

Assassination Records Review Board

Final Determination Notification

AGENCY : HSCA
RECORD NUMBER : 180-10070-10147
RECORD SERIES : STAFF PAYROLL RECORDS
AGENCY FILE NUMBER :

Released under the John F.
Kennedy Assassination
Records Collection Act of
1992 (44 USC 2107 Note).
Case#:NW 68261 Date:
09-01-2022

December 8, 1995

Status of Document: Postponed in Part

Number of releases of previously postponed information: 5

Reason for Board Action: The Review Board's decision was premised on several factors including: (a) the significant historical interest in the document in question; (b) the absence of evidence that the release of the information would cause harm to the United States or to any individual.

Number of Postponements: 2

Postponements: All the postponements in this document represent Social Security numbers.

Reason for Board Action: The text is redacted because the public disclosure of the redaction could reasonably be expected to constitute an unwarranted invasion of personal privacy, and that invasion of privacy would be so substantial that it outweighs the public interest.

Substitute Language: SSN

Date of Next Review: 2017

Board Review Completed: 10/24/95

JFK ASSASSINATION SYSTEM

IDENTIFICATION FORM

AGENCY INFORMATION

AGENCY : HSCA
RECORD NUMBER : 180-10070-10147

RECORDS SERIES :
STAFF PAYROLL RECORDS

AGENCY FILE NUMBER :

DOCUMENT INFORMATION

ORIGINATOR : HSCA
FROM :
TO :

TITLE :

DATE : 09/06/77
PAGES : 5

SUBJECTS :
HSCA; ADMINISTRATION
ROSE, HAROLD

DOCUMENT TYPE : PRINTED FORM
CLASSIFICATION : U
RESTRICTIONS : 3
CURRENT STATUS : P
DATE OF LAST REVIEW : 07/16/93

OPENING CRITERIA :

COMMENTS :
Box 3.

[R] - ITEM IS RESTRICTED

ROSE, Harold

Name of Employee

Address

Address

Phone Number

Position Title

Position Number

Level

Step

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
PERSONAL LEAVE RECORD

1978

YEAR

DATE OF APPOINTMENT

9-6-77

ANNUAL LEAVE
CATEGORY1.0 ☐1.5 ☐2.0 ☐

PRIOR FEDERAL SERVICE

.....
Years MonthsBALANCE BROUGHT
FORWARD FROM
PRECEDING YEAR

Annual Leave	Sick Leave
4	4

FEDERAL SERVICE																															2.0		ACCRUED THIS MONTH		AVAILABLE THIS MONTH		USED THIS MONTH		BALANCE AT CLOSE OF MONTH		EMPLOYEE INITIALS
Position Number	Level	Step	Years										Months										Annual Leave	Sick Leave	Annual Leave	Sick Leave	Annual Leave	Sick Leave	Annual Leave	Sick Leave											
Month	DAY OF MONTH																															Annual Leave	Sick Leave	Annual Leave	Sick Leave	Annual Leave	Sick Leave	Annual Leave	Sick Leave		
Jan.	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	1	1					5	5		
Feb.																															1	1					6	6			
Mar.																															1	1					7	7			
Apr.																															1	1					8	8			
May																															1	1					9	9			
June																S											XXXXXX				1	1	10	10	5	1	5	9			
July							A									XXXXXX																		5	9	5		0	9		
Aug.																																									
Sept.																																									
Oct.																																									
Nov.																																									
Dec.																																									

Terminated July 15, 1978



= 0.5 day annual leave



= 1.0 day annual leave



= 0.5 day sick leave



S or S = 1.0 day sick leave



= 0.5 day administrative leave



A or A = 1.0 day administrative leave



= 0.5 day unauthorized absence



U or U = 1.0 day unauthorized absence



= 0.5 day leave without pay



= 1.0 day leave without pay

CERTIFIED CORRECT:

Employee's Signature _____
(If employee refuses to sign, state reason below.)

Date _____

Chief's Signature _____

Date _____

Approved: _____

Clerk of the House

Date _____

This record will be forwarded to the Clerk of the House at the end of each calendar year, or in case of termination, along with the request for termination. Upon approval, the record will be filed in the employee's official personnel folder.

EXHIBIT I

PAYROLL AUTHORIZATION FORM(Please Use Typewriter
or Ballpoint Pen)**U.S. HOUSE OF REPRESENTATIVES**
Washington, D.C. 20515(Any erasures, corrections, or changes
on this form must be initialed by the
authorizing official.)**To the Clerk of the House of Representatives:**

I hereby authorize the following payroll action:

Employee Name (First-Middle-Last)	Effective Date
Harold A. Rose	7/15/78
Employee Social Security Number	Type of Action
220-20-5648	<input type="checkbox"/> Appointment
Employing Office or Committee/Subcommittee	<input type="checkbox"/> Salary Adjustment
Assassinations	<input type="checkbox"/> Title Change
	<input checked="" type="checkbox"/> Termination (At close of business on effective date)
	<input type="checkbox"/> Leave without pay (Beginning with effective date above and ending close of business _____) Specify Date _____

(If type of action is an Appointment, Salary Adjustment, or Title Change, complete appropriate information below.)

Position Title	Gross Annual Salary*

* If employee is a civil service annuitant (includes U.S. House of Representatives), the gross annual salary shown should include the annuity received by the employee plus the salary received from the employing office.

(If Committee Employee, complete appropriate item below.)

- ☐ Standing Committee: Staff—☐ Clerical or ☐ Professional.
- ☒ Special (Investigative staff of Standing Committee) or Select Committee: Authority—H. Res. 856 of 95th Congress.
- ☐ Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number _____ If applicable, Level _____ Step _____

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date July 7, 19 78

(If appropriate, signature of Subcommittee Chairman or Ranking Minority Member)	(Signature of Authorizing Official) LOUIS STOKES, CHAIRMAN
_____	(Type or print name of Authorizing Official)
(Type or print name and title of above official)	(Title—If Member, District and State)
_____	_____

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED: _____

Chairman, Committee on House Administration

Office of Finance use only:	ID _____
Office Code _____	Benefits _____
Monthly Annuity \$ _____ .00 as of _____	Payroll _____

(Revised: August 1, 1977)

Copy for Initiating Office or Committee

PAYROLL AUTHORIZATION FORM(Please Use Typewriter
or Ballpoint Pen)**U.S. HOUSE OF REPRESENTATIVES**
Washington, D.C. 20515(Any erasures, corrections, or changes
on this form must be initialed by the
authorizing official.)**To the Clerk of the House of Representatives:**

I hereby authorize the following payroll action:

Employee Name (First-Middle-Last)	Effective Date
Harold A. Rose	9/6/77
Employee Social Security Number	Type of Action
220 20 6648	<input checked="" type="checkbox"/> Appointment
Employing Office or Committee	<input type="checkbox"/> Salary Adjustment
Assassinations	<input type="checkbox"/> Termination (At close of business on effective date)

(If type of action is an Appointment or Salary Adjustment, complete the following information.)

Position Title	Gross Annual Salary
Staff Investigator	\$24,000

(If Committee Employee, complete appropriate item below.)

- ☐ Standing Committee: Staff—☐ Clerical or ☐ Professional.
- ☒ Special or Select Committee: Authority—H. Res. 465 of 95th Congress.
- ☐ Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number _____ If applicable, Level _____ Step _____

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date September 15, 19 77

(Signature of Authorizing Official)

Louis Stokes

(Type or print name of Authorizing Official)

Chairman

(Title—If Member, District and State)

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED: _____

Chairman, Committee on House Administration

Office of Finance use only:

Office Code _____

Monthly Annuity \$ _____ .00

Copy for Initiating Office or Committee

720 28 6648

LOUIS STOKES, OHIO, CHAIRMAN

RICHARDSON PREYER, N.C.
WALTER E. FAUNTROY, D.C.
YVONNE BRATHWAITE BURKE, CALIF.
CHRISTOPHER J. DODD, CONN.
HAROLD E. FORD, TENN.
FLOYD J. FITHIAN, IND.
ROBERT W. EOGAR, PA.

SAMUEL L. DEVINE, OHIO
JOHN B. ANDERSON, ILL.
STEWART B. MCKINNEY, CONN.
CHARLES THONE, NEBR.

Select Committee on Assassinations

U.S. House of Representatives

3342 HOUSE OFFICE BUILDING, ANNEX 2

WASHINGTON, D.C. 20515

(202) 225-4624

MEMORANDUM

TO: ROBERT BLAKEY
FROM: CLIFFORD A. FENTON, JR. *CF*
DATE: JULY 29, 1977
RE: RECOMMENDATION FOR EMPLOYMENT OF
HAROLD A. ROSE

*\$24,000 per
Fenton*

It is recommended that Harold A. Rose be considered for appointment to the position of Senior Investigator. He is articulate and was very responsive to questions.

Mr. Rose, who has been a police officer in Baltimore, Maryland for twenty years, served the last seven (7) years in the Homicide Unit, both as an investigator and as a supervisor. It is believed that he will be a capable addition to the staff.

Start 9/6

APPROVED

Kenneth Klein
KENNETH KLEIN

MEMORANDUM

TO: ALL STAFF

RE: Payroll Certification

The Regulations and Accounting Procedures for Allowances and Expenses of Committees, Members and Employees of the U.S. House of Representatives require that, among other things, the Committee's monthly payroll certification include the relationship, if any, of each employee to any current Member of Congress. This certification is signed monthly by our Chairman.

The following are the relationships to be included in the certification:

father	nephew	brother-in-law
mother	niece	sister-in-law
son	husband	stepfather
daughter	wife	stepmother
brother	father-in-law	stepbrother
sister	mother-in-law	stepsister
uncle	son-in-law	half-brother
aunt	daughter-in-law	half-sister
first cousin		

Please complete the appropriate portion below, sign and date this form, which will then become a part of your permanent personnel file. If this status changes, you must notify the Committee's Budget Office immediately of the change.

- ☒ I am not related to any current (95th Congress) Member of Congress.
- ☐ I am related to a current (95th Congress) Member of Congress.
(Please specify.) _____
- _____

Harold A. Rose
Signature of Employee

Sept. 6, 1977
Date