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104-10131-10014

MEMORANDUM FOR: Director of Personnel

ATTENTION

: Mrs. Dorothy Turner

Room 5E03

FROM

: Deputy Director of Security (Investigations

and Operational Support)

SUBJECT

#73036 07 (A)

- 1. This is to advise that a CIA Identification Card will be issued in the above captioned alias to an employee of TFW. You are requested to establish an indices card in the above alias in order that the Office of Personnel will be in a position to acknowledge any inquiries that might be received concerning the Subject.
- 2. Upon receipt of any inquiry, you are further requested to promptly acknowledge Agency employment for such individual and then to advise the Chief, Cover Support Section of the Office of Security, extension 6280 or 7380 or in the latters absence, Hr. George Ladner, TFW/Security, extension 6055.

FOR THE DIRECTOR OF SECURITY:

TOS

Victor By Whit

cc: 00/C

KUHNKE/efb

6 November 1962

PENDING M/R: See TFW memorandum dated 5 November 1962 which was concurred in by Moorhouse of CCS with the understanding that I would advise Mr. Bannerman of the action taken and obtain his approval upon the latters return on or about 9 November 1962. An exception was made in this case to the general rule that CIA identification in alias will not be issued integrees. The exception was granted because of the Subject's position and long experience in matters of this nature and due to the fact that it will be strictly controlled and limited to .

assignment which will be directly by Mr. Harvey.

Excluder - Excluder -

P

2/A

| (when Filled in)   |  |   |                              |             |                                  |                 |   | ·                              |  | 0 6        |  |  |
|--|--|---|------------------------------|-------------|----------------------------------|-----------------|---|--------------------------------|--|------------|--|--|
|  |  | THE TOP DEDCOMMENT ACTION                             |                              |             |                                  |                 |   | D                              |  |            |  |  |
| REQUEST FOR PERSONNEL ACTIO  |  |   |                              |             | JN 24                            |                 |   |                                | October 1962                           |            |  |  |
| 1. SERIAL NUMBER 2. NAME (Last-First-Middle)   |  |   |                              |             |                                  |                 |   |                                |  |            |  |  |
| 016229   | SWEMSON, Rerold F.   |   |                              |             |                                  |                 |   |                                |  |            |  |  |
| 3. NATURE OF PERSO   | 4.EFFE   | 4. EFFECTIVE DATE REQUESTED 5. CATEGORY OF EMPLOYMENT |                              |             |                                  |                 |   |                                |  |            |  |  |
| REASSIGNMENT   |  |   |                              |             | DAY                              | YEAR            | RE  | REGULAR                        |  |            |  |  |
|  | V TO V V TO CF   |   |                              | 7. COS      | T CENTER NO.                     |                 | 8. LEGAL AUTHORITY (Completed by Office of Personnel) |                                |  |            |  |  |
| 6. FUNDS   | CF TO V  | X (   | CF TO CF                     |             | 3132-1000-1000                   |                 | 077766 07   | ,,                             |  |            |  |  |
| 9. ORGANIZATIONAL DESIGNATIONS DDP   |  |   |                              |             | 10. LOCATION OF OFFICIAL STATION |                 |   |                                |  |            |  |  |
| Task Force W<br>Office of the Chief  |  |   |                              |             | Washington, D.C.                 |                 |   |                                |  |            |  |  |
| ATTACHE, POL OFF OPS OFF (D BR CH)   |  |   | (D)                          | 12. PC      | 12. POSITION NUMBER              |                 | 13. CAREER SE   | 13. CAREER SERVICE DESIGNATION |  |            |  |  |
| And the first sort,  |  |   |                              |             |                                  |                 | 17  |                                |  |            |  |  |
| FSR<br>GS  | HEDULE (GS, LB, etc.) 15. OCCUPATIONAL SERIES  (15)  (15)    |   |                              |             | 00.º 00º 51<br>15 (2)            | FEP             | 17. SALARY OR RATE<br>12,445                          |                                |  |            |  |  |
| 18. REMARKS  | <del></del>  |   |                              | i           | -                                |                 | 1   | -                              |  |            |  |  |
| From: DDP/WH, Br. 2, BusnosAires, Argentina, #0084  CONCURRENCE Date 19 Approval has been granted for Security Division the USE Concurrence of the |  |   |                              |             |                                  |                 |   |                                |  |            |  |  |
| 1 cy Security  |  |   |                              |             |                                  |                 |   |                                | \$<br>{                                |            |  |  |
| 184. SIGNATURE OF REQUESTING OFFICIAL DATE   |  |   | ATE SIGNED                   | 188. S      | SIGNATURE O                      | ER SERVICE APPR | R SERVICE APPROVING DATE SIGNED                       |                                |  |            |  |  |
| LOUIS W. ARMST   | rrong, c/tfw/1   | ers.  |                              |             |                                  |                 |   |                                |  |            |  |  |
|  | SPACE BELOW  | FOR EXC   | LUSIVE USE                   | OF TI       | HE OFFIC                         | E OF            | PERSONNEL   |                                | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |            |  |  |
|  | ACTION 20. EMPLOY. 21. OFFICE CODING 22.STATION 23. INTEGREE |   |                              | 24. HDOTRS. | 25. DATE OF B                    |                 | 26. DATE OF GRADE                                     |                                |  |            |  |  |
| 1 1  | NUMERIC ALPHABETIC CODE                                      |   | CODE                         | CODE        | MD. DA. YR.                      |                 | MO. DA. YR.   | DA. YR, MO, DA. YR.            |  |            |  |  |
| 28.NTE EXPIRES 29. S   | PECIAL 30. RETIREM   | ENT DATA  | 31. SEPARATION               | 32. CORRECT | ION/CANCELLATI                   | ON DATA         |   | 33. SECUR                      | LTY                                    | 34. SEX    |  |  |
| MO. DA. YR.  | FERENCE  1 - CSC 3 - FICA 5 - NONE                           | CODE  | DATA CODE -                  | TYPE        | MO. DA.                          | YR.             | EOD DATA  | REO. NO.                       |  |            |  |  |
| 35. VET. PREFERENCE 36. S  | ERV. COMP. DATE 37. LON                                      | G. COMP. DATE   | 38. CAREER CAT               | EGORY       | 39. FEGL!                        | / HEALTH        | INSURANCE   | 40. SOC   AL                   | SECUE                                  | RITY NO.   |  |  |
| CODE 0 - NONE MO.<br>1 - 5 PT.<br>2 - 10 PT.   | 0 - NONE MO. DA. YR. MO. DA. YR.                             |   | CAR/RESY<br>PROY/TEMP        | CODE        | <del></del>                      |                 | ALTH INS. CODE  |                                |  |            |  |  |
| 41. PREVIOUS GOVERNMEN   |  |   | 43. F                        | EDERAL TAX  | ERAL TAX DATA 41                 |                 | STATE TAX DATA  |                                |  |            |  |  |
| 0 - NO PREVIOUS 1 - NO BREAK IN 2 - BREAK IN SEI 3 - BREAK IN SEI  |  | CODE  | FORM EXECUTED 1 - YES 2 - NO | CODE        | NO. TAX EXEMPI                   | IONS            | FORM EXECUTED  1 - YES 2 - NO                         |                                | D. TAX                                 | STATE CODE |  |  |
| 45. POSITION CONTRO  | 46. O.P.   | APPROVAL  | <u>.</u>                     |             | D                                | ATE /           | PPROVED   |                                |  |            |  |  |
| GROUP 1 Excluded from submalic   |  |   |                              |             |                                  |                 |   |                                |  | <b>3.</b>  |  |  |
| EXERCISE IN A CONTROL OF THE CONTROL |  |   |                              |             |                                  |                 |   |                                |  | 1          |  |  |