

Assassination Records Review Board

Final Determination Notification

AGENCY : HSCA
RECORD NUMBER : 180-10147-10257
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 : 180-10147-10257
RECORDS SERIES : STAFF PAYROLL RECORDS
AGENCY FILE NUMBER :

DOCUMENT INFORMATION

ORIGINATOR : HSCA
FROM :
TO :
TITLE :
DATE : 08/01/77
PAGES : 5
SUBJECTS : REEVES, FLOYD L.

DOCUMENT TYPE : PRINTED FORM
CLASSIFICATION : UNCLASSIFIED
RESTRICTIONS : 3
CURRENT STATUS : RELEASED WITH DELETIONS
DATE OF LAST REVIEW : 10/26/95
OPENING CRITERIA :
COMMENTS : Box 3

[R] - ITEM IS RESTRICTED

REEVES, Floyd

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

8-1-77

ANNUAL LEAVE
CATEGORY

1.0

☐

1.5

☐

2.0

☐

PRIOR FEDERAL SERVICE

Years

Months

BALANCE BROUGHT
FORWARD FROM
PRECEDING YEAR

| Annual Leave | Sick Leave |
|-----------------|---------------|
| 5 | 5 |

| PRIOR FEDERAL SERVICE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 2.0 | | | | ACCRUED THIS MONTH | | AVAILABLE THIS MONTH | | USED THIS MONTH | | BALANCE AT CLOSE OF MONTH | | EMPLOYEE INITIALS | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------|---|---|---|-----|---|---|---|---|---|----|--------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|----|----|-------|--------------|------------|--------------|--------------------|--------------|----------------------|--------------|-----------------|--------------|---------------------------|--|-------------------|--|--|--|--|--|--|-------|--|--------|--|--------------|--|------------|--|--------------|--|------------|--|--------------|--|------------|--|
| Position Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Level | | Step | | DAY OF MONTH | | | | | | | | | | | | | | | Years | | Months | | Annual Leave | | Sick Leave | | Annual Leave | | Sick Leave | | Annual Leave | | Sick Leave | |
| Month | 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 | Annual Leave | Sick Leave | Annual Leave | Sick Leave | Annual Leave | Sick Leave | Annual Leave | Sick Leave | Annual Leave | Sick Leave | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1 | 1 | | | | | | | 6 | 6 | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1 | 1 | | | | | | | 7 | 7 | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1 | 1 | | | | | | | 8 | 8 | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1 | 1 | | | | | | | 9 | 9 | | | | | | | | | | | | | | | | | | | | | | | | |
| May | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1 | 1 | | | | | | | 10 | 10 | | | | | | | | | | | | | | | | | | | | | | | | |
| June | | | | | | | | | | | | | | | | | | | | | | | | | | | | XXX | | | | 1 | 1 | 11 | 11 | 3 | | 8 | 11 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| July | | | | XXX | | | | | | | XXXXXX | | | | | | | | | | | | | | | | | | | | | | | 8 | 11 | 8 | | 0 | 11 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sept. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



= 0.5 day annual leave



= 1.0 day annual leave



= 0.5 day sick leave

or ☐

= 1.0 day sick leave

or ☐

= 0.5 day administrative leave

or ☐

= 1.0 day administrative leave

or ☐

= 0.5 day unauthorized absence

or ☐

= 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 initiated 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 |
| Floyd L. Reeves | 7/15/78 |
| Employee Social Security Number | Type of Action |
| JFK Act 5 (g) (2) (D) | <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. 956 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 |
| Floyd L. Reeves | 8/1/77 |
| Employee Social Security Number | Type of Action |
| JFK Act 5 (g) (2) (D) | <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. 405 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 August 1, 1977

(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

MEMORANDUM

TO: Mr. Blakey

FROM: Edward M. Evans, Chief Investigator *EME*

DATE: July 28, 1977

SUBJECT: Floyd^L Reeves - Investigator

JFK Act 5 (g) (2) (D)

Mr. Reeves has agreed to take a position with us as Staff Investigator assigned to the Martin Luther King, Jr. Task Force. After an initial period here reviewing the case, he will be assigned to the Atlanta area.

He will start on August 1, 1977 at \$24,000.

EME:ek

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.

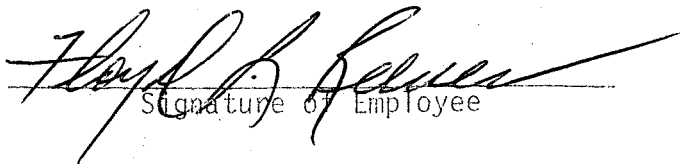
The following are the relationships to be included in the certification:

| | | |
|--------------|-----------------|----------------|
| 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.) _____



Signature of Employee



Date