AGENCY.
- 7. EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE AGENCY.

SECRET

SECRET  
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
		67-0415

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 8 August 1966.

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 BSD REPRESENTATIVE
2 December 1966	

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET

FIELD REASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE FOR HEADQUARTERS USE ONLY

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

NAME	DATE (from item 3.1)	NAME OF SUPERVISOR (true)	DATE (from item 3.2)
	18 Feb. 1963		
NAME AND SIGNATURE OF OFFICIAL AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE SIGNATURES AND VERIFY DATA IN ITEMS NOS. 1 THROUGH 7, BELOW:			DATE

TO BE COMPLETED BY EMPLOYEE

1. DATE OF BIRTH	2. GRADE	3. CURRENT POSITION TITLE AND GRADE	7A. DATE OF PCS ARRIVAL IN FIELD ON THIS TOUR
	CC-16	Chief of Station	23 September 1961
4. SERVICE DESTINATION (if known)	5. CURRENT STATION OR FIELD BASE		7B. EXPECTED DATE OF DEPARTURE
			about 10 June 1964
6. OTHER DUTY STATIONS OR FIELD BASES DURING CURRENT TOUR			7C. EXPECTED DATE OF ARRIVAL AT HEADQUARTERS PCS
None			

8. WRITE A DESCRIPTION OF YOUR MAJOR DUTIES DURING THE CURRENT TOUR OF DUTY (see special note on *Transitional Form*):

Chief of Station. Overall responsibility for all KUBARK operations and activities in country of assignment.

9. PREFERENCE FOR NEXT ASSIGNMENT:

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

Return to post for second tour following home leave.

B. INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE IN ORDER TO INCREASE YOUR VALUE TO THE ORGANIZATION (refer to *Catalog of Courses*, if available):

None at this time.

SECRET

B. PREFERENCE FOR NEXT ASSIGNMENT (continued)

C. INDICATE YOUR PREFERENCE FOR NEXT ASSIGNMENT BY INSERTING NUMBERS 1, 2 AND 3 (for 1st, 2nd and 3rd choice) IN THE BOXES BELOW:

- RETURN TO MY CURRENT STATION
- BE ASSIGNED TO HEADQUARTERS FOR A TOUR OF DUTY. WITH RESPECT TO POSSIBLE ASSIGNMENT IN HEADQUARTERS, INDICATE CHOICE OF COMPONENT:  
1ST. CHOICE VI 2ND. CHOICE VII 3RD. CHOICE -
- BE ASSIGNED TO ANOTHER FIELD STATION. WITH RESPECT TO POSSIBLE REASSIGNMENT TO ANOTHER FIELD STATION, INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIFIC STATION BASED ON PREFERENCES:  
1ST. CHOICE \_\_\_\_\_

10. HOW MUCH LEAVE DO YOU DESIRE BETWEEN ASSIGNMENTS? INDICATE NUMBER OF WORK DAYS 45

11. INDICATE THE NUMBER AND AGE OF DEPENDENTS WHO WILL BE TRAVELLING OR MOVING WITH YOU:  
wife; and two sons, ages (at time of contemplated travel - June 1964) 15 and 13.

11A. INDICATE ANY CHANGE IN YOUR PERSONAL OR FAMILY SITUATION WHICH SHOULD BE CONSIDERED IN DETERMINING YOUR NEXT ASSIGNMENT  
None - except schooling facilities for children.

12. SIGNATURE: COMPLETE ITEM NO. 9-2, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF ABOVE PORTION OF THIS FORM. TO BE COMPLETED BY SUPERVISOR AT FIELD STATION.

13. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE STATION, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:

14. SIGNATURE: COMPLETE ITEM NO. 9-2, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF THIS PORTION OF THE FORM. TO BE COMPLETED BY APPROPRIATE CAREER SERVICE OFFICER OR PERSONNEL OFFICER AT HEADQUARTERS

15. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE COMPONENT TO WHICH HE IS CURRENTLY ASSIGNED, INDICATE YOUR RECOMMENDATIONS FOR HIS NEXT ASSIGNMENT AND TRAINING:

Recommend approval of extension to June 1964. A recommendation regarding a second tour or other assignment will be forwarded to the Panel at a later date.

16. NAME OF CAREER SERVICE OFFICER OR PERSONNEL OFFICER [Redacted]  
DATE 11 April 1963

FOR USE OF CAREER SERVICE

17. EMPLOYEE  HAS  HAS NOT BEEN NOTIFIED OF PLANNED REASSIGNMENT 18. REFERENCE DISPATCH NO. \_\_\_\_\_ CABLE NO. \_\_\_\_\_

19. TYPED OR PRINTED NAME 20. SIGNATURE

21. TITLE 22. DATE

23. COMMENTS

DO NOT COMPLETE

3 SEP 1953

**MEMORANDUM FOR:** Director of Personnel  
**VIA:** Deputy Director (Plans)  
**SUBJECT:** Admission

1. An analysis of the compromise and arrest of Agency personnel [redacted] originally made by the Chief, Operational Services, and since confirmed by a review committee, assigns to S-1 Division responsibility for command failures in control and supervision of a sensitive operation. I find that the following officers, by reason of the official assignments they then held, could or should have exercised such control and supervision:



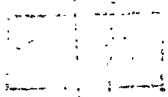
2. This memorandum constitutes an official admission to the above officers, and will be included in their personnel files.

JSA J. C. King

**J. C. KING**  
 Chief

Western Hemisphere Division

DDP/BA-C/WH, [redacted]  
**Distribution:**  
 Orig & 1 - Addressee  
 1 - sa Personnel File  
 1 - DD/P





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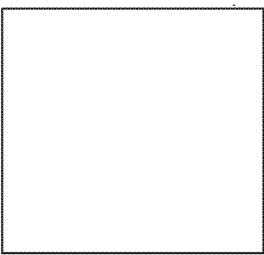
23 January 1959

MEMORANDUM FOR:

SUBJECT: Commendation for Extraordinary Performance of Duties.

1. It is with great personal satisfaction that I have reviewed the performance of members of this Division and, in particular, your own, during the recent crisis . I fully concur with your commendation of various members of your staff, and I am having it made a matter of record in the personnel folder of each employee, together with a supporting comment from the Division. In addition, I wish to single out your own outstanding performance. You have justified our highest estimate of your qualifications at the time of your selection as Chief of Station . Your consistently sound and intelligent evaluation of the situation, courageous and objective proposals for action, extensive coverage of the various groups involved, immediate and comprehensive reporting, dedication to duty, and leadership, are among the major ingredients of your success.

2. Now that the military phase of the crisis is over, although the political one may linger long, I wish to thank you and the following members of your staff for a superior performance which has been a great credit to all concerned:



*W. King*  
 W. C. KING  
 Chief, WND

SECRET

SECRET  
COPY

DEPARTMENT OF STATE  
Washington

Bureau of Inspection, Security and Consular Affairs

In reply refer to  
SY

31 March 1954

My dear Mr. Dulles:

I should like to express my appreciation to you for the security assistance furnished by your representatives during the Tenth Inter-American Conference at Caracas, Venezuela. Colonel J. C. King, the Head of your Latin American Division [redacted] were a tremendous help to us in carrying out our security arrangements for the Conference and for the protection of the Secretary and Conference Delegates.

Colonel King was most cooperative and assisted us greatly during the initial planning of the security and throughout the Conference. The cooperation and advice of [redacted] was an invaluable service. Through [redacted] knowledge and contacts our work was greatly facilitated. He consistently made available his time, equipment and the facilities of his office and maintained a close working relationship with our security representatives in Caracas.

Please accept my thanks for the assistance of Colonel King [redacted] and for a job well done.

Sincerely yours,

(Sgd.) Scott McLeod  
Administrator

The Honorable  
Allen Dulles  
Director,  
Central Intelligence Agency,  
Washington, D. C.

(Original in 201 file of J.C. King)

SECRET

SECRET

21 January 1954

MEMORANDUM FOR: CWH

*File*

SUBJECT : Reference to [redacted] by William I. Clark,  
Assistant Director U.S.I.A. for Latin America.

During the briefing of CIA personnel conducted by William I. Clark, Assistant Director of U.S.I.A. for Latin America, on 14 January 1954, he twice referred to the excellent cooperation between our Chief of Mission at Caracas, [redacted] and the P.A.O., which he characterized as exemplary and a model for all other stations.

*William I. Clark*  
CWP/WI

Distribution:

Original and 1: Addressee

SECRET

UV

PLEASE READ INSTRUCTION SHEET BEFORE PREPARING THIS FORM

STATEMENT OF FEDERAL CIVILIAN AND MILITARY SERVICE								OFFICE OSO		DIVISION WHD		
								BRANCH I		SECTION		
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.		
Department of State (FS)	Washington, D.C.	26	Jan	1931	15	Aug	1944	18	6	13		
OSS, <del>NSA</del> , CIO, CIA	Washington, D.C.	15	Aug	1944	31	12	51					
							Total Civilian Service			6	11	20
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.			
NONE												
							Total Military Service					
III CERTIFICATION												
I hereby certify that the above Civilian and								[Signature Box]		Date		
and accurate to the best of my knowledge.												
24 August, 1952												
DATE								SIGNATURE OF EMPLOYEE				
IV REMARKS (CONCERNING ABOVE SERVICE)					V FOR PERSONNEL OFFICE USE ONLY							
as of 3/1/51					TOTAL CREDITABLE SERVICE							
					DATE	MONTHS	YEARS					
					6	11	20					
MAY BE CONTINUED ON NON-DETACHABLE REVERSE SIDE												

*Office Memorandum* • UNITED STATES GOVERNMENT

TO : Chief, FBI

DATE: 30 June 1949

FROM : Commo

SUBJECT: Training

[redacted] was given the training course, "Basic Familiarization in Sound and Surveillance Equipment."

This training was given on June 28, 1949 in the Commo Demonstration Room, 1005A "L" Building and was of two hours duration.

[redacted]

*file  
mub*

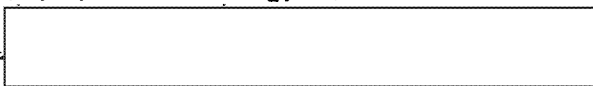
**SECRET**  
**SECURITY INFORMATION**

MAR 20 1952

MEMORANDUM FOR THE SECRETARY OF STATE

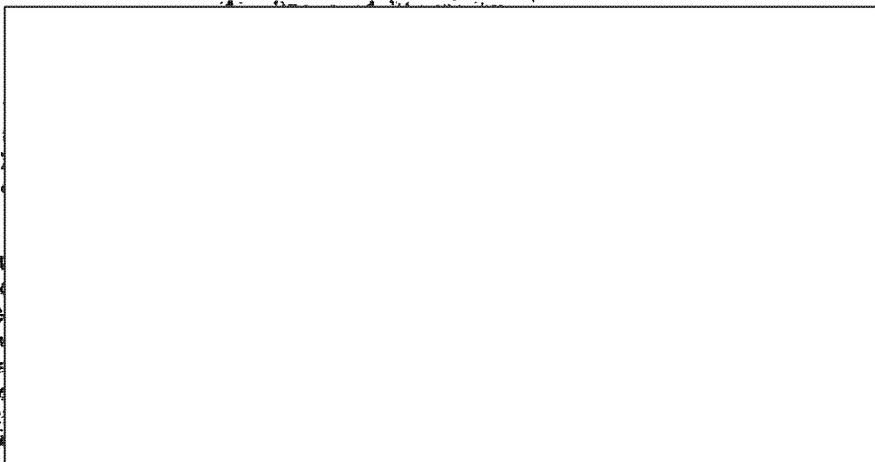
ATTENTION : Mr. W. Park Armstrong, Jr.

SUBJECT :



REFERENCE : Appendix E-4 to Memorandum of 23 November 1951  
Subject, Representation in Foreign Service  
Missions

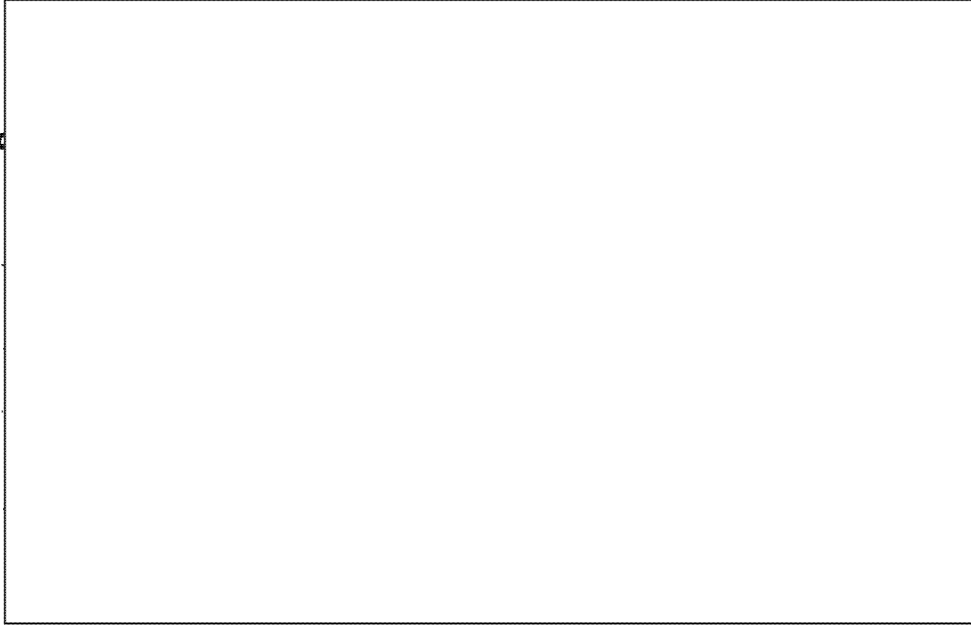
- ENCLOSURES :
- a. Application Forms 57 and DEP-34
  - b. Medical Forms 88 and 89
  - c. Occupational History Supplement



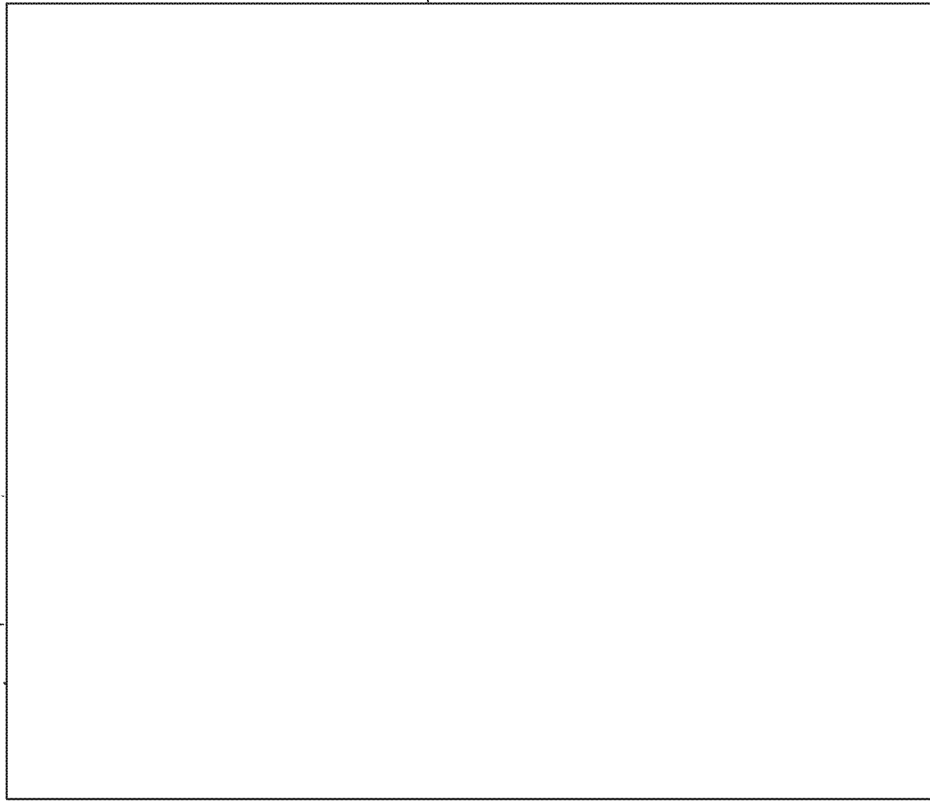
3. It is requested that subject arrive at his destination on or about 15 May 1952.

Richard Hales  
for  
LYMAN D. KIRKPATRICK  
Assistant Director

**SECRET**  
**SECURITY INFORMATION**



**SECRET**  
**SECURITY INFORMATION**





SECRET  
(When Filled In)

*llc*

### QUALIFICATIONS UPDATE

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING. TYPE OR PRINT. AVOID USING LIGHT COLORED INKS

Now that your qualifications are a matter of computer record, they must be periodically updated. This is done automatically for much information; however, some must be obtained directly from you. This form is for that purpose. Section I must be completed in all cases. You need provide other information only if there have been changes since you submitted your Form 444, "Qualifications Supplement to the Personal History Statement," or a previous update form. If you are in doubt whether information has been previously submitted, enter it in the appropriate section. The signed and dated form should be returned through administrative channels to the File Room, Office of Personnel, Room 5E-13 Headquarters, whether information is added or not. Additionally, a qualifications update may take place at any time there is information to be added or changed simply by completing and returning an update form on your initiative.

#### SECTION I BIOGRAPHIC AND POSITION DATA

EM		
----	--	--

#### 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/OTR. HRS. (Specify)
	MAJOR	MINOR				
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 type="checkbox"/> ADD <input type="checkbox"/> DELETE				
2.	<input type="checkbox"/> ADD <input type="checkbox"/> DELETE				

FORM 444n  
2-66

SECRET

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

15 AUG 1968

SECRET

(When Filled In) P. 10-10-68

SECTION V GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL							
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF TRAVEL OR PERIOD OF KNOWLEDGE	DATE OF KNOWLEDGE	KNOWLEDGE ACQUIRED BY - CHECK (X)			
				RESERVE	TRAVEL	STUDY	WORK ASSIGNMENT
		1942-44	23 APR 1943				
		MAIL ROOM					

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? <input type="checkbox"/> YES <input type="checkbox"/> NO	2. NEW CLASSIFICATION
3. LOCAL SELECTIVE SERVICE BOARD NUMBER AND ADDRESS	4. IF DEFERRED, GIVE REASON

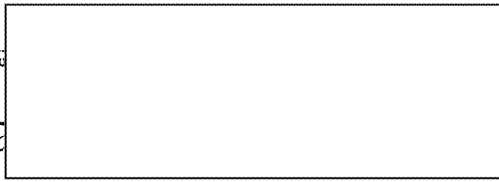
MILITARY RESERVE, NATIONAL GUARD STATUS	
CHECK RESERVE OR GUARD ORGANIZATION TO WHICH YOU BELONG	<input type="checkbox"/> ARMY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <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 (NRR) <input type="checkbox"/> STANDBY (Invol) <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
1.		
2.		
3.		

SECTION X REMARKS

DATE	SIGNATURE
2 May 1968	



SECRET

*llc*

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 GS-16-05

6 SO [ ] 7 POSITION TITLE CHIEF OF BASE 8 OFFICE OF ASSIGNMENT [ ] 9 LOCATION (Country, City) [ ]

**SECTION II** AGENCY OVERSEAS SERVICE

AREA	TYPE TOUR	FROM	TO
[ ]	PCS :CC	47/09/18	49/07/81
	PCS :CC	49/08/01	52/08/81
	PCS :VV	52/09/03	55/12/82
	TDY :CC	58/06/01	58/07/81
	TDY :CC	57/02/01	57/02/81
	TDY :CC	57/11/01	57/12/81
	PCS :VV	58/09/04	61/01/87
	PCS	61/09/21	66/07/09

**OVERSEAS DATA**  
**CODED**  
**DATE:** 29 Jun 67 **INITIALS:** llc

**SECTION III** EDUCATION

DEGREE	MAJOR FIELD	COLLEGE	YEAR
NO COLLEGE DEGREE ON RECORD			
NO COLLEGE DEGREE			

FORM 1-67 444J Mfg 2-67

SECRET

GROUP 1 Excluded from automatic downgrading and declassification

67 JUL ENTD

(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
San Diego Senior High School		San Diego, California		1927-29		<input checked="" 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 NONE						
2						
3						
4						
5. 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.						
<div style="border: 1px solid black; padding: 5px; display: inline-block;">           NONE            NONE            NONE         </div>						
TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS						
NAME AND ADDRESS OF SCHOOL		STUDY OR SPECIALIZATION		FROM	TO	NO. OF MONTHS
1 NONE						
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 NONE						
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 NONE						
2						
3						
4						
5						

**SECRET**

(When Filled In)

SECTION IV GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL							
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF TRAVEL OR RESIDENCE	DATE & PLACE OF STUDY	KNOWLEDGE ACQUIRED BY			CHECK IN WORK ASSIGNMENT
				FOR OFFICE	TRAVEL	STUDY	
	Political, economic, topographic, cultural	Jan. 1944 to Aug. 1944	-----	X			X
	Political, economic, topographic, cultural	Sept. 1944 to Feb. 1946	-----	X			X
	Political, economic, topographic, cultural	Apr. 1947 to May 1949	-----	X			X
	Political, economic, cultural	Aug. 1949 to Dec. 1951	-----	X			X
	Political, economic, cultural	Aug. 1952 to Dec. 1955	-----	X			X
	Political, economic, topographic, cultural	Sept. 1958 to Jan. 1961	-----	X			X
	Political, economic, topographic, cultural	Sept. 1961 to July 1966	-----	X			X

SECTION V TYPING AND STENOGRAPHIC SKILLS			
1. TYPING (WPM) 60	2. SHORTHAND (WPM)	3. INDICATE SHORTHAND SYSTEM USED. CHECK (X) APPROPRIATE ITEM. <input type="checkbox"/> GREGG <input type="checkbox"/> SPEEDWRITING <input type="checkbox"/> SENO TYPE <input type="checkbox"/> OTHER SPECIFY _____	
4. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (complanator, micrograph, card punch, etc.) NONE			

SECTION VI SPECIAL QUALIFICATIONS	
1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH. Collector contemporary Spanish art	
2. EXCLUDING BUSINESS EQUIPMENT OR MACHINES WHICH YOU MAY HAVE LISTED IN ITEM 4, SECTION V, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT AND MACHINES SUCH AS OPERATION OF RADIO TRANSMITTERS (indicate CW, spread, coding & receiving), OFFSET PRESS, TURNER LATHE, EDP AND OTHER SCIENTIFIC & PROFESSIONAL DEVICES. None	
3. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION SUCH AS PILOT, ELECTRICIAN, RADIO OPERATOR, TEACHER, LAWYER, CPA, MEDICAL TECHNICIAN, PSYCHOLOGIST, PHYSICIAN, ETC? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
4. IF YOU HAVE ANSWERED "YES" TO ITEM 3 ABOVE, INDICATE KIND OF LICENSE OR CERTIFICATION AND THE ISSUING STATE, MUNICIPALITY, ETC. (Provide license registry number if known)	5. FIRST LICENSE/CERTIFICATE (year of issue) 6. LATEST LICENSE/CERTIFICATE (year of issue)
7. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR. do NOT submit copies unless requested. INDICATE THE TITLE, PUBLICATION DATE, AND TYPE OF WRITING (non-fiction or scientific articles, general interest subjects, novels, short stories, etc.) NONE	
8. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED NONE	
9. PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE NONE	

**SECRET**

**SECRET**

When Filled In

SECTION VII			
MILITARY SERVICE			
CURRENT DRAFT STATUS			
1. ARE YOU REGISTERED FOR THE DRAFT		7. SELECTIVE SERVICE CLASSIFICATION	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
3. LOCAL SELECTIVE SERVICE BOARD NUMBER AND ADDRESS		8. IF DEFERRED, GIVE REASON	
MILITARY SERVICE RECORD (Active Duty Only)			
1. MILITARY ORGANIZATION (Army, Navy, etc. - specify)	2. BRANCH OR CORPS	3. DATES OF SERVICE (extended active duty)	
NONE		FROM TO	
4. STATUS (Regular, Reserve, etc. - specify)	5. RANK, GRADE OR RATE (or separation if past service)		6. SERIAL SERVICE OR FILE NUMBER
7. CHECK TYPE OF SEPARATION			
<input type="checkbox"/> HONORABLE DISCHARGE	<input type="checkbox"/> RETIREMENT FOR SERVICE	<input type="checkbox"/> UNDUO HARDSHIPS	
<input type="checkbox"/> RELEASE TO INACTIVE DUTY	<input type="checkbox"/> RETIREMENT FOR COMBAT DISABILITY	<input type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> RETIREMENT FOR AGE	<input type="checkbox"/> RETIREMENT FOR PHYSICAL DISABILITY		
8. BRIEF DESCRIPTION OF MILITARY DUTIES (record the duties and skills which best describe your work or function in the military service)			
NONE			
MILITARY RESERVE, NATIONAL GUARD STATUS			
CHECK RESERVE OR GUARD ORGANIZATION TO WHICH YOU BELONG			
NONE	<input type="checkbox"/> ARMY	<input type="checkbox"/> MARINE CORPS	<input type="checkbox"/> NATIONAL GUARD
	<input type="checkbox"/> NAVY	<input type="checkbox"/> AIR FORCE	<input type="checkbox"/> AIR NATIONAL GUARD
1. CURRENT RANK, GRADE OR RATE	2. DATE OF APPOINTMENT (or PROMOTION RANK)	3. EXPIRATION DATE OF CURRENT RESERVE OBLIGATION	
4. CHECK CURRENT RESERVE CATEGORY			
<input type="checkbox"/> READY RESERVE	<input type="checkbox"/> STANDBY (inactive)	<input type="checkbox"/> STANDBY (inactive)	<input type="checkbox"/> RETIRED
<input type="checkbox"/> DISCHARGED			
5. BRIEF DESCRIPTION OF MILITARY RESERVE DUTIES (record the duties and skills which best describe your work or function in the military service)			
NONE			
6. IF YOU ARE CURRENTLY ASSIGNED TO A RESERVE OR NATIONAL GUARD (TRAINING) UNIT, IDENTIFY THE UNIT AND ITS ADDRESS.			
NONE			
MILITARY SCHOOLS COMPLETED (Active Duty, Reserve Status or as Civilian)			
NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	DATE COMPLETED	
1. NONE			RESIDENT
			CORRESPONDENCE
			AGENCY SPONSORED
2.			RESIDENT
			CORRESPONDENCE
			AGENCY SPONSORED
3.			RESIDENT
			CORRESPONDENCE
			AGENCY SPONSORED
4.			RESIDENT
			CORRESPONDENCE
			AGENCY SPONSORED
5.			RESIDENT
			CORRESPONDENCE
			AGENCY SPONSORED

**SECRET**

**SECRET**

(When Filled In)

SECTION IX						MARITAL STATUS	
1. PRESENT STATUS (Single Married Widowed Separated Divorced Annulled Remarried SPECIFY)						NO CHANGE	
2. NAME OF SPOUSE							
3. DATE OF BIRTH			4. PLACE OF BIRTH (City State Country)				
5. OCCUPATION			6. PRESENT EMPLOYER				
7. CITIZENSHIP			8. FORMER CITIZENSHIPS COUNTRIES			9. DATE U.S. CITIZENSHIP ACQUIRED	
SECTION X						DEPENDENT CHILDREN AND DEPENDENTS OTHER THAN SPOUSE	
NAME	RELATIONSHIP	DATE AND PLACE OF BIRTH	CITIZENSHIP	PERMANENT ADDRESS			
			USA				
			USA	SQUAD			
SECTION XI						PROFESSIONAL SOCIETIES AND OTHER ORGANIZATIONS	
NAME AND CHAPTER			ADDRESS (Number Street City State Country)			DATE OF MEMBERSHIP	
						FROM	TO
American Foreign Service Association			Wash. D.C. RE-SIGNED October 1966.				
DATE	SIGNATURE OF EMPLOYEE						
8 May 1967							

SECRET

(When Filled In)

1. POSITION NO.		CERTIFICATION FOR LANGUAGE AWARD				CG NO. 739	
2. CAREER STATUS YES		4. SS FI		5. COMPONENT WHD/DIR/INTC			
6. LANGUAGE SPANISH		CODE 720	7. DATE OF TEST (Month, Day, Year) APRIL 7, 1958		8. ANNIVERSARY DATE (Month, Day, Year) April 25, 1957		
9. TEST SCORE 100		READING H	WRITING I	PRONUNCIATION		SPEAKING	UNDERSTANDING
10. APPLICABLE LEVEL	COMPREHENSIVE		SPECIALIZED-READING		SPECIALIZED-SPEAKING		NOT QUALIFIED AT ANY LEVEL
	ELEM.	INTER.	HIGH	ELEM.	INTER.	HIGH	
11. I CERTIFY THAT THE ABOVE NAMED EMPLOYEE IS ELIGIBLE FOR THE AWARD INDICATED, HAVING MET ALL THE REQUIREMENTS FOR SAID AWARD.				12. TYPE OF AWARD		13. I CERTIFY FUNDS ARE AVAILABLE	
				OF AWARD I H R H		OBLIGATION REF. NO. SIGNATURE	
DATE		SIGNATURE		AMOUNT OF AWARD \$100.00		CHARGE ALLOTMENT NO.	DATE
14. FEDERAL TAX DEDUCTION				\$		15. EMPLOYEE PAYROLL NO.	
16. STATE/DC TAX DEDUCTION				\$		17. ALLOTMENT OF ASSIGNMENT	
18. NET AMOUNT OF AWARD PAID				\$		19. CHECK NUMBER ISSUED	DATE
20. [Empty Box]							

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SECRET  
(When Filled In)

PERIODIC SUPPLEMENT  
PERSONAL HISTORY STATEMENT

THIS DATE  
SEP

INSTRUCTIONS

This form provides the means whereby your official personnel records will be kept current. Even though it duplicates information you have furnished previously, it will be necessary for you to complete Sections I through VI in their entirety. You need complete Sections VII through XIII only if there has been a change since you entered on duty with the organization or if you believe the item requires more complete coverage than you have previously reported.

SECTION I

1. FULL NAME (Last, First, Middle)

GENERAL Life

[Large empty box for narrative report]

DIVISION  
OFFICE  
POSITION

SECTION III

MARITAL STATUS

1. CHECK (X) ONE: SINGLE  MARRIED  WIDOWED  SEPARATED  DIVORCED  ANNULLED

2. FURNISH DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS

none

[Large empty box for marital history]

DATE  
PLACE  
REASON

FORM 444b  
1958

14. CITIZENSHIP (Country) U.S.A.	15. DATE ACQUIRED birth	16. WHERE ACQUIRED (City, State, Country) birth in U.S.
17. OCCUPATION Housewife	18. PRESENT EMPLOYER (Also give former employer, or if spouse is deceased or unemployed, last two employers) N.A.	
19. EMPLOYER'S OR BUSINESS ADDRESS (No. Street, City, State, Country) N.A.		

SECTION III CONTINUED TO PAGE 2

SECRET

(When Filled In)

SECTION III CONTINUED FROM PAGE 1

71. DATES OF MILITARY SERVICE OF SPOUSE (From and To) BY MONTH AND YEAR N.A.	
72. BRANCH OF SERVICE N.A.	73. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED N.A.
74. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN Clerk in U.S. Consulate, Entenada, B.C., Mexico, from 1935-37.	

SECTION IV RELATIVES BY BLOOD, MARRIAGE OR ADOPTION LIVING ABROAD OR WHO ARE NOT U.S. CITIZENS

1. FULL NAME (Last-First-Middle) NONE	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)	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)	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)	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT

8. SPECIAL REMARKS, IF ANY, CONCERNING THESE RELATIVES

SECTION V FINANCIAL STATUS

1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY?  YES  NO

2. 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.

3. 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

4. IF YOU HAVE ANSWERED "YES" TO QUESTION 3 ABOVE, GIVE COMPLETE DETAILS.

5. WITHOUT REFERENCE TO YOUR SALARY, STATE OTHER SOURCES OF RECURRENT INCOME NOT INDICATED BY PRECEDING ITEMS.  
None

SECTION V CONTINUED TO PAGE 3

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(When Filled In)

SECTION V CONTINUED FROM PAGE 2

6. DENYING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS

NAME OF INSTITUTION

ADDRESS (City, State, Country)

7. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? YES  NO

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

N.A.

SECTION VI. CITIZENSHIP

1. COUNTRY OF CURRENT CITIZENSHIP

United States

2. CITIZENSHIP ACQUIRED BY - CHECK (X) ONE:

BIRTH  MARRIAGE  OTHER (Specify)

3. HAVE YOU TAKEN STEPS TO CHANGE YOUR PRESENT CITIZENSHIP?  YES  NO

4. GIVE PARTICULARS

5. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, INDICATE PRESENT STATUS OF YOUR APPLICATION (First papers, etc.)

SECTION VII. No changes since 1945 EDUCATION

1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED:

LESS THAN HIGH SCHOOL GRADUATE

OVER 120 YEARS OF COLLEGE OR NO DEGREE

HIGH SCHOOL GRADUATE

BACHELOR'S DEGREE

TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE

GRADUATE STUDY LEADING TO HIGHER DEGREE

TWO YEARS COLLEGE OR LESS

MASTER'S DEGREE

DOCTOR'S DEGREE

2. COLLEGE OR UNIVERSITY STUDY

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		DATES ATTENDED		DEGREE REC'D	DATE REC'D	SEM/QT/ HRS. COMPLETED (Specify)
	MAJOR	MINOR	FROM	TO			

3. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL HOURS
		FROM	TO	

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

NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL WEEKS
		FROM	TO	

5. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE

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(When Filled In)

SECTION VIII 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 OTHER THAN ORGANIZATION EXPERIENCE. 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																																																																						
Mexico	Political, economic, terrain, people	Jan. 1931 to Aug. 1944				X																																																																						
2. INDICATE THE PURPOSE OF VISIT, RESIDENCE OR TRAVEL FOR EACH OF THE REGIONS OR COUNTRIES LISTED ABOVE Mexico - duty with U.S. Foreign Service, State Department.																																																																												
3. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES OF WHICH YOU HAVE GAINED KNOWLEDGE AS A RESULT OF ORGANIZATION ASSIGNMENT OR ACTIVITY:																																																																												
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE, TRAVEL, ETC.	KNOWLEDGE ACQUIRED BY																																																																									
			HQTS ASSIGNMENT	FIELD ASSIGNMENT	TRAINING																																																																							
	Terrain, indigenous psychology, pol. parties	Sept. 1944 thru Feb. 1947		X																																																																								
	Terrain, pol. personalities, economic sit.	April 1947 thru April 1949		X																																																																								
	Political parties & personalities	August 1949 thru November 1951		X																																																																								
	Political parties & personalities, industries.	September 1952 to Nov. 1955		X																																																																								
	Pol. parties & figures	June-July 56 Feb. 1957	X																																																																									
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(When Filled In)

**SECTION X CONTINUED FROM PAGE 8**

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.)

B. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED

B. LIST ANY PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE

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.

**SECTION XI ORGANIZATION WORK EXPERIENCE - SINCE LAST COMPLETION OF A PERSONNEL QUALIFICATIONS QUESTIONNAIRE**

1	1. INCLUSIVE DATES (From- and To-) April 1947 to April 1949	2. GRADE GS-12	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT DDP/ WH Division
	4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION 2	5. OFFICIAL POSITION TITLE Chief of Station, [redacted]	
6. DESCRIPTION OF DUTIES Responsibility for the administration and operations of a field station. [redacted] Established and maintained relations with other U.S. officials and agencies. Agent development and handling.			
2	1. INCLUSIVE DATES (From- and To-) August 1949 to Nov. 1951	2. GRADE 13-14	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT DDP/ WH Division
	4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION 8	5. OFFICIAL POSITION TITLE [redacted]	
6. DESCRIPTION OF DUTIES Chief of Station. Supervision of all station activities. Planning and execution of field operations. Maintenance of liaison with Ambassador and other U.S. officials. Agent handling.			
3	1. INCLUSIVE DATES (From- and To-) Sept. 1952 to Nov. 1955	2. GRADE 14-15	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT DDP/ WH Division
	4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION 10	5. OFFICIAL POSITION TITLE Chief of Station, [redacted]	
6. DESCRIPTION OF DUTIES Chief of Station. Supervision of all station activities. [redacted] Liaison with Amb. & other U.S. agencies. Planning & execution of field ops. Agent handling.			
4	1. INCLUSIVE DATES (From- and To-) January 1956-June 1957	2. GRADE GS-15	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT DDP/WH Division, Branch I
	4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION 21	5. OFFICIAL POSITION TITLE Chief of Branch	
6. DESCRIPTION OF DUTIES [redacted] Consulting senior staff & other components; briefing of Ambassadors & other officials.			
5	1. INCLUSIVE DATES (From- and To-) June 3, 1957 to date	2. GRADE GS-15	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT DDP/WH Division, Branch II
	4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION from 20 to 25	5. OFFICIAL POSITION TITLE Chief of Branch	
6. DESCRIPTION OF DUTIES As indicated in 4 above [redacted] Responsible to Division Chief for efficient handling of op matters relating to [redacted] (See other pages if required)			

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(When Filled In)

OFFICE OF THE

SECTION XII 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		3. NUMBER OF OTHER DEPENDENTS (including spouse, parents, stepchildren, sister, etc.) WHO DEPEND ON YOU OR AT LEAST 50% OF THEIR SUPPORT, OR CHILDREN UNDER 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		
	wife	1911		x	U.S.	
	son	1948	x		U.S.	same
	son	1951	x		U.S.	same

ADDITIONAL COMMENT AND/OR CONTINUATION OF PRECEDING ITEMS

Continuation Section VIII, 3.

In addition to the countries listed, I have traveled on TDY assignments to:

January 1953  
 Aug. 7 1955  
 Nov. 1953 and in Nov. 1956  
 May 1948  
 May 1948  
 July 1956

various during period Sept. 52-Nov. 55.

I have visited or transited every country of the Western Hemisphere

DATE COMPLETED  
12 October 1957

**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.

1. NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR  
2. OPTIONS (if mentioned in examination announcement)

3. PLACE OF EMPLOYMENT APPLIED FOR (City and State) **Foreign Service**  
4. DATE OF THIS APPLICATION **10 Mar. 1952**

5. ANNOUNCEMENT

7.  MALE  FEMALE  
13. (A) HEIGHT WITHOUT SHOES: **6** FEET **0** INCHES  
(B) WEIGHT: **200** POUNDS

16. (A) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT?  YES  NO  
(B) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE  
**FSS-4 \$6,990. May 2, 1949**

15. (A) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? \$ \_\_\_\_\_ PER YEAR  
You will not be considered for any position with a lower entrance salary.  
(B) CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT IF OFFERED FOR:  
 1 TO 3 MONTHS  3 TO 6 MONTHS  6 TO 12 MONTHS  
**NOTE:** Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a probational appointment.  
(C) IF YOU ARE WILLING TO TRAVEL, SPECIFY:  
 OCCASIONALLY  FREQUENTLY  CONSTANTLY

(D) CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED:  
 IN WASHINGTON, D. C.  ANYWHERE IN THE UNITED STATES  
 OUTSIDE THE UNITED STATES  
(E) IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, GIVE ACCEPTABLE LOCATIONS.

18. EXPERIENCE: It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the appointing officers 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, writers, or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Military experience should be described in the spaces below in its proper sequence.  
(a) If you were ever employed in any position under a name different from that shown in Item 5 of this application, give under "Description of your work" for each position, the name used.  
(b) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."

1. PRESENT POSITION  
DATES OF EMPLOYMENT (month, year) FROM: \_\_\_\_\_ TO PRESENT TIME  
EXACT TITLE OF YOUR PRESENT POSITION: **Unemployed**  
CLASSIFICATION GRADE (if in Federal Service): \_\_\_\_\_  
SALARY OR EARNINGS: STARTING \$ \_\_\_\_\_ PER \_\_\_\_\_ PERCENT \$ \_\_\_\_\_ 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): \_\_\_\_\_  
KIND OF BUSINESS OR PROFESSION (e.g., wholesale silk, insurance agency, manufacture of locks, etc.): \_\_\_\_\_

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU: \_\_\_\_\_  
REASON FOR DESIRING TO CHANGE EMPLOYMENT: \_\_\_\_\_

DESCRIPTION OF YOUR WORK: **I left the Foreign Service in Dec. 1951 with the intention of entering private business in California in company with my oldest brother and other close relations. A few months trial convinced me that I would not be happy away from Foreign Service work, in which I have spent my entire adult life, and I therefore am anxious to return to government foreign service as soon as it is possible for me to do so.**

**DO NOT WRITE IN THIS BLOCK**  
For Use of Civil Service Commission Only

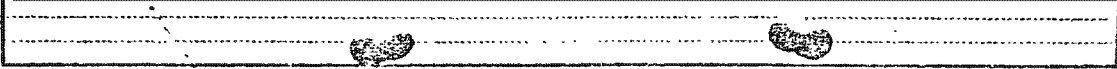
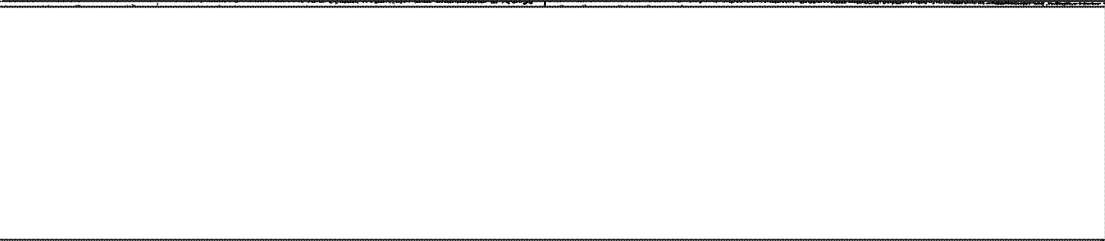
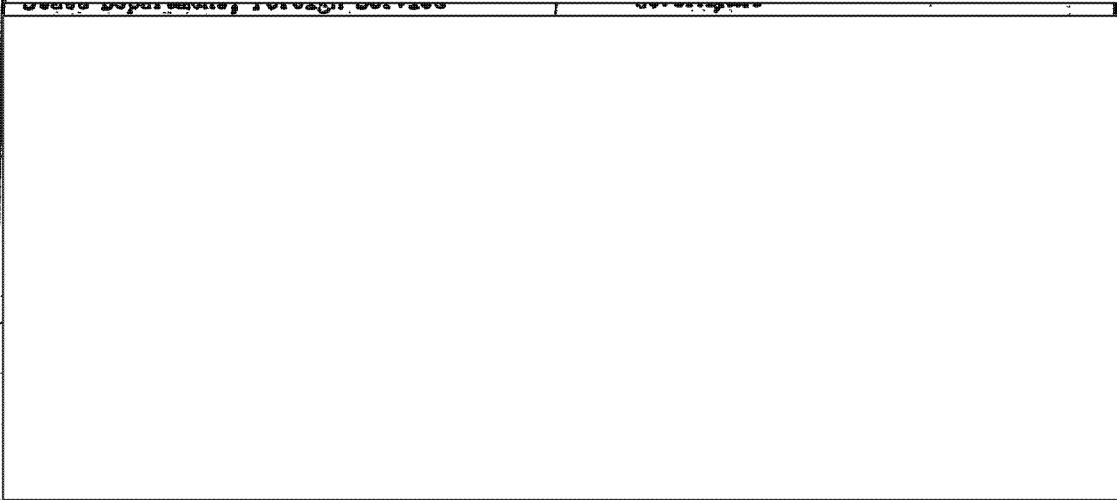
APPLICANT MATERIAL ENTERED REGISTER  
 RECAL APPLICANT  SUBMITTED  RETURNED

NOTATIONS: \_\_\_\_\_  
APP. REVIEW: \_\_\_\_\_  
APPROVED: \_\_\_\_\_

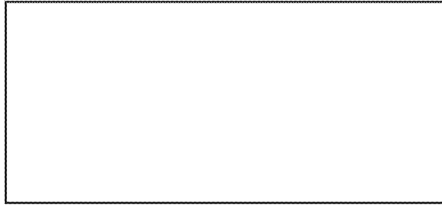
OPTION	GRADE	EARNED RATING	PREFERENCE	AUGM. RATING
			<input type="checkbox"/> 5 POINTS (MILT.)	
			<input type="checkbox"/> 10 POINTS WIFE OR WIDOW	
			<input type="checkbox"/> DISAB.	
			<input type="checkbox"/> BEING INVESTIGATED	

INITIALS AND DATE: \_\_\_\_\_

TO CONTINUE







Application for Federal Employment

Date of Employment                      Exact Title of Position                      Salary  
Jan. 1931 to Oct. 1938                      Vice Consul                      Starting: \$1,800. p.a.  
Final                      2,000. p.a.

Place of Employment                      Name of Immediate Supervisor  
Ensenada, Mexico                      Wm. A. Smale, Consul

Name and Address of Employer                      Reason for Leaving  
State Department, Foreign Service                      transfer to Mazatlan

Number and kind of employees supervised

Two consular clerks

Description of Work

General consular work including shipping services, visas, passports, welfare and protection, agricultural reporting, drafting of replies to trade inquiries.

5 DATES OF EMPLOYMENT (month, year) FROM <b>Oct. 1938</b> TO <b>Aug. 1944</b>		EXACT TITLE OF YOUR POSITION <b>Vice Consul</b>		CLASSIFICATION (if in Federal Service) GS-11		SALARY OR EARNING STARTING \$ <b>2,750</b> PER MONTH FINAL \$ <b>3,000</b> PER MONTH	
PLACE OF EMPLOYMENT (city and State) <b>(MEXICO) Mazatlan and Guadalajara</b>				NAME AND TITLE OF IMMEDIATE SUPERVISOR <b>Rufus H. Lane, Jr. and Maurice L. Stafford, Consuls</b>			
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division) <b>State Department, Foreign Service</b>				KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale and retail, manufacture of goods, etc.) <b>government</b>			
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU <b>2 cons. clerks</b>				REASON FOR LEAVING <b>transfer to Bilbao</b>			
DESCRIPTION OF YOUR WORK <b>consular officer in charge of all immigration work at these two consulates, as well as shipping, material services, passport and citizenship work, welfare and protection activities; also engaged in economic and political reporting at these posts; in charge of both consulates for prolonged periods during absence of principal officer.</b>							
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 back 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 awards you attended is especially important. (Extra space may be used to give full descriptions.)							
DATES		LOCATION		DESCRIPTION OF TRAINING			
FROM	TO			<b>NONE</b>			
18. EDUCATION (Circle highest grade completed): 1 2 3 4 5 6 7 8 9 10 11 12							
MARK (X) THE APPROPRIATE BOX TO INDICATE SATISFACTORY COMPLETION: <input type="checkbox"/> ELEMENTARY SCHOOL <input type="checkbox"/> JUNIOR HIGH SCHOOL <input checked="" type="checkbox"/> SENIOR HIGH SCHOOL				(A) GIVE NAME AND LOCATION OF LAST HIGH SCHOOL ATTENDED <b>San Diego Senior High School, San Diego, Calif.</b>			
(C) NAME AND LOCATION OF COLLEGE OR UNIVERSITY <b>None</b>				(B) SUBJECTS STUDIED IN HIGH SCHOOL WHICH APPLY TO POSITION DESIRED <b>History, Economics, commercial law, Spanish</b>			
(D) LIST YOUR CHIEF UNDERGRADUATE COLLEGE SUBJECTS <b>None</b>				(E) LIST YOUR CHIEF GRADUATE COLLEGE SUBJECTS <b>None</b>			
(F) OTHER TRAINING, SUCH AS VOCATIONAL, BUSINESS, STUDY COURSES GIVEN THROUGH THE ARMED FORCES INSTITUTE (show name and location of school) OR IN SERVICE TRAINING IN PUBLIC OR PRIVATE EMPLOYMENT <b>None</b>				(G) SUBJECTS STUDIED DATES ATTENDED YEARS COMPLETED			
19. INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES				20. IF YOU HAVE ENVELOPED OR PRESSED IN ANY FOREIGN COUNTRIES IN N.Y. 11 (1) NAME OF COUNTRY, (2) DATES AND LENGTH OF TIME SPENT THERE, AND (3) REASON OR PURPOSE (e.g., military service, business, education, recreation)			
READING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		SPEAKING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		UNDERSTAND YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. DO YOU HAVE ANY OTHER QUALIFICATIONS, SUCH AS: (A) YOUR MOST IMPORTANT PUBLICATIONS (do not include copies unless requested) (B) PATENTS OR INVENTIONS	
<b>Spanish</b>		<b>X</b>		<b>X</b>		<b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input type="checkbox"/>	



FORM DSF-54  
1-26-51

DEPARTMENT OF STATE

**APPLICATION FOR FOREIGN SERVICE  
AND DEPARTMENTAL EMPLOYMENT**  
(Use with Standard Form 57)

BUDG. BAW NO. 47-8072.2  
APPROX. EXPIRES August 31, 1954

If more space is required, use additional sheets of paper. Write on each sheet your name, address and date of birth. Identify each item, and attach to this application.

1. a. NAME (Print)

2. USE OF APPLICATION - Check one box below to indicate whether you wish this application to be considered for Foreign Service employment only, or for both Foreign Service and Departmental employment. Completion of this form is not required for Department employment only. Standard Form 57 must be filled out in any case.

FOREIGN SERVICE ONLY

FOREIGN SERVICE AND DEPARTMENTAL

3. PERMANENT ADDRESS (Place from which you will expect transportation of self and household effects, if any, if appointed to the Foreign Service)

**San Diego, California**

4. IF BORN OUTSIDE THE UNITED STATES, HOW WAS CITIZENSHIP ACQUIRED? IF A NATURALIZED CITIZEN, GIVE PLACE, DATE, AND NUMBER OF NATURALIZATION CERTIFICATE. (Section 11 on Form 57).

**Not applicable**

5. a. ARE YOU NOW INVOLVED IN ANY LITIGATION OR SEPARATION AGREEMENT?  YES  NO

b. DO YOU KNOW OF ANY PROSPECTIVE LITIGATION IN WHICH YOU MAY BE INVOLVED?  YES  NO  
(Give details, if answer is yes to a. or b.)

6. WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT FOR OVERSEAS EMPLOYMENT? (Exclusive of allowances)

\$

PER YEAR

7. WHAT RESTRICTIONS ARE THERE, IF ANY, ON YOUR IMMEDIATE AVAILABILITY FOR DUTY IN ANY PART OF THE WORLD?

**None**

8. a. FULL NAME OF SPOUSE (if wife, give

b. DATE OF BIRTH

c. PLACE OF BIRTH (City, State)

d. IF BORN OUTSIDE THE UNITED STATES, HOW WAS CITIZENSHIP ACQUIRED?

**not applicable**

e. IF NATURALIZED, GIVE PLACE, DATE, AND NO. OF NATURALIZATION CERTIFICATE.

**not applicable**

9. NAMES OF DEPENDENTS	RELATIONSHIP	DATE OF BIRTH	WILL RESIDE WITH YOU OVERSEAS	
			YES	NO
			<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<input checked="" type="checkbox"/>	<input type="checkbox"/>

10.

11.

12.

YES **H.A.**  NO

YES **H.A.**  NO

13. HAVE YOU EVER APPLIED FOR A POSITION WITH THE DEPARTMENT OF STATE OR TAKEN AN EXAMINATION FOR A POSITION WITH THE DEPARTMENT OF STATE?

If "Yes" give date, nature of position applied for, and kind of examination taken, if any.

**I was employed in the Foreign Service of the State Department from January 26, 1931 to December 1951.**

13. RELATIVES NOW RESIDING IN FOREIGN COUNTRIES

NAME	RELATIONSHIP	ADDRESS
None		

14. FOREIGN LANGUAGES (See instructions on Form 57)

Give and estimate the extent of your competence, i.e. Excellent, Good, Fair

A. LANGUAGE	B. READ	C. WRITE	D. SPEAK	E. UNDERSTAND
Spanish	Excellent	Good	Good	Excellent

16. LIST PRESENT OR FORMER FOREIGN CONNECTIONS

A. BUSINESS  
B. EMPLOYMENT  
C. MILITARY

U.S. Foreign Service from Jan. 26, 1931 to Dec. 1951.

17. DATES AND PLACES OF RESIDENCE FOR LAST 10 YEARS

DATE	STREET AND NUMBER	CITY	STATE OR COUNTRY
None			

IF "NO," STATE INFORMATION REQUESTED BELOW:

NAMES OF CREDITORS	AMOUNTS DUE	DATES ON WHICH OBLIGATIONS WERE CONTRACTED
None		

19. HAVE YOU EVER BEEN MEDICALLY DISCHARGED FROM THE ARMED SERVICE?  YES  NO  
IF "YES," GIVE DETAILS IN ITEM 39 OF FORM 57.

20. PRESENT MILITARY STATUS

A. ARE YOU REGISTERED WITH A SELECTIVE SERVICE BOARD?  YES  NO IF "YES," STATE BELOW THE NUMBER AND ADDRESS OF THE BOARD, AND YOUR CLASSIFICATION.

B. DO YOU HAVE A MILITARY RESERVE STATUS?  YES  NO IF "YES," STATE BELOW, THE BRANCH OF SERVICE, YOUR RESERVE NUMBER, YOUR ORDER NUMBER, UNIT AND HEADQUARTERS.

21. LIST OTHER NAMES, IF ANY, BY WHICH YOU HAVE BEEN KNOWN INCLUDING MARRIED NAMES. IF MARRIED MORE THAN ONCE, GIVING DATE DURING WHICH NAMES WERE USED. DO NOT DUPLICATE INFORMATION SUPPLIED IN ITEM 16 ON FORM 57.

None

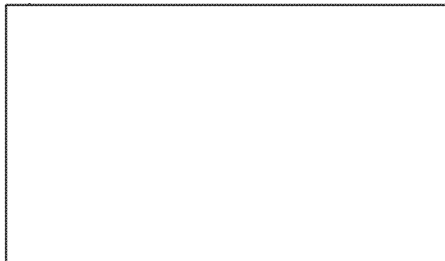
22. HAVE YOU EVER BEEN IN THE CIVIL SERVICE RETIREMENT SYSTEM?  YES  NO  
Subject to C.S. Retirement Act

23. SOCIAL SECURITY NUMBER, IF ANY: \_\_\_\_\_

24. If you believe the information you have supplied on this application does not fully show your qualifications for Foreign Service Employment, state in Item 39 of Form 57 or on a separate sheet, any additional appropriate information considered.

DATE: March 10, 1952

SIGNATURE: \_\_\_\_\_



Application for Federal Employment

<u>Date of Employment</u>	<u>Exact Title of Position</u>	<u>Salary</u>
Jan. 1931 to Oct. 1938	Vice Consul	Starting: \$1,800. p.a. Final 2,000. p.a.

<u>Place of Employment</u>	<u>Name of Immediate Supervisor</u>
Ensenada, Mexico	Mr. A. Smaile, Consul

<u>Name and Address of Employer</u>	<u>Reason for Leaving</u>
State Department, Foreign Service	transfer to Mazatlan

Number and kind of employees supervised

Two consular clerks

Description of Work

General consular work including shipping services, visas, passports, welfare and protection, agricultural reporting, drafting of replies to trade inquiries.

Jan. ...thur NOEL

5 DATES OF EMPLOYMENT (month, year) FROM **Oct. 1938** TO **Aug. 1944** EXACT TITLE OF YOUR POSITION **Vice Consul** CLASSIFICATION (if in Force) SALARY OR EARNING STARTING \$ **2,250** PER MONTH FINAL **3,000**

PLACE OF EMPLOYMENT (city and State) **(MEXICO) Mazatlan and Guadalajara** NAME AND TITLE OF IMMEDIATE SUPERVISOR **Rufus H. Lene, Jr. and Maurice L. Stafford, Consuls**  
 NAME AND ADDRESS OF EMPLOYER (Spec. organization, or person, if Federal, name department, bureau or establishment, and division) **State Department, Foreign Service** KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale and retail, manufacture of goods, etc.) **government**

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU **cons. clerks** REASON FOR LEAVING **transfer to Bilbao**  
 DESCRIPTION OF YOUR WORK **2 cons. at Mazatlan, 4 at Guadalajara**

**consular officer in charge of all immigration work at these two consulates, as well as shipping, notarial services, passport and citizenship work, welfare and protection activities, also engaged in economic and political reporting at these posts. In charge of both consulates for prolonged periods during absence of principal officer.**

If more space is required, use a continuation sheet (Blended Form No. 28) 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 which you attended is especially important. (Extra page may be used to give full descriptions.)

DATES		LOCATION	DESCRIPTION OF TRAINING
FROM	TO		
			<b>NONE</b>

18. EDUCATION (Circle highest grade completed):  
 1 2 3 4 5 6 7 8 9 10 11 12 **(12)**  
 MARK (X) THE APPROPRIATE BOX TO INDICATE SATISFACTORY COMPLETION IN:  
 ELEMENTARY SCHOOL  JUNIOR HIGH SCHOOL  SENIOR HIGH SCHOOL

(A) GIVE NAME AND LOCATION OF LAST HIGH SCHOOL ATTENDED  
**San Diego Senior High School, San Diego, Calif.**  
 (B) SUBJECTS STUDIED IN HIGH SCHOOL WHICH APPLY TO POSITION DESIRED  
**History, Economics, commercial law, Spanish**

DATE ATTENDED	YEARS COMPLETED	DEGREES CONFERRED		SEMESTER HOURS CREDIT
		TITLE	DATE	

(C) NAME AND LOCATION OF COLLEGE OR UNIVERSITY  
**NONE**

(D) LIST YOUR CHIEF UNDERGRADUATE COLLEGE SUBJECTS  
**NONE**

LIST YOUR CHIEF GRADUATE COLLEGE SUBJECTS  
**NONE**

(E) OTHER TRAINING (SUCH AS VOCATIONAL, BUSINESS, STUDY COURSES GIVEN THROUGH THE ARMED FORCES INSTITUTE (GIVE NAME AND LOCATION OF SCHOOL) OR IN SERVICE TRAINING IN PUBLIC OR PRIVATE EMPLOYMENT)

SUBJECTS STUDIED	DATE ATTENDED		YEARS COMPLETED	
	FROM	TO	DAY	NIGHT

19. INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES

LANGUAGE	READING	SPEAKING	UNDERSTANDING
	EXC. GOOD FAIR	EXC. GOOD FAIR	EXC. C. O. F.
<b>Spanish</b>	<b>X</b>	<b>X</b>	<b>X</b>

20. IF YOU HAVE TRAVELED OR RESIDED IN ANY FOREIGN COUNTRIES, INDICATE (1) NAME OF COUNTRY (2) DATES AND LENGTH OF TIME SPENT THERE AND (3) LIST LICENSE OR CERTIFICATE (IF ANY)

21. DO YOU NOW OR HAVE YOU EVER HELD A LICENSE OR CERTIFICATE IN ANY TRADE OR PROFESSION (such as pilot, electrician, radio operator, teacher, lawyer, CPA, etc.)  
 YES  NO (GIVE KIND OF LICENSE AND STATE)  
 FIRST LICENSE OR CERTIFICATE (YEAR)  
 LAST LICENSE OR CERTIFICATE (YEAR)

20. IF YOU HAVE TRAVELED OR RESIDED IN ANY FOREIGN COUNTRIES, INDICATE (1) NAME OF COUNTRY (2) DATES AND LENGTH OF TIME SPENT THERE AND (3) LIST LICENSE OR CERTIFICATE (IF ANY)

**24 PREFERENCE.** 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 18 (REFERENCE).

RESISTANCE TO SERVICE

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO	INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
25 ARE YOU, BY REASON OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER, QUALIFICATIONS, ETC.?	X		35 ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? <i>If your answer is "Yes," give details in Item 39.</i>		X
26 ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?	X		36 DOES THE UNITED STATES GOVERNMENT EMPLOY IN A CIVILIAN CAPACITY ANY RELATIVE OF YOURS (BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS? <i>If your answer is "Yes," show in Item 39 for EACH such relative (1) full name, (2) present address, (3) relationship, (4) Department or Agency by which employed, and (5) kind of appointment.</i>		X
27 ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY, U.S.P. OR ANY COMMUNIST ORGANIZATION?		X	<b>SPECIAL INSTRUCTIONS FOR CLAIMING VETERAN PREFERENCE</b> A. If you are claiming preference as a PEACETIME VETERAN who has been awarded a campaign badge or service ribbon, or as a DISABLED VETERAN, or as the WIFE OF A DISABLED VETERAN, or as the WIDOW OF A WAR OR CAMPAIGN VETERAN, attach Veteran Preference Claim, CSC Form 14, together with proof, special thereon. B. If you are a WAR-TIME VETERAN, not claiming disability preference, you should NOT submit your discharge with this application. Preference will be tentatively credited to you and if appointed, you will be required to submit to the appointing office prior to entry on duty, official evidence of separation from active service in the armed forces of the United States in time of war. C. If you are a PEACETIME VETERAN, you should submit your discharge with this application.		
28 ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?		X			
29 ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH ADVERTISES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT, OR AN ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH HAS ADOPTED A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR OF STATE, TERRITORY, COUNTY OR GOVERNMENT OF THE UNITED STATES BY UNION WITH OTHER PERSONS?		X			
30 IF YOUR ANSWER TO QUESTION 27, 28, OR 29 ABOVE IS "YES," STATE IN ITEM 39 THE NAMES OF SUCH ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS, AND DATES OF MEMBERSHIP. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities therein.			37 (A) WERE YOU EVER IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING TIME OF WAR?	X	
31 SINCE YOUR BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, INDICTED, OR SENT INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR COMMITTED, TRIED, OR IMPRISONED OR PLACED ON PROBATION, OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE (EXCLUDING MINOR TRAFFIC VIOLATIONS FOR WHICH A FINE OR FORFEITURE OF \$25 OR LESS WAS IMPOSED)?		X	(B) IS THE WORD "HONORABLE" OR THE WORD "SATISFACTORY" USED IN YOUR DISCHARGE OR SEPARATION PAPERS TO SHOW THE TYPE OF YOUR DISCHARGE OR SEPARATION?		X
32 IF YOUR ANSWER IS "YES," LIST ALL SUCH CASES UNDER ITEM 39 BELOW. Give in each case (1) the date, (2) the nature of the offense or violation, (3) the name and location of the court, (4) the penalty imposed, if any, or other disposition of the case. If appropriate, your fingerprints will be taken.			(C) WAS SERVICE PERFORMED ON AN ACTIVE FULL-TIME BASIS, WITH FULL MILITARY PAY AND ALLOWANCES?		X
33 ARE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN, FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION?	X		(D) DATE OF ENTRY OR ENTRIES INTO SERVICE		DATE OF SEPARATION OR SEPARATIONS
34 ARE YOU EVER BEEN BARRED BY THE U.S. CIVIL SERVICE COMMISSION FROM EXAMINATIONS OR ACCEPTING CIVIL SERVICE APPOINTMENTS?	X		BRANCH OF SERVICE (Army, Navy, Marine Corps, Coast Guard, etc.)		SERIAL NO. (if none, give grade or rating at time of separation)
35 HAVE YOU ANY PHYSICAL HANDICAP, DISEASE OR OTHER DISABILITY, WHICH SHOULD BE CONSIDERED IN ASSIGNING YOU TO WORK?		X	38 (A) IF YOU SERVED IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING PEACETIME ONLY, DID YOU PARTICIPATE IN A CAMPAIGN OR EXPEDITION AND RECEIVE A CAMPAIGN BADGE OR SERVICE RIBBON?	X	
36 DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE?		X	(B) ARE YOU A DISABLED VETERAN?	N/A	
37 GIVE YOUR DETAILED ANSWERS TO OTHER QUESTIONS (Indicate item numbers to which answers apply).			If so, and you have not listed your disability in answer to Item 35, explain in Item 39 below.		
ITEM NO.			(C) ARE YOU A VETERAN'S WIDOW WHO HAS NOT RE-MARRIED?	N/A	
			(D) ARE YOU THE WIFE OF A VETERAN WHO HAS A SERVICE CONNECTED DISABILITY WHICH DISQUALIFIES HIM FOR CIVIL SERVICE APPOINTMENT?	N/A	
			<b>THIS SPACE FOR USE OF APPOINTING OFFICER ONLY</b> The information contained in the answers to Question 37 above has been verified by comparison with the discharge certificate on _____, 19____.		
			Agency:		Title:

If more space is required, use paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.

Before signing this application check back over it to make sure that you have answered ALL questions correctly.

I CERTIFY that the statements made by me in this application are true, complete and correct, and are made in good faith.

False statement on this application is punishable by Law (U. S. Code, Title 18, Section 80).

SIGNATURE OF APPLICANT \_\_\_\_\_ knowledge

(Sign your name in INK (not GEL) on this line. If female, give Mrs. or M<sup>rs</sup>. and if married, give your own given name as "Mrs. Mary L. Doe.")



FORM DSP-14  
9-26-51

DEPARTMENT OF STATE  
**APPLICATION FOR FOREIGN SERVICE  
AND DEPARTMENTAL EMPLOYMENT**  
(Use with Standard Form 57)

BUDG. BUREAU NO. 47-8071.3  
APPROX. L. EXPIRES August 31, 1956

If more space is required, use additional sheets of paper.  
Write on each sheet your name, address and date of birth.  
Identify each item, and attach to this application.

2. USE OF APPLICATION - Check one box below to indicate whether you wish this application to be considered for Foreign Service employment only, or for both Foreign Service and Departmental employment. Completion of this form is not required for Department employment only. Standard Form 57 must be filled out in any case.

FOREIGN SERVICE ONLY

FOREIGN SERVICE AND DEPARTMENTAL

3. PERMANENT ADDRESS (Place from which you will expect transportation of self and household effects, if any, if appointed to the Foreign Service)

**San Diego, California**

4. IF BORN OUTSIDE THE UNITED STATES, HOW WAS CITIZENSHIP ACQUIRED? IF A NATURALIZED CITIZEN, GIVE PLACE, DATE, AND NUMBER OF NATURALIZATION CERTIFICATE. (Section 11 on Form 57).

**Not applicable**

5. a. ARE YOU NOW INVOLVED IN ANY LITIGATION OR SEPARATION AGREEMENT?  YES  NO

b. DO YOU KNOW OF ANY PROSPECTIVE LITIGATION IN WHICH YOU MAY BE INVOLVED?  YES  NO  
(Give details, if answer is yes to a. or b.)

6. WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT FOR OVERSEAS EMPLOYMENT? (Exclusive of allowances)

\$- PER YEAR

7. WHAT RESTRICTIONS ARE THERE, IF ANY, ON YOUR IMMEDIATE AVAILABILITY FOR DUTY IN ANY PART OF THE WORLD?

**None**

8. IF BORN OUTSIDE THE UNITED STATES, DID YOU EVER OBTAIN UNITED STATES CITIZENSHIP? (Section 11 on Form 57)

FATHER

YES **N.A.**  NO

MOTHER

YES **N.A.**  NO

9. HAVE YOU EVER APPLIED FOR A POSITION WITH THE DEPARTMENT OF STATE OR TAKEN AN EXAMINATION FOR A POSITION WITH THE DEPARTMENT OF STATE?

YES  NO

If "Yes" give date, nature of position applied for, and kind of examination taken, if any.

**I was employed in the Foreign Service of the State Department from January 26, 1931 to December 1951.**

FORM NO. 57-1		PAGE 2		
<b>14. RELATIVES NOW RESIDING IN FOREIGN COUNTRIES</b>				
NAME	RELATIONSHIP	ADDRESS		
<b>None</b>				
<b>15. FOREIGN LANGUAGES (Specify item 19 of Form 57)</b>				
<i>Give and indicate the extent of your competence, i.e., Excellent, Good, Fair</i>				
A. LANGUAGE	S. READ	C. WRITE	D. SPEAK	E. UNDERSTAND
<b>Spanish</b>	<b>Excellent</b>	<b>Good</b>	<b>Good</b>	<b>Excellent</b>
<b>16. LIST PRESENT OR FORMER FOREIGN CONNECTIONS:</b>				
A. BUSINESS	<b>U.S. Foreign Service from Jan. 26, 1931 to Dec. 1951.</b>			
B. EMPLOYMENT				
C. MILITARY				
<b>17. DATES AND PLACES OF RESIDENCE FOR LAST 10 YEARS</b>				
<b>18. DOES YOUR FINANCIAL POSITION PERMIT DISCHARGE OF ALL DEBTS INCURRED?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
IF "NO," STATE INFORMATION REQUESTED BELOW:				
NAMES OF CREDITORS	AMOUNTS DUE	DATES ON WHICH OBLIGATIONS WERE CONTRACTED		
<b>None</b>				
<b>19. HAVE YOU EVER BEEN MEDICALLY DISCHARGED FROM THE ARMED SERVICE?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
IF "YES," GIVE DETAILS IN ITEM 39 OF FORM 57.				
<b>20. PRESENT MILITARY STATUS</b>				
A. ARE YOU REGISTERED WITH A SELECTIVE SERVICE BOARD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES," STATE BELOW THE NUMBER AND ADDRESS OF THE BOARD, AND YOUR CLASSIFICATION:				
B. DO YOU HAVE A MILITARY RESERVE STATUS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES," STATE BELOW, THE BRANCH OF SERVICE; YOUR SERVICE NUMBER; YOUR ORGANIZATION UNIT AND HEADQUARTERS.				
<b>21. LIST OTHER NAMES, IF ANY, BY WHICH YOU HAVE BEEN KNOWN INCLUDING MARRIED NAMES, IF MARRIED MORE THAN ONCE, GIVING DATE DURING WHICH NAMES WERE USED. DO NOT DUPLICATE INFORMATION SUPPLIED IN ITEM 16 ON FORM 57.</b>				
<b>None</b>				
<b>22. HAVE YOU EVER BEEN UNDER THE CIVIL SERVICE RETIREMENT SYSTEM?</b>		<b>23. SOCIAL SECURITY NUMBER, IF ANY.</b>		
<b>Subject to C.S. Retirement Act</b>				
<b>24. If you believe the information you have supplied on this application does not fully show your qualifications for Foreign Service Employment, or on a separate sheet, any additional appropriate information should be submitted. This information will be considered.</b>				
DATE	SIGNATURE			
<b>March 10, 1952</b>				

SECRET

SECURITY INFORMATION

4 June 1952

MEMORANDUM FOR: Chief, Liaison Control, OSO

SUBJECT :

[REDACTED]

[REDACTED]

2. This Division has now been informed that the medical staff of CIA will not approve an overseas assignment for [REDACTED] until 1 August 1952. At that time [REDACTED] will undergo another physical examination and if results are satisfactory he will be certified as fit for overseas duty.

3. In order to avoid cancellation of [REDACTED] appointment, it is requested that the Department of State be asked not to call [REDACTED] to enter on duty until advised by OSO that he is certified for overseas duty and ready to proceed to his [REDACTED] assignment, subject to State's concurrence. It is anticipated that this will occur about 1 August 1952, or shortly thereafter.

*J. C. King*  
for J. C. King  
Chief, Western Hemisphere

*State Dept informed 10 June 52 by [initials]*

SECRET

14 August 1953

Central Intelligence Agency  
2430 E Street, N. W.  
Washington, D. C.

Gentlemen:

1. In accordance with the policy of this agency, it is understood and agreed by me that I shall be required to serve a minimum term of two years from the date of my arrival at my overseas post of duty, unless terminated by the Government for its convenience. If the assignment is terminated at my request in less than twenty-four months, the following shall prevail:

(a) If I resign in less than twelve months from the date of my arrival at my overseas post of duty, I shall reimburse CIA for all travel expenses involved in the transportation of myself, my immediate family, household goods, and personal effects and automobile to the foreign station, and pay all such expenses for return to the United States.

(b) If I resign between the twelfth and twenty-fourth month from the date of my arrival at my overseas post of duty, I shall pay all expenses for the travel and transportation of myself, my immediate family, household goods, and personal effects and automobile to the United States.

2. Part (a) above shall not apply to employees who have served in a operational position with CIA or who have served an overseas tour of duty with CIA, and in such case part (b) only shall apply, amended to read: "If I desire to terminate or return to the United States prior to the expiration of twenty-four months from the date of my arrival at my overseas post of duty, I shall pay all expenses for the travel and transportation of myself, my immediate family, household goods, and personal effects to the United States".

[Redacted signature area]

Witness:

[Redacted witness name]

**APPLICATION FOR FEDERAL EMPLOYMENT**

**INSTRUCTIONS**—Answer every question below fully and completely. Type or print in INK. Do not use corrections for a typewriter. Use Civil Service examination card the appropriate examination number and place of examination. Mail this application to the office named in the advertisement. Be sure to call to the same office any other forms required by the advertisement. Notify the office with which you file this application of any change in your address.

1. Name of examination, or kind of position applied for  
**Chief of Station**

2. Cultural subject (if mentioned in examination announcement)

3. Place of employment desired for

4. City or post office (including postal zone), and State

5. Legal or voting residence (State) 7. Office phone No. Home phone.  
**California**

6. Place of birth (city and State; if born outside U. S., name city and country):  
**New York, New York**

10. Age last birthday: **35** 11.  Male  Female

12.  Married  Single 13. Height without shoes: **6** feet **0** inches Weight: **185** pounds

14. Have you ever been employed by the Federal Government?  Yes  No  
If now employed by the Federal Government, give present grade and date of last change in grade:  
**CAF-12, July 1, 1945.**

**DO NOT WRITE IN THIS BLOCK**  
For Use of Civil Service Commission Only

Approved  Material  Entered register  
 Rejected  Submitted  Returned

Initials

App. Review

Approved:

CYCLE	GRADE	EARNED RATING	PREFER-ENCE	AUGM. RATING
			<input type="checkbox"/> 5 points (incl.)	
			<input type="checkbox"/> 10 points	
			<input type="checkbox"/> Wife or Widow	
			<input type="checkbox"/> Divorced	
			<input type="checkbox"/> Being investigated	

INITIALS AND DATE

18. (a) Would you accept short-term appointment, if offered, for—

Answer "Yes" or "No" answer by placing X in proper column	YES	NO
1 to 3 months?		<input checked="" type="checkbox"/>
3 to 6 months?		<input checked="" type="checkbox"/>
6 to 12 months?		<input checked="" type="checkbox"/>

(b) Would you accept appointment, if offered—

Answer "Yes" or "No" answer by placing X in proper column	YES	NO
in Washington, D. C.?	<input checked="" type="checkbox"/>	
anywhere in the United States?	<input checked="" type="checkbox"/>	
outside the United States?	<input checked="" type="checkbox"/>	

19. (a) If you will accept appointment in certain locations ONLY, give acceptable locations

(d) What is the lowest entrance salary you will accept? **\$5,905.20** per year.  
You will not be considered for positions paying less.

(e) If you are willing to travel, specify:  
 Occasionally  Frequently  Constantly

16. **EXPERIENCE**—You are requested to furnish all information asked for below in sufficient detail to enable the Civil Service Commission and the appointing authority to determine your qualifications for the position for which you are applying. In this space provided below describe EVERY position you have held. Use a separate block for EACH position. You may also include any pertinent job title, title, position or organization, activity which you have held most recently and were last employed, showing the number of hours per week and weeks per year in which you were employed in such activity. Start with your PRESENT position and work back, accounting for all parts of unemployment. Explain clearly the principal tasks which you performed in each position. Describe your experience in the Federal Service in question 17 (Military Experience).  
17. If you were ever employed in any position under a name different from that shown in item 6 of this application, give under "Description of your work" for each position the name used.  
18. If you were never employed or are now unemployed, indicate that fact in the space provided below for "Present Position."

**PRESENT POSITION**

Date of appointment (Month, year) **From August, 1944** To present time

Name of your present position: **Chief of Station** Salary or earnings: **With U.S. Starting \$4,680 per year Present \$5,905 per year**

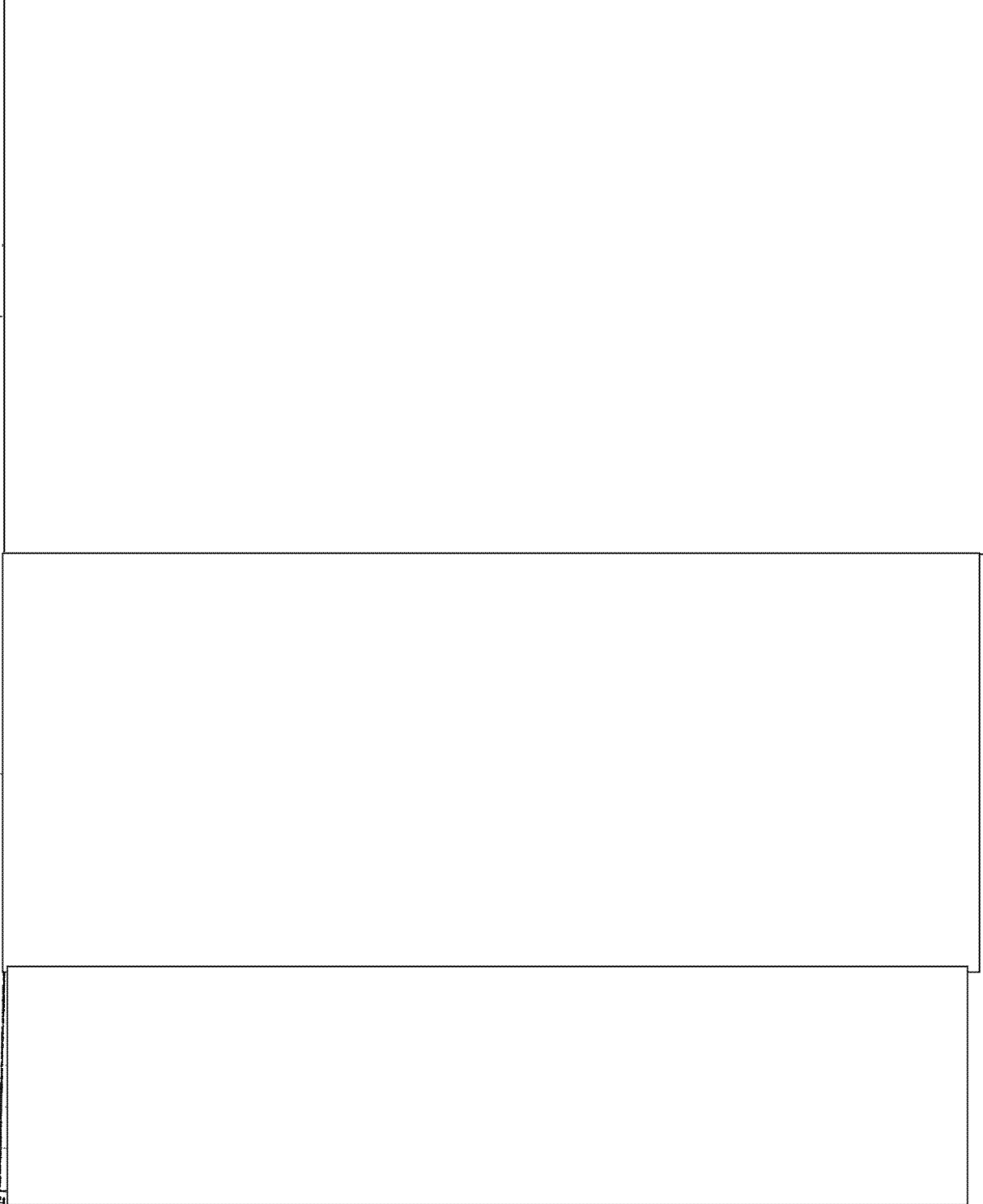
Description of your work: **Chief of Station**  
**Direction of intelligence chains, evaluation of material and preparation of intelligence reports.**  
**Preparation of political reports on behalf of Consulate General, [redacted] and military reports on behalf of Military Attache, [redacted]**

Name and kind of employer (firm, organization, or person): **SSU, FBI**

Name and kind of supervisor: **Acting Chief of**

Number and kind of employees supervised by you: **2 clerical; 12 outside agents**

Reason for changing or about to change employment: **liquidation of SSU**



Blank and examination use. Attach to inside of cover.

16-10-01247-1

17. MILITARY EXPERIENCE - In order to meet the needs of the Armed Forces, you are asked to provide detailed information about the training and experience they have received in the Armed Forces. Fill in the space for each service school you have attended, including all special or technical schools while in the service, in item (a). "Be specific" in service schools and indicate in item (c) all important changes in duty assignment, showing dates of such assignments.

(a) First Special Service School attended:

Location: \_\_\_\_\_

Dates attended (month, year): \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Rating received at end of this training: \_\_\_\_\_

(c) Duty assignment or rating after this training (give all important changes in duty assignment whether or not you attended a Service School): \_\_\_\_\_

(b) What did you do during this duty assignment? \_\_\_\_\_

Dates of duty assignment (month, year): \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

(a) Second Special Service School attended:

Location: \_\_\_\_\_

Dates attended (month, year): \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Rating received at end of this training: \_\_\_\_\_

(c) Duty assignment after this training: \_\_\_\_\_

(b) What did you do during this duty assignment? \_\_\_\_\_

Dates of duty assignment (month, year): \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

List on a separate sheet of paper any additional experience, training, service, or special duty assignments during military service or hospitalization.

18. EDUCATION - Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

Mark (X) the appropriate box to indicate educational completion at:

Elementary School  Junior High School  Senior High School

(a) Name and location of high school attended: **San Diego Sr. High School, San Diego, Calif.**

(b) Subjects studied in high school which apply to position desired: **Business course with emphasis on office management.**

(a) Name and Location of College or University	Major	Dates Attended		Years Completed		Degrees Conferred		Semester Hours Credit
		From	To	Day	Night	Title	Date	

(a) List Your Chief Undergraduate College Subjects

Subject	Semester Hours

(b) List Your Chief Graduate College Subjects

Subject	Semester Hours

(a) City of training such as technical, business, duty course given through the Armed Forces Institute (name and location of school) or "in service training" in a Federal Agency:

**Special training in intelligence work at OCS. Sixteen years of government foreign service.**

Subjects Studied	Dates Attended		Years Completed	
	From	To	Day	Night

19. Indicate your knowledge of foreign languages:

Language	READING		SPEAKING		UNDERSTANDING	
	Ext	Good	Ext	Good	Ext	Good
Spanish	X		X		X	

(a) How was your knowledge of these languages acquired? **Sixteen years of residence in Spanish speaking countries.**

(b) In what foreign countries or countries in any foreign countries (include name of country) (2) name and length of time spent there and (3) nature of service in (1) business, government, recreation: **Mexico, 1931-44; Spain 1944-46; gov't**

20. Give any special qualifications not covered elsewhere in your application such as:

(a) your more important publications (do NOT include pages unless requested)

(b) your patents or inventions

(c) public speaking and public relations experience

(d) membership in professional or scientific societies, etc.

21. Give any special training in the use of mechanical devices and equipment you own, or wish to operate, of interest to radio, or other, group business, key punch, turret table, scientific or professional devices.

Approximate number of words per minute in typing: **60**, shorthand: \_\_\_\_\_

23. 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 know by the position for which you are applying. Do not repeat names of supervisors listed under item 16. LIST NAME

FULL NAME	BUSINESS OR HOME ADDRESS (Give complete address, including street and number)	BUSINESS OR OCCUPATION

24. May inquiry be made of your present employer regarding your character, qualifications, etc?  Yes  No

Indicate "Yes" or "No" answer by placing X in proper column

YES		NO		Indicate "Yes" or "No" answer by placing X in proper column		YES		NO	
25. Are you a citizen of the United States?	<input checked="" type="checkbox"/>			26. Have you any physical defect or disability whatsoever? If your answer is "Yes" give complete details in item 26.					<input checked="" type="checkbox"/>
26. Do you advocate or have you ever advocated, or are you now or have you ever been a member of any organization that advocates the overthrow of the Government of the United States by force or violence? If your answer is "Yes," give complete details in item 26.		<input checked="" type="checkbox"/>		26. (a) Were you ever in the United States Military or Naval Service during time of War?			OSS		
27. Within the past 12 months, have you habitually used intoxicating beverages to excess?		<input checked="" type="checkbox"/>		(b) Is the word "honorable" or the word "satisfactory" used in your discharge or separation papers to show the type of your discharge or separation?			<input checked="" type="checkbox"/>		
28. Since your 16th birthday, have you ever been arrested, or fined, or imprisoned, or placed on probation, or have you ever been ordered to deposit bail, for the violation of any law, police regulation or ordinance (including minor traffic violations for which a fine of \$45 or less was imposed)? If your answer is "Yes," list all such cases under item 29 below. Give in each case: (1) the date, (2) the nature of the offense or violation, (3) the name and position of the court, (4) the penalty imposed, if any, or other disposition of the case. If appointed your fingerprints will be taken.		<input checked="" type="checkbox"/>		(c) Was service performed on an active full-time basis with full pay and allowances?			<input checked="" type="checkbox"/>		
29. Have you ever been discharged or forced to resign by misconduct or unsatisfactory service from any position? If your answer is "Yes," give in item 30 the nature and address of employer, date, and reason in each case.		<input checked="" type="checkbox"/>		30. (a) Date of entry on active service					
30. Do you receive an annuity from the U. S. or D. C. Government under any retirement act or any provision of other legislation for military or naval service? If your answer is "Yes," give in item 31 the nature and address of employer, date, and reason in each case.		<input checked="" type="checkbox"/>		(b) Date of separation of service					
31. Are you an official or employee of any State, Territory, county, or municipality? If your answer is "Yes," give details in item 31.		<input checked="" type="checkbox"/>		Branch of service (Army, Navy, M. C., C. G., etc.)			OSS		
32. Does the U. S. Government employ in a civilian capacity any relative of yours (by blood or marriage) with whom you live or have lived within the past 3 months? If your answer is "Yes," show in item 33 the name, rank, rate, pay, and under what retirement act and rating if retired from military or naval service.		<input checked="" type="checkbox"/>		Serial No. (If none, give grade or rating at time of separation)			Chief of Station		
33. Have you ever had a nervous breakdown? If your answer is "Yes," give complete details in item 33.		<input checked="" type="checkbox"/>		IF YOUR ANSWER TO THIS QUESTION (No. 30) INDICATE THAT YOU ARE ENTITLED TO VETERAN PREFERENCE. SUCH PREFERENCE WILL BE CARRIED IN THE EXAMINATION. IF APPOINTED, YOU WILL BE PROMOTED TO THE APPOINTING OFFICER, PRIOR TO ENTRY ON DUTY, OFFICIAL EVIDENCE OF SEPARATION FROM YOUR LATEST PERIOD OF ACTIVE SERVICE IN THE ARMED FORCES OF THE UNITED STATES DURING TIME OF WAR. DO NOT SUBMIT PROOF OF DISCHARGE OR SEPARATION WITH THIS APPLICATION.					
34. Have you ever had tuberculosis? If your answer is "Yes," give complete details in item 34.		<input checked="" type="checkbox"/>		Indicate "Yes" or "No" answer by placing X in proper column					
35. Space for detailed answers to other questions (Indicate item number to which answers apply)				37. (a) If you served in the U. S. Military or Naval Service during the Japanese War, did you participate in a campaign or expedition and receive a campaign badge or service ribbon?				<input checked="" type="checkbox"/>	
				(b) Are you a disabled veteran?				<input checked="" type="checkbox"/>	
				(c) Are you the unmarried widow of a veteran?				<input checked="" type="checkbox"/>	
				(d) Are you the wife of a veteran who has service-connected disability?				<input checked="" type="checkbox"/>	
				IF YOUR ANSWER TO QUESTION 37 (a), (b), (c) OR (d) IS "YES," AND YOU WISH TO CLAIM VETERAN PREFERENCE, ATTACH TO THIS APPLICATION VETERAN PREFERENCE CLAIM FORM, SERVICE CLAIM FORM FOR FORM 14 (WHETHER WITH THE NECESSARY PROOF SPECIFIED THEREIN).					
THIS SPACE FOR USE OF APPOINTING OFFICE ONLY									
The information contained in the answers to Questions 25 above has been verified by comparison with the discharge certificate on _____, 19____.									
Agency:					Title:				

36. I do not know if service with OSS in a civilian capacity abroad is considered "military service." However, since an "honorably served" certificate was issued to me, and since the org. was under the Joint Chiefs of Staff, reference to the service is being included for whatever it may be worth.

If more space is required use paper the same size as this page. Write on each sheet your name, address, date of birth, and occupation title. Attach to inside of this application.

**FALSE STATEMENT ON THIS APPLICATION IS PUNISHABLE BY LAW (U. S. CODE TITLE 18, SECTION 1001)**

I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and I am not making any statement which I know to be false in any particular.

Date: 3 Oct. 1946

Signature of applicant: \_\_\_\_\_  
(Sign your name in INK (and print name and full married name if you have one))

Signature of official: \_\_\_\_\_  
(Sign your name in INK (and print name and full married name if you have one))

Signature of official: \_\_\_\_\_  
(Sign your name in INK (and print name and full married name if you have one))



## PERSONAL HISTORY STATEMENT

**INSTRUCTIONS:** ANSWER ALL QUESTIONS COMPLETELY. IF QUESTION DOES NOT APPLY WRITE "NOT APPLICABLE". WRITE "UNKNOWN" ONLY IF YOU DO NOT KNOW THE ANSWER AND CANNOT OBTAIN THE ANSWER FROM PERSONAL RECORDS. USE A SEPARATE SHEET OF PAPER FOR EXTRA DETAILS ON ANY QUESTION OR QUESTIONS FOR WHICH YOU DO NOT HAVE SUFFICIENT ROOM. ATTACH TWO RECENT PASSPORT SIZE PICTURES TO THIS FORM. DATE TAKEN WRITTEN ON THE BACK OF EACH. TYPE, PRINT OR WRITE CAREFULLY; ILLEGIBLE OR INCOMPLETE FORMS WILL NOT RECEIVE CONSIDERATION.

HAVE YOU READ AND UNDERSTOOD THE ABOVE INSTRUCTIONS?

YES

NO

### SECTION 1. PERSONAL BACKGROUND

IF LEGAL CHANGE, GIVE PARTICULARS (WHERE, WHEN AND BY WHAT AUTHORITY)

OUTSIDE U.S.		-----		-----		-----	
LAST U.S. VISA	NUMBER	TYPE	DATE	PLACE OF ISSUE			
<b>SECTION 2. PHYSICAL DESCRIPTION</b>							
AGE	SEX	HEIGHT	WEIGHT	EYES	HAIR		
36	Male	6' 0"	185 Lbs.	Dk. Brown	Dk. Brown		
COMPLEXION		SCARS			BUILD		
Ruddy		Two scars on neck			heavy		
OTHER DISTINGUISHING FEATURES							
none							

SECTION 3. MARITAL STATUS

MARRIED  WIDOWED  SEPARATED  DATE OF SEPARATION OR DIVORCE \_\_\_\_\_ PLACE \_\_\_\_\_  
SINGLE  DIVORCED

REASON FOR SEPARATION OR DIVORCE \_\_\_\_\_

NOTE: IF YOU HAVE BEEN MARRIED MORE THAN ONCE USE A SEPARATE SHEET FOR FORMER WIFE OR HUSBAND AND GIVE DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.

[Empty space for previous marriages]

CITIZENSHIP U.S. DATE ACQUIRED birth WHERE ACQUIRED \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_

OCCUPATION housewife LAST EMPLOYER San Diego Board of Education

EMPLOYER'S OR OWN BUSINESS ADDRESS Board of Education, San Diego, California, U.S.A. STREET AND NUMBER CITY STATE COUNTRY

DATE OF MILITARY SERVICE FROM: none TO: \_\_\_\_\_ BRANCH OF SERVICE \_\_\_\_\_ COUNTRY \_\_\_\_\_

OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN (GIVE DETAILS) U.S. Consulate, Ensenada, Baja California, Mexico, from 1934 to 1937.

SECTION 4. CHILDREN OR DEPENDENTS (INCLUDE PARTIAL DEPENDENTS)

NAME none RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_

CITIZENSHIP \_\_\_\_\_ ADDRESS STREET AND NUMBER \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_

CITIZENSHIP \_\_\_\_\_ ADDRESS STREET AND NUMBER \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_

CITIZENSHIP \_\_\_\_\_ ADDRESS STREET AND NUMBER \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_

SECTION 5. PARENTS

NOTE: FOR STEPFATHER, STEPMOTHER AND/OR GUARDIAN, GIVE THE SAME INFORMATION AS REQUIRED BELOW ON SEPARATE SHEET

[Empty space for parents information]

BUSINESS ADDRESS San Diego, California, U.S.A.

SECTION 5. PARENTS (CONTINUED FROM PAGE 1) I understand my father is, or is about to be, re-married, but I have no information concerning my prospective stepmother.

SECTION 5. PARENTS (CONTINUED) PAGE 2

DATE OF MILITARY SERVICE	FROM: none	TO: ---	BRANCH OR SERVICE	COUNTRY
--------------------------	------------	---------	-------------------	---------

OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN (GIVE DETAILS)  
none

NAME OF MOTHER	FIRST	MAIDEN	LAST
----------------	-------	--------	------

[Empty space for mother's name details]

CITIZENSHIP	DATE ACQUIRED	WHERE ACQUIRED	CITY	STATE	COUNTRY
U.S.	birth				

OCCUPATION	LAST EMPLOYER
housewife	-----

EMPLOYER'S OR OWN BUSINESS ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY
	-----			

GOVERNMENT SERVICE, U.S. OR FOREIGN (GIVE DETAILS)  
none

SECTION 6. BROTHERS AND SISTERS (INCLUDING HALF-STEP- AND ADOPTED BROTHERS AND SISTERS)

[Empty space for listing brothers and sisters]

NAME
------

DATE
------

PREVIOUS LAST
---------------

DATE
------

CITY
------

CITY
------

OCC
-----

OCC
-----

OCC
-----

OCC
-----

SECTION 8. PARENTS (CONTINUED) PAGE 2

DATE OF MILITARY SERVICE FROM: none TO: --- BRANCH OR SERVICE --- COUNTRY

OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN (GIVE DETAILS) none

[Empty box for details]

U.S. birth WHERE ACQUIRED: ---

OCCUPATION: housewife LAST EMPLOYER: ---

EMPLOYER'S OR OWN BUSINESS ADDRESS STREET AND NUMBER --- CITY STATE COUNTRY

GOVERNMENT SERVICE, U.S. OR FOREIGN (GIVE DETAILS) none

[Empty box for details]

[Large empty box for details]

SECTION 8. RELATIVES			
NOTE: INDICATE BELOW THE RELATIVES BY BLOOD, MARRIAGE OR ADOPTION, WHO LIVE ABROAD, ARE UNDER THE INFLUENCE OF A FOREIGN POWER, ARE NOT CITIZENS OF THE UNITED STATES, OR ARE MARRIED TO NON-CITIZENS.			
NAME: I have no relatives who are not citizens of the United States or who are married to non-citizens.		RELATIONSHIP	AGE
CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY	STATE COUNTRY
REASON FOR LISTING UNDER THIS QUESTION			
NAME		RELATIONSHIP	AGE
CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY	STATE COUNTRY
REASON FOR LISTING UNDER THIS QUESTION			
NAME		RELATIONSHIP	AGE
CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY	STATE COUNTRY
REASON FOR LISTING UNDER THIS QUESTION			
NOTE: INDICATE BELOW THE RELATIVES BY BLOOD OR MARRIAGE, IN MILITARY, NAVAL OR OTHER GOVERNMENT SERVICE (UNITED STATES OR FOREIGN)			
CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY	STATE COUNTRY
TYPE AND LOCATION OF SERVICE (IF KNOWN)			
NAME		RELATIONSHIP	AGE
CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY	STATE COUNTRY
TYPE AND LOCATION OF SERVICE (IF KNOWN)			
SECTION 9. EDUCATION			
SCHOOL	ADDRESS	CITY	STATE COUNTRY
S.D. Sr. High School		San Diego, California,	U.S.A.
DATES ATTENDED	FROM	TO	DEGREE
	1926	Feb. 1929	Diploma
SCHOOL	ADDRESS	CITY	STATE COUNTRY
DATES ATTENDED	FROM	TO	DEGREE
COLLEGE	ADDRESS	CITY	STATE COUNTRY
none			
DATES ATTENDED	FROM	TO	DEGREE
COLLEGE	ADDRESS	CITY	STATE COUNTRY
DATES ATTENDED	FROM	TO	DEGREE
SECTION 10. SELECTIVE SERVICE S-5 (CONTINUED TO PAGE 5)			

SI	
CU	
AC	
IF	

**SECTION 11. MILITARY, NAVAL OR OTHER GOVERNMENT SERVICE - UNITED STATES OR FOREIGN**

COUNTRY	SERVICE	SERVICE DATES	FROM	TO
U.S.A.	Foreign Service		26 January 1931	date
GRADE	SERIAL NUMBER	TYPE OF DISCHARGE		
Attaché	---	----		
LAST STATION		COMMANDING OFFICER		
American Embassy, Guatemala City		Ambassador Edwin J. Kyle		
REMARKS:				

**SECTION 12. CHRONOLOGICAL HISTORY OF EMPLOYMENT (USE ADDITIONAL SHEET IF NECESSARY)**

NOTE: INCLUDE BELOW PERIODS OF UNEMPLOYMENT AND CASUAL EMPLOYMENT. GIVE ADDRESS AND STATE WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT. INCLUDE LAST 5 POSITIONS AND COVER AT LEAST 15 YEARS.

EMPLOYER	JOB TITLE
U.S. State Department (Consular Service)	Vice Consul
ADDRESS STREET AND NUMBER CITY STATE	KIND OF BUSINESS
American Consulate, Ensenada, Mexico	government
YOUR DUTIES AND SPECIALITY	NAME OF SUPERVISOR
Gen. consular, including immigration, passport	Consul Wm. A. Smaile
DATES COVERED	FROM: TO: SALARY PER
	26 January 1931 6 October 1938 \$1,800.00 annua
REASONS FOR LEAVING	
transferred to American Consulate at Mazatlán, Mexico.	

EMPLOYER	JOB TITLE
U.S. State Department (Consular Service)	Vice Consul
ADDRESS STREET AND NUMBER CITY STATE	KIND OF BUSINESS
American Consulate, Mazatlán, Mexico	government
YOUR DUTIES AND SPECIALITY	NAME OF SUPERVISOR
shipping, invoice, immigration, political rep.	Consul Rufus H. Lane, Jr.
DATES COVERED	FROM: TO: SALARY PER
	November 1933 August 1941 \$2,250.00 annua
REASONS FOR LEAVING	
transferred to American Consulate, Guadalajara, Mexico	

EMPLOYER	JOB TITLE
U.S. State Department (Consular Service)	Vice Consul
ADDRESS STREET AND NUMBER CITY STATE	KIND OF BUSINESS
American Consulate, Guadalajara, Mexico	government
YOUR DUTIES AND SPECIALITY	NAME OF SUPERVISOR
passport, visa, political & economic reporting	Consul Maurice L. Stafford
DATES COVERED	FROM: TO: SALARY PER
	August 1941 August 1944 \$3,160. annua
REASONS FOR LEAVING	
to accept employment with Office of Strategic Services	

EMPLOYER	JOB TITLE
Office of Strategic Services	Station Chief
ADDRESS STREET AND NUMBER CITY STATE	KIND OF BUSINESS
American Consulate, Bilbao, Spain	government

**SECTION 12. CHRONOLOGICAL HISTORY OF EMPLOYMENT (CONTINUED FROM PAGE 5)**

YOUR DUTIES AND SPECIALTY Special reporting		NAME OF SUPERVISOR Donn Paul Medalie	
DATES COVERED	FROM: September 1944	TO: December 1945	SALARY PER ANNUM \$4,000.00
REASONS FOR LEAVING temporarily assigned to American Embassy, Madrid, Spain			
EMPLOYER Office of Strategic Services		JOB TITLE	
ADDRESS STREET AND NUMBER American Embassy, Madrid, Spain		CITY STATE Madrid, Spain	
YOUR DUTIES AND SPECIALTY investigating and reporting		NAME OF SUPERVISOR Donn Paul Medalie	
DATES COVERED	FROM: December 1945	TO: May 30, 1946	SALARY PER ANNUM \$5,190.00
REASONS FOR LEAVING transferred to Barcelona, Spain			
EMPLOYER Strategic Service Unit (War Department)		JOB TITLE Station Chief	
ADDRESS STREET AND NUMBER American Consulate General, Barcelona, Spain		CITY STATE Barcelona, Spain	
YOUR DUTIES AND SPECIALTY specialized reporting		NAME OF SUPERVISOR Donn Paul Medalie	
DATES COVERED	FROM: June 1, 1946	TO: Mar. 1, 1947	SALARY PER ANNUM \$5,905.00
REASONS FOR LEAVING			
NOTE: IN SPACE BELOW GIVE DETAILS CONCERNING ANY POSITION FROM WHICH YOU MAY HAVE BEEN DISCHARGED OR WHICH YOU MAY HAVE LEFT UNDER CIRCUMSTANCES WHICH WERE NOT ENTIRELY FAVORABLE.			
DETAILS:			

**SECTION 13. CHARACTER REFERENCES—FIVE IN THE UNITED STATES (GIVE BUSINESS ADDRESS WHERE POSSIBLE)**

**SECTION 15. NEIGHBORS—THREE IN THE UNITED STATES (A. YOUR LAST NORMAL ADDRESS)**

SECTION 16. NEIGHBORS—THREE IN THE UNITED STATES AT YOUR LAST NORMAL RESIDENCE

[Redacted area]

DID YOU EVER HAVE OR DO YOU NOW HAVE MEMBERSHIP IN, OR SUPPORT ANY POLITICAL PARTY OR ORGANIZATION WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT IN THE UNITED STATES? YES  NO   
 IF ANSWER IS "YES" EXPLAIN BELOW:

[Redacted area]

DO YOU USE, OR HAVE YOU USED INTOXICANTS? Social drinking only.

HAVE YOU EVER BEEN ARRESTED, INDICTED OR CONVICTED FOR ANY VIOLATION OF LAW OTHER THAN A MINOR TRAFFIC VIOLATION? IF SO, STATE NAME OF COURT, CITY, STATE, COUNTRY, NATURE OF OFFENSE, AND DISPOSITION OF CASE.  
 No

[Redacted area]

HAVE YOU EVER BEEN COURT-MARTIALED WHILE A MEMBER OF THE ARMED FORCES? YES  NO   
 IF ANSWER IS "YES", GIVE DETAILS BELOW:

[Redacted area]

SECTION 17. FINANCIAL BACKGROUND

ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? YES  NO  IF ANSWER IS "NO", STATE SOURCES OF OTHER INCOME.

[Redacted area]

NAME(S) OF BANK(S) WITH WHICH YOU HAVE ACCOUNTS  
 First National Trust & Savings Bank, San Diego, California.

HAVE YOU EVER BEEN IN BANKRUPTCY? YES  NO  IF ANSWER IS "YES", GIVE PARTICULARS:

[Redacted area]

SECTION 18. CREDIT REFERENCES—THREE IN THE UNITED STATES

[Redacted area]

SECTION 19. RESIDENCES FOR PAST 15 YEARS

FROM	TO	ADDRESS STREET AND NUMBER	CITY	STATE	COUNTRY
Jan. 1931	Oct. 1938	American Consulate,	Ensenada,	B.C.P.N.	Mexico
Nov. 1938	Aug. 1941	American Consulate,	Mazatlan,	Sin.	Mexico
Aug. 1941	Aug. 1944	American Consulate,	Guadalajara,	Jal.	Mexico.

(CONTINUED TO PAGE 8)



SECTION 19. RESIDENCES FOR PAST 15 YEARS (CONTINUED FROM PAGE 7)					
FROM:	TO:	ADDRESS	STREET AND NUMBER	CITY	STATE COUNTRY
Sep. 1944	Dec. 1945	American Consulate, Bilbao, Vizcaya, Spain			
Dec. 1945	May, 1946	American Embassy, Madrid, Spain			
June 1946	March 1947	American Consulate General, Barcelona, Spain			

--	--	--	--	--	--

SECTION 20. RESIDENCES OR TRAVEL OUTSIDE THE UNITED STATES					
FROM: (MO. AND YR.)	TO: (MO. AND YR.)	CITY OR SECTION	COUNTRY	PURPOSE	
		see No. 19 above - identical with above.			
FROM: (MO. AND YR.)	TO: (MO. AND YR.)	CITY OR SECTION	COUNTRY	PURPOSE	
FROM: (MO. AND YR.)	TO: (MO. AND YR.)	CITY OR SECTION	COUNTRY	PURPOSE	
FROM: (MO. AND YR.)	TO: (MO. AND YR.)	CITY OR SECTION	COUNTRY	PURPOSE	
FROM: (MO. AND YR.)	TO: (MO. AND YR.)	CITY OR SECTION	COUNTRY	PURPOSE	
FROM: (MO. AND YR.)	TO: (MO. AND YR.)	CITY OR SECTION	COUNTRY	PURPOSE	

SECTION 21. CLUBS, SOCIETIES AND OTHER ORGANIZATIONS  
 NOTE: IN SPACE BELOW LIST NAMES AND ADDRESSES OF ALL DOMESTIC AND FOREIGN CLUBS, SOCIETIES AND ORGANIZATIONS OF ALL KINDS TO WHICH YOU HAVE BELONGED, OTHER THAN RELIGIOUS SOCIETIES, POLITICAL PARTIES AND LABOR UNIONS. INCLUDE ANY ORGANIZATION HAVING HEADQUARTERS OR A BRANCH IN A FOREIGN COUNTRY OF WHICH YOU HAVE BEEN A MEMBER OR TO WHICH YOU HAVE GIVEN SUPPORT.

NAME	STREET AND NUMBER	CITY	STATE	COUNTRY
DuPont Society		La Mesa	California	(1930)
Rotary Club		Ensenada	Mexico	(1936)
Rotary Club		Guadalajara	Mexico	(1941)
Jolietta Tennis Club		Bilbao	Vizcaya	Spain
British-American Club		Barcelona	Spain	
Mayan Golf Club		Guatemala City	Guatemala	
NAME	STREET AND NUMBER	CITY	STATE	COUNTRY
NAME	STREET AND NUMBER	CITY	STATE	COUNTRY

SECTION 22. LANGUAGES-FOREIGN (STATE DEGREE OF PROFICIENCY AS "SLIGHT", "FAIR" OR "FLUENT")			
LANGUAGE	SPEAK	READ	WRITE
Spanish	fluent	fluent	fluent
French	--	slight	--
LANGUAGE	SPEAK	READ	WRITE
LANGUAGE	SPEAK	READ	WRITE
LANGUAGE	SPEAK	READ	WRITE
LANGUAGE	SPEAK	READ	WRITE
LANGUAGE	SPEAK	READ	WRITE

SECTION 23. GENERAL QUALIFICATIONS

DESCRIBE THE SPECIFIC TRAINING, EXPERIENCE, EDUCATION, AND OTHER FACTORS WHICH QUALIFY YOU AS A RESULT OF TRAINING OR EXPERIENCE, WHICH SHOWS YOUR FIT FOR A PARTICULAR POSITION.

I have had seventeen years of continuous service, and with the United States government. I have had considerable experience in all phases of government foreign service work, including political, economic and agricultural reporting; citizenship, passport, visas, shipping and protection work. For varying periods of time I have been in charge of the American Consulates at Ensenada, Mazatlán and Guadalajara, Mexico. My long experience in Latin countries has provided an insight into Latin character, temperament and psychology which cannot be acquired in any other way. Three years of my service abroad has been devoted exclusively to investigative work. I have had special training in photography and reporting.

SECTION 24. SPORTS AND HOBBIES

Golf, tennis, bridge and reading.

SECTION 25. EMERGENCY ADDRESSEE

NA	[Redacted]
AD	
SE	

NOTE: YOU ARE INFORMED THAT EVERY PART OF ALL STATEMENTS MADE HEREIN WILL BE INVESTIGATED, AND YOU ARE INVITED TO MAKE ANY CHANGES (OR ADDITIONS) IN YOUR STATEMENTS THAT YOU MAY THINK ADVISABLE.

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

No.

SECTION 27. CERTIFICATION

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

SIGNED AT [Redacted]

APPLICANT PLEASE DO NOT USE SPACE BELOW	COMMENTS OF INTERVIEWER	
SIGNATURE OF INTERVIEWER _____		
INVESTIGATION REQUESTED BY	ORIGINATING OFFICIAL	DATE

SECRET

*file*

TO : CCD  
FROM : CSC  
SUBJECT: Security and Cryptographic Approval

DATE: 30 June 1949

The following person has been security approved  
for the purpose of performing cryptographic duties  
as of dates indicated.

Name                      Security                      Cryptographic

[Redacted Name]

6 January 1944    30 June 1949

[Redacted Signature]

Security Officer SO

SECRET

35786

SECURITY OFFICE

SECURITY OFFICE

CONFIDENTIAL

Investigation Report

Date: 6 January 1944

Subject:

Number: 12951

To:

- 1. Investigation directed by: AOT.
- 2. Sources of information: S.
- 3. Summary of information:

An American born citizen, 32 years old, son of American born parents.

Subject is a high school graduate and has had twelve years experience in the Foreign Service of the United States Government.

Confidential informants recommend the subject as to loyalty, ability and personal character.

*Handwritten note:* Recd. Feb. 11 1944 - 12:00  
Notified Mags. M. K. by [unclear]

*Large handwritten word:* Over

**CONFIDENTIAL**

3. Summary of Information (Cont'd.)

4. Remarks:

5. Recommendation:

Security approval recommended, though subject to the receipt of derogatory information at some future date. Interview waived.


Final interview in this case unnecessary if originating official will provide two (unsigned) passport size photographs and completed fingerprint card of Subject. Par. 6 should be returned with indication of disposition.

*JCW*

By  Date 1/6/44.  
Security Officer

000.

OFFICE OF STRATEGIC SERVICES **CONFIDENTIAL**  
WASHINGTON, D. C.

206  
*John W. Adams*  
*For*  *File*

8 January 1944

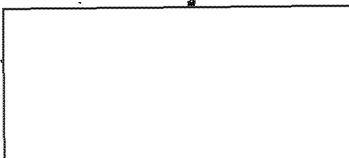
(2)

MEMORANDUM

TO:

FROM:

SUBJECT:



Confirming our report by  
telephone to your office, the Security  
Office has just notified us that clearance  
has been granted on Subject.

**CONFIDENTIAL**

KLOBUKAR, Cecil

Date

DO NOT USE PREVIOUS EDITIONS

SECRET - SECURITY INFORMATION

# CONTRACT PERSONNEL

OFFICE OF PERSONNEL  
RETURN FILE TO 5E62, HQS

NOTICE: This is an Office of Personnel File and subject to 10 day limitation period. This file has been charged to D-1 and is due to be returned to CONTRACT PERSONNEL DIVISION, 5E-63 Hqs., x7841, as of 6-1.

RETURN TO  
INDIVIDUAL  
FOR 22750

31-2-66



**ROUTING AND RECORD SHEET**

SUBJECT: **Retirement:**

FROM: **Chief, CSFS  
CG-10, Hqrs**

EXTENSION NO.

DATE: **19 February 1970**

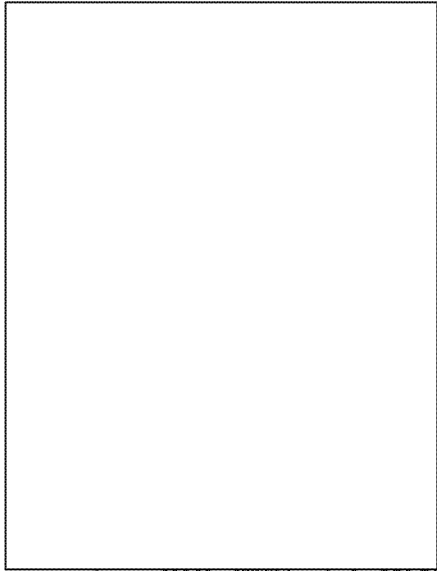
TO: (Officer designation, room number, and building)

DATE RECEIVED FORWARDED

OFFICER'S INITIALS

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

TO:	DATE		OFFICER'S INITIALS	COMMENTS
	RECEIVED	FORWARDED		
1. Chief, DO <i>Per</i>	25	<i>ML</i>	<i>ML</i>	<p>To 1: To avoid any possible misunderstanding and to facilitate staffing plans, please assure prompt attention to the attached memorandum on the scheduled retirement of [redacted]</p> <p>1 to 5: Subject has been reminded of retirement and will submit formal application at least 90 days in advance of the date scheduled in the attached memorandum.</p> <p><i>Therpin</i> Personnel Officer</p> <p>***by dispatch USFS-860 prepared 26 February '70 and field memo addressed to him was attached. Contents of this attachment were contained in body of the dispatch.</p>
2.				
3.				
4.				
5. Chief, CSFS CG-10, Hqrs				
6. Attn: Agent Branch				
7.				
8.				



S-E-C-R-E-T

19 February 1970

MEMORANDUM FOR: Chief, DO

SUBJECT : Retirement of [redacted]  
under the CSC Retirement System.

1. This memorandum is to remind all concerned that [redacted]  
[redacted], GS-16 of your component is sched-  
uled for retirement under the CSC system during the month of March 1971.

2. As you know, the normal retirement date is the last day of the month in which the individual becomes eligible to retire. To insure complete understanding, it is suggested that this matter be again explained to the employee and an appointment be arranged with the Retirement Counseling Branch, Retirement Affairs Division, Office of Personnel, extension 3328, for further discussions or counseling on benefits available upon retirement. Formal application for retirement should be made at least three months prior to the scheduled date.

3. If you should propose to take any steps to retain this employee after his retirement date, your attention is invited to HN 20-324. Any recommendation in that connection will require the concurrence of the Deputy Director for Plans and should be submitted at least 12 months prior and not more than 18 months prior to the scheduled retirement date.

4. If a replacement is required, early notification to CSPS will assist in locating a qualified replacement. (See CSPS Memo No. 15-69, dated 9 July 1969, "Staff Personnel Requisition".)

[redacted]  
Chief, Clandestine Service  
Personnel Staff

S-E-C-R-E-T

GROUP I-Excluded from  
automatic downgrading  
and declassification

18 July 68

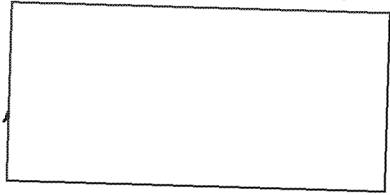
CCS has this memorandum for consideration.

Action is being held up pending

TDY in D. C. beginning 29 July 1968.

Appropriate modifications will be worked out with

CCS at that time.



6 October 1967

MEMORANDUM FOR: Chief, Central Cover Staff

FROM : Chief, [redacted]

SUBJECT : [redacted]

The following paragraphs are keyed to points raised in Form 10-64, 2311.

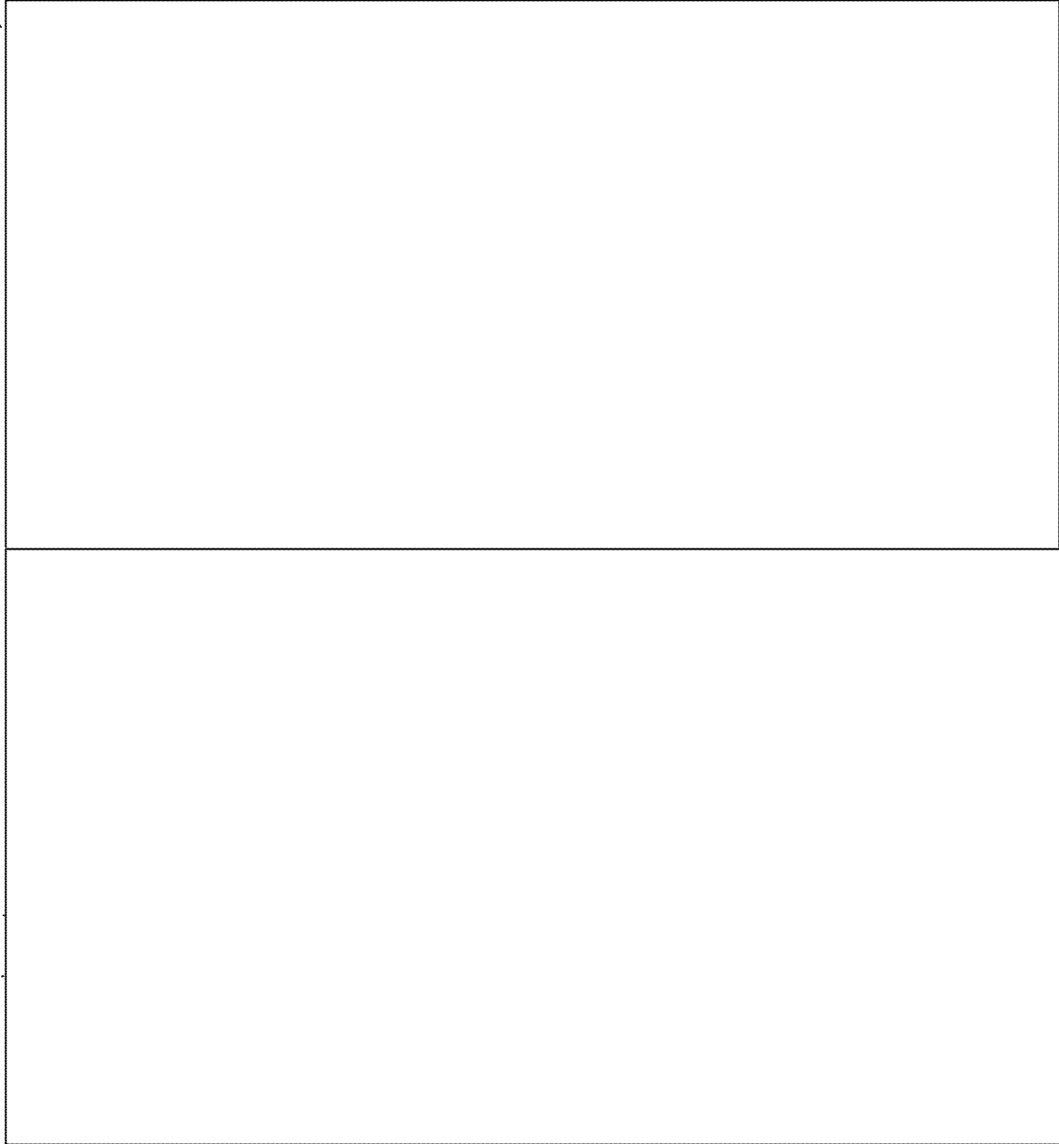
A. General Information

[redacted]

*Submitted by Do/E*

SECRET

SECRET



SECRET

SECRET

5. See A. (General Information)

6. None known

7. None known



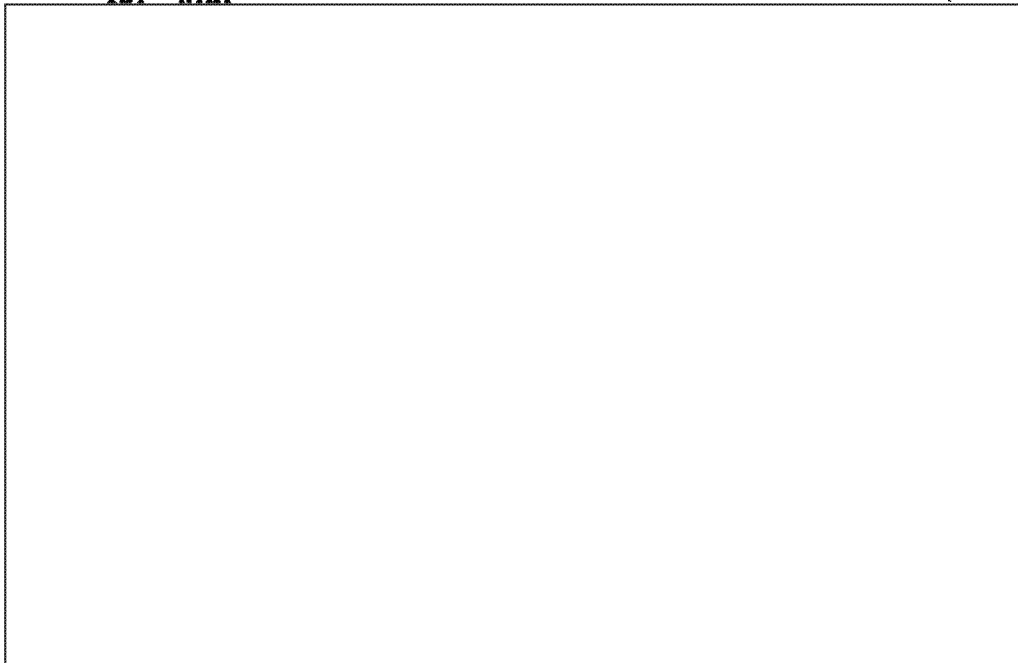
9. N.A.

10. N.A.

11. N.A.

12. N.A.

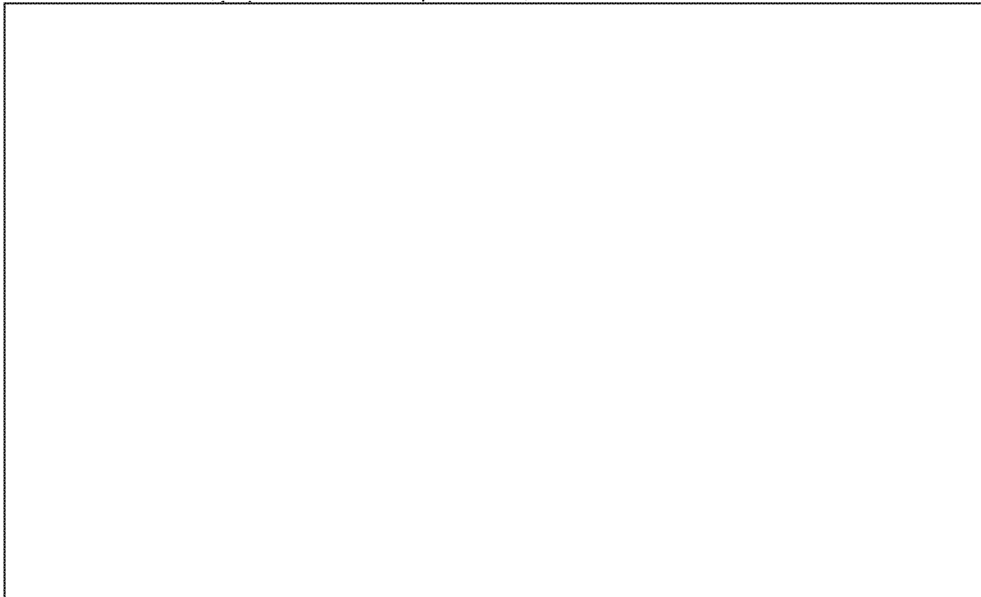
13. N.A.



- 3 -

SECRET

SECRET



- 4 -

SECRET

SECRET

18 March 1968

MEMORANDUM FOR: Chief, Clandestine Services Personnel  
Staff

ATTENTION :

[REDACTED]

SUBJECT :

Request to Revert to Civil Service  
Retirement System - [REDACTED]

In accordance with your request there is attached (sterilized)  
copy of the original dispatch [REDACTED]  
addressed to the Director of Personnel, in which he requests to  
revert to the Civil Service Retirement System. This is forwarded  
for appropriate action by C/CSPS.

[REDACTED]  
Chief, DO Personnel & Training

Attachment: A/S Above

SECRET



**DISPATCH**

**SECRET**

PROCESSED ACTION

Director of Personnel

XX

APPLICABLE INDEXING

NO INDEXING REQUIRED

ONLY QUALIFIED PERSON

CAN JUDGE INDEXING

MICROFILM

**Request to Revert to Civil Service Retirement System**

ACTION REQUIRED - REFERENCES

Reference: [redacted] dated 21 April 1967

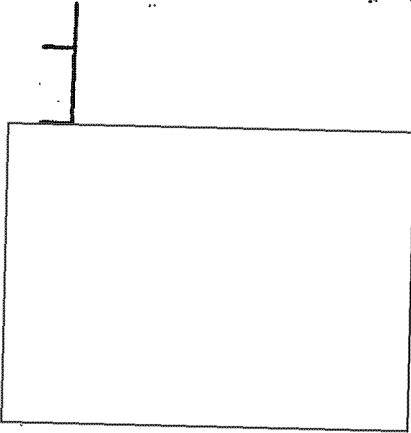
1. On 26 November 1967, I reached the "break even" point between the Civil Service Retirement System and the Organization's System, having completed 36 years and 11 months of Government Service on that date.

2. Since I plan to work until age 60, at which time I will have 40 years of Government Service, it is my desire to revert to the Civil Service System in order to take advantage of the increased annuity under that System.

3. I would appreciate it therefore if you would take whatever steps may be necessary to transfer my retirement account back to the Civil Service Retirement System.

Distribution:

- 2 - C/DO
- ✓ 2 - C/Personnel



CROSS REFERENCE TO

DISPATCH SYMBOL AND NUMBER

DATE

26 Feb 1968

CLASSIFICATION

HQS FILE NUMBER

**SECRET**

SECRET

*Deleted info.  
EJH  
3/12/68*

12 March 1968

MEMORANDUM FOR THE RECORD

SUBJECT:

1. Chief, DO and I talked to  this morning about the possibility of his converting from staffer to career agent. After considerable discussion,  agreed to the conversion. He is obviously doing this reluctantly, but he appreciates the situation within the DDP in which the encumbrance of senior grades by long-time employees is blocking the promotions of junior officers.

2.  urged that he be retained as a career agent until he reaches the age of mandatory retirement (about three years). Chief, DO stated that the need  for handlers of contacts and assets is such that there would be a continuing need for experienced career agents .  I told  that unless he pulled something stupid, he was virtually assured of career agent status until he reached age 60, and perhaps could be employed as a retired annuitant after that time if his performance was productive and if operational requirements remain as they are at present.

3.  explained why he could not retire -- the next five years will be difficult for him financially with two teen-age boys to put through college.

4. Chief, DO and  will work out the details and timing of his conversion to career agent.

Chief, Operational Services

cc:  
DDP  
C/DO

Secret

Date of birth: [redacted] SCD: 1/26/31 ECD: 9/18/47

Estimated retirement annuities:

	CIA 31 March 69	CIA 31 March 70	CIA 31 March 71	CSR 31 March 71
Basic Annuity	\$15725 p.a.	\$16398 p.a.	\$16902 p/a	\$18,491 p.a.
Reduced annuity for survivor benefits	\$11,124 p.a.	\$15028 p.a.	\$15,482 p.a.	\$16912 p.a.
Survivor benefits	\$8649 p.a.	\$9019 p.a.	\$9296 p.a.	\$10,170 p.a.

Memo sent to DOD Pers to advise [redacted] that he would receive a higher annuity under the Civil Service Retirement rather than the CIA System in view of the amount of his service.

A policy decision has been made that a participant in the CIA Ret System should not later than 18 months prior to his retirement apply to be removed from the CIA Retirement System and transferred to the CSR System.

In order to retire under the CSR System (55-30) he must be under that system for at least one year prior to retirement.

[redacted]

4/17/68

SECRET

UNCLASSIFIED

INTERNAL ONLY

CONFIDENTIAL

SECRET

### ROUTING AND RECORD SHEET

SUBJECT: (Optional)

[Redacted] *file*

FROM:

CSPS, [Redacted]

EXTENSION:

NO:

DATE

24 July 1967

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

DATE

OFFICER'S INITIALS

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

1.

[Redacted]

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

15.

1- Please see that [Redacted] gets the attached information as asap. Note para 6. If [Redacted] decides to go back to the CSR system, would appreciate routing his request through C/CSPS.

*f*  
Frank

FORM 3-62

610

USE PREVIOUS EDITIONS

SECRET

CONFIDENTIAL

INTERNAL USE ONLY

UNCLASSIFIED

SENDER WILL CHECK CLASSIFICATION ON TOP AND BOTTOM

UNCLASSIFIED	CONFIDENTIAL	<input checked="" type="checkbox"/>	SECRET
--------------	--------------	-------------------------------------	--------

**CENTRAL INTELLIGENCE AGENCY  
OFFICIAL ROUTING SLIP**

TO	NAME AND ADDRESS	DATE	INITIALS
1	CSPS, Attn: [redacted] GC-10 Hqs.	21/4/67	Q
2			
3	[redacted]		
4			
5			
6	[redacted]	21/4/67	Q

<input type="checkbox"/> ACTION /	<input type="checkbox"/> DIRECT REPLY	<input type="checkbox"/> PREPARE REPLY
<input type="checkbox"/> APPROVAL	<input type="checkbox"/> DISPATCH	<input type="checkbox"/> RECOMMENDATION
<input type="checkbox"/> COMMENT	<input type="checkbox"/> FILE	<input type="checkbox"/> RETURN
<input type="checkbox"/> CONCURRENCE	<input type="checkbox"/> INFORMATION	<input type="checkbox"/> SIGNATURE

*F.Y.T.*

Remarks: *⊙ This is the first and only one of this type that we will get for some time - please return to me*

DOB - [redacted]  
 SCD 1/26/31 *L.*

FOLD HERE TO RETURN TO SENDER

FROM: NAME, ADDRESS AND PHONE NO	DATE
OP [redacted] Magazine X2847	

UNCLASSIFIED	CONFIDENTIAL	<input checked="" type="checkbox"/>	SECRET
--------------	--------------	-------------------------------------	--------

18 JUL 1967

MEMORANDUM FOR:

SUBJECT : Retirement Information

1. There are a few situations in which an employee at the time of retirement may have so many years of service (almost 37) that he would receive a higher annuity under the Civil Service Retirement System than under the Organization System. Because of this, the policy decision has been made that a participant in the Organization System who would receive a higher annuity under the Civil Service System may, not later than eighteen months prior to his retirement, apply to be removed from our system and transferred to the Civil Service System. Since you will complete 37 years of Federal service in January of next year it is felt that you should be advised of your retirement status under the Organization System and also if returned to the Civil Service System. The following information is being submitted to assist you in determining which course of action you desire to follow:

a. During the period from 15 August 1944 through 19 October 1946 there were no retirement deductions withheld from your salary. In order for this time to be credited in counting total service under the Organization System it would be necessary for you to make a deposit, with interest, to cover this period. The maximum annuity under our system is 70 per cent based on 35 years of creditable service. If you should return to the Civil Service System in order to receive the maximum annuity it would be necessary for you to make a deposit, with interest, to cover that period for which no contributions were made; however, you may receive full credit in counting total service without making a deposit but your annuity will be reduced by one-tenth of the amount due as deposit.

b. As you are aware, you are presently entitled to apply for voluntary retirement under the Organization Retirement and Disability System. The annuity estimate given below as of 31 October 1967 would be applicable if a deposit were made to cover the period for which no deductions were withheld. The annuity estimate given for 31 March 1968 would be applicable without a deposit since you would have completed 35 years of creditable service at that time without this period of service.

31 October 1967

31 March 1968

\$14,265.00	Basic Annuity	\$14,640.00
\$13,109.00	Reduced to Provide for	\$13,446.00
\$ 7,848.00	Survivor Benefit	\$ 8,052.00

SECRET

SECRET

SUBJECT: Retirement Information

c. If you were to return to the Civil Service Retirement System, you would be entitled to retire under the 55-30 optional provision at any time after you have been back in that system for a period of one year. The Civil Service Regulations state that to retire under the Civil Service Retirement System an employee must have been under that system for at least one year during the two years immediately preceding retirement under that System. Therefore if you should desire to return to the Civil Service System you should submit a request to Headquarters sufficiently in advance of your planned retirement in order to allow time for your request to be acted upon and for transfer to be made effective, as well as allowing for the aforementioned one year required by Civil Service Regulations. The following annuity estimate would be applicable in this situation as of 31 December 1968, assuming a deposit is made:

Basic Annuity	\$15,755.00
Reduced to Provide for Survivor Benefit	\$14,450.00
Survivor Benefit	\$ 8,664.00

2. The above information is being forwarded for your consideration and should not be considered as anything more. If you have any questions regarding the above please feel free to forward them to Headquarters.

S: B. DeFolice

B. DeFolice

Chief, Benefits and Services Division

7/13/68 - 10:50 AM

Called [redacted] asking if [redacted] was doing or had done

anything for me in the past.

She will go out with another dispatch &

him and quote part of this memo [redacted] memo

only, mentioned 1 year, we did not say anything

that request must be made at least 18 months

prior to retirement date. She will combine dispatch  
with CSRS

SECRET

in [redacted] let [redacted] 7/13/68  
response of this [redacted]

DoD

SECRET

21 June 1967

MEMORANDUM FOR:

SUBJECT : Retirement Planning

1. The attached memorandum dated 29 May 1967 from the Director of Personnel concerns current Agency policy on retirement of personnel at age 60.
2. According to our records, you will achieve age 60 on 3/19/71, having completed 40 years 2 months of service. On this basis you would be scheduled to retire on 31 MARCH 1971.
3. If there are any questions relative to your status, please feel free to call , of the clandestine Services Personnel Staff, extension 5476. We also urge you to contact the Retirement Branch, Office of Personnel, extension 2257 as soon as it is convenient for you.

DDF/OR

SECRET



14-00000  
ADMINISTRATIVE  
INTERNAL USE ONLY

DOD

65-16

27 APR 1967

MEMORANDUM FOR :

SUBJECT : Retirement Planning

1. As a participant in the CIA Retirement and Disability System, you will reach mandatory retirement at age 60. The prospect of retirement deserves serious thought and planning because of its impact on each of us and for this reason, we are taking this opportunity to provide you with this advance notice that according to our records you will be required to retire on March 1971.

2. Planning ahead can bring about, with each passing year, definite progress toward your retirement goals and the Agency is anxious to assist you in your retirement planning.

3. We would like to make available to you as much information as possible on the general subject of retirement, your annuity estimates, life and health insurance protection in retirement, opportunities for other employment, Social Security benefits, and other additional material which is available. The Agency feels that this type of information and advisory service should be made available and, hopefully, will be used by employees well in advance of the date of retirement.

4. Our Chief, Retirement Branch, on extension 3257, is available to discuss with you any aspect of your retirement planning and we encourage you to contact him.



Emmett D. Echols  
Director of Personnel

ADMINISTRATIVE  
INTERNAL USE ONLY

01-360

**SECRET**

29 MAR 1966

**MEMORANDUM FOR:** Director of Personnel  
**THRU :** DDP/OP  
**SUBJECT :** PCS Return Prior to Completion of Tour  
of Duty -   
**REFERENCE :** CSN-20-59, dated 17 November 1965

1. This memorandum contains in paragraph 2 a recommendation for the approval of the Director of Personnel.



Acting Chief  
Western Europe Division

**SECRET**

EX-100  
EX-100  
EX-100  
EX-100

SECRET

2

SUBJECT: **PCA Return Prior to Completion of Tour of Duty -**

[Redacted]

CONCUR:

See CONCURRENCE on Page 1

**DDP/OP**

22 April 1966

**Date**

The recommendation in paragraph 2 is **APPROVED:**

/s/ [Signature]

**Director of Personnel**

22 APR 1966

**Date**

SECRET

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

SECRET

FIELD REASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE		DO NOT COMPLETE	
AUTHENTICATION OF SIGNATURES AND VERIFICATION OF ITEMS 1 THROUGH 7, BELOW:			
NAME OF EMPLOYEE (true)	DATE (from item 1-2)	NAME OF SUPERVISOR (true)	DATE (from item 8-9)
	18 Feb. 1963		
NAME AND TITLE OF OFFICIAL AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE SIGNATURES AND VERIFY DATA IN ITEMS NOS. 1 THROUGH 7, BELOW:			DATE

TO BE COMPLETED BY EMPLOYEE			
1. DATE OF BIRTH	2. GRADE	3. CURRENT POSITION TITLE AND GRADE	7a. DATE OF PCS ARRIVAL IN FIELD ON THIS TOUR
	GS-10	Chief of Station	23 September 1961
4. SERVICE DESIGNATION (if known)	5. CURRENT STATION OR FIELD BASE		7b. EXPECTED DATE OF DEPARTURE FROM FIELD
			about 10 June 1962
6. OTHER DUTY STATIONS OR FIELD BASES DURING CURRENT TOUR			7c. EXPECTED DATE OF ARRIVAL AT HEADQUARTERS PCS
None			

8. WRITE A DESCRIPTION OF YOUR MAJOR DUTIES DURING THE CURRENT TOUR OF DUTY (see special note on Transmittal Form):

Chief of Station. Overall responsibility for all KUTANK operations and activities in country of assignment.

9. PREFERENCE FOR NEXT ASSIGNMENT:

A. WRITE A BRIEF DESCRIPTION OF THE TYPE OF WORK YOU WOULD PREFER FOR YOUR NEXT ASSIGNMENT IF IT DIFFERS FROM THAT INDICATED IN ITEM NO. 6, ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICES.

Return to post for second tour following home leave.

B. INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE IN ORDER TO INCREASE YOUR VALUE TO THE ORGANIZATION (refer to catalog of courses, if available):

None at this time.

**SECRET**

<p><b>9. PREFERENCE FOR NEXT ASSIGNMENT (continued)</b></p> <p><b>C. INDICATE YOUR PREFERENCE FOR NEXT ASSIGNMENT BY INSERTING NUMBERS 1, 2 AND 3 (for 1st, 2nd and 3rd choice) IN THE BOXES BELOW:</b></p> <p><input checked="" type="checkbox"/> <b>1</b> RETURN TO MY CURRENT STATION</p> <p><input checked="" type="checkbox"/> <b>2</b> BE ASSIGNED TO HEADQUARTERS FOR A TOUR OF DUTY, WITH RESPECT TO POSSIBLE ASSIGNMENT IN HEADQUARTERS. INDICATE CHOICE OF COMPONENT:</p> <p>1ST. CHOICE <u>WIS</u> 2ND. CHOICE <u>WII</u> 3RD. CHOICE <u>---</u></p> <p><input checked="" type="checkbox"/> <b>2</b> BE ASSIGNED TO ANOTHER FIELD STATION, WITH RESPECT TO POSSIBLE REASSIGNMENT TO ANOTHER FIELD STATION. INDICATE CHOICE</p> <p>1ST. CHOICE <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span></p>	
<p><b>10. HOW MUCH LEAVE DO YOU DESIRE BETWEEN ASSIGNMENTS?</b> <span style="float: right;">INDICATE NUMBER OF WORK DAYS <u>45</u></span></p>	
<p><b>11. INDICATE THE NUMBER AND AGE OF DEPENDENTS WHO WILL BE TRAVELLING OR MOVING WITH YOU:</b></p> <p align="center"><b>wife; and two sons, ages (at time of contemplated travel - June 1964) 15 and 13.</b></p>	
<p><b>12. INDICATE ANY CHANGE IN YOUR PERSONAL OR FAMILY SITUATION WHICH SHOULD BE CONSIDERED IN DETERMINING YOUR NEXT ASSIGNMENT</b></p> <p align="center"><b>None - except schooling facilities for children.</b></p>	
<p><b>13. SIGNATURE: COMPLETE ITEM NO. S-1, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF ABOVE PORTION OF THIS FORM, TO BE COMPLETED BY SUPERVISOR AT FIELD STATION</b></p>	
<p><b>14. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE STATION, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:</b></p>     	
<p><b>15. SIGNATURE: COMPLETE ITEM NO. S-2, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF THIS PORTION OF THE FORM, TO BE COMPLETED BY APPROPRIATE CAREER SERVICE OFFICER OR PERSONNEL OFFICER AT HEADQUARTERS</b></p>	
<p><b>16. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE COMPONENT TO WHICH HE IS CURRENTLY ASSIGNED, INDICATE YOUR RECOMMENDATIONS FOR HIS NEXT ASSIGNMENT AND TRAINING:</b></p> <p align="center"><b>Recommend approval of extension to June 1964. A recommendation regarding a second tour or other assignment will be forwarded to the Panel at a later date.</b></p>	
<p><b>16. NAME</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> <b>PERSONNEL OFFICER</b></p>	<p><b>SIGNATURE</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span></p>
<p><b>DATE</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span></p>	
<p><b>FOR USE OF CAREER SERVICE</b></p>	
<p><b>17. EMPLOYEE</b> <input type="checkbox"/> <b>HAS</b> <input type="checkbox"/> <b>HAS NOT BEEN NOTIFIED OF PLANNED REASSIGNMENT</b></p>	<p><b>18. REFERENCE</b> DISPATCH NO. _____ CABLE NO. _____</p>
<p><b>19. TYPED OR PRINTED NAME</b></p>	<p><b>20. SIGNATURE</b></p>
<p><b>21. TITLE</b></p>	<p><b>22. DATE</b></p>
<p><b>23. COMMENTS</b></p>   	

**SECRET**

SECRET

REF 8 - 1955

## FIELD REASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE				FOR HEADQUARTERS USE ONLY		DO NOT COMPLETE	
AUTHENTICATION OF SIGNATURES AND VERIFICATION OF ITEMS 1 THROUGH 7, BELOW:							
[ ]		DATE (from item 1-1)	NAME OF SUPERVISOR (true)		DATE (from item 1-2)		
		11 Jan 55	J. C. KING -		26 Jan 55		
NAME AND SIGNATURE OF OFFICIAL AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE SIGNATURES AND VERIFY DATA IN ITEMS NOS. 1 THROUGH 7, BELOW:						DATE	
[ ]						2/7/55	
TO BE COMPLETED BY EMPLOYEE							
1. DATE OF BIRTH		2. GRADE		3. CURRENT POSITION TITLE			
[ ]		GS-15		Chief of Mission			
4. SERVICE DESIGNATION (if known)				5. CURRENT STATION OR FIELD BASE			
KUPIRE SD-FI				[ ]			
6. OTHER DUTY STATIONS OR FIELD BASES DURING CURRENT TOUR						7. EXPECTED DATE OF DEPARTURE	
None						September 1955	
8. WRITE A DESCRIPTION OF YOUR MAJOR DUTIES DURING THE CURRENT TOUR OF DUTY (see special note on Transmittal Form):							
<p>Chief of Mission [ ] Supervisory jurisdiction over [ ]</p> <p>Supervision of all KUMARK activities [ ] Liaison with Ambassador,</p> <p>Service Attaches, and Embassy section heads; [ ]</p> <p>[ ] Projects and plans.</p>							
9. PREFERENCE FOR NEXT ASSIGNMENT:							
A. WRITE A BRIEF DESCRIPTION OF THE TYPE OF WORK YOU WOULD PREFER FOR YOUR NEXT ASSIGNMENT IF IT DIFFERS FROM THAT INDICATED IN ITEM NO. 8, ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICES.							
<p>First preference: Branch Chief in WH Division</p>							
B. INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE IN ORDER TO INCREASE YOUR VALUE TO THE ORGANIZATION (refer to catalog of courses, if available):							
<p>CE Course</p> <p>Communist Party Operations</p> <p>Operational Security</p>							

SECRET

**B. PREFERENCE FOR NEXT ASSIGNMENT (continued)**

C. INDICATE YOUR PREFERENCE FOR NEXT ASSIGNMENT BY INSERTING NUMBERS 1, 2 AND 3 IN THE BOXES BELOW:

RETURN TO MY CURRENT STATION       BE ASSIGNED TO HEADQUARTERS FOR A TOUR OF DUTY

BE ASSIGNED TO ANOTHER FIELD STATION

WITH RESPECT TO A POSSIBLE REASSIGNMENT TO ANOTHER FIELD STATION, INDICATE YOUR 1ST, 2ND AND 3RD CHOICE FOR GEOGRAPHIC AREA OR SPECIFIC STATION:

1ST CHOICE: \_\_\_\_\_ MAIL ROOM \_\_\_\_\_

2ND CHOICE: \_\_\_\_\_

3RD CHOICE: \_\_\_\_\_

10. HOW MUCH LEAVE DO YOU DESIRE BETWEEN ASSIGNMENTS? **45 work days**      INDICATE NUMBER OF WORK DAYS **45**

11. INDICATE THE NUMBER AND AGE OF DEPENDENTS WHO WILL BE TRAVELLING OR MOVING WITH YOU:  
**Wife, 43; two children, 6 and 4.**

12. SIGNATURE: COMPLETE ITEM NO. S-1, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF ABOVE PORTION OF THIS FORM.  
TO BE COMPLETED BY SUPERVISOR AT FIELD STATION

13. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE STATION, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:

14. SIGNATURE: COMPLETE ITEM NO. S-2, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF THIS PORTION OF THE FORM.  
TO BE COMPLETED BY APPROPRIATE SUPERVISOR AT HEADQUARTERS

15. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE DIVISION TO WHICH HE IS CURRENTLY ASSIGNED, INDICATE YOUR RECOMMENDATIONS FOR HIS NEXT ASSIGNMENT AND TRAINING:  
**I concur in subject's expressed preference for next assignment and recommend that he be given the training courses listed in 9B.**

16. NAME OF SUPERVISOR: **J. C. KING**      SIGNATURE: *J. C. King*

TITLE: **CHIEF, WH DIVISION**      DATE: **26 January 1955**

17. REMARKS (Additional comment):  
**This officer, who will have been with the Agency for nine years on the completion of his present tour, never has had a Headquarters assignment. His performance in the field has been excellent and his long experience will make him a valuable addition to WH Headquarters staff.**

SECRET

INSTRUCTIONS: 1. PERMIT FOR: A. CONTRACT EMPLOYEES (TYPE A, B AND CATER) B. INDEPENDENT CONTRACTORS UNDER WRITTEN CONTRACT OR MOC (US CITIZENS OR RESIDENT ALIENS ONLY) C. THIS FORM IS NOT APPLICABLE FOR OPERATIONAL OR FIELD AGENTS 3. COPIES OF THE FORM WILL BE RETAINED BY THE ORIGINATING COMPONENT (NUMBER OF COPIES AT THE DISCRETION) AND BY CSRS/AGENT FRANCHISE (COPY ONLY)

NAME (LAST, FIRST, MIDDLE) [REDACTED] SEX MALE DATE OF BIRTH [REDACTED]

MARITAL STATUS Married NO. DEPENDENTS 2 YEARS(S) OF BIRTH [REDACTED] NATIONALITY U.S. LAST MEDICAL EXAM 08/1967

DATE OF LATEST SECURITY/OPERATIONAL APPROVAL 3 April 1968 JOB TITLE Ops Off COMPONENT DO

CONTRACT CATEGORY Career Agent EFFECTIVE DATE 4 Aug 1958 EXPIRATION DATE NA SALARY 30,054 GRADE EQUIVALENT GS-16/7 PROJECT OR PLAN # [REDACTED]

BENEFITS YES NO  
 SOCIAL SECURITY YES NO  
 FECA DEATH AND DISABILITY YES YES  
 ANNUAL AND SICK LEAVE YES YES  
 CIVIL SERVICE RETIREMENT YES NA  
 CIA RETIREMENT OR COMMERCIAL CIA ANNUITY YES NO  
 FEDERAL EMPLOYEES GROUP LIFE AND HEALTH INSURANCE YES NO  
 CONTRACT LIFE AND HEALTH INSURANCE YES NO  
 MISSING PERSONS BENEFITS YES NO  
 OTHER (EXPLAIN) IDHIC, WARPA, DENTAL DISEASE & ASS'N YES NO

NON-CIA EDUCATION/FREEDOM PLAN

High School Graduate

DATES FROM - TO	NON-CIA EMPLOYMENT			
	EMPLOYER	LOCATION	FUNCTION	SALARY
1931 - 1936	Dept. of State	Mexico	Vice-Consul	
1936 - 1941	" "	"	" "	
1941 - 1943	" "	"	" "	
1944 - 1947	CSS/SSU/CIC	Spain & Guatemala	COS	

CIA TRAINING

CIA TRAINING						
[REDACTED]						

3-16

CIA EMPLOYMENT HISTORY (BEGINNING WITH COS)						
DATES FROM - TO	FUNCTION	CONTR. CAT.	LOCATION	PROJECT	SALARY	GRADE
4 Aug 1958	Ops Off	Career Agent	[REDACTED]		26,340	15/6
					30,054	16/7
					31,857	



14-00000  
FACTORS AFFECTING SUBJECT (PUBLIC EXPOSURE - PRESS, RADIO, TV), KNOWN OR SUSPECTED IDENTIFICATION TO OTHER THAN CIA STAFF PERSONNEL, INTELLIGENCE, OR SECURITY SERVICES

If such factors exist, they have not affected his performance in his present assignment. He is far removed geographically from his overseas assignment.

ADAPTABILITY (SUBJECT AND FAMILY) TOWARDS DUAL LIFE

Excellent

B.

MOBILITY

INDICATE LIMITING FACTORS BOTH PERSONAL AND OPERATIONAL

None

FUTURE UTILIZATION

INDICATE PLANS OR RECOMMENDATIONS FOR USE AFTER CURRENT ASSIGNMENT

This is  last tour as he reaches the mandatory retirement age in March 1971.

SECRET

PERSONAL DATA		SIGNIFICANT PROFILE (PARTIAL): 24 Jan 1967	
NAME (Last-First-Middle)		DATE OF BIRTH	DATE OF NATURALIZATION (DATE)
STATUS		1928 1951	18 Jan 1967
11. COLLEGE	12. CURRENT SERVICE	13. RELEASE TO MILITARY SERVICE	14. DEFERRED SERVICE
None	None	Sep 1966	TDY Standby Domestic PCS
15. NON-CIA EMPLOYMENT			
1931-33 Dept of State, Encarnada, Mexico - Vice Consul			
1933-41 Dept of State, Mazatlan, Mexico - Vice Consul			
1941-44 Dept of State, Guadalajara, Mexico - Vice Consul			
1944-47 OSS/SSU/CIC, Spain and Guatemala - Chief of Station			
16. NON-CIA EDUCATION			
High school graduate			
17. FOREIGN LANGUAGE ABILITIES			
Spanish - R High; W Interm - Apr 1958 P, U, High; S, Interm; Interp & Trans Apr 1957.			
18. AGENCY SPONSORED TRAINING			
1947 Invest Tech	1949 SAIC	1956 Basic Supervision	
1947 Photo	1949 AIC	1953 Cland Pol Warfare	
1947 Commo Trng	1949 Documentation		
1949 Famil in Sound/Arvail Equip	1949 Crypto		
1949 Intel Orient	1952 Psych Warfare		
	1952 Cland Pol War		
19. CIA EMPLOYMENT HISTORY SINCE 1 SEP 1947 (Personnel Actions, Military Orders, or Principal Details)			
EFFECTIVE DATE	POSITION TITLE & COLLECTIVE GRADE	SO	ORGANIZATION & ORG. TLE (if any)
Sep 1947			
Mar 1949			
Aug 1949			
Dec 1950			
Aug 1951			
Sep 1952			
Aug 1954			
Jan 1956			
Jun 1957			
Sep 1958			
Mar 1960			
Sep 1961			
Jun 1965			
Aug 1966			
Oct 1967			
20. DATE REVIEWED	21. PROFILE REVIEWED BY	22. ITEMS 19-22 REVIEWED & VERIFIED BY EMPLOYEE	
13 Feb 1968	hms/hc		No

SECRET  
(When Filled In)

BIOGRAPHIC PROFILE (PART 2)

13. NO.	
[Large empty rectangular area for profile content]	

14. SUMMARY OF CAREER PREFERENCE OUTLINE AND/OR FIELD REASSIGNMENT QUESTIONNAIRE

[Empty space for summary]

15. IDENTITY OF OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL

[Empty space for document identities]

16. ADDITIONAL INFORMATION

Appreciation 1954 from Administrator, Bureau of Inspection, Security & Consular Affairs, Dept of State for security assistance furnished during the Tenth Inter-American Conference at Caracas, Venezuela.

Commendation 1959 from Chief, WH Division for superior performance during the Cuban crisis.

Admonition 1963 from C/WH for part in command failure in control and supervision of a sensitive operation.

17. DATE REVIEWED 20 Apr 1966	18. PROFILE REVIEWED BY hms/nc
----------------------------------	-----------------------------------

SECRET RYBAT

12 May 1970

Handwritten initials and symbols: "C", a circled "S", and a vertical line with a hook.

Memorandum in Lieu of Fitness Report for [redacted]  
for the Period 31 March 1969 to 31 March 1970

[Large redacted area consisting of three stacked rectangular boxes]

[redacted] is cost conscious in the expenditure of operational funds; he does not have supervisory responsibilities.

SECRET RYBAT

SECRET RYBAT

Page 2

[Redacted]

[Redacted] his performance has been Strong.

[Redacted]

[Redacted] Employee by employee on 12 May 1970

I concur with the rating and narrative comments. Subject has done remarkably well in establishing himself [Redacted]

[Redacted]

REVIEWING OFFICIAL:

[Redacted] C/DOI/1 11 June 1970  
Signature Date

SECRET RYBAT

CAREER AGENT

SECRET RYBAT

att.

27 May 1969

Memorandum in Lieu of Fitness Report for   
for the Period 26 July 1968 to 31 March 1969

1SECRET RYBAT

SECRET RYBAT

Att to USFT-1498

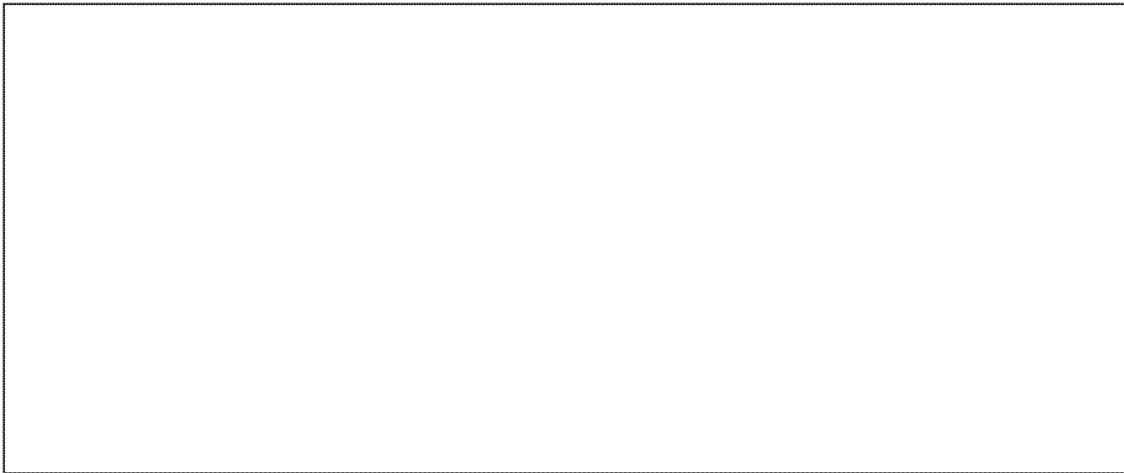
Page 2



[redacted] is cost-conscious in the expenditure of operational funds; he does not presently have any supervisory responsibility.

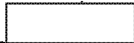
As has been indicated above, [redacted] has been given a very difficult primary target [redacted]

[redacted] While it has been a frustrating and sometimes exasperating assignment, [redacted] has shown both initiative and perseverance in attacking it; his performance has been Strong.



10 June 1969

Date



Title



SECRET RYBAT

**SECRET**  
(When Filled In)

6

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-16	align="center">D	
6. OFFICIAL POSITION/TITLE <b>Chief of Base</b>			7. OFF/DIV. OR ASSIGNMENT <b>DDP</b>	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 type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT SUPERVISOR		<input type="checkbox"/> REASSIGNMENT EMPLOYEE
CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL			
SPECIAL (Specify):			SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)			
			<b>1 April 67 - 31 March 1968</b>			
<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 Base					<b>S</b>	
SPECIFIC DUTY NO. 2					RATING LETTER	
Establishment and maintenance of operational support mechanisms.					<b>S</b>	
SPECIFIC DUTY NO. 3					RATING LETTER	
Operational reporting.					<b>S</b>	
SPECIFIC DUTY NO. 4					RATING LETTER	
Liaison with FBI and DCS, et al.					<b>S</b>	
SPECIFIC DUTY NO. 5					RATING LETTER	
Direction of recruitment and handling of support assets.					<b>S</b>	
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>S</b>	



**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.

[redacted] is much too experienced and practiced a hand for his performance to vary very much from year to year. He has continued to turn in the highly creditable performance [redacted] that has been standard for him for many years. He has managed his subordinates well and has exercised uniformly good judgment in directing their operational efforts. Of particular value has been his steadiness in the face of administrative adversity disrupting the organization of his Base. [redacted] insured that the work of the Base continued uninterrupted and demonstrated his capacity to keep on top of all details and report them to Headquarters as appropriate. It is a credit to [redacted] that in the [redacted] period there was not a single instance [redacted] withdrawing from a relationship with the Base.

The performance of his officers attest the careful guidance and wise leadership which has enabled them to operate securely and well in sensitive areas. His relations with the FBI and DCS are excellent. He is appropriately economy minded. In short, he is a decidedly strong supervisor.

**SECTION D**

**CERTIFICATION AND COMMENTS**

<b>1. BY EMPLOYEE</b>		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
<b>2. BY SUPERVISOR</b>		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
<b>18 months</b>	[redacted] is in the Field and will be shown a copy of this Fitness Report on his next TDY trip to Headquarters.	
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
<b>15 July 1968</b>	<b>C/DO/I</b>	[redacted]
<b>3. BY REVIEWING OFFICIAL</b>		
COMMENTS OF REVIEWING OFFICIAL		
<b>Concur in rating officer's judgment.</b>		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
<b>17 July 1968</b>	<b>Chief, DO Division</b>	[redacted]

**SECRET**

**SECRET**  
(When Filled In)

DC

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				<b>056292</b>	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE 5. SD
				<b>M</b>	<b>10 D</b>
6. OFFICIAL POSITION TITLE			7. GPP/DIV/BR OF ASSIGNMENT 8. CURRENT STATION		
<b>Chief of Base</b>			DDP/		
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 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)		
			<b>1 October 1966 - 31 March 1967</b>		
<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 Base					<b>S</b>
SPECIFIC DUTY NO. 2					RATING LETTER
Establishment and maintenance of operational support mechanisms.					<b>S</b>
SPECIFIC DUTY NO. 3					RATING LETTER
Operational reporting.					<b>S</b>
SPECIFIC DUTY NO. 4					RATING LETTER
Liaison with the FBI and DCS, et al.					<b>S</b>
SPECIFIC DUTY NO. 5					RATING LETTER
Direction of recruitment and handling operations.					<b>S</b>
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>S</b>

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.

[redacted] is an old hand at running Bases or Stations abroad and his performance as Chief of Base, [redacted] amply attests that. It goes without saying that he understands all aspects of the business, knows how to delegate, organize, direct and report. He has continued to do all these things well. His seniority, experience and maturity served the Agency in particularly good stead during this period [redacted]

[redacted], through no fault of [redacted] his subsequent and consequent actions were all taken with sound judgment and appropriate calm and circumspection. He was also most receptive to, and cooperative in, Headquarters suggestions in this matter. He is, of course, cost conscious and an excellent supervisor. His overall performance is that of a high order of senior Agency officers.

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 is in the field; a copy of this report is being retained to show him on his next TDY to Hqs.	
DATE	OFFICIAL TITLE OF SUPERVISOR	SIGNATURE
21 August	C/DO/I	
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
Concur fully in overall rating of "Strong".		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	PRINTED OR PRINTED NAME AND SIGNATURE
28 August 1967	Chief, DO Division	

SECRET

SECRET

21 July 1966

MEMORANDUM IN LIEU OF FITNESS REPORT

SUBJECT: [redacted], Employee Serial No. [redacted] DDP/EUR,  
Period: 1 April 1965 - 1 July 1966. SD: D, [redacted]

1. Subject, [redacted] is a GS-16 and has been assigned [redacted] as Chief of Station since October 1961.

2. Subject is an experienced and mature officer dedicated to the Agency's mission. Conscientious and diligent, he readily accepts responsibility and is both thorough and reliable in the performance of his duties. Morale at his station has been consistently high, and Subject enjoys the respect and confidence of his subordinates. He evidences sound and objective judgment and operates well under pressure. In all aspects of the station's activities, he exhibits a high degree of cost consciousness in the expenditure of Government funds and property.

3. Subject's performance has been Strong throughout the rating period and he has obtained a maximum effort from his subordinates. He has enjoyed the confidence of the Ambassador and the other senior Embassy officials, all of whom have demonstrated considerable dependence upon the station.

*Rolfe Kingsley*  
Rolfe Kingsley  
Chief, European Division

*Concur*  
*1st H DDP (TK)*  
*26 July 66*

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
				M	GS-16
5. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. ID
Chief of Station			DDP/WE/		D
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 CAREER-PROVISIONAL (See instructions - Section C)			<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE		
SPECIAL (Specify):			SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to-)		
			1 April 1965 - 27 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					RATING LETTER
My rating of the performance of this officer remains the same as the description of his performance which is contained in his fitness report for the period ending 31 March 1965.					
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

SECRET

OFFICE OF PERSONNEL

(When Filled In)

<b>SECTION C</b>	<b>NARRATIVE COMMENTS</b>
<p>Indicate significant strengths or weaknesses demonstrated in current position. Give 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>	
MAIL ROOM	

<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			
<b>2. BY SUPERVISOR</b>					
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION		IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION			
		[ ] is currently at his overseas post.			
DATE		OFFICIAL TITLE OF SUPERVISOR		TYPED OR PRINTED NAME AND SIGNATURE	
27 September 65		Chief, WE Division		[ ]	
<b>3. BY REVIEWING OFFICIAL</b>					
COMMENTS OF REVIEWING OFFICIAL					
DATE		OFFICIAL TITLE OF REVIEWING OFFICIAL		TYPED OR PRINTED NAME AND SIGNATURE	
19 OCT 1965		ADDP		Thomas H. Karamessines	

SECRET

SECRET

12 May 1965

MEMORANDUM IN LIEU OF FITNESS REPORT

SUBJECT: [redacted] Employee Serial No. [redacted]  
Fitness Report for the Period 1 April 1964  
to 31 March 1965

1. Subject, [redacted] is a GS-16 and has been assigned [redacted] as Chief of Station since October 1961.

2. As Chief of Station, he is charged with the organization and management of the station and is responsible for the planning, direction, and supervision of all its activities. He also exercises general supervision of the [redacted]

3. Subject serves as the Ambassador's principal intelligence officer, as chairman of the Embassy Defector Committee, as the Agency representative on the Embassy Country Team, and as the coordinator of U.S. clandestine intelligence operations [redacted] Accredited as the Agency's representative to [redacted]

4. Subject is an experienced and mature officer, possessing an excellent command [redacted] Highly motivated, conscientious, and industrious, he readily accepts responsibility and is both thorough and reliable in the execution of his duties. Even tempered and affable, he holds the confidence and friendship of those whom he directs and those to whom he is responsible, and the morale of his station is noticeably high. He is alert to the operational possibilities [redacted]

SECRET

MAY 3 3 05 PM '65

OFFICE OF DEPT. MAIL

of any given situation, evidences sound and objective judgment, and works well under pressure. He writes lucidly, speaks articulately, and exhibits a high degree of cost consciousness in the use of government funds and property. His delegation of responsibility to others is meaningful and well delineated.

5. Subject's performance has been strong throughout the rating period. He has given the station purposeful direction and competent management and as an effective supervisor who commands the loyalty and respect of those whom he supervises, he has succeeded in obtaining a maximum effort from the station personnel. He enjoys the confidence of the Ambassador and other principal officers of the Embassy, several of whom have expressed their appreciation of subject's work and commented on the value of the station's contribution to the functioning of the Embassy. The fact that the Ambassador arrived [redacted] with definite prejudices regarding the Agency but was of quite another mind upon his departure is testimony to subject's skill and tact.

[redacted]

7. In addition to his considerable executive and liaison duties, subject has carried out the previously cited operational assignments with marked ability. He is a convincing and persuasive agent handler, and his operational reporting is prompt and thorough.

8. The only criticism I would make of subject is that I believe the station should be making a greater effort [redacted]

[redacted]

Original Signed  
[redacted]

Deputy Chief 05/11/52  
Western Europe Division

OVERALL PERFORMANCE IN CURRENT POSITION: "S"

COMMENTS OF REVIEWING OFFICIAL: CONCUR [redacted]

C/WE  
[redacted]



**SECRET**  
(When Filled In)

FITNESS REPORT					EMPLOYEE SERIAL NUMBER
<b>SECTION A GENERAL</b>					
1. NAME [Redacted] (Middle)		2. DATE OF BIRTH	3. SEX M	4. GRADE 16	5. SO D
6. OFFICIAL POSITION TITLE Chief of Station, [Redacted]			7. OFF/DIV/RR OF ASSIGNMENT DDP/WE/ [Redacted]		
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"/> ANNUAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> REASSIGNMENT EMPLOYEE		
CAREER-PROVISIONAL (See instructions - Section C)			SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to) 1 April 1963 - 31 March 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 As Chief of Station, [Redacted] plans and directs all FI, and CA operations [Redacted]					RATING LETTER P
SPECIFIC DUTY NO. 2 Supervises [Redacted] personnel					RATING LETTER P
SPECIFIC DUTY NO. 3 Maintains contact with senior officials [Redacted]					RATING LETTER S
SPECIFIC DUTY NO. 4 Represents the Director of CIA with the Ambassador [Redacted] and other U.S. officials [Redacted]					RATING LETTER O
SPECIFIC DUTY NO. 5 Personally handles several sensitive operations. [Redacted]					RATING LETTER S
SPECIFIC DUTY NO. 6 Supervises [Redacted]					RATING LETTER O
<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 must be described, if applicable.

Subject is one of the Agency's truly mature, experienced operations officers. He has had unusual operational experience [redacted] both in the field and in Headquarters. His activities have spanned both the FI and the CA spectrum. He has and does deal easily and graciously with high ranking officials, both American and foreign. His good sense, poise and dignity never fail to impress. He is a person of principal and high morals. He does not hesitate to express his conviction even though he may have reason to believe such convictions are not popular. He is a strong supervisor who enjoys his subordinate's respect. He is economy minded and made diligent efforts to comply with requests to economize.

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	
	<i>Subject is in field. This report will be shown to him as soon as possible.</i>	
DATE	OFFICIAL TITLE OF SUPERVISOR	RE
20 April 1964	Chief, WE/5	
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR
5 May 64	C. W. E.	[redacted]

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT					EMPLOYEE SERIAL NUMBER	
<b>SECTION A</b>					<b>GENERAL</b>	
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
				M	GS 16	D
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION	
Chief of Station			DDP/WR			
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 type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE			
SPECIAL (Specify):			SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From- to-)			
22 April 1963			1 April 1962-31 March 1963			
<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					RATING LETTER	
Direction of all FI and CA operations.					S	
SPECIFIC DUTY NO. 2					RATING LETTER	
Administration of station and supervision of personnel.					S	
SPECIFIC DUTY NO. 3					RATING LETTER	
Direct supervision of senior ops officer					S	
SPECIFIC DUTY NO. 4					RATING LETTER	
Personally handles a sensitive operation					S	
SPECIFIC DUTY NO. 5					RATING LETTER	
					S	
SPECIFIC DUTY NO. 6					RATING LETTER	
Maintains a working relationship with the Ambassador and other U. S. officials.					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 must be described, if applicable.

[redacted] has ably administered a large Station and has displayed maturity, good judgment and tact in the day-to-day management and direction of Station activities and personnel. This has been achieved despite the physical location of Station staff personnel [redacted]

Under the direction of [redacted] a far reaching and fruitful major operational program [redacted]

[redacted]

[redacted]

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 19  
IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION Subject employee is in the field. Report will be shown to him upon his return to Headquarters.  
DATE 25 APR 1963 OFFICIAL TITLE OF SUPERVISOR DC/LE TYPED OR PRINTED NAME AND SIGNATURE [redacted]

3. BY REVIEWING OFFICIAL  
COMMENTS OF REVIEWING OFFICIAL  
I concur in above assessment.

DATE 25 APR 1963 OFFICIAL TITLE OF REVIEWING OFFICIAL C/LE TYPED OR PRINTED NAME AND SIGNATURE [redacted]

SECRET

W/AT

Recorded by  
CCPD

17 April 1962

MEMORANDUM FOR: Acting Chief, WE

SUBJECT :   
Fitness Report Covering the Period 14 August 1961 to  
31 March 1962

1.

2. To date  has given every evidence of a particular ability to cope with the crash program and the acute shortage of personnel with judiciousness and maturity. While it is too early, yet, to pass judgement, there are indications that  has been preoccupied

3. As indicated above,  has not been in place as Chief of Station long enough to justify firm reservations concerning his management, nor to permit meaningful criticism. Also, as indicated above, his outstanding noticeable strength to date has been his ability to cope with a heavy operational program, a shortage of personnel, and a sometimes difficult operational climate, with judgement, calmness and patience.

Chief, WE/5

CONCUR:

AC/WE

W/AT

Contract Service



Date	Action	Compensation	GS Equivalent
	Former Staff Employee		
4 Aug 68	<del>Established</del> Employee Career Agent with Civil Service Retirement, LPAs and PSIs.	\$26,040	GS-16/6
13 Jul 69	LPI	29,219	GS-16/6
5 Oct 69	PSI	30,054	GS-16/7
28 Dec 69	LPI	31,857	GS-16/7
10 Jan 71	LPI	33,757	"
31 Mar 71	Contract terminated (subject retired)	33,757	"

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1 SERIAL NUMBER 2 NAME (LAST, FIRST, MIDDLE)  
PREPARED: 04/16/71

3 CONTRACT TERMINATION (08H0000) 4 EFFECTIVE DATE 03 31 71 5 CATEGORY OF EMPLOYMENT CAREER AGENT (S)

6 FUNDS 7 FEDERAL AGENCY NO. CHARGEABLE 1129-2507 8 EX. OR OTHER LEGAL AUTHORITY

9 ORGANIZATIONAL DESIGNATIONS DDP DIRECTORATE 10 LOCATION OR OFFICIAL STATION UNITED STATES OF AMERICA

11 POSITION TITLE OPS OFFICER 12 POSITION NUMBER 13 CAPTER SERVICE DESIGNATION

14 CLASSIFICATION SCHEDULE (GS 15, etc.) (FULL TIME) GS 15 OCCUPATIONAL SERIES 0.26.00 16 GRADE AND STEP 16 7 17 SALARY OR RATE DOG: 032060 \$ 33757 LEI: 100569

18 PERIODS STATUS INFORMATION BIRTH DATE: SEX: M MARITAL ST: MAR NO. DEPENDENTS: 03 CITIZENSHIP: US/BIRTH LONGEVITY COMP: 091847 FED SERVICE COMP: 012631 TYPE RETIREMENTS: CSC/FICA HOSPITALIZATION: F PLAN: FEGLI: YES PREV. GOVT SERV: 4 SAL. TASK LIMIT: PAY BASIS: A W/L IND: 0 S/L INC: 4

CONTRACT INFORMATION EFF DATE: 080768 EXPIRATION DATE: 080371 DATE ORIG CONTRACT: 080468 REFERRING OFFICER: DDL PERSONNEL REFR GRG: BOD PHONE: 3376

ENTITLEMENTS/ELIGIBILITIES/ALLOWANCES TAX STAFF: Y FED EXMP: STATE EXMP: STATE: TRAVEL: NHN CPS EXPNSE: Y HOUSING: N FOST/EQUAL: N HOME LEAVE: C DIFFERENTIAL: N OFFSET CLAUSE: Y STD GOVT: N LEGISL PAY: Y PREMIUM PAY: N ALLOWANCE COMB: N EDUCATION: N STEP INCRS: Y GTR. TAX ENTL: N OTHER ALLOWNS: N SEPARATION: N

NOTE: ITEMS PRECEDED BY AN ASTERISK \* REFLECT CHANGED DATA

SIGNATURE OR OTHER AUTHENTICATION

SECRET

7 April 1971

MEMORANDUM FOR: OF/C&TD/CAS

VIA : Contract Personnel Division

SUBJECT : [redacted]  
Retirement

[redacted] Career Agent, retired effective 31 March 1971 under the Civil Service Retirement System. This memorandum authorizes the payment by the Office of Finance of any money due him.

[redacted]  
Chief, DO Personnel

CONCUR:

/s/ [redacted] 14 APR 1971

Chief, Contract Personnel Division  
Distribution:

Orig & 1 - Addressee  
1 - CPD  
1 - Subject's File

1 - DO/Pers Chrono  
DO/Pers/[redacted] (7 Apr 71) 3193

SECRET

GROUP 1  
Excluded from automatic  
downgrading and  
declassification



SECRET

<b>CLEARANCE SHEET FOR TERMINATION OF CONTRACT PERSONNEL</b>			DATE	
THIS FORM MUST BE SIGNED AND SUBMITTED IN DUPLICATE			22 March 1971	
<b>PERSONAL DATA</b>				
NAME (L)	OFFICE AND BRANCH OF ASSIGNMENT DO Division			
LOCAL A	P			
PERMANENT	POSITION OR FUNCTIONAL TITLE dOps Officer			
<b>CONTRACT DATA</b>				
DATE CONTRACT EFFECTIVE 8/4/68	DATE CONTRACT LAST RENEWED	DATE CONTRACT EXPIRES Indefinite	DATE OF CONTRACT TERMINATION 3/31/71	
REASON FOR CONTRACT TERMINATION  Subject is retiring effective 31 March 1971.				
<b>INTERNAL STAFF OR DIVISION CLEARANCES (Add or delete as applicable)</b>				
COMPONENT	CLEARED BY	DATE	REMARKS	
FINANCE	[Redacted]			
LOGISTICS				
PERSONNEL				
Registry				
<b>CONTRACT APPROVING OFFICER</b>		CLEARED BY (Signature)	DATE	
<b>SCHEDULE OF INTERVIEWING OFFICES</b> (OFFICES NOT REQUIRING INTERVIEW WILL SO INDICATE)				
OFFICE	SCHEDULE			INTERVIEWING OFFICIAL
	DATE	TIME	LOCATION	
CENTRAL COVER STAFF				CLEARED BY (Signature)
				DATE
OFFICE OF SECURITY PSD				CLEARED BY (Signature)
				DATE
OFFICE OF PERSONNEL CPD				CLEARED BY (Signature)
				DATE
REMARKS (Please Initial)				
APPROVED: /s/ [Redacted] Special Contracting Officer				
STAFF OR DIVISION AND BRANCH OF ASSIGNMENT		SIGNATURE OF STAFF OR DIVISION RESPONSIBLE OFFICER		DATE
DO Division		[Redacted] C/DO/Personnel		

SECRET

8 MAR 1971

MEMORANDUM FOR: CSPS/Agent Panel  
VIA : Central Cover Staff  
VIA : Office of Security  
VIA : CI Staff  
SUBJECT : Summary of Employment  
[redacted]

Attached hereto is [redacted] Summary of  
Employment for approval and permanent record.

[redacted]  
Chief, DO Support Group

Attachment:  
As Stated

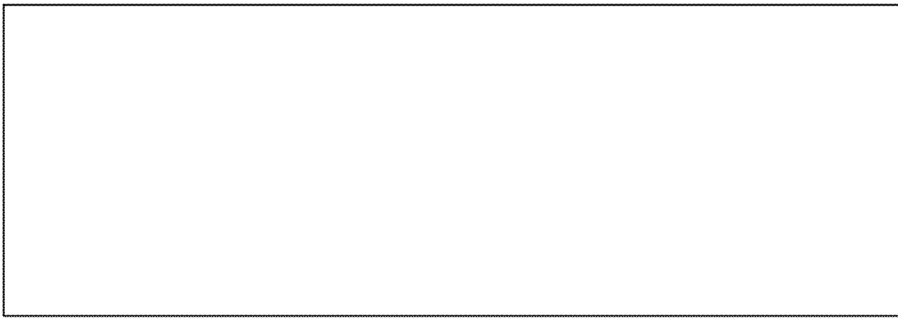
CONCURRENCE:

[redacted] (CSPS Agent Panel)  
[redacted] (Central Cover Staff) ✓  
[redacted] (Office of Security)  
[redacted] (CI Staff)

SECRET

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

SUMMARY OF EMPLOYMENT



SECRET  
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST							
2. NAME (Last, First, Middle)		10 February 1971							
3. POSITION TITLE		4. GRADE							
Career Agent		Ops Officer							
5. OFFICE		6. EMPLOYEE'S EXT.							
		08-16							
7. PURPOSE OF EVALUATION									
<input type="checkbox"/> PRE-EMPLOYMENT		<input type="checkbox"/> HDQS/TDY							
<input type="checkbox"/> ENTRANCE ON DUTY		<input type="checkbox"/> OVERSEAS ASSIGNMENT							
<input type="checkbox"/> TDY STANDBY		<table border="1"><tr><td>ETA</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>		ETA	STATION	TDY OR PCS	TYPE OF COVER	NO. OF DEPENDENTS TO ACCOMPANY	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY ATTACHED
ETA									
STATION									
TDY OR PCS									
TYPE OF COVER									
NO. OF DEPENDENTS TO ACCOMPANY									
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY ATTACHED									
<input type="checkbox"/> SPECIAL TRAINING									
<input type="checkbox"/> ANNUAL									
<input type="checkbox"/> RETURN TO DUTY									
<input type="checkbox"/> FITNESS FOR DUTY		<input type="checkbox"/> RETURN FROM OVERSEAS							
<input type="checkbox"/> MEDICAL RETIREMENT		<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									
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER							
<input type="checkbox"/> YES		SIGNATURE							
<input checked="" type="checkbox"/> NO		<i>[Signature]</i>							
		ROOM NO. & BUILDING							
		201 Key							
		EXT.							
		3193							

10. COMMENTS	
Subject will retire effective 31 March 1971. He will come to Headquarters and be available for a medical examination on 22 March. Please schedule the medical during that week. D) is requesting approval for him to enter the Hq building.	
11. REPORT OF EVALUATION	
Qualified Executive Annual	
DATE	SIGNATURE FOR CHIEF OF MEDICAL STAFF
31 March 1971	<i>[Signature]</i>

FORM 259 USE PREVIOUS EDITIONS

SECRET

(20)

1. SERIAL NO.	2. NAME  (Career Agent)	3. ORGANIZATION DDP/DO	4. FUNDS CF	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	SI	ADI
GS-16	6	\$29219	10/08/67	GS-16	7	\$30054	10/05/69	X	

**CERTIFICATION AND AUTHENTICATION**

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

SIGNATURE  <i>we</i>	DATE 28 Oct 69
----------------------------	-------------------

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

*Dep # 415FT  
1535  
13 Oct 69*

CLERKS INITIALS	AUDITED
-----------------	---------

WWM

[ ]

22 April 1969

MEMORANDUM FOR: OP/PAB

SUBJECT : [redacted] - Career Agent

Attached is a copy of [redacted] dated 4 April 1969  
in which subject requests cancellation of his optional  
FEGLI plan to be effective 3 May 1969.

15  
[redacted]  
Chief, DO Personnel and Training

Attachment: [redacted] and authorization

CC - OP/C&ED/BA/S  
CED

SEARCHED  
SERIALIZED  
INDEXED  
FILED  
APR 23 1969  
FBI - NEW YORK

OK  
1/24

<b>DISPATCH</b>		CLASSIFICATION <b>S E C R E T</b>	PROCESSING ACTION
TO Chief, [redacted]			MARKED FOR INDEXING
INFO.			NO INDEXING REQUIRED <input checked="" type="checkbox"/>
FROM Chief of Base, [redacted]			ONLY QUALIFIED DESK CAN JUDGE INDEXING
SUBJECT [redacted] -Life Insurance Coverage			MICROFILM
ACTION REQUIRED - REFERENCES			
Reference: [redacted] dated 29 February 1968 <span style="float: right;"><i>me</i></span>			
Forwarded under separate cover is a memorandum from [redacted] requesting cancellation as of 3 May 1969 of the \$10,000 optional life insurance coverage under FEGLI which he elected to take in 1968 per the reference. Please forward the memorandum to the Insurance Branch for appropriate action.			
Originated by [redacted] [redacted]			
Attachment: Memorandum a/s/a, 2 copies USC			
Distribution: 2 - Chief, DO w/attachment			
CROSS REFERENCE TO	DISPATCH SYMBOL AND NUMBER	DATE	
	[redacted]	4 April 1969	
	CLASSIFICATION <b>S E C R E T</b>	HQS FILE NUMBER	

4 April 1969

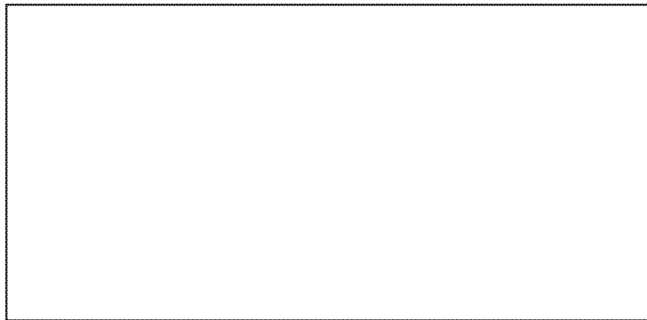
MEMORANDUM

TO :

FROM :

SUBJECT : \$10,000 Optional Insurance

This memorandum is authorization to cancel the \$10,000 additional optional life insurance coverage under the Federal Employees Group Life Insurance Program which I elected to take in February 1968. I request that this cancellation be effective as of 3 May 1969.





5 August 1968

MEMORANDUM FOR: OP/PAB

SUBJECT :

[REDACTED]  
Career Agent - Employee No. [REDACTED]

Subject converted from Staff Employee to Career Agent status effective 4 August 1968. Attached is his FEOLI application signed in pseudonym.

[REDACTED]  
Chief, DO Personnel and Training

Attachment: A/B

**ELECTION, DECLINATION, OR WAIVER  
OF LIFE INSURANCE COVERAGE**  
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

**IMPORTANT  
AGENCY INSTRUCTIONS  
ON BACK OF ORIGINAL**

**TO COMPLETE THIS FORM—**

- 1 FOLLOW THESE GENERAL INSTRUCTIONS:**
- Read the back of the "Duplicate" carefully before you fill in the form.
  - Fill in **BOTH COPIES** of the form. Type or use ink.
  - Do not detach any part.

**2 FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):**

NAME (last)	(first)	(middle)	DATE OF BIRTH (month, day, year)	SOCIAL SECURITY NUMBER
EMPLOYING DEPARTMENT OR AGENCY			LOCATION (City, State, ZIP Code)	

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

Mark here if you **WANT BOTH** optional and regular insurance  (A)

**ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE**  
I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

Mark here if you **DO NOT WANT** OPTIONAL but do want regular insurance  (B)

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

Mark here if you **WANT NEITHER** regular nor optional insurance  (C)

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

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

SIGNATURE (do not print) \_\_\_\_\_

DATE 18 July 1968

**FOR EMPLOYING OFFICE USE ONLY**

(official receiving date stamp)

AUG 8 11 25 AM '68  
COMPT PERS DIV

See Table of Effective Dates on back of Original.

DUPLICATE COPY—For Agency Use

3

STANDARD FORM No. 176-T  
JANUARY 1963  
(For use only until April 14, 1968)  
176-101

SECRET

6 Aug 68

MEMO FOR: The File

SUBJECT:  Service  
Computation Date

1. On his SF-144 dated 31 July 68 subject claimed following creditable service:

<u>Service</u>	<u>From</u>	<u>To</u>
Dept of State . . . . .	26 Jan 31	15 Aug 44
OSS/SSJ/CIG . . . . .	16 Aug 44	17 Sep 47
CIA Staff Employee . . . . .	18 Sep 47	3 Aug 68
CIA Career Agent . . . . .	4 Aug 68	date

2. Subject has had continuous service from 26 Jan 1931. Accordingly, this date was set as subject's SCD. Review of subject Staff Employee file this date ~~found~~ found that the Staff Employee file also cited subject's SCD as being 26 Jan 1931.

*OK  
2/3/77*

SECRET

SECRET

31 July 1968

MEMORANDUM FOR: Chief, Insurance Branch/BSD/OP

This is to advise you that                       
has been employed under an Agency personal services contract  
effective 4 August 1968. The contract authorizes  
participation in Civil Service Retirement, FEGLI and Federal  
Health Insurance.

Subject's contract is the administrative responsibility  
of CCP/DO.

                      
Chief  
Contract Personnel Division

SECRET

Group 1  
Excluded from automatic  
downgrading and  
declassification

[REDACTED]

Dear [REDACTED]

The United States Government, as represented by the Contracting Officer, hereby contracts with you for your services as a Career Agent under the following terms and conditions:

1. Status. Your status is that of a Government employee under contract and, as such, your rights and benefits are governed by the provisions of this agreement. It is specifically understood that you are not entitled to rights and benefits pertaining to appointed staff status, except as provided herein.

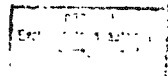
[REDACTED]

3. Compensation. For your services as a Career Agent, you will be compensated at a basic salary of \$26,640 per annum, the equivalent of a GS-16/6. In addition you will be entitled to legislative pay adjustments and within grade promotions in substantial conformance with rules and regulations applicable to Government appointed employees.

4. Funding. If necessary to protect the security of this arrangement, monies due you hereunder may be funded in other than a direct manner. It is understood and agreed that any monies so funded constitute payment by the Government in satisfaction of its obligations under this agreement.

5. Taxes. As a Career Agent, monies paid you under paragraph three (3) above constitute taxable income for Federal tax purposes and you must satisfy your Federal tax liability thereon. Such income may be paid you by or through a cover facility. Because of cover, operational, and security considerations the Tax Committee of this organization is authorized to make certain determinations and establish procedures (including tax withholdings) which will result in the full satisfaction of your Federal income and Social Security tax obligations. It is specifically understood and agreed that such determinations and procedures, whether oral or written, constitute an integral part of this contract and are legally incorporated herein by reference.

SECRET



6. Travel. You will be advanced or reimbursed funds for necessary expenses incurred in connection with such operational travel as may be directed or authorized by this organization. This may include per diem in lieu of subsistence in the course of such travel and while on temporary duty away from your post of assignment. All travel, transportation and per diem provided for under this paragraph must be properly authorized, and expenses incurred hereunder are subject to payment and accounting in compliance with applicable Government regulations, or according to the established policies of your cover facility, whichever is directed by the Government.

7. Operational Expenses. You will be advanced or reimbursed funds for necessary operational expenses including, but not limited to, entertainment and the purchase of information, as specifically approved by the Government or your cover facility. Such funds will be subject to payment and accounting in substantial compliance with applicable Government regulations or according to the established policies of your cover facility, whichever is directed by the Government.

8. Repayment. It is recognized that your failure to account for or refund any monies advanced you hereunder shall entitle the Government to withhold the total amount of such indebtedness or any portion thereof from any monies due you under the terms of this contract in such manner as it deems appropriate.

9. Benefits. By virtue of your employment relationship with the Government hereunder, you are herein authorized:

(a) Coverage under the Federal Employees' Compensation Act, as amended. Claims by you, your heirs or legal representatives under this Act will be processed by this organization in accordance with its procedures in such manner as not to impair security.

(b) Continued participation in the Civil Service Retirement System in conformance with rules and regulations applicable to appointed employees of this organization. From the basic compensation paid you hereunder there shall be deducted the appropriate rate percentage (presently 6-1/2%) for deposit and eventual crediting to the Civil Service Retirement Fund. Social Security deductions required by virtue of your cover activities will not be reimbursed you by this organization.

(c) Continuation of your present coverage under the Federal Employees' Health Benefits Act. This organization is presently authorized to bear a portion of the premium cost, you will bear the remainder. Your financial contribution will be effected either by payroll deduction or by direct remittance at periodic intervals to be established by this organization.

SECRET



14-00000

(d) Continued coverage under the Federal Employees' Group Life Insurance Act unless you have previously executed a written waiver of said coverage. This organization is presently authorized to bear a portion of the premium cost, you will bear the remainder. Your financial contribution will be effected either by payroll deduction or by direct remittance at periodic intervals to be established by this organization.

(e) Sick and annual leave equal to and subject to the same rules and regulations applicable to Government appointed employees. Annual leave may only be taken at times and places approved in advance by appropriate Government representatives. All accrued but unused leave credited to your former account as an appointed employee of this organization will be transferred to the leave account established for you under this agreement.

10. Offset. Emoluments (including benefits in kind) received from or through your cover activities are the property of the U. S. Government. Procedurally, such emoluments will be offset against amounts due you under this agreement and are acknowledged to be payment by the Government hereunder and for Federal income tax purposes. You will render signed reports to this organization, every six (6) months, indicating all cover emoluments received during the reporting period. Negative reports covering the same period will be submitted if no cover emoluments are received. Failure to submit timely reports may result in suspension of any contractual payments due you hereunder. If cover emoluments exceed those due you under this contract, you will dispose of the excess amount in conformance with Governmental instructions.

11. Execution of Documents. If, in the performance of services under this contract, you assume the custody of Government funds or take title of record to property of any nature whatsoever and wherever situated, which property has in fact been purchased with monies of the U. S. Government, you hereby recognize and acknowledge the existence of a trust relationship, either express or constructive, and you agree to execute whatever documents may be required by the Government to evidence this relationship.

12. Secrecy. (a) You will be required to keep forever secret this contract and all classified information which you may obtain by reason hereof (unless released in writing by the Government from such obligation), with full knowledge that violation of such secrecy may subject you to criminal prosecution under the espionage laws of the United States and other applicable laws and regulations.

(b) In the event you marry or remarry during the term of this contract, you agree to advise this organization at least one hundred twenty (120) days in advance of such contemplated marriage, or otherwise as soon as known, and to furnish such personal history data on your prospective spouse as may be required by this organization. You understand and agree that should this organization determine that your marriage would limit or otherwise impair your usefulness to the Government, this contract may be terminated.

SECRET

13. Instructions. Instructions received by you from the Government in briefing, training or otherwise are a part of this contract and are incorporated herein, provided that such instructions are not inconsistent with the terms hereof.

14. Reassignments. During your period of service under this agreement, it may be necessary for this organization to terminate an assignment for reasons beyond your control. In such event, you will be given every consideration for other assignments appropriate to Career Agents.

15. Unauthorized Commitments. No promises or commitments pertaining to rights, privileges or benefits other than those expressly stipulated in writing in this agreement or any amendment thereto shall be binding on the Government. Specifically, you herein acknowledge that this organization makes no commitment, either express or implied, that appointed employment status will be offered you at the conclusion of or during your period of contractual service.

16. Term. This contract is effective as of 4 Aug 68, and shall continue thereafter until your retirement from the organization upon reaching age sixty (60) unless sooner terminated:

(a) Upon ninety (90) days' actual notice by either party hereto, or

(b) Upon actual notice to you in the event the results of an initially required medical examination are determined by this organization to be unsatisfactory, or

(c) Without prior notice by the Government, in the event of a breach of this contract by your violation of the security provisions hereof or by your otherwise rendering yourself unavailable for acceptable service.

Termination of this agreement will not release you from the obligations of any security oath you may be required to take.

UNITED STATES GOVERNMENT

BY \_\_\_\_\_  
Contracting Officer

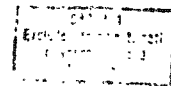
ACCEPTED:

\_\_\_\_\_

WITNESS: \_\_\_\_\_

APPROVED: \_\_\_\_\_

*JLI*  
*EV/ J.C.*  
*20 Aug 68*





SECRET

19 July 1968

MEMORANDUM FOR: Chief, CSPA  
ATTENTION: Chief, Agent Branch  
SUBJECT: Conversion to Career Agent Status  
[redacted] - GS-16

1. Transmitted herewith are the following documents in connection with subject's conversion to Career Agent status:

Contract Check List (3)

[redacted]  
Biographic Profile (9)

Latest Fitness Report (9)

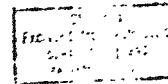
2. The Request [redacted] form has been sent to Chief, Central Cover Staff for consideration. Action is being held up pending subject's TDY at headquarters, on or about 29 July 1968. Appropriate modifications will be worked out with CCS at that time.

3. Subject will convert at his current salary, GS-16/6 and will be assigned [redacted] engaged in spotting, assessing, recruiting and handling agents. The effective date of his contract will be determined following discussions with [redacted] during his TDY.

[redacted]  
Chief, DO Support Group

Attachments:  
as stated above

SECRET



Complete all items, inserting "NA" when items are not applicable. Forward original and 100 copies for preparation of contract.

11- 1097

19 March 1968

<b>SECTION I GENERAL</b>											
1. NAME <input checked="" type="checkbox"/> PSEUDO <input type="checkbox"/> TRUE		2A. PROJECT									
<div style="border: 1px solid black; width: 100%; height: 50px;"></div>		3. ALLOTMENT NO.									
		3A. FUNDS									
5. OR ALIASES		6. INDIVIDUAL HAS BEEN ENGAGED BY CIA OR ITS ALLIED ACTIVITIES IN SOME CAPACITY PRIOR TO THIS CONTRACT. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If yes, describe and include dates and salary.)									
		Staff from Sept. 1967 to present <del>XXXXXXXXXXXXXXXXXXXX</del> \$24,477.00 (GS-16 step 6)									
7. SECURITY CLEARANCE (Type and date) Conv. app. 3 Apr 67		7A. MEDICAL CLEARANCE									
		<input checked="" type="checkbox"/> OBTAINED <input type="checkbox"/> INITIATED <input type="checkbox"/> NOT REQ'D.									
9. INDIVIDUAL WILL WORK UNDER "CONTROLLED CONDITIONS" I.E., REGULAR OFFICE HOURS AWAY FROM SUBJECT'S HOME AND PERFORMED UNDER THE SUPERVISION OF A STAFF EMPLOYEE OR STAFF AGENT		8. CONTRACT IS TO BE WRITTEN IN STERILE FORM I.E., "U.S. GOVERNMENT" <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
		10. PROPOSED CATEGORY (Contract agent, contract employee, etc.) <b>CAREER AGENT</b>									
<b>SECTION II PERSONAL DATA</b>											
11. CITIZENSHIP USA		12. IF NOT U.S. CITIZEN, INDIVIDUAL IS A PERMANENT RESIDENT ALIEN <input type="checkbox"/> YES <input type="checkbox"/> NO									
13. AGE		14. DATE OF BIRTH (Month, day, year)									
15. LEGAL RESIDENCE (City and state or country)		16. CURRENT RESIDENCE (City and state or country)									
17. MARITAL STATUS (Check as appropriate). <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> ANNULLED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED											
18. NUMBER OF DEPENDENTS (Not including individual) RELATIONSHIP AND AGE:		19. INDIVIDUAL IS RELATED TO A STAFF EMPLOYEE, STAFF AGENT OR AN INDIVIDUAL CURRENTLY WORKING FOR THE AGENCY IN SOME CAPACITY <input type="checkbox"/> YES <input type="checkbox"/> NO									
Wife Son Son <div style="border: 1px solid black; width: 100%; height: 30px;"></div>											
<b>SECTION III U.S. MILITARY STATUS</b>											
20. RESERVE		21. VETERAN									
22. IF RETIRED, INDICATE CATEGORY (Longevity, combat disability, service disability non-combat)		23. BRANCH OF SERVICE									
24. RANK OR GRADE		25. DRAFT ELIGIBLE <input type="checkbox"/> YES <input type="checkbox"/> NO									
26. DRAFT DEFERMENT OBTAINED BY CIA <input type="checkbox"/> YES <input type="checkbox"/> NO											
<b>SECTION IV COMPENSATION</b>											
27. BASIC SALARY \$26,640* <del>XXXXXXXXXXXXXXXXXXXX</del> \$26,640.00 (GS-16 step 6)		28. POST DIFFERENTIAL									
29. COVER (Breakdown, if any)		30. FEDERAL TAX WITHHOLDING									
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">COVER</th> <th colspan="2">CIA</th> </tr> <tr> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> </tr> </table>		COVER		CIA		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
COVER		CIA									
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO								
<b>SECTION V ALLOWANCES (NORMALLY GRANTED ONLY TO RESIDENTS OF THE UNITED STATES)</b>											
31. QUARTERS		32. POST									
33. OTHER											
34. COVER (Breakdown, if any)											
<b>SECTION VI TRAVEL</b>											
35. TYPES <input type="checkbox"/> PCS <input checked="" type="checkbox"/> DOMESTIC OPERATIONAL <input checked="" type="checkbox"/> FOREIGN OPERATIONAL			36. WITH DEPENDENTS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								
37. HME TO BE SHIPPED		37A. HME TO BE STORED									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> </tr> </table>		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> </tr> </table>		<input type="checkbox"/> YES	<input type="checkbox"/> NO				
<input type="checkbox"/> YES	<input type="checkbox"/> NO										
<input type="checkbox"/> YES	<input type="checkbox"/> NO										
38. PERSONAL VEHICLE TO BE SHIPPED		39. TRANSPORTED VEHICLE TO BE USED FOR OPERATIONAL TRAVEL									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> </tr> </table>		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> </tr> </table>		<input type="checkbox"/> YES	<input type="checkbox"/> NO				
<input type="checkbox"/> YES	<input type="checkbox"/> NO										
<input type="checkbox"/> YES	<input type="checkbox"/> NO										
40. IF WITH DEPENDENTS STATE RELATIONSHIP, CITIZENSHIP, AGE AND DATE OF BIRTH											
<p>*Salary includes IPI - 14 July 1968</p> <p><i>Compensation appears wrong (1/11/68) type for this. Reference 2/1/68</i></p>											
41. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH <input checked="" type="checkbox"/> CIA REGULATIONS a/o <input checked="" type="checkbox"/> COVER POLICIES AND PROCEDURES											
<b>SECTION VII OPERATIONAL EXPENSES</b>											
2. PURCHASE OF INFORMATION		43. ENTERTAINMENT									
yes		yes									
		44. OTHER									
		as authorized									
5. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH <input checked="" type="checkbox"/> CIA REGULATIONS a/o <input checked="" type="checkbox"/> COVER POLICIES AND PROCEDURES											

CONTRACT INFORMATION AND CHECK LIST  
(CONTINUED)

TELEPHONE EXTENSION  
11-5 042

DATE  
10 March 1955

NOTE: SEE INSTRUCTIONS ON FIRST SHEET

SECTION VIII OTHER BENEFITS  
49. BENEFITS (See R 20-615, R 20-620, R 20-670, R 20-1000, and HB 20-620-1, HB 20-1000-1 and/or successor regulations for benefits applicable to various categories of contract personnel.)

ALL CAREER AGENT BENEFITS

SECTION IX COVER ACTIVITY  
47. STATUS (Check):  PROPOSED  ESTABLISHED  
48. TYPE (Check):  PROPRIETARY  CULTURAL  COMMERCIAL  TOURIST  
 SUBSIDIZED  EDUCATIONAL  MILITARY  OTHER  
49. IF COVER PAYMENTS ARE CONTEMPLATED, THEY WILL BE EFFECTED ON REIMBURSABLE BASIS  
 YES  NO  COMPLETE  PARTIAL

SECTION X OFFSET OF INCOME  
50. OFFSET OF INCOME AND OTHER EMOLUMENTS DERIVED FROM COVER ACTIVITIES (If less than total, justify in separate memo attached hereto.)  
 TOTAL  PARTIAL  NONE

SECTION XI TERM  
51. DURATION:  DAYS  MONTHS  YEARS  
52. EFFECTIVE DATE: \_\_\_\_\_  
53. RENEWABLE:  YES  NO  
54. TERMINATION NOTICE (Number of days): 90 days  
55. FORFEITURE OF RETURN TRAVEL FOR RESIGNATION PRIOR TO CONTRACT TERMINATION:  YES  NO

SECTION XII FUNCTION  
56. PRIMARY FUNCTION (CI, PI, PP, other): FI

SECTION XIII DUTIES  
57. GENERAL DESCRIPTION OF DUTIES TO BE PERFORMED  
Spotting, assessing, recruitment and handling of agents

SECTION XIV QUALIFICATIONS  
58. EXPERIENCE  
Staff

59. EDUCATION (Check Highest Level Attained)  
GRADE SCHOOL  HIGH SCHOOL GRADUATE  TRADE SCHOOL GRADUATE   
BUSINESS SCHOOL GRADUATE  COMMERCIAL SCHOOL GRADUATE   
COLLEGE (No Degree)  COLLEGE DEGREE  POST GRADUATE  MA  PHD   
60. LANGUAGE COMPETENCY (Check Appropriate Degree Competency)  
LANGUAGE: Spanish  
SPEAK: FLUENT AVERAGE POOR FLUENT AVERAGE POOR  
WRITE: Inter. FLUENT AVERAGE POOR  
READ: High FLUENT AVERAGE POOR  
61. INDIVIDUAL'S COUNTRY OF ORIGIN

62. AREA KNOWLEDGE

SECTION XV EMPLOYMENT PRIOR TO CIA  
63. GIVE INCLUSIVE DATES, POSITION TITLE OR TYPE WORK, SALARY AND REASON FOR LEAVING  
1931-36 State Dept., Mexico - Vice-Consul (Ensonada)  
1938-41 " " " " " (Nazathen)  
1941-44 " " " " " (Guadalajara)  
1944-47 OCS/SSU/CIC, Spain and Guatemala - Chief of Station

SECTION XVI ADDITIONAL INFORMATION  
64. ADDITIONAL OR UNUSUAL REQUIREMENTS, JUSTIFICATIONS OR EXPLANATIONS (Use other side if necessary)

APPROVAL  
DATE: \_\_\_\_\_ TYPED NAME & SIGNATURE OF REQUESTING OPERATING OFFICIAL: C/DO/Pers & Trng DATE: \_\_\_\_\_