

SECRET

BIOGRAPHIC PROFILE

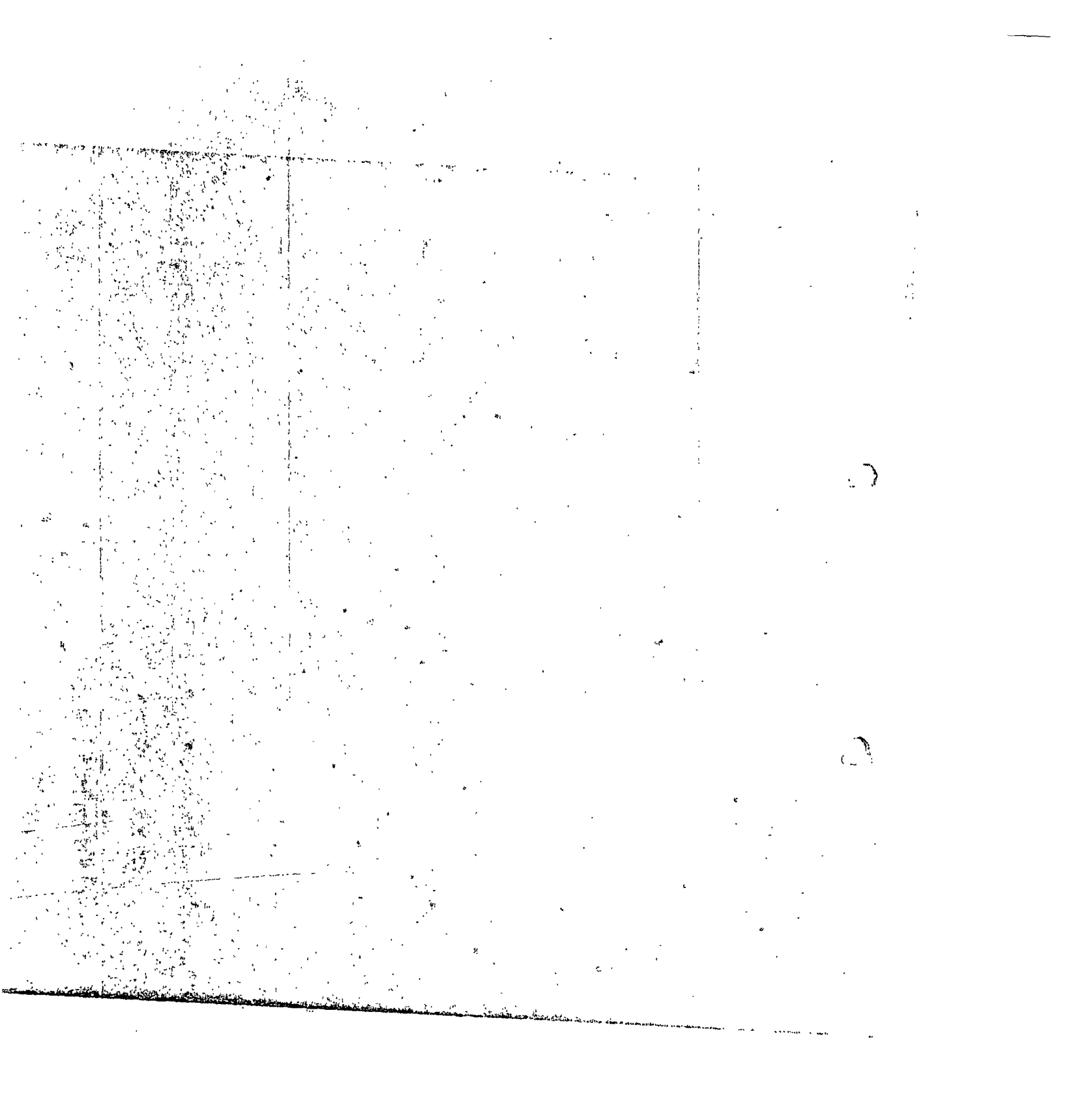
C a r e

W i t h

H a n d l e

REPRODUCTION MASTERS

SECRET



ORIGINAL - Biographic Profile

— see summarized copy in slot

Personnel Actions concerning
period After Mexico City
Assignment

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED 15 June 1964	
1. SERIAL NUMBER 022592		2. NAME (Last-First-Middle) ZAMBERNARDI, Robert			
3. NATURE OF PERSONNEL ACTION TRANSFER TO VOUCHERED FUNDS & REASSIGNMENT			4. EFFECTIVE DATE REQUESTED MONTH 07 DAY 05 YEAR 64		5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS X	V TO V X	CF TO V	V TO CF	7. COST CENTER NO. CHARGE-ABLE 5225-0079	8. LEGAL AUTHORITY (Completed by Office of Personnel) <i>1000</i>
9. ORGANIZATIONAL DESIGNATIONS DDP/TSD OPERATIONAL AIDS PHOTOGRAPHIC OPERATIONS BRANCH AREA DESKS SECTION			10. LOCATION OF OFFICIAL STATION WASHINGTON, D. C.		
11. POSITION TITLE PHOTO GEN			12. POSITION NUMBER 0113		13. CAREER SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 1060.02	16. GRADE AND STEP 10 (3)		17. SALARY OR RATE \$8200
18. REMARKS <div style="display: flex; justify-content: space-between;"> <div> <p>FROM: DDP/TSD FOREIGN FIELD MEXICO CITY</p> <p>Security Approval Granted by Pers. SA/OS <i>6/23/64</i> <i>big 7/1/64</i></p> <p>CC: Security & Vouchered Payroll</p> </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Recorded by CDD <i>DM</i></p> </div> </div>					
18A. SIGNATURE OF REQUESTING OFFICIAL H. LEE OLSON		DATE SIGNED		18B. SIGNATURE OF OFFICER APPROVING <i>H. Lee Olson</i> H. LEE OLSON, TSD/CMO	
DATE SIGNED		DATE SIGNED 6/24/64			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE 16	20. EMPLOY CODE 10	21. OFFICE CODE NUMERIC 41300 ALPHABETIC 72	22. STATION CODE 75013	23. INTEROFF CODE	24. HOST CODE 1
25. DATE OF BIRTH MO DA YR 05 09 135		26. DATE OF GRADE MO DA YR		27. DATE OF LEI MO DA YR	
28. NIE EXPIRES MO DA YR		29. SPECIAL REFERENCE 1 - CSC 2 - FICA 3 - NONE		30. SEPARATION DATA CODE TIME MO DA YR	
31. CORRECTION/CANCELLATION DATA TIME MO DA YR		32. SECURITY REQ. NO.		33. SEX	
34. VET. PREFERENCE CODE 0 - NONE 1 - 5 PT. 2 - 10 PT.		35. SERV. COMP. DATE MO DA YR		36. LONG. LIMP. DATE MO DA YR	
37. CAREER CATEGORY CODE 0 - NAVAL 1 - THE		38. FECLY / HEALTH INSURANCE CODE 0 - NAVAL 1 - THE		39. SOCIAL SECURITY NO.	
40. 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)		41. LEAVE CAT. CODE		42. FEDERAL TAX DATA FORM EX-100 1 - YES 2 - NO	
43. STATE TAX DATA FORM EX-100 1 - YES 2 - NO		44. STATE TAX DATA CODE NO. TAX STATE CODE		45. POSITION CONTROL CERTIFICATION 75013	
46. D.P. APPROVAL <i>H. Lee Olson</i>		DATE APPROVED 6/30/64			

FORM 1152 OBSOLETE PREVIOUS EDITION
1-62 AND FORM 1152A.

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING
AND DECLASSIFICATION

(4)

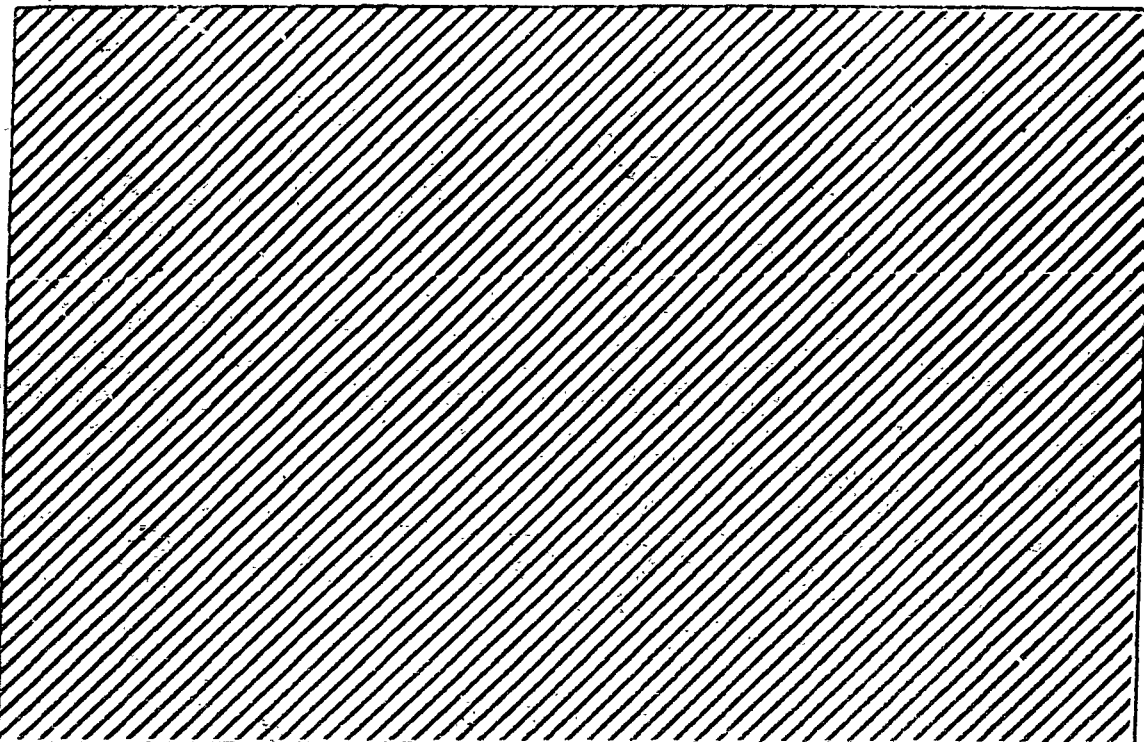
SECRET
(When Filled In)

NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
Zembernardi, Robert M.	Philip Edward - son	64-184
<p>There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on <u>Log burn - 28 December 1963</u></p> <p>This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.</p>		
DATE OF NOTICE	SIGNATURE OF BSC REPRESENTATIVE	
10 FEB 1964	<i>B. Detelice</i>	
NOTICE OF OFFICIAL DISABILITY CLAIM FILE		

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED 2 April 1963	
1. SERIAL NUMBER 022592		2. NAME (Last-First-Middle) ZAMBERNARDI, ROBERT									
3. NATURE OF PERSONNEL ACTION PROMOTION						4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 01 14 63		5. CATEGORY OF EMPLOYMENT REGULAR			
6. FINDS V TO V CP TO V		X		V TO CP CP TO CP		7. COST CENTER NO. CHARGEABLE 3125-5700-3007		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS DDP/TSD Foreign Field Western Hemisphere Mexico						10. LOCATION OF OFFICIAL STATION Mexico City, Mexico					
11. POSITION TITLE IC TECH AIDS						12. POSITION NUMBER 0575		13. CAREER SERVICE DESIGNATION D			
14. CLASSIFICATION SCHEDULE (GS, LR, etc.) GS			15. OCCUPATIONAL SERIES 0136. <i>at 63</i>		16. GRADE AND STEP 10 (2)		17. SALARY OR RATE 7535				
18. REMARKS FED M: GS-9 (2) <i>P.A.</i>											
<div style="float: right; border: 1px solid black; padding: 5px;"> Recorded by CSPD <i>JM</i> </div>											
19A. SIGNATURE OF REQUESTING OFFICIAL JAMES R. SHIELDS				DATE SIGNED		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICIAL JAMES R. SHIELDS, TSD/CMC				DATE SIGNED	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE 22		20. EMP. OF. CODE 10		21. OFFICE CODE 46575 TS		22. STATION CODE 45015		23. INITIALS CODE 3		24. DATE OF BIRTH 05/69/33	
25. RATE EXPIRES NO. DA. YR.		26. SPECIAL REFERENCE 80		27. RETIREMENT DATA 1 - LCC 2 - FICA 3 - NONE		28. SEPARATION DATA CODE 1 - YES 2 - NO		29. CORRECTION/CANCELLATION DATA 1 - YES 2 - NO		30. SOCIAL SECURITY NO.	
31. VET. PREFERENCE 1 - NONE 2 - 10 YR.		32. SERV. COMP. DATE NO. DA. YR.		33. LEAVE COMP. DATE NO. DA. YR.		34. MIL. SERA. PREFERRED 1 - YES 2 - NO		35. FEED. / HEALTH INSURANCE 1 - YES 2 - NO		36. SOCIAL SECURITY NO.	
37. PREVIOUS GOVERNMENT SERVICE DATA CODE 1 - NO PREVIOUS SERVICE 2 - NO BREAK IN SERVICE 3 - BREAK IN SERVICE FEWER THAN 12 MOS. 4 - BREAK IN SERVICE MORE THAN 12 MOS.				38. LEAVE CAT. CODE		39. FEDERAL TAX DATA FORM EXEMPTED CODE 1 - YES 2 - NO		40. STATE TAX DATA FORM EXEMPTED CODE 1 - YES 2 - NO		41. NO. TAX STATE CODE - STATE	
42. POSITION CONTROL CERTIFICATION 5 APR 1963 <i>Paul</i>						43. O.P. APPROVAL <i>Paul C. Williams</i>				DATE APPROVED 5 Apr 63	

SECRET
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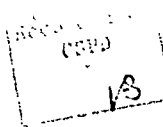
NAME OF EMPLOYEE (Last-First-Middle) <i>Zambernardi, Robert M</i>	NAME AND RELATIONSHIP OF DEPENDENT <i>Paul - son</i>	CLAIM NUMBER <i>63-460</i>
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There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on 22 February 65 *Intestinal disease*.

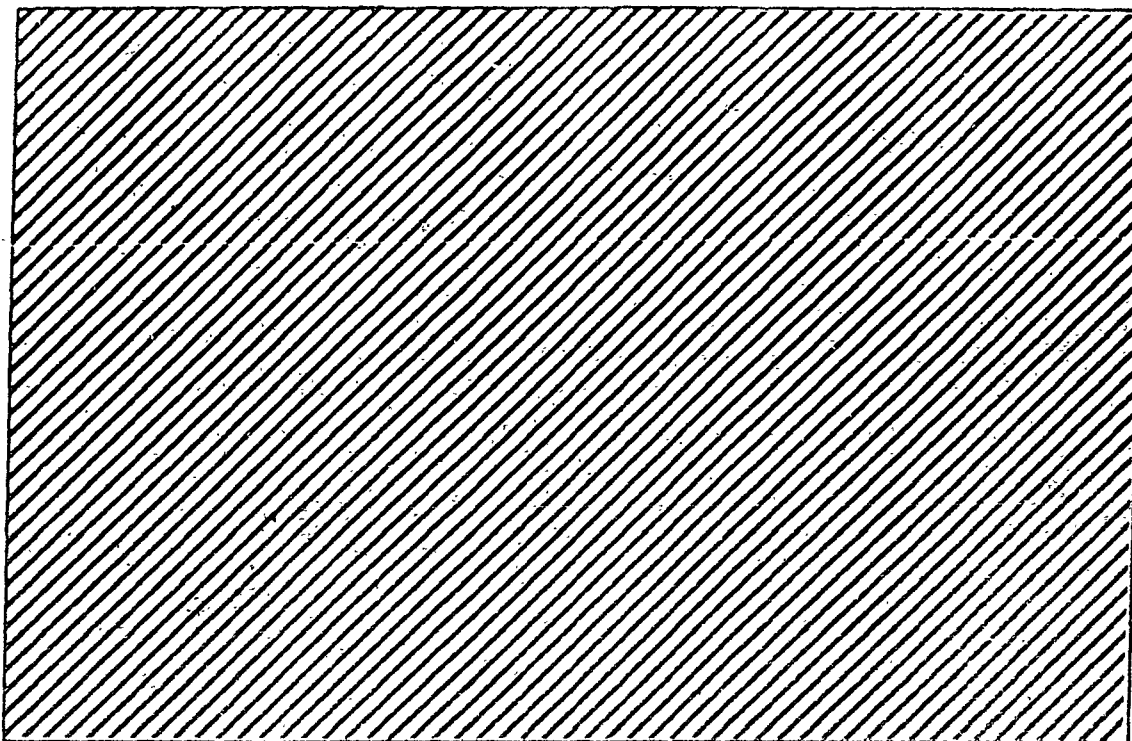
This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

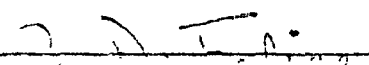
DATE OF NOTICE <i>8 January 1965</i>	SIGNATURE OF BSO REPRESENTATIVE <i>B. De Felice</i>
NOTICE OF OFFICIAL DISABILITY CLAIM FILE	

SECRET
(When Filled In)

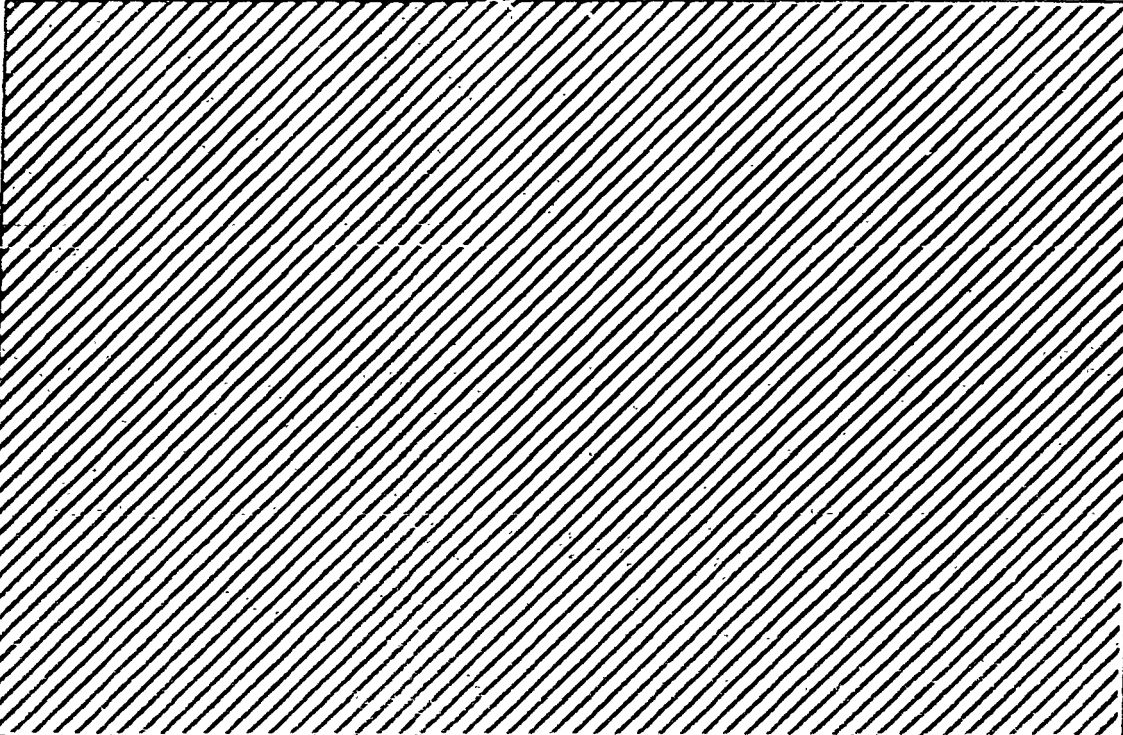
REQUEST FOR PERSONNEL ACTION										DATE PREPARED	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)								16 January 1962	
022592 ✓		ZAMBERNARDI, Robert									
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE REQUESTED			5. CATEGORY OF EMPLOYMENT			
PROMOTION					MO. DAY YEAR 01 21 62			REGULAR XXXXXX			
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
▶		CF TO V		X= CF TO CF		2125-5700-3007					
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION						
DDP/TSD - Foreign Field Western Hemisphere Mexico					Mexico City, Mexico						
11. POSITION TITLE					12. POSITION NUMBER			13. CAREER SERVICE DESIGNATION			
IO TECH AIDS					0575			D			
14. CLASSIFICATION SCHEDULE (GS, LP, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP			17. SALARY OR RATE			
GS			0136.63		# 9 (1)			\$ 6435 ✓			
18. REMARKS											
FROM: GS-8 (1)											
<div align="right">  </div>											
104. SIGNATURE OF REQUESTING OFFICIAL				DATE SIGNED		105. SIGNATURE OF CAREER SERVICE APPROVING OFFICER				DATE SIGNED	
JAMES R. SHIELDS						JAMES R. SHIELDS TSD/CMO					
PLACE BELOW FOR INCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY. CODE	21. OFFICE CODING		22. POSITION CODE	23. INTER. CODE	24. GRADE	25. DATE OF ENTRY	26. DATE OF DEPT.	27. DATE OF LST.		
22	10	46575 TS		45025		3	05/09/55	1/21/62	1/21/62		
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECT. CHANGES, ACTION DATA		33. SECURITY REQ. NO.		34. SEA	
MO. DAY, YR.				1 - CSC 2 - FICA 3 - NONE		FOD DATA →					
35. JET. PREFERENCE		36. SERV. COMP. DATE		37. LONG. COMP. DATE	38. MIL. SERV. CODE	39. FEQS / HEALTH INSURANCE		40. SOCIAL SECURITY NO.			
CODE 1 - NONE 2 - 5 PT 3 - 10 PT		MO. DAY, YR.		MO. DAY, YR.	1 - YES 2 - NO	CODE 1 - YES 2 - NO					
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT. CODE	43. FEDERAL TAX DATA		44. STATE TAX DATA				
CODE 1 - NO PREVIOUS SERVICE 2 - NO BREAK IN SERVICE 3 - BREAK IN SERVICE (LESS THAN 12 MOS) 4 - BREAK IN SERVICE (MORE THAN 12 MOS)					FEDERAL TAX DATA 1 - YES 2 - NO		STATE TAX DATA 1 - YES 2 - NO				
45. POSITION CONTROL CERTIFICATION					46. G.P. APPROVAL			DATE APPROVED			
MP 1-29-62					[Signature]			1/27/62			

SECRET
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle) ZAMBERNARDI, Robert	NAME AND RELATIONSHIP OF DEPENDENT* Wife - Martha Cecilia	CLAIM NUMBER 61-286
<p>There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on <u>3 March 1961</u> - <u>Leiomia of Uterus</u></p> <p>This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.</p>		
DATE OF NOTICE ...	SIGNATURE OF BSO REPRESENTATIVE 	
<p align="center">NOTICE OF OFFICIAL DISABILITY CLAIM FILE</p>		

SECRET
(When Filled In)

		
NAME OF EMPLOYEE (LAST-FIRST-MIDDLE)	DEPENDENT	CASE OR CLAIM NUMBER
Earnhardt, Robert M.	Wife Martha	55-226
<p>There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on <u>16 February 1960</u>.</p> <p>This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.</p>		
DATE OF NOTICE	SIGNATURE OF REPRESENTATIVE	
8 April 1960	12. De Felice	
NOTICE C OFFICIAL DISABILITY CLAIM FILE		

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED 15 Dec 1960																																																																																																																																																																																																																																																																																																																																																																									
1. SERIAL NUMBER 522592		2. NAME (Last-First-Middle) ZAMBERNARDI, Robert																																																																																																																																																																																																																																																																																																																																																																											
3. NATURE OF PERSONNEL ACTION PROMOTION			4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 12 25 60		5. CATEGORY OF EMPLOYMENT REGULAR																																																																																																																																																																																																																																																																																																																																																																								
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9. ORGANIZATIONAL DESIGNATIONS DDP/TSD Western Hemisphere MEXICO			10. LOCATION OF OFFICIAL STATION Mexico, City, Mexico																																																																																																																																																																																																																																																																																																																																																																										
11. POSITION TITLE IO TECH AIDS			12. POSITION NUMBER 575	12a. PCR CONTROL NO.	13. CAREER SERVICE DESIGNATION DS																																																																																																																																																																																																																																																																																																																																																																								
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DATE OF ACTION																				55. DATE OF ACTION		56. DATE OF ACTION		57. DATE OF ACTION		58. DATE OF ACTION		59. DATE OF ACTION		60. DATE OF ACTION		61. DATE OF ACTION		62. DATE OF ACTION		63. DATE OF ACTION																				64. DATE OF ACTION		65. DATE OF ACTION		66. DATE OF ACTION		67. DATE OF ACTION		68. DATE OF ACTION		69. DATE OF ACTION		70. DATE OF ACTION		71. DATE OF ACTION		72. DATE OF ACTION																				73. DATE OF ACTION		74. DATE OF ACTION		75. DATE OF ACTION		76. DATE OF ACTION		77. DATE OF ACTION		78. DATE OF ACTION		79. DATE OF ACTION		80. DATE OF ACTION		81. DATE OF ACTION																				82. DATE OF ACTION		83. DATE OF ACTION		84. DATE OF ACTION		85. DATE OF ACTION		86. DATE OF ACTION		87. DATE OF ACTION		88. DATE OF ACTION		89. DATE OF ACTION		90. DATE OF ACTION																				91. DATE OF ACTION		92. DATE OF ACTION		93. DATE OF ACTION		94. DATE OF ACTION		95. DATE OF ACTION		96. DATE OF ACTION		97. DATE OF ACTION		98. DATE OF ACTION		99. DATE OF ACTION																				100. DATE OF ACTION		101. DATE OF ACTION		102. DATE OF ACTION		103. DATE OF ACTION		104. DATE OF ACTION		105. DATE OF ACTION		106. DATE OF ACTION		107. DATE OF ACTION		108. DATE OF ACTION																			
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODE		22. STATION CODE		23. QUAL. NO. SER.		24. PROMOTE		25. DATE OF ACTION		26. DATE OF ACTION		27. DATE OF ACTION																																																																																																																																																																																																																																																																																																																																																													
28. DATE OF ACTION		29. DATE OF ACTION		30. DATE OF ACTION		31. DATE OF ACTION		32. DATE OF ACTION		33. DATE OF ACTION		34. DATE OF ACTION		35. DATE OF ACTION		36. DATE OF ACTION																																																																																																																																																																																																																																																																																																																																																													
37. DATE OF ACTION		38. DATE OF ACTION		39. DATE OF ACTION		40. DATE OF ACTION		41. DATE OF ACTION		42. DATE OF ACTION		43. DATE OF ACTION		44. DATE OF ACTION		45. DATE OF ACTION																																																																																																																																																																																																																																																																																																																																																													
46. DATE OF ACTION		47. DATE OF ACTION		48. DATE OF ACTION		49. DATE OF ACTION		50. DATE OF ACTION		51. DATE OF ACTION		52. DATE OF ACTION		53. DATE OF ACTION		54. DATE OF ACTION																																																																																																																																																																																																																																																																																																																																																													
55. DATE OF ACTION		56. DATE OF ACTION		57. DATE OF ACTION		58. DATE OF ACTION		59. DATE OF ACTION		60. DATE OF ACTION		61. DATE OF ACTION		62. DATE OF ACTION		63. DATE OF ACTION																																																																																																																																																																																																																																																																																																																																																													
64. DATE OF ACTION		65. DATE OF ACTION		66. DATE OF ACTION		67. DATE OF ACTION		68. DATE OF ACTION		69. DATE OF ACTION		70. DATE OF ACTION		71. DATE OF ACTION		72. DATE OF ACTION																																																																																																																																																																																																																																																																																																																																																													
73. DATE OF ACTION		74. DATE OF ACTION		75. DATE OF ACTION		76. DATE OF ACTION		77. DATE OF ACTION		78. DATE OF ACTION		79. DATE OF ACTION		80. DATE OF ACTION		81. DATE OF ACTION																																																																																																																																																																																																																																																																																																																																																													
82. DATE OF ACTION		83. DATE OF ACTION		84. DATE OF ACTION		85. DATE OF ACTION		86. DATE OF ACTION		87. DATE OF ACTION		88. DATE OF ACTION		89. DATE OF ACTION		90. DATE OF ACTION																																																																																																																																																																																																																																																																																																																																																													
91. DATE OF ACTION		92. DATE OF ACTION		93. DATE OF ACTION		94. DATE OF ACTION		95. DATE OF ACTION		96. DATE OF ACTION		97. DATE OF ACTION		98. DATE OF ACTION		99. DATE OF ACTION																																																																																																																																																																																																																																																																																																																																																													
100. DATE OF ACTION		101. DATE OF ACTION		102. DATE OF ACTION		103. DATE OF ACTION		104. DATE OF ACTION		105. DATE OF ACTION		106. DATE OF ACTION		107. DATE OF ACTION		108. DATE OF ACTION																																																																																																																																																																																																																																																																																																																																																													
49. POSITION CONTROL CERTIFICATION 12-21-60																																																																																																																																																																																																																																																																																																																																																																													
49b. D.P.R. APPROVAL 																																																																																																																																																																																																																																																																																																																																																																													

Personnel Actions Committee
Room 7F, Government Mexico City

SECRET

NOTIFICATION OF ESTABLISHMENT OF MILITARY COVER BACKSTOP		DATE 19 August 1965
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, PERSONNEL OPERATIONS DIVISION	ESTABLISHED FOR ZAMBERNARDI, Robert M.
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) TSD	
ATTN:	Personnel	FILE NO. 4054
REF:	Resignee Backstop debriefing	ID CARD NO.
MILITARY COVER BACKSTOP ESTABLISHED Technical Services Group, Provisional		EMPLOYEE NO.

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

☒ Block Records:
(OPMEMO 20-800-11) Resignation effective 20 Aug 65

a. Temporarily for _____ days, effective _____

b. Continuing, effective EOD Jul 56

☐ NA Submit Form 642 to change limitation category.
(HMB 20-7)

☐ NA Ascertain that Army W-2 being issued.
(HB 20-561-1)

☐ NA Submit Form 1322 for any change affecting this cover.
(R 240-310)

☐ NA Submit Form 1323 for transferring cover responsibility.
(R 240-350)

☒ Remarks:

☒ Cover Hist

Forwarding Address:
c/o American Embassy
Mexico City, Mexico
Employment Address:
Unknown

Signature: *James J. Tranter*
NM/ol CHIEF, MILITARY COVER ECG

DESTRUCTION: Copy 1-PDD, Copy 2-Operating Component, Copy 3-OS D OS, Copy 4-UL/TELE, Copy 5-PDD/OS, Copy 6-File

FORM 1551
6-64 1551

SECRET

(13-10-43)

SECRET
(When Filled In)

N.M. 25 AUG 65

NOTIFICATION OF PERSONNEL ACTION											
OEF											
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)									
022592		ZAMBERNARDI ROBERT									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
RESIGNATION						08 20 65		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		6125 0079 0000					
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP/TSD OPERATIONAL AIDS PHOTO OPERATIONS BRANCH AREA DESKS SECTION						WASH., D. C.					
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
PHOTO GEN						0113		D			
14. CLASSIFICATION SCHEDULE (GS, LO, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				1060.02		11 3		9240			
18. REMARKS											
COMMUNICATIONS - C/O AMERICAN EMBASSY MEXICO D.F. MEXICO CHECKS, BONDS - UNION TRUST COMPANY, 1500 H ST. NW WASHINGTON, D. C.											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INITIATES CODE		24. HOURS CODE	
45		10		NUMERIC ALPHABETIC						25. DATE OF BIRTH	
										05 09 35	
26. HONORARIES		27. SPECIAL REFERENCE		28. RETIREMENT DATA		29. SEPARATION DATA CODE		30. CANCELLATION DATA		31. SECURITY RISK NO.	
NO DA TR				1. YES 2. NO		3. YES 4. NO		1. YES 2. NO		32. SEX	
						33. SOCIAL SECURITY NO.					
33. NET PREFERENCE		34. SERV COMP DATE		35. LONG COMP DATE		36. CENTER CATEGORY		37. PEGIT / HEALTH INSURANCE		38. SOCIAL SECURITY NO.	
CODE 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00		NO DA TR		NO DA TR		CODE 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00		CODE 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00		CODE 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00	
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA	
1. NO PREVIOUS SERVICE 2. DO BREAK IN SERVICE 3. BREAK IN SERVICE (LESS THAN 1 YEAR) 4. BREAK IN SERVICE (MORE THAN 1 YEAR)				CODE 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00		1. YES 2. NO				1. YES 2. NO	
SIGNATURE OR OTHER AUTHENTICATION											
[Signature]											

FORM 1150
11-65

Use Previous
Edition

SECRET

GROUP 1
(Excluded from automatic
downgrading and
declassification)

1-14-65
(When Filled In)

1. Serial No.	2. Name		3. Cost Center Number		4. LWOP Hours
022592	ZAMBERNARDI ROBERT		41 575 CF		
5. OLD SALARY RATE			6. NEW SALARY RATE		7. TYPE ACTION
Grade	Step	Salary	Effective Date	PSI	LSI
GS 10	2	\$ 7,945	04/14/63	GS 10	3
				\$ 8,200	04/12/64
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: <i>E. E. Miller</i>			DATE: <i>6 March 1964</i>		
PAY CHANGE NOTIFICATION					

Form 560

Obsolete Previous Edition

(431)

SECRET
(When Filled In)

ARM: 15 APR 63

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)							
022502		ZAMBERNARDI ROBERT							
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT		
PROMOTION (CORRECTION)					04/11/63		REGULAR		
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO (CHARGEABLE)		8. GIC OR OTHER LEGAL AUTHORITY	
CF TO V		X		CF TO CF		3125 5700 3007		50 USC 403	
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION				
DDP TSD FOREIGN FIELD WESTERN HEMISPHERE MEXICO					MEXICO CITY, MEXICO				
11. POSITION TITLE					12. POSITION NUMBER		13. SERVICE DESIGNATION		
10 TECH AIDS					0575		D		
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE		
GS			0136.63		10 2		7535		
18. REMARKS									
THIS CORRECTS FORM 1150, EFFECTIVE 04/11/63, ITEM #15, OCCUPATIONAL SERIES, WHICH READ "0136.01" TO READ "0136.63."									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE		20. OFFICE CODING		21. STATION CODE		22. INTEROFFICE CODE		23. DATE OF BIRTH	
		ALPHABETIC						MO DA YA	
								04 11 63	
24. HOURS CODE		25. DATE OF GRADE		26. DATE OF LEE		27. SECURITY REQ NO		28. SEX	
		MO DA YA		MO DA YA					
29. NTE EMPLOY		30. SPECIAL REFERENCE		31. RETIREMENT DATA		32. CORRECTION/CANCELLATION DATA		33. SOCIAL SECURITY NO	
MO DA YA				CODE		TYPE MO DA YA			
34. VET PREFERENCE		35. SERV COMP DATE		36. LONG COMP DATE		37. EARLIER CATEGORY		38. FEEDBACK/HEALTH INSURANCE	
CODE		MO DA YA		MO DA YA		CODE		CODE	
39. PREVIOUS GOVERNMENT SERVICE DATA		40. LEAVE CAT		41. FEDERAL TAX DATA		42. STATE TAX DATA		43. SOCIAL SECURITY NO	
CODE		CODE		CODE		CODE		CODE	
SIGNATURE OR OTHER AUTHENTICATION									
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED 15 APR 1963 <i>Lab</i> </div>									

FORM 1150-1 15 APR 1963
1150-1 15 APR 1963

1150-1 Previous Edition

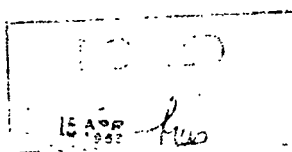
SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC
DOWNGRADING AND
DECLASSIFICATION

(When Filled In)

SECRET
(When Filled In)

APM: 11 APR 63

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)									
022592		ZAMBERNARDI ROBERT									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
PROMOTION						MO. DA. YR. 04 14 63		REGULAR			
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY			
CF TO V		X		CF TO CF		3125 5700 3007		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP TSO FOREIGN FIELD WESTERN HEMISPHERE MEXICO						MEXICO CITY, MEXICO					
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
10 TECH AIDS						0575		D			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0130.01		10 2		7535			
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. INTERPRET CODE	24. HEIGHT CODE	25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LST
22	10	NUMERIC 46-075	ALPHABETIC TS	46075		3	MO. DA. YR. 05 14 63	MO. DA. YR. 04 14 63	MO. DA. YR. 04 14 63		
28. NTE EXPIRY		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY	
MO. DA. YR.		MO. DA. YR.		1. CSC 2. PICA 3. OTHER		TYPE		MO. DA. YR.		24 MO	
								EOD DATA			
34. VET. PREFERENCE		35. SERV. COMP. DATE		36. LONG. COMP. DATE		37. CAREER CATEGORY		38. FEGLI / HEALTH INSURANCE		39. SOCIAL SECURITY NO.	
COFF		MO. DA. YR.		MO. DA. YR.		CODE		CODE		CODE	
1. NONE 2. TO PT						1. YES 2. NO		1. YES 2. NO			
40. PREVIOUS GOVERNMENT SERVICE DATA				41. LEAVE CAT.				42. FEDERAL TAX DATA			
CODE				CODE				CODE			
1. NO PREVIOUS SERVICE 2. BORN IN SERVICE 3. BORN IN SERVICE (1955-1962) 4. BORN IN SERVICE (1963-1964)				1. YES 2. NO				1. YES 2. NO			
SIGNATURE OR OTHER AUTHENTICATION											
<div style="text-align: right;">  15 APR 1963 </div>											

FORM 1150

11 52

 Use Previous
Edition
11 APR 1963

SECRET

 (When Filled In)
 (When Filled In)
 (When Filled In)

(When Filled In)

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI
MEMORANDUM DATED 1 AUGUST 1966, SALARY IS ADJUSTED AS FOLLOWS,
EFFECTIVE 9 JANUARY 1969.

NAME	SERIAL	ORGN	FUNDS	GH-ST	OLD SALARY	NEW SALARY
ZAMBERNARDI ROBERT	022592	41	575	CF GS 10 2	\$ 7,535	\$ 7,945

BWS: 19 JAN 62

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
022592		ZAMBERNARDI ROBERT									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
PROMOTION						01 21 62		REGULAR			
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. (CHARGEABLE)		8. CSC OR OTHER LEGAL AUTHORITY			
CF TO V		X		CF TO CF		2125 5700 3007		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP 7SD FOREIGN FIELD WESTERN HEMISPHERE MEXICO						MEXICO CITY, MEXICO					
11. POSITION TITLE						12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION			
10 TECH AIDS						0575		D			
14. CLASSIFICATION SCHEDULE (GS, LS, etc.)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP			17. SALARY OR RATE		
GS			0136.01			09 1			6435		
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. HOURS CODE	25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LFI
22	10	H5575 TS		45075		3	05 09 35		01 21 62		01 21 62
28. HTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION-CANCELLATION DATA		33. SECURITY REQ NO	
								EOD DATA			
35. VET PREFERENCE		36. LEAVE CLMP DATE		37. LONG CLMP DATE		38. MIL SERV CREDIT/CD		39. FECLT / 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											
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED 1/25/62 OM </div>											

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-703 AND
 DCI MEMORANDUM DATED 1 AUGUST 1955, SALARY IS ADJUSTED AS FOLLOWS,
 EFFECTIVE 10 OCTOBER 1962

NAME SERIAL ORGN FUNDS OLD OLD NEW NEW
 GR-ST SALARY GR-ST SALARY
 ZAMBERNARDI ROBERT 022592 46375 CF 09 1 \$ 6435 09 1 \$ 6675

1. Serial No		2. Name		3. Cost Center Number		4. LWOP Hours	
022592		ZAMBERNARDI ROBERT		46 375 CF 10			
5. OLD SALARY RATE				6. NEW SALARY RATE			
Grade	Step	Salary	Last Eff Date	Grade	Step	Salary	Effective Date
GS 09	15	6,675	01/21/62	GS 09	23	6,900	01/20/63
7. TYPE ACTION							
PSI LSI ADJ							
8. Remarks and Authentication / / NO EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD / / LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS AUDITED BY I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE. SIGNATURE: [Signature] DATE [Date] PAY CHANGE NOTIFICATION							

Form 560

Obsolete Previous Edition

(4-51)

SECRET
 (When Filled In)

1. Serial No		2. Name		3. Cost Center Number		4. LWOP Hours	
22592		ZAMBERNARDI ROBERT		09/150 10 UV			
5. OLD SALARY RATE				6. NEW SALARY RATE			
Grade	Step	Salary	Last Eff Date	Grade	Step	Salary	Effective Date
GS 08	1	5,885	12/25/61	GS 08	2	6,050	12/24/61
7. TYPE ACTION							
PSI LSI ADJ							
8. Remarks and Authentication / / IN LWOP STATUS AT END OF WAITING PERIOD / / NO EXCESS LWOP / / IN PAY STATUS PAY CHANGE NOTIFICATION							

Form 560

Obsolete Previous Edition

SECRET

(4-51)

BLT: 23 DEC 1960

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)									
022592		ZAMBERNARDI ROBERT									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE			5. CATEGORY OF EMPLOYMENT		
PROMOTION						MO DA YR 12 25 60			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			1125 5700 3007 50 USC 403 d		
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP TSO WESTERN HEMISPHERE MEXICO						MEXICO CITY, MEXICO					
11. POSITION TITLE						12. POSITION NUMBER			13. CAREER SERVICE DESIGNATION		
10 TECH AIDS						0575			D		
14. CLASSIFICATION SCHEDULE (GS, WD, etc)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP			17. SALARY OR RATE		
by				0136.63		08 1			585		
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. Hdqtrs. Code	25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI
22	10	46575 TS		45075		3	MO DA YR 05 09 35		MO DA YR 12 25 60		MO DA YR 12 25 60
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY RLO NO.	
NO DA YR				1. CML 2. FICA 3. NONE		CODE		TYPE NO. DA YR		EOD DATA	
35. VET PREFERENCE		36. SERV COMP DATE		37. LONG. COMP DATE		38. MIL. SERV. CREDIT/LEO		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.	
CODE 0 - NONE 1 - 5 YR 2 - 10 YR		MO DA YR		MO 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 EXEMPTIONS		
						1 - YES 2 - NO			1 - YES 2 - NO		
SIGNATURE OR OTHER AUTHENTICATION											
<div style="border: 1px solid black; padding: 10px; display: inline-block;"> POSTED <i>[Signature]</i> 7/20/62-61 </div>											

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

AES: 17 APRIL 1959

1. Serial No.		2. Name (Last-First-Middle)		3. Date Of Birth		4. Vol. Prof.		5. Sex		6. CS - FOD	
522592		ZAMBERNARDI ROBERT		Mo. Da. Yr. 05 05 35		None-0 5 Pt-1 10 Pt-2		1 M 1		Mo. Da. Yr. 07 30 56	
7. SCD		8. CSC Retmt.		9. CSC Or Other Legal Authority		10. Apmt. Affidiv		11. FEGLI		12. TCD	
Mo. Da. Yr. 08 02 54		Yes-1 No-2		Code 1		50 USCA 403 J		Mo. Da. Yr. 07 30 56		Yes-1 No-2	

PREVIOUS ASSIGNMENT

14. Organizational Designations		Code		15. Location Of Official Station		Station Code	
DDP TSS TECHNICAL AIDS PHOTOGRAPHIC DIV OPERATIONAL PHOTOGRAPHY BR		4448		WASH.D.C.		75013	
16. Dept. - Field		17. Position Title		18. Position Flg.		19. Serv.	
Dept - 1 USfld - 3 Frqn - 5		2		PHOTOG GEN		0513	
20. Occup. Series		21. Grade & Step		22. Salary Or Rate		23. SD	
1060.02		07 1		\$ 4980		DT	
24. Date Of Grade		25. Pst Due		26. Appropriation Number			
Mo. Da. Yr. 12 28 58		Mo. Da. Yr. 12 27 59		9 2500 25 007			

ACTION

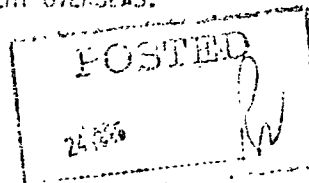
27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
REASSIGNMENT & TRANSFER TO CONFIDENTIAL FUNDS*		05		04 19 59		REGULAR		01			

PRESENT ASSIGNMENT

31. Organizational Designations		Code		32. Location Of Official Station		Station Code	
DDP TSS FOREIGN FIELD WESTERN HEMISPHERE MEXICO		4455		MEXICO		45000	
33. Dept. - Field		34. Position Title		35. Position Flg.		36. Serv.	
Dept - 1 USfld - 3 Frqn - 5		5		10 TECH AIDS		0575	
37. Occup. Series		38. Grade & Step		39. Salary Or Rate		40. SD	
0136.63		07 1		\$ 4980		DT	
41. Date Of Grade		42. Pst Due		43. Appropriation Number			
Mo. Da. Yr. 12 28 58		Mo. Da. Yr. 12 27 59		9 2500 25 007			

44. Remarks

*SUBJECT TO APPROVED MEDICAL CLEARANCE PRIOR TO BEING SENT OVERSEAS.



NOV
1961SECRET
(When Filled In)

FITNESS REPORT

EMPLOYEE SERIAL NUMBER
22592

SECTION A

GENERAL

1. NAME (Last) (First) (Middle) ZAMBERNARDI, Robert M.		2. DATE OF BIRTH 9 May 1935	3. SER M	4. GRADE GS-8
5. SERVICE DESIGNATION KURIOT	6. OFFICIAL POSITION TITLE IO TECH AIDS		7. OFF/DIV/BR OF ASSIGNMENT WH/III/MEXI	
8. CAREER STAFF STATUS			9. TYPE OF REPORT	
<input type="checkbox"/> NOT ELIGIBLE <input checked="" type="checkbox"/> MEMBER <input type="checkbox"/> DECLINED <input type="checkbox"/> DENIED			<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT/SUPERVISOR <input type="checkbox"/> REASSIGNMENT/EMPLOYEE	
10. DATE REPORT DUE IN O.P. 31 AUGUST 1961		11. REPORTING PERIOD From 7/1/60 - To 6/30/61		

SECTION B

EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES

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

1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior	7 - Outstanding
		RATING NO. 6				RATING NO. 5
		RATING NO. 5				RATING NO. 5
		RATING NO. 6	SPECIFIC DUTY NO. 6			RATING NO.

SECTION C

EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION

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

- 1 - Performance in many important respects falls to meet requirements.
- 2 - Performance meets most requirements but is deficient in one or more important respects.
- 3 - Performance clearly meets basic requirements.
- 4 - Performance clearly exceeds basic requirements.
- 5 - Performance in every important respect is superior.
- 6 - Performance in every respect is outstanding.

RATING NO.
5

SECTION D

DESCRIPTION OF THE EMPLOYEE

In the rating boxes below, check (X) the degree to which each characteristic applies to the employee

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

SEE SECTION "E" ON REVERSE SIDE

SECRET

(When Filled In)

OFFICE OF PERSONNEL

SECTION E

NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made 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 as basis for determining future personnel actions.

This officer is willing, and has become much more effective and sure of himself during the past year. He is an excellent photographer and this with his increasing resourcefulness in support of operations, has resulted in some unusually good work of the ops support type.

This officer has a pleasant personality, is well liked, gets along well with his fellow employees, works overtime without question, and is well adjusted to overseas life in Mexico. The Station is very pleased to have him for another tour as he is most definitely a part of our operational capabilities.

~~XXXXXX~~ was commended by COS, Mexico in January 1961 and a review of this file should include a review of HMT-1798 dated 12 January 1961.

SECTION F

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

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

DATE

13 September 1961

SIGNATURE OF EMPLOYEE

/s/ Robert M. Zambernardi

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

12 months

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

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

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE

13 September 1961

OFFICIAL TITLE OF SUPERVISOR

Deputy Chief of Station

TYPED OR PRINTED NAME AND SIGNATURE

/s/ in pseudo

3.

BY REVIEWING OFFICIAL

I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

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

COMMENTS OF REVIEWING OFFICIAL

DATE

13 September 1961

OFFICIAL TITLE OF REVIEWING OFFICIAL

Chief of Station

TYPED OR PRINTED NAME AND SIGNATURE

/s/ in pseudo

SECRET

14-00000

Fitness Reports for period After, and
Personnel Actions for period prior to —
Assignment Mexico City

SECRET
(When Filled In)

<div style="display: flex; justify-content: space-between;"> <div> FITNESS REPORT <small>29 DEC 1965</small> </div> <div> EMPLOYEE SERIAL NUMBER 22592 </div> </div>				
SECTION A GENERAL				
1. NAME (Last) ZAMBERNARDI (First) Robert (Middle)		2. DATE OF BIRTH 9 May 1935	3. SEX N	
4. GRADE GS-7		5. OFF/DIV/BR OF ASSIGNMENT KURIOT/Mexico		
6. SERVICE DESIGNATION KURIOT		7. OFFICIAL POSITION TITLE IO TECH AIDS		
8. CAREER STAFF STATUS		9. TYPE OF REPORT		
<input type="checkbox"/> NOT ELIGIBLE <input type="checkbox"/> MEMBER <input type="checkbox"/> DEFERRED <input type="checkbox"/> PENDING <input type="checkbox"/> DECLINED <input type="checkbox"/> DENIED		<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT/SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT/EMPLOYEE		
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD From To SPECIAL (Specify)		
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				
		RATING NO. 5	RATING NO. 4	
		RATING NO. 6	RATING NO. 4	
		RATING NO. 5	RATING NO. 6	
SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION				
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.				
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.			RATING NO. 4	
SECTION D DESCRIPTION OF THE EMPLOYEE				
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee				
1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree
CHARACTERISTICS		NOT APPLICABLE	NOT OBSERVED	RATING
				1 2 3 4 5
GETS THINGS DONE				
RESOURCEFUL				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

19601/229

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 basis for determining future personnel actions.

This young officer is conscientious and willing. He is an excellent photographer and fulfills duties related to photography (which is his principal duty) in completely satisfactory fashion.

He is willing to take on any assignments given him; is willing to put in any amount of overtime needed to get assignments completed within the prescribed time.

Oct 20 11 04 AM '60
MAIL ROOM

SECTION F CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I certify that I have seen Sections A, B, C, D and E of this Report.		
DATE	SIGNATURE OF EMPLOYEE	
27 Oct 1960	Subject signed form 45a in pseudo.	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.		
EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS	REPORT MADE WITHIN LAST 90 DAYS	
OTHER (Specify):		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
27 Oct 1960		Winston Scott
3. BY REVIEWING OFFICIAL		
I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.		
I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.		
I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.		
I CANNOT JUDGE THESE EVALUATIONS: I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.		
COMMENTS OF REVIEWING OFFICIAL		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE

SECRET

SECRET
(When Filled In)

13 AUG 1959

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 122592	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle) ZAMBERNARDI Robert M.		2. DATE OF BIRTH 9 May 1935		3. SEX M	4. GRADE GS-7
5. SERVICE DESIGNATION DT		6. OFFICIAL POSITION TITLE PHOTOG GEN		7. OFF/DIV/BR OF ASSIGNMENT DDP/TSS/TA/PSD	
8. CAREER STAFF STATUS			9. TYPE OF REPORT		
<input type="checkbox"/> NOT ELIGIBLE <input type="checkbox"/> MEMBER <input type="checkbox"/> DEFERRED			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT/SUPERVISOR		
<input checked="" type="checkbox"/> PENDING <input type="checkbox"/> DECLINED <input type="checkbox"/> DENIED			<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT/EMPLOYEE		
10. DATE REPORT DUE IN O.P. 30 June 1959		11. REPORTING PERIOD Dec 1958 to Jun 1959			
SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior
7 - Outstanding					
	ATING NO. 3				ATING NO. 4
	ATING NO. 4				ATING NO. 5
	ATING NO. 4				ATING NO. 3
SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.					
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.					RATING NO. 4
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					XX
RESOURCEFUL					XX
ACCEPTS RESPONSIBILITIES					XX
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES					XX
DOES HIS JOB WITHOUT STRONG SUPPORT					XX
FACILITATES SMOOTH OPERATION OF HIS OFFICE					XX
WRITES EFFECTIVELY			XX		
SECURITY CONSCIOUS					XX
THINKS CLEARLY					XX
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS			XX		
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.

SUBJECT'S KNOWLEDGE OF PHOTOGRAPHY IS INCREASING AT A STEADY PACE. HE IS VERY ATTENTIVE TO HIS ON-THE-JOB TRAINING AND APPLIES IT VERY WELL. CONSIDERABLE INITIATIVE HAS BEEN SHOWN BY LEARNING NEW METHODS AND TECHNIQUES. THIS IS PARTLY DUE TO THE CORRESPONDENCE COURSE, IN PHOTOGRAPHY, IN WHICH HE IS CURRENTLY ENGAGED.

SUBJECT LACKS SOME CONFIDENCE IN HIS ABILITY TO PRODUCE PHOTOGRAPHIC PRINTS, HOWEVER, IT IS FELT BY THE RATER THAT THIS IS DUE TO HIS LIMITED EXPERIENCE IN DARKROOM TECHNIQUES AND PROCEDURES. THE RATER FEELS CONFIDENT THAT SUBJECT WILL OVERCOME THIS LACK OF CONFIDENCE SOON.

SECTION F CERTIFICATION AND COMMENTS**1. BY EMPLOYEE**

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

DATE SIGNATURE OF EMPLOYEE

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

12

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

SUBJECT LEFT PCS, MEXICO CITY JUNE 20, 1959.

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

25 JUNE 1959

C/TSS/PSD/OSL

3. BY REVIEWING OFFICIAL

☒ I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

☐ I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

☐ I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

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

COMMENTS OF REVIEWING OFFICIAL

DATE OFFICIAL TITLE OF REVIEWING OFFICIAL

25 JUNE 1959

I. O. TECH. AIDS

URE

SECRET

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 122592				
SECTION A GENERAL								
1. NAME (Last) (First) (Middle) ZAMBERNARDI Robert			2. DATE OF BIRTH 5 Sept 1935		3. SEX M			
4. GRADE GS-5			5. OFF/DIV/BR OF ASSIGNMENT DDP/TSS/TA/PD					
6. SERVICE DESIGNATION DT		7. OFFICIAL POSITION TITLE PHOTOG GEN		8. TYPE OF REPORT				
<input checked="" type="checkbox"/> NOT ELIGIBLE <input type="checkbox"/> MEMBER <input type="checkbox"/> DEFERRED <input type="checkbox"/> PENDING <input type="checkbox"/> DECLINED <input type="checkbox"/> DENIED		<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT/SUPERVISOR <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT/EMPLOYEE						
9. DATE REPORT DUE IN O.P. December 1958		10. REPORTING PERIOD Dec 1957 to Dec 1958		11. SPECIAL (Specify) Also Promotion				
SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES								
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).								
<div style="display: flex; justify-content: space-between; font-size: small;"> 1 - Unsatisfactory 2 - Barely adequate 3 - Acceptable 4 - Competent 5 - Excellent 6 - Superior 7 - Outstanding </div>								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%; vertical-align: top;"> RATING NO. 1 INTER 3 RATING NO. 2 4 RATING NO. 3 3 </td> <td style="width: 33%; vertical-align: top;"> SPECIFIC DUTY NO. 5 </td> <td style="width: 33%; vertical-align: top;"> RATING NO. 4 4 RATING NO. 5 4 RATING NO. 6 3 </td> </tr> </table>						RATING NO. 1 INTER 3 RATING NO. 2 4 RATING NO. 3 3	SPECIFIC DUTY NO. 5 	RATING NO. 4 4 RATING NO. 5 4 RATING NO. 6 3
RATING NO. 1 INTER 3 RATING NO. 2 4 RATING NO. 3 3	SPECIFIC DUTY NO. 5 	RATING NO. 4 4 RATING NO. 5 4 RATING NO. 6 3						
SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION								
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.								
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.					RATING NO. 4			
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 APPLI- CABLE	NOT OB- SERVED			
				RATING				
				1	2			
				3	4			
				5				
GETS THINGS DONE					X			
RESOURCEFUL					X			
ACCEPTS RESPONSIBILITIES					X			
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES					X			
DOES HIS JOB WITHOUT STRONG SUPPORT					X			
FACILITATES SMOOTH OPERATION OF HIS OFFICE					X			
WRITES EFFECTIVELY				X				
SECURITY CONSCIOUS					X			
THINKS CLEARLY					X			
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS				X				
OTHER (Specify):								

SEE SECTION "E" ON REVERSE SIDE

SECRET

(When Filled In)

SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

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

MR. ZAMBERNARDI JOINED THE PHOTOGRAPHIC SUPPORT DIVISION IN JANUARY 1958 WITH NO PHOTOGRAPHIC EXPERIENCE. MR. ZAMBERNARDI HAS PROGRESSED VERY RAPIDLY IN HIS NEWLY CHOSEN FIELD DURING THE PAST YEAR BY TAKING AN ACTIVE INTEREST IN HIS ON THE JOB TRAINING AND BY DISPLAYING CONSIDERABLE INITIATIVE IN LEARNING NEW METHODS AND TECHNIQUES. MR. ZAMBERNARDI IS SUPPLEMENTING HIS AGENCY TRAINING BY COMPLETING A CORRESPONDENCE COURSE IN PHOTOGRAPHY GIVEN BY THE NEW YORK INSTITUTE OF PHOTOGRAPHY. IN RELATIVELY SHORT TIME, MR. ZAMBERNARDI HAS DEVELOPED INTO A VALUED ASSET TO THIS DIVISION.

BECAUSE OF HIS BRIEF BACKGROUND IN PHOTOGRAPHY, MR. ZAMBERNARDI LACKS SOME CONFIDENCE IN PERFORMING HIS DUTIES. THE UNDERSIGNED FEELS CONFIDENT THAT THIS WILL REMEDY ITSELF AS MORE EXPERIENCE IS GAINED.

SECTION F CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

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

DATE

SIGNATURE OF EMPLOYEE

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

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

8

Subject on leave, will be shown to him later

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

23/12/58

DC/TSS/PSD/CSC

3. BY REVIEWING OFFICIAL

X

I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

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

COMMENTS OF REVIEWING OFFICIAL

MR. ZAMBERNARDI IS PRESENTLY PERFORMING THE DUTIES OF A GS-7 PHOTOGRAPHER WITH THIS DIVISION IN A MOST COMPETENT MANNER. IT IS RECOMMENDED THAT HE BE FAVORABLY CONSIDERED FOR AN INCREASE FROM GS-5 TO GS-7.

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

23 DECEMBER 1958

DC/TSS/PSD

SECRET

Fitness Reports and other
Personnel Documents During period
prior his assignment to Mexico City