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NEW YORK TIMES
14 JUNE 1976

W. Harvey, C.I.A. Aide, Dead; Linked to Anti-Castro Plotting

William K. Harvey, reported by the head of a special Central Intelligence Agency group set up in the 1960's to plan the removal of foreign leaders by means including assassination, died of a heart attack last Wednesday in an Indianapolis hospital. At the time of his death, Mr. Harvey was law editor for Bobbs-Merrill Publishing Company. He was buried Saturday at South Cemetery in Danville, just west of Indianapolis. He was survived by his wife, Clara Grace, a daughter, Sally, and a son, James D. Harvey.

Mr. Harvey, who was 60 years old, was said to have been in charge of the agency's efforts against Prime Minister Fidel Castro of Cuba. He was among 10 agents whose identities were disclosed by the Senate Select Committee on Intelligence after an investigation in 1975 of alleged assassination plots by the United States.

William E. Colby, then Director of Central Intelligence, had argued that disclosure of the names of agents would put them in jeopardy of retaliation by "irrational groups."

Mr. Harvey testified before the Senate committee that he had been told by superiors that the Castro assassination plot had been approved at the highest levels of the government, and that he had discussed the efforts with his immediate superior, Richard Helms, who later became director of the agency.

Mr. Harvey moved to Indianapolis in 1969 after retiring from the agency, where he had worked for 22 years. He worked for the Federal Bureau of Investigation from 1940 to 1947.

68-154

13 FEB 1968

Mr. William King Harvey
28 West Irving Street
Chevy Chase, Maryland 20015

Dear Bill:

I am sorry that due to a busy schedule and my absence for several days during the Christmas holidays I didn't have an opportunity to see you prior to your retirement at the end of the year.

Red White has told me of his visit with you, and I am particularly appreciative of your expression of continued loyalty to the Agency and your offer to be of assistance should an appropriate occasion arise.

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

Sincerely,

/s/ Richard Helms

Richard Helms
Director

OP/BSR/RB/MJRoper:jsc

Rewritten:ExDir:sbo

Distribution:

- 0 - Adse
- 1 - ER
- 1 - C/EAB/OS
- 1 - D/Pers
- ~~1~~ - OPF
- 1 - RB

(Concurred in by C/EAB/OS on 8 Jan 68)

NOTE: Covert correspondence

Mr. William King Harvey
28 West Irving Street
Chevy Chase, Maryland 20915

Dear Bill:

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

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

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

Sincerely,

Richard Helms
Director

Distribution:

0 - Addressee
1 - EDCI
1 - ER
1 - C/LAB/CS
1 - E/Pers
1 - O/P
1 - RB
1 - RB Reader

Originator:

Director of Personnel

Concur:

C/LAB/CS

GP/BSB/ER/MINoper:jsc (26 December 1967)

****NOTE: Covert correspondence.**

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED								
				23 December 1967								
1 SERIAL NUMBER		2 NAME (Last-First-Middle)										
051164		HARVEY, William K.										
3 NATURE OF PERSONNEL ACTION			4 EFFECTIVE DATE REQUESTED		5 CATEGORY OF EMPLOYMENT							
Retirement - CIA Retirement System (Voluntary) AND DISABILITY			MONTH DAY YEAR 12 31 67		Regular							
6 FUNDS		7 FINANCIAL ANALYSIS NO CHARGEABLE		8 LEGAL AUTHORITY (Completed by Office of Personnel)								
<input checked="" type="checkbox"/> V TO V <input type="checkbox"/> C TO V <input type="checkbox"/> V TO O <input checked="" type="checkbox"/> X C TO O		9136-1186		15-25-643 233								
9 ORGANIZATIONAL DESIGNATIONS			10 LOCATION OF OFFICIAL STATION									
DDP/EUR Development Complement			Wash., D. C.									
11 POSITION TITLE		12 POSITION NUMBER		13 CAREER SERVICE DESIGNATION								
Ops Officer		9997		D								
14 CLASSIFICATION SCHEDULE (GX I.B. etc)		15 OCCUPATIONAL SERIES	16 GRADE AND STEP	17 SALARY OR RATE								
GS		0135.01	18 1	\$ 27055								
18 REMARKS												
Mr. Harvey is not recommended for the Agency Reserve List.												
<i>Revised by Mike Roper, R.B. by telegram 12/29/67.</i>												
18A SIGNATURE OF REQUESTING OFFICIAL		DATE SIGNED	18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED							
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL												
19 ACTION CODE	20 EMPLOY CODE	21 OFFICE CODING		22 STATION CODE	23 INTEGREE CODE	24 HOURS CODE	25 DATE OF BIRTH		26 DATE OF GRADE		27 DATE OF LEI	
45	10	NUMERIC ALPHABETIC		CODE	CODE	CODE	MO. DA. YR.		MO. DA. YR.		MO. DA. YR.	
28 NTE EXPIRES	29 SPECIAL REFERENCE	30 RETIREMENT DATA		31 SEPARATION DATA CODE	32 CORRECTION/CANCELLATION DATA		33 SECURITY REQ NO.		34 SEX			
MO. DA. YR.		1-ESC 2-FILA 3-NONE		CODE	TYPE MO. DA. YR.		EOD DATA					
35 VET PREFERENCE		36 SERV COMP DATE		37 LONG COMP DATE		38 CAREER CATEGORY		39 FEGLI HEALTH INSURANCE		40 SOCIAL SECURITY NO		
CODE 0-NONE 1-5 PT 2-10 PT		MO. DA. YR.		MO. DA. YR.		CODE COOH 1-YES 2-NO		CODE 0-WAIVER 1-YES		HEALTH INS. CODE		
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE				42 LEAVE CAT. CODE		43 FEDERAL TAX DATA		44 STATE TAX DATA				
CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)				FORM EXECUTED 1-YES 2-NO		CODE NO. TAX EXEMPTIONS		FORM EXECUTED 1-YES 2-NO		CODE NO TAX STATE CODE EXEMP.		
45 POSITION CONTROL CERTIFICATION				46 OP APPROVAL		DATE APPROVED						
				<i>1-9-68</i> <i>11.20.</i>		<i>[Signature]</i>		28 Dec 1967				

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1 EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

(4)

[Handwritten initials]

SECRET

13 DEC

Executive Registry
21-2808

MEMORANDUM FOR: Director of Central Intelligence

SUBJECT : Request for Voluntary Retirement -
William K. Harvey

1. This memorandum submits a recommendation for your approval; this recommendation is contained in paragraph 4.

2. Mr. William K. Harvey, GS-18, Operations Officer, European Division, Clandestine Services, has applied for voluntary retirement under the provisions of Headquarters Regulation 20-50j, to be effective 30 December 1967.

3. Mr. Harvey has been designated a participant in the CIA Retirement and Disability System and meets the technical requirements for voluntary retirement under the System. He is 52 years old with over 26 years of Federal Service. This service includes over 20 years with the Agency of which more than 9 years were in qualifying service overseas. The CIA Retirement Board has recommended that his application for voluntary retirement be approved. I endorse this recommendation.

4. It is recommended that you approve the voluntary retirement of Mr. William K. Harvey under the provisions of Headquarters Regulation 20-50j.

NOFORN ONLY - SECURITY INFORMATION - UNCLASSIFIED

Emmett D. Echols
Director of Personnel

The recommendation contained in paragraph 4 is approved:

Richard Helms
Director of Central Intelligence

15 DEC 1967
Date

SECRET

15 DEC 1967

SECRET

Distribution:

- 0 - Return to D/Pers C13 3 25 PM '67
- 1 - DDCI
- 1 - ER
- 1 - D/Pers
- 1 - OPF
- 1 - RB Soft file (w/hold)
- 1 - RB Reader

OP/FSD/RE/MJOper:tlh (7 December 1967)
 Retyped: OP/FSD/RDeFelice:jss (11 December 1967)

TO: [Illegible]

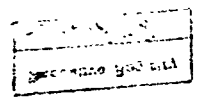
FROM: [Illegible]

SUBJECT: [Illegible]

[Illegible body text follows]

DEC 16 10 18 AM '67

SECRET



Personal Information

7:25. m m c
not in

7-18

25.890

Op. office

Conv. 2-25-67

EOD. 30 Sept 47

2:25. wcliky

10 -
12. not in
12.45 not in
1.15 not in
1.30 not in
2.00 not in

SECRET
(WHEN FILLED IN)
STATEMENT of EARNINGS and DEDUCTIONS

NAME HARVEY WILLIAM K	EMPLOYEE NO. 061164	PAY PERIOD DATE 04/09 05/06	ROLL 01	COST CENTER 1361186	STA 000
---------------------------------	-------------------------------	---------------------------------------	-------------------	-------------------------------	-------------------

CD	EARNINGS		DESCRIPTION
	NORMAL	OTHER	
01	199200		REG SAL

NOTE:
THIS FORM IS ISSUED ONLY WHEN AN
EMPLOYEE ENTERS ON DUTY OR THERE
IS ANY CHANGE IN THE PAY ACCOUNT

CD	DEDUCTIONS		DESCRIPTION
	NORMAL	OTHER	
41	35014		F/TAX 1
53	1102		INS WEAPA
54	1000		INS FEGLI
57	750		INS URLIC
61	1374		0820 HOSP 2
75	12948		AGY RET

ADDITIONAL COMPENSATION DATA							REFUND DUE FROM EMPLOYEE			NET PAY		
PP	OT/HRS	HT/HRS	ND/HRS	RATE	O/T-HT AMT	N/D AMOUNT	CD	NORMAL	OTHER	CD	NORMAL	OTHER
										99	147012	

REMARKS:

PAID AT NOS.

147012

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED				
1. SERIAL NUMBER 061164						27 February 1967				
2. NAME (Last-First-Middle) HARVEY, WILLIAM K										
3. NATURE OF PERSONNEL ACTION CONVERSION FROM FSR STATUS				4. EFFECTIVE DATE REQUESTED MONTH: 02 DAY: 25 YEAR: 67		5. CATEGORY OF EMPLOYMENT REGULAR				
6. FUNDS V TO V CF TO V				7. FINANCIAL ANALYSIS NO CHARGEABLE 7136-1186 -1267		8. LEGAL AUTHORITY (Completed by Office of Personnel)				
9. ORGANIZATIONAL DESIGNATIONS DDP/EUR FOREIGN FIELD <i>Dis Comp</i> SOUTHERN REGION ZONE STATION OFFICE OF THE CHIEF (UNASSIGNED)				10. LOCATION OF OFFICIAL STATION <i>Wash, D.C.</i> ROME, ITALY						
11. POSITION TITLE <i>ofc oficer</i> CHIEF OF STATION				12. POSITION NUMBER <i>4997</i> 0000		13. CAREER SERVICE DESIGNATION D				
14. CLASSIFICATION SCHEDULE (G.S., L.B., etc.) GS		15. OCCUPATIONAL SERIES 0136.01 0136.05		16. GRADE AND STEP 18-1		17. SALARY OR RATE \$ 25,890				
18. REMARKS <i>Other</i> cc payroll										
18A. SIGNATURE OF REQUESTING OFFICIAL <i>Richard E. Westerman</i> Richard E. Westerman, C/P/Personnel				DATE SIGNED		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>Russ Lang</i>				
DATE SIGNED				DATE SIGNED						
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL										
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING NUMERIC ALPHABETIC		22. STATION CODE	23. INTEGRAL CODE	24. HOURS CODE	25. DATE OF BIRTH MO. DA YR	26. DATE OF GRADE MO. DA YR	27. DATE OF LEI MO. DA YR	
58		4/19/67		75213		1	09/13/16			
28. NTE EXPIRES MO. DA YR		29. SPECIAL REFERENCE	30. RETIREMENT DATA 1-ESC 3-FICA 5-NONE		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE MO. DA YR		33. SECURITY REQ NO	34. SEX	
						EOD DATA →				
35. NET PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT		36. SERV COMP DATE MO. DA YR		37. LONG COMP DATE MO. DA YR		38. CAREER CATEGORY EAB, RESV PROV, TEMP		39. FEGLI/HEALTH INSURANCE CODE CODE 0-WAIVER 1-YES		40. SOCIAL SECURITY NO
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NONE 1-BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)				42. LEAVE CAT CODE		43. FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS		44. STATE TAX DATA FORM EXECUTED CODE NO TAX STATE CODE EXEMP		
45. POSITION CONTROL CERTIFICATION <i>3-15-67</i> <i>mmw</i>						46. OP APPROVAL <i>Pat Bault</i>		DATE APPROVED <i>2 Nov 67</i>		

SECRET

(If Not Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 27 February 1967	
1. SERIAL NUMBER 061164		2. NAME (Last-First-Middle) HARVEY, WILLIAM K					
3. NATURE OF PERSONNEL ACTION REASSIGNMENT			4. EFFECTIVE DATE REQUESTED 02 24 67		5. CATEGORY OF EMPLOYMENT REGULAR		
6. FUNDS		7. FINANCIAL ANALYSIS NO. CHARGEABLE 7130-1186		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS DDP/EUR CS/CS DEVELOPMENT COMPLEMENT			10. LOCATION OF OFFICIAL STATION WASHINGTON, D.C.				
11. POSITION TITLE Int Secretary OPS OFFICER		12. POSITION NUMBER 9997		13. CAREER SERVICE DESIGNATION D			
14. CLASSIFICATION SCHEDULE (GS, I.B., etc.) GS		15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 18-1		17. SALARY OR RATE \$ 25,890	
18. REMARKS From: DDP/EUR/FF/COS, ROME Subject departed the Station 21 March 1966. Other. cc security Security Personnel Dept. SS/SS 3/15/67 6/13/16/67							
19A. SIGNATURE OF REQUESTING OFFICIAL Richard F. Westerman, DDP/Personnel			DATE SIGNED		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER R. J. Brund		
DATE SIGNED			DATE SIGNED 2/28/67				
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE 32	20. EMPLOY CODE R	21. OFFICE CODING NUMERIC ALPHABETIC 44497 CIV 73:2		22. STATION CODE 73:2	23. INTEGREE CODE	24. MOQTRS CODE 1	
25. DATE OF BIRTH MO DA. YR 04 13 16		26. DATE OF GRADE MO DA. YR		27. DATE OF LEI MO DA. YR			
28. NTE EXPIRES MO. DA. YR.		29. SPECIAL REFERENCE		30. RETIREMENT DATA 1-CSC 2-FICB 3-NONE		31. SEPARATION DATA CODE	
32. CORRECTION - CANCELLATION DATA TYPE MO DA. YR		33. SECURITY REQ NO.		34. SER		EOD DATA	
35. VET. PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT		36. SERV COMP DATE MO. DA. YR.		37. LONG COMP DATE MO DA. YR		38. CAREER CATEGORY CODE	
39. FEGLI HEALTH INSURANCE CODE 0-WAIVER 1-YES		40. SOCIAL SECURITY NO.		41. FEDERAL TAX DATA FORM EXECUTED CODE NO. TAX EXEMPTIONS		42. STATE TAX DATA FORM EXECUTED CODE NO. TAX EXEMPTIONS	
43. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)		44. LEAVE CAT CODE		45. FEDERAL TAX DATA FORM EXECUTED CODE NO. TAX EXEMPTIONS		46. STATE TAX DATA FORM EXECUTED CODE NO. TAX EXEMPTIONS	
45. POSITION CONTROL CERTIFICATION 3-15-67			46. OP APPROVAL R. J. Brund		DATE APPROVED 2/28/67		

SECRET

GROUP 1 EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

SECRET

Chief of Station, Rome

Director of Personnel

WILLOGAGE - Notification of Designation as a Participant in the Organization Retirement and Disability System

Action: As indicated

R&F: Book Dispatch 5096 & OIRS - 7586

1. You have been found to be qualified as a participant in the Organization Retirement and Disability System and have been so designated effective 21 November 1965.

2. Although such designation under present statutes is viewed favorably by most persons, the regulation governing this retirement system gives the individual the right to appeal such a determination if he deems the designation adverse to his best interests. In order that this technical requirement may be satisfied, you are hereby notified of your right to appeal. An appeal with reasons therefore must be received in Headquarters within 60 days of the date of this dispatch or acceptance of designation will be assumed. Any questions that you may have in connection with your designation that cannot be answered by referring to Book Dispatch 5096 should be forwarded to Headquarters.

3. We believe that the benefits of the Organization Retirement System are superior to the benefits of the Civil Service Retirement System. However, there are a few situations in which an employee at the time of retirement may have so many years of service (almost 37) that he would receive a higher annuity under the Civil Service system. Because of this, the policy decision has been made that a participant in the Organization system who would receive a higher annuity under the Civil Service system may, not later than one year prior to his retirement, apply to be removed from our system and transferred to the Civil Service system. Thus, you should not anticipate this contingency as a factor in deciding whether you regard your designation as a participant adverse to your best interests.

21 DEC 1965

/s/ Richard B. Egan

15 DEC 1965

RICHARD B. EGAN

OIRS - 7779

SECRET

(If Not Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 16 November 1965			
1 SERIAL NUMBER 061164		2 NAME (Last-First-Middle) HARVEY, WILLIAM K.							
3 NATURE OF PERSONNEL ACTION DESIGNATION AS PARTICIPANT IN THE CIA RETIREMENT AND DISABILITY SYSTEM				4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 11 21 65		5 CATEGORY OF EMPLOYMENT REGULAR			
6 FUNDS V TO V CF TO V		7 COST CENTER NO CHARGE-ABLE 6136-1267		8 LEGAL AUTHORITY (Cite Title of Personnel) PL 88-643 Sect. 203					
9 ORGANIZATIONAL DESIGNATIONS DDP/WE ROME STATION OFFICE OF THE CHIEF				10 LOCATION OF OFFICIAL STATION ROME, ITALY					
11 POSITION TITLE FIRST SECRETARY CHIEF OF STATION				12 POSITION NUMBER 0202		13 CAREER SERVICE DESIGNATION D			
14 CLASSIFICATION SCHEDULE (GS, E.B., etc.) FSR GS		15 OCCUPATIONAL SERIES 0136-05		16 GRADE AND STEP 01 2 18 1		17 SALARY OR RATE 24,264 \$ 25,382			
18 REMARKS EMPLOYEE WILL BE NOTIFIED BY DISPATCH FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND OF HIS RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE. 1 cc to OP/ESD/RB 1 cc to CCS 1 cc to Finance through CCS									
18A SIGNATURE OF REQUESTING OFFICIAL <i>Philip C. Bowen</i>			DATE SIGNED 18 NOV 1965		18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED		
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19 ACTION CODE 28	20 EMPLOY CODE 10	21 OFFICE CODING NUMERIC ALPHABETIC 50630 WE		22 STATION CODE 36533	23 INTEREST CODE	24 HDQTRS CODE 3	25 DATE OF BIRTH MO DA YR 09 13 16	26 DATE OF GRADE MO DA YR 05 17 59	27 DATE OF LEI MO DA YR 05 17 59
28 NTE EXPIRES MO DA YR		29 SPECIAL REFERENCE 1-ESK 2-FICA 3-NONE		30 RETIREMENT DATA CODE 2	31 SEPARATION DATA CODE	32 CORRECTION CANCELLATION DATA TYPE MO DA YR		33 SECURITY RES. NO.	
35 NET PREFERENCE CODE 0-NONE 1-5 YR 2-10 YR		36 SERV COMP. DATE MO DA YR		37 LONG COMP. DATE MO DA YR		38 COVER CATEGORY CODE CAR RES-A MEDY THP		39 FEGLI HEALTH INSURANCE CODE S. WAIVER 1-YES HEALTH INS. CODE	
41 PREVIOUS GOVERNMENT SERVICE DATA CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)				42 LEAVE CAT CODE		43 FEDERAL TAX DATA FORM EXECUTED CODE 1-YES 2-NO		44 STATE TAX DATA FORM EXECUTED CODE 1-YES 2-NO	
45 POSITION CONTROL CERTIFICATION						46 OP APPROVAL <i>Philip C. Bowen</i>		DATE APPROVED 18 NOV 65	

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED				
				28 MARCH 1963				
1. SERIAL NUMBER 061164		2. NAME (Last-First-Middle) HARVEY, WILLIAM K.						
3. NATURE OF PERSONNEL ACTION REASSIGNMENT			4. EFFECTIVE DATE REQUESTED MONTH: 6 DAY: 30 YEAR: 63		5. CATEGORY OF EMPLOYMENT REGULAR			
6. FUNDS V TO V CF TO V		7. COST CENTER NO. CHARGE-ABLE 3136-6300-1014		8. LEGAL AUTHORITY (Completed by Office of Personnel)				
9. ORGANIZATIONAL DESIGNATIONS DDP WE ROME STATION OFFICE OF THE CHIEF			10. LOCATION OF OFFICIAL STATION ROME, ITALY					
11. POSITION TITLE Secretary CHIEF OF STATION			12. POSITION NUMBER 0262		13. CAREER SERVICE DESIGNATION D			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) FSR GS		15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 02 0 18 1		17. SALARY OR RATE , 15,900 20,000			
18. REMARKS FROM: DDP BASE FORCE W/OFFICE OF THE CHIEF/0662. <i>trans 1</i> APPOINTMENT MEMO TO DCI SENT ON 27 MARCH 1963. 259 SENT TO MEDICS ON 15 MARCH 1963. <i>Security Approval Granted by DCS. SC/CS 4/2/63</i> REQUEST ALL NECESSARY CLEARANCES BE GRANTED PRIOR TO 1 JUNE 1963. COPIES SENT TO FINANCE AND SECURITY. <i>CSPD reviewed 06/27/63</i>								
18A. SIGNATURE OF REQUESTING OFFICIAL <i>THOMAS M. FISHER</i> THOMAS M. FISHER, C/WE/PT		DATE SIGNED	18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>me l... ..</i>		DATE SIGNED <i>28 June 63</i>			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL								
19. ACTION CODE 37	20. EMPLOY CODE 10	21. OFFICE CODES NUMERIC: 62430 ALPHABETIC: 10E		22. STATION CODE 34533	23. WTS/STEP CODE 3	24. DATE OF BIRTH MO. DA. YR. 09/13/16	25. DATE OF DEATH MO. DA. YR.	26. DATE OF LEI MO. DA. YR.
28. NTE EXP REC MO. DA. YR.	29. SPECIAL REFERENCE 1 - USS 2 - FICN 3 - WWP	30. RET. REWMT DATA CODE	31. SEPARATION DATA CODE TYPE	32. CORRECTION/CANCELLATION DATA MO. DA. YR.		33. SECURITY REQ. NO.	34. SER	
35. VET. PREFERENCE CODE 1 - NONE 2 - 5 YR. 3 - 10 YR.	36. SERV. COMP. DATE MO. DA. YR.		37. LONG. COMP. DATE MO. DA. YR.		38. CAREER CATEGORY CAP/RES/PROG/TEMP	39. SEGL / HEALTH INSURANCE CODE 0 - NEITHER 1 - YES		40. SOCIAL SECURITY NO.
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)			42. LEAVE CAT. CODE	43. FEDERAL TAX DATA FORM EXECUTIVE 1 - YES 2 - NO		44. STATE TAX DATA FORM EXECUTIVE 1 - YES 2 - NO		45. STATE CODE
45. POSITION CONTROL CERTIFICATION <i>W. Keeney 06/27/63</i>				46. O.P. APPROVAL <i>B. L. Bond for New 28 June 63</i>		DATE APPROVED		

FORM 1152 OBSOLETE PREVIOUS EDITIONS AND FORM 1152A.

SECRET

GROUP 1 EXCL. FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

(4)

SECRET

12 JUN 1963

COIP 5-5-58

81 MAR 61 ML

Executive Registry
13446

MEMORANDUM FOR: Deputy Director of Central Intelligence

VIA : Deputy Director (Plans)

SUBJECT : Appointment of Mr. William K. Harvey
Chief of Station, Rome, Italy

1. This is to make a matter of written record the appointment of Mr. Harvey as Chief of Station, Rome, Italy, effective on or about 30 June 1963. Mr. Harvey will replace Mr. Francis I. G. Coleman, who is scheduled to attend the next session of the National War College. Verbal approval was given by you and by the Director.

2. A biographic data sheet, including information regarding his Agency experience and training, is attached.

William D. O'Ryan
WILLIAM D. O'RYAN
Chief
Western Europe Division

Attachment
Biographic Profile (Part I)

CONCUR:

Richard Helms 13 JUN 1963
Deputy Director (Plans) (Date)

APPROVED:

Harold G. Carter 20 JUN '63
Deputy Director of Central Intelligence (Date)

81 MAR 63

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

CONFIDENTIAL

22 May 1963

Mr. William K. Harvey

Dear Bill,

I wish to express my real appreciation for the time you have devoted to Agent Panel affairs. Your operational experience and personal knowledge of many of the individual staff agents and career agents have provided a sound basis for your contributions to Panel decisions concerning their promotions and reassignments. I look forward to the time, after your overseas assignment, when we may have the pleasure of your service in a similar capacity.

Sincerely,

W. Lloyd George
W. Lloyd George
Chairman, CS Agent Panel

*Bill, may I add in
my own hand and words
real appreciation for your
wisdom, objectivity and help*

Lloyd

CONFIDENTIAL

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 24 August 1962			
1. SERIAL NUMBER 861164 ✓		2. NAME (Last-First-Middle) HARVEY, WILLIAM E. ✓							
3. NATURE OF PERSONNEL ACTION Reassignment				4. EFFECTIVE DATE REQUESTED MONTH: 6 DAY: 8 YEAR: 62		5. CATEGORY OF EMPLOYMENT Regular			
6. FUNDS		V TO V		V TO CP		7. COST CENTER NO. CHARGE-ABLE 3132 - 1000 - 1000			
		CP TO V		X CP TO CP		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS Task Force W Office of the Chief				10. LOCATION OF OFFICIAL STATION Washington, D.C.					
11. POSITION TITLE Ops Officer - CH <i>skant to coord</i>				12. POSITION NUMBER BA-662		13. CAREER SERVICE DESIGNATION D			
14. CLASSIFICATION SCHEDULE (GS, LR, etc.) FSR		15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 18 1		17. SALARY OR RATE \$ 14900 18500 ✓			
18. REMARKS PRA for the duration of Task Force W from FI staff tray 4									
18A. SIGNATURE OF REQUESTING OFFICIAL <i>[Signature]</i> Louis Armstrong				DATE SIGNED 8/27/62		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>[Signature]</i>			
						DATE SIGNED 8/28/62			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE 37	20. EMPLOY CODE 10	21. OFFICE CODE NUMERIC: 61100 ALPHABETIC: TFW		22. STATION CODE 75013	23. INTEREST CODE	24. HOURS 1	25. DATE OF ENTRY 091316	26. DATE OF GRADE	27. DATE OF LE
28. RATE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA	
								33. SECURITY REQ. NO.	
35. PRT. PREFERENCE		36. SERV. COMP. DATE		37. LONG. COMP. DATE		38. CAREER CATEGORY		39. FEEDBACK HEALTH INSURANCE	
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT. CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA	
45. POSITION CONTROL CERTIFICATION [Signature]				46. O.P. APPROVAL [Signature]				DATE APPROVED 29 Aug 62	

Pre - 1959 personal
actions

SECRET
(When Filled In)

7. PERS. SERIAL NO. **061162** **BIOGRAPHIC PROFILE (PART I) COD: 15 Jan 1941**

8. NAME (Last-First-Middle) HARVEY, William King		3. SEX M	4. DATE OF BIRTH 13 Sep 1915	5. LONGEVITY COMP. DATE 29 Sep 1967
6. MARITAL STATUS Remarried	7. DEPENDENT(S) (Exact #, name, employer) 3 2 7 7	9. US NATURALIZATION DATE(S) NA		10. SPOUSE? ?
11. CAREER STATUS ?	12. MEMBERSHIP ?	13. OTHER STATUS	14. LAST MD. RPT. DATE FOR May 1967	15. QUAL. FOR Current Duties
16. CURRENT RESERVE STATUS ?	17. NON-CIA SERVICE X	18. GRADE	19. ACTIVE DUTY WITH CIA CAT. 1	20. RELEASE TO MIL. SER. CAT. 2
21. ASSESSMENT DATE	22. PROFESSIONAL TEST DATE	23. LANGUAGE APTITUDE TEST DATE		

13. NON-CIA EMPLOYMENT
 1931-33 Danville Gazette, Indiana - Reporter & Printer
 1934-35 Indiana Univ, Bloomington - Publicity Writer (athletics)(PT)
 1937-40 Self-employed, Maysville, Kentucky - Attorney-at-Law
 1940-47 Dept. of Justice, FBI, DC/NYC/Pittsburgh, Pa - Special Agent & Supervisor/

14. NON-CIA EDUCATION
 1933-37 Indiana Univ, Bloomington - LLB (with Distinction) Law, Psych, Philos, Journalism

17. FOREIGN LANGUAGE ABILITIES
 (Language, Proficiency, Date Tested)
 German - R, High; W, P, S, U, Inter; Interpret - Oct 1961

18. AGENCY SPONSORED TRAINING
 1963 Italian

19. CIA EMPLOYMENT HISTORY SINCE 10 SEPT 1947 (Personnel Actions, Military Orders, and Principal Details)

EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	SD	ORGANIZATION & ORG. TITLE (If any)	LOCATION
Sep 1947	Intcl Of	P-6		OSO/FBS/Ch, Inf/TUSSRDTV	Hq
May 1948	" "	P-7		OSO/COPS/FBS/DCh, Foreign	"
Dec 1948	" "	P-7		OSO/COPS/DOPC/DCh, Foreign	"
Mar 1949	" "	P-7		OSO/COPS/DCh, Ops for CL	"
Oct 1949	" "	GS15		OSO/Ch, Stf-C&ACh, Stf-D	"
Feb 1951	Chief Stf E	16		OSO/Ch, Staff E	"
Dec 1951	I O	16		OSO/Ch, Plans Staff	"
Dec 1952	Ops Of	16		DDP/EE/GerMis/BOB/COB	Bonn
Nov 1953	I O	16	F1	DDP/EL/GerMis/BOB/COB	Berlin
Dec 1954	Area Ops Of 0136.01	16	F1	" " " " " "	"
Jan 1956	" " " 0136.01	17	D1	DDP/EE/GerSta/BOB/COB	"
May 1959	Chief of Base 0136.01	18	D1	" " " " " "	"
Sep 1959	return to Hq				
Oct 1959	Ops Of 0136.01	18	D1	DDP/Ch, FI/D	Hq
Jun 1962	" " 0136.01	18	D	DDP/Ch, Task Force W	"
Jun 1963	Chief of Sta 0136.01	18	D	DDP/EE/Rome Sta/COS	Rome
Jun 1965	" " " 0136.05	18	D	" " " " " "	"
Feb 1967	Ops Of 0136.01	18	D	DDP/EUR/Dev Comp	Hq
Dec 1967	Retirement (voluntary)			CIAPDS	

20. DATE REVIEWED 22 Sep 1971	21. PROFILE REVIEWED BY obs	22. ITEMS 1-19 REVIEWED & VERIFIED BY EMPLOYEE <input checked="" type="checkbox"/> No
---	---------------------------------------	--

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				061164			
SECTION A				GENERAL			
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD.	
Harvey William K.			13 Sept 1916	M	GS-18	D	
6. OFFICIAL POSITION TITLE			7. OFF/DIV/RR OF ASSIGNMENT		8. CURRENT STATION		
Chief of Station			DDF/WF/Italian		Rome		
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY				<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR			
<input checked="" type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)				<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE			
SPECIAL (Specify):				SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to)			
				1 April 1964 - 31 March 1965			
SECTION B				PERFORMANCE EVALUATION			
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
Chief of Station, Rome						O	
SPECIFIC DUTY NO. 2						RATING LETTER	
Handles Station relationship with Ambassador and Embassy and the Base in Milan.						S	
SPECIFIC DUTY NO. 3						RATING LETTER	
Supervises CA Program.						O	
SPECIFIC DUTY NO. 4						RATING LETTER	
Engaged in reorientation of Station FI Program.						O	
SPECIFIC DUTY NO. 5						RATING LETTER	
SPECIFIC DUTY NO. 6						RATING LETTER	
OVERALL PERFORMANCE IN CURRENT POSITION						RATING LETTER	
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						O	
15 JUN 1965							

2

SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p> <p>Mr. Harvey has continued to manage the Agency's activities in Italy with the same enthusiasm and drive which characterized the description of his approach to the Station Chief role in his past Fitness Report.</p> <p>In his efforts to reorient the Rome Station's FI program toward Soviet-Satellite targets Mr. Harvey has devoted considerable energy to acquiring the basic information needed for this task. This has been well reported and the responsibilities for carrying out this shift in operational approach have been precisely delegated. It is still early to assess the results operationally but the reorientation has been well organized. As an early indication of the trend this is taking, several successful technical operations have been established which are well on target.</p> <p>To accomplish the objectives of the CA responsibilities of the Rome Station Mr. Harvey has acquired the most competent officers with this highly specialized skill and has staunchly supported their efforts to prosecute this program which remains extensive. He has considerably improved the Station relationship with Embassy officers, including the Ambassador, by devoting greater effort to this necessary phase of the Station Chief's role and the Ambassador, during a recent trip to Washington, made special mention of the degree of confidence he had in the Station's reporting and in the extent to which it has kept him properly informed.</p> <p>During the period under review Mr. Harvey acquired a Deputy Station Chief - for whose arrival he had waited more than 6 months. He has delegated general management of the Station's activities to this officer, who has applied himself diligently to this task and the results have been promising. Mr. Harvey has been receptive to headquarters guidance, is extremely prompt and thorough in replying to his correspondence.</p> <p>(cont'd)</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
	Employee at Field Station		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
24			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
2 June 1965	C/WE	William D. O'Ryan	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
3 June 65	ADDP	Thomas H. Karamessines	

SECRET

SECRET

William K. Harvey

Fitness Report for Period 1 April 1964 - 31 March 1965

Section C (cont'd)

Some administrative details, such as the reports on the performance of officers whose evaluation he was reluctant to make, Mr. Harvey has had a tendency to postpone despite repeated efforts to provoke him into timely response.

I have rated Mr. Harvey's overall performance outstanding in recognition of his superior supervisory ability, his unusual skill in expressing his views and his determination to accomplish his basic objectives regardless of the obstacles which he encounters. The Rome Station is complex, is engaged in some highly sensitive operations which must be guided with a strong hand and by an officer with a degree of professionalism which Mr. Harvey is well able to supply as a result of his extensive operational experience.

SECRET

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				061164			
SECTION A GENERAL							
1. NAME (Last) (First) (Middle) HARVEY William K.			2. DATE OF BIRTH 13 Sept 1916		3. SEX M	4. GRADE GS-18	5. SD D
6. OFFICIAL POSITION TITLE Chief of Station			7. OFF/DIV/BR OF ASSIGNMENT DDP/WE/Italian		8. CURRENT STATION Rome		
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> INITIAL	<input checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT EMPLOYEE	<input type="checkbox"/> SPECIAL (Specify):
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From to) 1 April 1965 - 27 September 1965			
SECTION B PERFORMANCE EVALUATION:							
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counselling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1 Chief of Station, Rome						RATING LETTER O	
SPECIFIC DUTY NO. 2 Handles Station relationship with Ambassador and Embassy and the Base in Milan.						RATING LETTER S	
SPECIFIC DUTY NO. 3 Supervises CA Program.						RATING LETTER O	
SPECIFIC DUTY NO. 4 Engaged in reorientation of Station FI Program.						RATING LETTER O	
SPECIFIC DUTY NO. 5						RATING LETTER	
SPECIFIC DUTY NO. 6						RATING LETTER	
OVERALL PERFORMANCE IN CURRENT POSITION							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER O	
28 OCT 1965							

8

SECRET

OFFICE OF PERSONNEL

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in mind the relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

MAIL ROOM

My rating of the performance of this officer remains the same as the description of his performance which is contained in his fitness report for period ending 31 March 1965.

SECTION D

CERTIFICATION AND COMMENTS

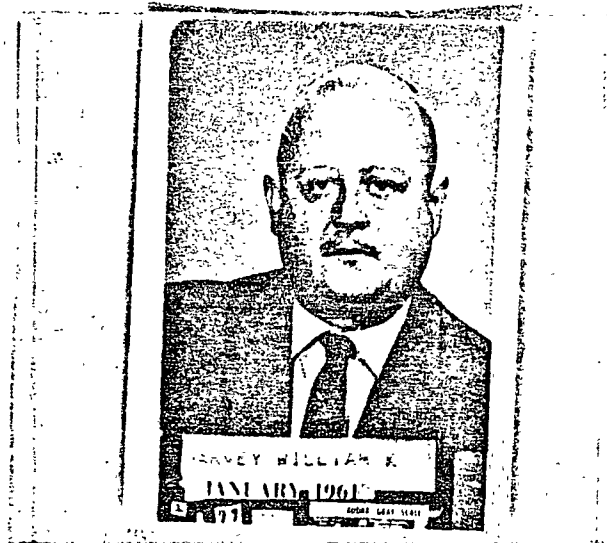
1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
	<i>William D. O'Ryan</i>	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
30	Mr. Harvey is currently at his overseas post.	
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
27 September 1965	Chief, WE Division	<i>William D. O'Ryan</i> William D. O'Ryan
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
I concur in the evaluations given Mr. Harvey on duties No. 2, 3 and 4. I believe duty No. 2 could have been rated "outstanding" rather than "strong," with justification. I also think, however, that duty No. 1, involving the overall administration and management of the Station and its personnel, should more appropriately be rated "proficient," or perhaps "strong."		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
21 October 1965	ADDP	<i>Thomas H. Karamessines</i> Thomas H. Karamessines

SECRET

What date?

Colored photograph removed this date and forwarded with Biographic Profile to Mr. McCone via Mr. Henry Costhock, WH/Pers. Mr. Costhock cleared with Mr. Gene Stevens, Chief, T&R Branch, POD/CP, the removal of picture.

V. Graham, OP/POD/CAB
5E-2508 HQS
Ext. 7771



SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION												
1 SERIAL NUMBER		2 NAME (LAST FIRST MIDDLE)										
100101		HARVEY WILLIAM K										
3 NATURE OF PERSONNEL ACTION				4 EFFECTIVE DATE		5 CATEGORY OF EMPLOYMENT						
RETIREMENT VOLUNTARY UNDER THE CIA RETIREMENT AND DISABILITY SYSTEM				12 31 87		REGULAR						
6 FUNDS		V TO V		V TO CF		7 Financial Analysis No. Chargeable		8 CSC OR OTHER LEGAL AUTHORITY				
CF TO V		X		CF TO CF		8136-1100-0000		F.L. 88-543 SECT. 233				
9 ORGANIZATIONAL DESIGNATIONS						10 LOCATION OF OFFICIAL STATION						
DDP/EUR DEVELOPMENT COMPLEMENT						WASH., D.C.						
11 POSITION TITLE				12 POSITION NUMBER		13 SERVICE DESIGNATION						
CFS OFFICER				9997		D						
14 CLASSIFICATION SCHEDULE (GS 18-04)			15 OCCUPATIONAL SERIES		16 GRADE AND STEP		17 SALARY OR RATE					
GS			R136.01		18 1		27055					
18 REMARKS												
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL												
19 ACTION CODE	20 Emph. Code	21 OFFICE CODING		22 STATION CODE	23 INTERSEE CODE	24 HOURS CODE	25 DATE OF BIRTH		26 DATE OF GRADE		27 DATE OF LEI	
45	18						09 13 16					
28 NTE EXPIRES		29 SPECIAL REFERENCE	30 RETIREMENT DATA		31 SEPARATION DATA CODE	32 Continuation Calculation Data		33 SECURITY REQ NO		34 SER		
MO DA YR			1 CSC 2 CIA 3 FEA 5 NCRA			TYPE NO DA YR						
35 VET PREFERENCE		36 SEN. COMP DATE		37 LONG COMP DATE		38 CAREER CATEGORY		39 FEGLI HEALTH INSURANCE		40 SOCIAL SECURITY NO		
CODE		MO DA YR		MO DA YR		CODE		CODE				
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE				42 LEAVE CAT CODE		43 FEDERAL TAX DATA		44 STATE TAX DATA				
CODE						CODE		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						44A EXEMPTED 1 YES 2 NO		44B EXEMPTED 1 YES 2 NO		44C STATE CODE 1-EMP		
SIGNATURE OR OTHER AUTHENTICATION												

POSTED
12-31-87

4-00000

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 90-206
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,
AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 8 OCTOBER 1967

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
HARVEY WILLIAM K	061164	44	997	CF GS 18 1	\$25,890	\$27,055

SECRET
(When Filled In)

E.T. 16 MAR 67

NOTIFICATION OF PERSONNEL ACTION

CCF

1. SERIAL NUMBER 061164		2. NAME (LAST-FIRST-MIDDLE) HARVEY WILLIAM K.	
3. NATURE OF PERSONNEL ACTION CONVERSION FROM FSR STATUS			4. EFFECTIVE DATE 02 25 67
5. CATEGORY OF EMPLOYMENT REGULAR			6. FINANCIAL ANALYSIS NO. CHARGEABLE 7136 1186 0000
7. FUNDS		8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J	
9. ORGANIZATIONAL DESIGNATIONS DDP/EUR DEVELOPMENT COMPLEMENT		10. LOCATION OF OFFICIAL STATION WASH., D.C.	
11. POSITION TITLE OPS OFFICER		12. POSITION NUMBER 9997	13. SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LS, etc.) GS	15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 18 1	17. SALARY OR RATE 25890
18. REMARKS OTHER WASH., D.C.			

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE 56	20. EMPLOY. CODE 18	21. OFFICE CODES NUMERIC 44997 ALPHABETIC EUR	22. STATION CODE 75013	23. INTEGREE CODE	24. HOURS CODE 1	25. DATE OF BIRTH 09 13 16	26. DATE OF GRADE NO DA YR	27. DATE OF LET NO DA YR
28. NTE EXPIRE NO DA YR	29. SPECIAL REFERENCE	30. RETIREMENT DATA 1. CSC 2. CUB 3. FICA 4. NONE	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE NO DA YR	33. SECURITY REQ NO		34. SEX	
35. VET. PREFERENCE CODE 0 - NONE 1 - 5 PT 2 - 10 PT	36. SERV. COMP. DATE NO DA YR	37. LONG COMP. DATE NO DA YR	38. CAREER CATEGORY CODE	39. FEGLI / HEALTH INSURANCE CODE CODE 0 - WAIVER 1 - YES	40. SOCIAL SECURITY NO			
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)			42. LEAVE CAT. CODE	43. FEDERAL TAX DATA FORM EXECUTED, CODE NO TAX EXEMPTIONS 1 - YES 2 - NO		44. STATE TAX DATA FORM EXECUTED 1 - YES 2 - NO		

SIGNATURE OR OTHER AUTHENTICATION

POSTED 6/7

FORM 5-64 1150

Use Previous Edition

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

(When Filled In)

SECRET
(When Filled In)

BJT: 16 MAR 67

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER 2. NAME (LAST FIRST MIDDLE)											
061164 HARVEY WILLIAM K											
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT						02 24 67		REGULAR			
6. FUNDS			7. Financial Analysis No. Chargeable		8. CSC OR OTHER LEGAL AUTHORITY						
V TO V			V TO CF		7136 1186 0000 50 USC 403 J						
CF TO V			X CF TO CF								
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP/EUR DEVELOPMENT COMPLEMENT						WASH., D.C.					
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
FIRST SECRETARY OPS OFFICER						9997		D			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE				
FSR GS			0136.01		01 2 18 1		24770 25890				
18. REMARKS											
OTHER ROME, ITALY											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE											
20. EMPLOY CODE											
21. OFFICE CODING											
22. STATION CODE											
23. INTEGREE CODE											
24. HOURS CODE											
25. DATE OF BIRTH											
26. DATE OF GRADE											
27. DATE OF LEI											
28. NTE EXPIRES											
29. SPECIAL REFERENCE											
30. RETIREMENT DATA											
31. SEPARATION DATA CODE											
32. CORRECTION/CANCELLATION DATA											
33. SECURITY REQ NO.											
34. SER											
35. VET. PREFERENCE											
36. SERV COMP DATE											
37. LONG COMP. DATE											
38. CAREER CATEGORY											
39. FEGLI / HEALTH INSURANCE											
40. SOCIAL SECURITY NO.											
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE											
42. LEAVE CAT. CODE											
43. FEDERAL TAX DATA											
44. STATE TAX DATA											
45. FORM EXECUTED CODE											
46. NO TAX EXEMPTIONS											
47. FORM EXECUTED CODE											
48. NO TAX EXEMPTIONS											
49. STATE CODE											
50. STATE CODE											
SIGNATURE OR OTHER AUTHENTICATION											
<div style="float: right; border: 1px solid black; padding: 5px; text-align: center;"> POSTED 3-17-67 </div>											

FORM 5-66 1150

Use Previous Edition

SECRET

CJK

GROUP 1
Excluded from automatic
downgrading and
declassification

(When Filled In)

1178
261

4-00000

*PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-504
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,
AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962.*

EFFECTIVE DATE OF PAY ADJUSTMENT: 3 JULY 1966

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
HARVEY WILLIAM K	061164	50	630	CF GS 14 1	\$25,382	\$25,890

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-301
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,
AS AMENDED, AND A-DCI POLICY DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 OCTOBER 1965

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
HARVEY WILLIAM K	061164	50	630	CF GS 18 1	\$24,500	\$25,382

JGD: 19 NOV 65

SECRET
(When Filled In)

OD/perr

NOTIFICATION OF PERSONNEL ACTION															
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)													
061164		HARVEY WILLIAM K													
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE			5. CATEGORY OF EMPLOYMENT							
DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM					NO DA YR 11 21 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		6136 1267 0000		PL 88-643 SECT. 203							
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION									
DDP/WE ROME STATION OFFICE OF THE CHIEF						ROME, ITALY									
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION							
FIRST SECRETARY CHIEF OF STATION						0262		D							
14. CLASSIFICATION SCHEDULE (GS, 18, etc.)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP		17. SALARY OR RATE							
FSR GS			0136.05			01 2 18 1		24284 25382							
18. REMARKS															
ROME, ITALY EMPLOYEE WILL BE NOTIFIED BY DISPATCH FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND OF HIS RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE.															
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			
28	10	NUMERIC	ALPHABETIC	36533	1	3	NO	DA	YR	NO	DA	YR	NO	DA	YR
		50630	WE				09	13	16	05	17	59	05	17	59
28. NTE EXPIRES		29. SPECIAL REFERENCE	30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA			33. SECURITY REQ. NO	34. SEX					
NO DA YR			1 - CSC 3 - FICA 8 - NONE		2	TYPE NO DA YR									
						EOD DATA									
35. VET. PREFERENCE		36. SERV COMP DATE		37. LONG COMP. DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.					
CODE		0 - NONE 1 - 5 PT 2 - 10 PT	NO	DA	YR	NO	DA	YR	CAR PROV	RESV TEMP	CODE	CODE	U - WAIVER 1 - YES	HEALTH INS CODE	
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE	43. FEDERAL TAX DATA			44. STATE TAX DATA							
CODE	0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)				FORM EXECUTED	CODE	NO TAX EXEMPTIONS		FORM EXECUTED	CODE	NO TAX EXEMP.	STATE CODE			
					1 - YES 2 - NO				1 - YES 2 - NO						
SIGNATURE OR OTHER AUTHENTICATION															
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p style="text-align: center; margin: 0;">POSTED</p> <p style="text-align: center; margin: 0;">11 26 65</p> </div>															

FORM 11-62 1150

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GROUP 1
Excluded from automatic
downgrading and
declassification

(When Filled In)

36

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION							
1 SERIAL NUMBER 061144		2 NAME (LAST FIRST, MIDDLE) HARVEY WILLIAM K					
3 NATURE OF PERSONNEL ACTION SERIES CODE ADJUSTMENT				4 EFFECTIVE DATE MO DA YR 06 07 65		5 CATEGORY OF EMPLOYMENT	
6 FUNDS	V TO V		V TO CF	7 COST CENTER NO CHARGEABLE 5136 1267 0000		8 CSL OR OTHER LEGAL AUTHORITY	
	CF TO V	A	CF TO CF				
9 ORGANIZATIONAL DESIGNATIONS DDP/WE DIVISION				10 LOCATION OF OFFICIAL STATION ROME, ITALY			
11 POSITION TITLE CHIEF OF STATION				12 POSITION NUMBER 0262		13 CAREER SERVICE DESIGNATION U	
14 CLASSIFICATION SCHEDULE (GS LB etc) GS			15 OCCUPATIONAL SERIES 6136.05		16 GRADE AND STEP 18	17 SALARY OR RATE	
18. REMARKS							
<div data-bbox="824 1181 1144 1415" data-label="Text"> <p style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED JUN 21-65 </p> </div>							
SIGNATURE OR OTHER AUTHENTICATION							

Form 1-63 11508 MFG 1-63

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downgrading and
declassification (When Filled In)

(451)

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RZR: 28 JUNE 63

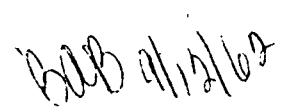
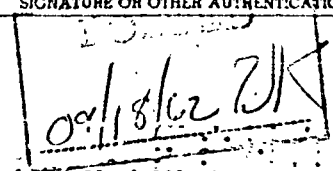
NOTIFICATION OF PERSONNEL ACTION													
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)											
061164		HARVEY WILLIAM K											
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE			5. CATEGORY OF EMPLOYMENT				
REASSIGNMENT						06 30 63			REGULAR				
6. FUNDS		V TO V		V TO CP		7. COST (ENTER NO. CHARGEABLE)			8. CSC OR OTHER LEGAL AUTHORITY				
CP TO V		X		CP TO CP		3136.6300 1014			50 USC 403 J				
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION							
DDP/WE ROME STATION OFFICE OF THE CHIEF						ROME, ITALY							
11. POSITION TITLE						12. POSITION NUMBER			13. SERVICE DESIGNATION				
1ST SECRETARY CHIEF OF STATION						0262			D				
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP			17. SALARY OR RATE				
FSR GS			0136.01			02 0 18 1			15900 20000				
WASH., 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. INTEGREE CODE	24. MONTH CODE	25. DATE OF BIRTH			26. DATE OF GRADE		27. DATE OF LEI	
37	10	62630 WE		36533	1	3	09 13 16						
28. NTE EXPIRES		29. SPECIAL REFERENCE	30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA			33. SECURITY REQ. NO.		34. SEX		
						EOD DATA							
35. VET. PREFERENCE		36. SERV. COMP. DATE		37. LONG COMP. DATE		38. CAREER CATEGORY		39. FEGLI/HEALTH INSURANCE			40. SOCIAL SECURITY NO.		
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT. CODE	43. FEDERAL TAX DATA			44. STATE TAX DATA					
SIGNATURE OR OTHER AUTHENTICATION													
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p style="margin: 0;">POSTED</p> <p style="margin: 0; font-size: 1.2em;">07/04/63 WK</p> </div>													

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 77-702 AND
DCI MEMORANDUM DATED 1 AUGUST 1954, SALARY IS ADJUSTED AS FOLLOWS,
EFFECTIVE 14 OCTOBER 1952

NAME	SERIAL	ORGN	FUNDS	OLD GRST	OLD SALARY	NEW GRST	NEW SALARY
HARVEY WILLIAM K	261144	A1100	CF 13 1		318500	18 1	320000

PSC: 12 SEPT 62

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION																	
1. SERIAL NUMBER		2. NAME (LAST-FIRST MIDDLE)															
051164		HARVEY WILLIAM K															
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE			5. CATEGORY OF EMPLOYMENT								
REASSIGNMENT (CORRECTION)						05 08 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		3132 1000 1000			50 USC 403 J								
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION											
DDP TASK FORCE W OFFICE OF THE CHIEF						WASH., D.C.											
11. POSITION TITLE						12. POSITION NUMBER			13. CAREER SERVICE DESIGNATION								
SP ASST TO COORD OPS OFFICER CH						0662			D								
14. CLASSIFICATION SCHEDULE (GS, LD, etc)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE									
FSR GS				0136.01		02 0 18 1		14900 18500									
18. REMARKS																	
THIS ACTION CORRECTS FORM 1150 EFFECTIVE DATE 05/08/62 TO SHOW THE [REDACTED] TITLE, CLASSIFICATION, GRADE, STEP, & SALARY WHICH WERE PREVIOUSLY OMITTED.																	
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	
57		10		6.1100 TFW		75013		1		1		09 13 16					
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA				33. SECURITY REQ NO.		34. SEN			
				1. CSC 2. FICA 3. NONE				37 06 08 62				EOD DATA					
35. VET. PREFERENCE		36. SERV. COMP. DATE		37. LONG. COMP. DATE		38. CAREER CATEGORY		39. FEI / HEALTH INSURANCE				40. SOCIAL SECURITY NO.					
0 - NONE 1 - 5 PT 2 - 10 PT						CAP. BELV. PROJ. TEMP.		D - WAIVER 1 - YES				HEALTH INS CODE					
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT. CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA							
0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)						FORM EXECUTED CODE NO. TAX DEDUCTIONS 1 - YES 2 - NO				FORM EXECUTED CODE NO. TAX EXEMP STATE CODE 1 - YES 2 - NO							
SIGNATURE OR OTHER AUTHENTICATION																	
 																	

FORM 1150
8-62

Use Previous Edition

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

(When Filled In)

(4-51)

DATE: 31 AUG 62

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 05110		2. NAME (LAST-FIRST-MIDDLE) HARVEY WILLIAM K	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT			4. EFFECTIVE DATE MO DA YR 8 1 62
5. CATEGORY OF EMPLOYMENT REGULAR			6. COST CENTER NO. CHARGEABLE 3102 1060 1000
7. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J		8. FUND	
9. ORGANIZATIONAL DESIGNATIONS TASK FORCE W OFFICE OF THE CHIEF		10. LOCATION OF OFFICIAL STATION WASHINGTON, D.C.	
11. POSITION TITLE OPS OFFICER CI		12. POSITION NUMBER 2862	13. CAREER SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LS, etc.) GS	15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 18 1	17. SALARY OR RATE 18500
18. REMARKS			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE 07	20. EMPLOY CODE 12	21. OFFICE CODING NUMERIC ALPHABETIC 01100 TEW	22. STATION CODE 75013
23. INTEGREE CODE	24. MONTHS Code	25. DATE OF BIRTH MO DA YR 12 12 18	26. DATE OF GRADE MO DA YR
27. DATE OF LEI MO DA YR	28. NTE EXPIRES MO DA YR	29. SPECIAL REFERENCE	30. RETIREMENT DATA 1. CSC 2. FICA 3. NONE
31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE MO DA YR	33. SECURITY REQ NO.	34. SEX
35. VES PREFERENCE CODE 0 - NONE 1 - 3 PT 2 - 10 PT	36. SERV. COMP DATE MO DA YR	37. LONG COMP DATE MO DA YR	38. CAREER CATEGORY CAR SEN CODE PROV TEMP
39. FEGLI / HEALTH INSURANCE CODE 0 - WAIVER 1 - YES	40. SOCIAL SECURITY NO.	41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)	42. LEAVE CAT CODE
43. FEDERAL TAX DATA FORM EXECUTED CODE 1 - YES 2 - NO	44. STATE TAX DATA FORM EXECUTED CODE 1 - YES 2 - NO	45. SIGNATURE OR OTHER AUTHENTICATION	
		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>POSTED</p> <p>9/5/62 <i>[Signature]</i></p> </div>	

FORM 1150 4-62

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8/31/62 *[Signature]* SECRET

GROUP 1 Excluded from automatic downgrading and declassification

(When Filled In)

(4-001)

4-00000

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

SD	NAME	SERIAL	ORGN	GR-ST	OLD SALARY	NEW SALARY
DI	HARVEY WILLIAM K	561164	41 09	GS-18 1	\$17,500	\$18,500

/S/ EMMETT D. ECHOLS
DIRECTOR OF PERSONNEL

SECRET

(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

PAS: 15 AUGUST 1960

1. Serial No. 561164		2. Name (Last-First-Middle) HARVEY WILLIAM K			3. Date Of Birth Mo. Da. Yr. 09 13 15			4. Vol. Pral. Nono-0 5 Pt-1 10 Pt-2 0		5. Sex M	6. CS-FOD Mo. Da. Yr. 09 29 47		
7. SCD Mo. Da. Yr. 12 09 40		8. CSC Retmt Yes-1 No-2 1			9. CSC Or Other Legal Authority 50 USCA 403 J			10. Appt. Auth. Mo. Da. Yr. 09 29 47		11. FEGLI Yes-1 No-2 0		12. LCD Mo. Da. Yr. 09 29 47	13. <small>Special Service</small> Yes-1 No-2 2

PREVIOUS ASSIGNMENT

14. Organizational Designations DDP FI STAFF DIVISION D OFFICE OF THE CHIEF			Code 4109	15. Location Of Official Station WASH., D. C.			Station Code 75013	
16. Dept. - Field Dept -1 USfld -3 Frqn -5 1		17. Position Title SP ASST TO COORD OPS OFFICER CHIEF			18. Position No. 0872		19. Serv. FSR GS GS	20. Occup. Series 0136.01
21. Grade & Step 02 18 1		22. Salary Or Rate \$ 14900	23. SD D	24. Date Of Grade Mo. Da. Yr. 05 17 59		25. PSI Dnt Mo. Da. Yr. XX XX XX		26. Appropriation Number 0127 1003 1000

ACTION

27. Nature Of Action CONVERSION TO PERMANENT SUPERGRADE RANK		Code 07	28. Eff. Date Mo. Da. Yr. 07 27 60		29. Type Of Employee REGULAR		Code OM	30. Separation Data
--	--	-------------------	---	--	--	--	-------------------	---------------------

PRESENT ASSIGNMENT

31. Organizational Designations DDP FI STAFF DIVISION D OFFICE OF THE CHIEF			Code 4109	32. Location Of Official Station WASH., D. C.			Station Code 75013	
33. Dept. - Field Dept -1 USfld -3 Frqn -5 1		34. Position Title SP ASST TO COORD OPS OFFICER CHIEF			35. Position No. 0872		36. Serv. FSR GS GS	37. Occup. Series 0136.01
38. Grade & Step 02 18 1		39. Salary Or Rate \$ 14900	40. SD D	41. Date Of Grade Mo. Da. Yr. 05 17 59		42. PSI Dnt Mo. Da. Yr. XX XX XX		43. Appropriation Number 1123 1003 1000

44. Remarks
* THE DIRECTOR OF CENTRAL INTELLIGENCE ON 27 JULY 1960 APPROVED YOUR PERMANENT GRADE AS GS-18.

FOIA
2.29.60 W/L

Pre 1960
Peromelactous

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				061164			
SECTION A GENERAL							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SO	
HARVEY William K.			13 Sept 1916	M	GS-18	D	
6. OFFICIAL POSITION TITLE				7. OFF. DIV. BR OF ASSIGNMENT	8. CURRENT STATION		
Chief of Station				DDP/WE/Italian	Rome		
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/>	CAREER	<input type="checkbox"/>	RESERVE	<input type="checkbox"/>	TEMPORARY	<input type="checkbox"/>	INITIAL
<input type="checkbox"/>	CAREER-PROVISIONAL (See instructions - Section C)	<input type="checkbox"/>	ANNUAL	<input checked="" type="checkbox"/>	REASSIGNMENT SUPERVISOR	<input type="checkbox"/>	
<input type="checkbox"/>	SPECIAL (Specify):	<input type="checkbox"/>		SPECIAL (Specify):	<input type="checkbox"/>		
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to)			
				1 April 1965 - 27 September 1965			
SECTION B PERFORMANCE EVALUATION							
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
Chief of Station, Rome						O	
SPECIFIC DUTY NO. 2						RATING LETTER	
Handles Station relationship with Ambassador and Embassy and the Base in Milan.						S	
SPECIFIC DUTY NO. 3						RATING LETTER	
Supervises CA Program.						O	
SPECIFIC DUTY NO. 4						RATING LETTER	
Engaged in reorientation of Station FI Program.						O	
SPECIFIC DUTY NO. 5						RATING LETTER	
SPECIFIC DUTY NO. 6						RATING LETTER	
OVERALL PERFORMANCE IN CURRENT POSITION							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER	
2 S OCT 1965						O	

②

SECRET

OFFICE OF PERSONNEL

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in mind perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p> <p style="text-align: right;">MAIL ROOM</p> <p>My rating of the performance of this officer remains the same as the description of his performance which is contained in his fitness report for period ending 31 March 1965.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
	<i>William H. Harvey</i>		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
30	Mr. Harvey is currently at his overseas post.		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
27 September 1965	Chief, WS Division	<i>William D. O'Ryan</i> William D. O'Ryan	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>I concur in the evaluations given Mr. Harvey on duties No. 2, 3 and 4. I believe duty No. 2 could have been rated "outstanding" rather than "strong," with justification. I also think, however, that duty No. 1, involving the overall administration and management of the Station and its personnel, should more appropriately be rated "proficient," or perhaps "strong."</p> <p style="text-align: right;"><i>W. H. Karamessines</i></p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
21 October 1965	ADDP	<i>Thomas H. Karamessines</i> Thomas H. Karamessines	

SECRET

SECRET

(When Filled In)

FITNESS REPORT						EMPLOYEE SERIAL NUMBER	
						061164	
SECTION A						GENERAL	
1. NAME (Last) (First) (Mi-Mid)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD	
Harvey William K.			13 Sept 1916	M	GS-18	D	
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION		
Chief of Station			DDP/WE/Italian		Rome		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT				
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify):				
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)				
			1 April 1964 - 31 March 1965				
SECTION B						PERFORMANCE EVALUATION	
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
Chief of Station, Rome						O	
SPECIFIC DUTY NO. 2						RATING LETTER	
Handles Station relationship with Ambassador and Embassy and the Base in Milan.						S	
SPECIFIC DUTY NO. 3						RATING LETTER	
Supervises CA Program.						O	
SPECIFIC DUTY NO. 4						RATING LETTER	
Engaged in reorientation of Station FI Program.						O	
SPECIFIC DUTY NO. 5						RATING LETTER	
SPECIFIC DUTY NO. 6						RATING LETTER	
OVERALL PERFORMANCE IN CURRENT POSITION						RATING LETTER	
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						O	
15 JUN 1965							

SECRET

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

Mr. Harvey has continued to manage the Agency's activities in Italy with the same enthusiasm and drive which characterized the description of his approach to the Station Chief role in his past Fitness Report.

In his efforts to reorient the Rome Station's FI program toward Soviet-Satellite targets Mr. Harvey has devoted considerable energy to acquiring the basic information needed for this task. This has been well reported and the responsibilities for carrying out this shift in operational approach have been precisely delegated. It is still early to assess the results operationally but the reorientation has been well organized. As an early indication of the trend this is taking, several successful technical operations have been established which are well on target.

To accomplish the objectives of the CA responsibilities of the Rome Station Mr. Harvey has acquired the most competent officers with this highly specialized skill and has staunchly supported their efforts to prosecute this program which remains extensive. He has considerably improved the Station relationship with Embassy officers, including the Ambassador, by devoting greater effort to this necessary phase of the Station Chief's role and the Ambassador, during a recent trip to Washington, made special mention of the degree of confidence he had in the Station's reporting and in the extent to which it has kept him properly informed.

During the period under review Mr. Harvey acquired a Deputy Station Chief - for whose arrival he had waited more than 6 months. He has delegated general management of the Station's activities to this officer, who has applied himself diligently to this task and the results have been promising. Mr. Harvey has been receptive to headquarters guidance, is extremely prompt and thorough in replying to his correspondence.
(cont'd)

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
	Employee at Field Station	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
24		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
2 June 1965	C/WE	William D. O'Shea
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
3 June 65	ADDP	Thomas H. Karwessines

SECRET

SECRET

William K. Harvey

Fitness Report for Period 1 April 1964 - 31 March 1965

Section C (cont'd)

Some administrative details, such as the reports on the performance of officers whose evaluation he was reluctant to make, Mr. Harvey has had a tendency to postpone despite repeated efforts to provoke him into timely response.

I have rated Mr. Harvey's overall performance outstanding in recognition of his superior supervisory ability, his unusual skill in expressing his views and his determination to accomplish his basic objectives regardless of the obstacles which he encounters. The Rome Station is complex, is engaged in some highly sensitive operations which must be guided with a strong hand and by an officer with a degree of professionalism which Mr. Harvey is well able to supply as a result of his extensive operational experience.

SECRET

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				061164			
SECTION A GENERAL							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH		3. SEX	4. GRADE	5. ID
Harvey William K.			1916		N	18	D
6. OFFICIAL POSITION TITLE				7. OFF/DIV. BR. OF ASSIGNMENT		8. CURRENT STATION	
Chief of Station, Rome				DDP/WE/Italy		Rome	
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
CAREER	RESERVE	TEMPORARY		INITIAL	REASSIGNMENT-SUPERVISOR		
				ANNUAL	REASSIGNMENT-EMPLOYEE		
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - To)			
				1 March 1963 - 31 March 1964			
SECTION B PERFORMANCE EVALUATION							
W - Weak	Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.						
A - Adequate	Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.						
P - Proficient	Performance is more than satisfactory. Desired results are being produced in a proficient manner.						
S - Strong	Performance is characterized by exceptional proficiency.						
O - Outstanding	Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.						
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
Chief of Station, Rome						O	
SPECIFIC DUTY NO. 2						RATING LETTER	
Handles Station relationship with Ambassador and Embassy and Station Bases.						S	
SPECIFIC DUTY NO. 3						RATING LETTER	
Supervises correspondence with headquarters on entire complex Station program.						O	
SPECIFIC DUTY NO. 4						RATING LETTER	
Supervises CA Program.						O	
SPECIFIC DUTY NO. 5						RATING LETTER	
Engaged in reorientation of Station FI program.						O	
SPECIFIC DUTY NO. 6						RATING LETTER	
OVERALL PERFORMANCE IN CURRENT POSITION							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.							RATING LETTER
12 AUG 1964							O

EM

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

OFFICE OF PERSONNEL

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section A to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties should be described, if applicable.

AUG 11 11 19 AM '64

Mr. Harvey's management of the Agency's program in Italy has to date been characterized by the forcefulness and drive which have gained for him in previous assignments a reputation for dynamism. He has undertaken to reorient the Rome Station's FI program toward Soviet-satellite targets and any delay in this reorientation has been due fully to our inability for administrative reasons to supply the personnel he desires on the time schedule which he would prefer.

Although not by inclination oriented toward the objectives of CA, he has preserved and guided the most complex CA program in Western Europe with understanding and skill. To accomplish this it has been necessary for Mr. Harvey to learn the intricacies of an extremely complex local political situation. This he has set about to do with confidence. His accumulated experience in earlier assignments has equipped Mr. Harvey with a self-assurance and confidence which I have rarely seen equalled in any other officer. The continuance of ideal relationships with the key Embassy officials in Rome has been somewhat handicapped by the sudden death of the principal officer in the Embassy who was knowledgeable of our program and the impossibility of bringing into knowledge of our activity the next lower level echelon of Embassy officials for reasons beyond Mr. Harvey's control. This handicap has been overcome over the past year and Mr. Harvey is currently supervising extremely sensitive political operations and contacts to the satisfaction of the Ambassador and his headquarters.

He delegates responsibilities skillfully to those officers under his command who are best qualified and by his own outstanding performance, which is always at its best under heavy stress, he earns an intense loyalty from these personnel. He demonstrates cost-consciousness and outstanding supervisory ability.

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE 27/2/65	SIGNATURE OF EMPLOYEE <i>[Signature]</i>	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 12	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION Report will be shown to employee upon return from overseas.	
DATE 28 July 1964	OFFICIAL TITLE OF SUPERVISOR C/WE	TYPED OR PRINTED NAME AND SIGNATURE <i>[Signature]</i> William D. O'Ryan
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
DATE 17 AUG 1964	OFFICIAL TITLE OF REVIEWING OFFICIAL Deputy Director for Plans	TYPED OR PRINTED NAME AND SIGNATURE <i>[Signature]</i> Richard Helms

SECRET

SECRET

61164
7-5-68

18 April 1963

MEMORANDUM FOR: Director of Personnel

SUBJECT: Fitness Report - Mr. William K. Harvey

1. This Fitness Report covers the period from 1 April 1962 to 15 January 1963 during which Mr. Harvey was Chief, Task Force W.

2. As a senior officer in the Clandestine Services, Mr. Harvey has behind him a long record of professional accomplishment achieved during tours in Washington as well as seven years in Berlin. He is thoroughly grounded in the tradecraft of clandestine activities, and has brought to each and every assignment an intelligent, thorough, and uncommonly conscientious approach. His qualities of leadership are attested to by the loyalty and devotion of those colleagues who have worked under his direction. If anything, there has tended to grow up within the Clandestine Services a coterie of officers who have come to regard themselves as "Harvey men", a development which Mr. Harvey himself has not encouraged but which demonstrates the strong emphasis on first-class tradecraft which he has insisted upon in each assignment.

3. As Chief, Task Force W, Mr. Harvey had the task of organizing and developing a large operational team devoted to the acquisition of intelligence and the handling of special operations directed at Cuba. He was obliged to work within a complicated bureaucratic framework, a fact which made the clearing of actions a laborious and time-consuming exercise. Under his direction, the Task Force grew substantially in size and in professional competence with the result that when the Cuban crisis arrived in October intelligence assets were in place to make a significant contribution to the overall intelligence picture. Mr. Harvey devoted considerable ingenuity, long hours of personal time, and great energy to this enterprise, and, although certain aspects of the intra-governmental coordination of the operations had rough sledding, his net achievement was the establishment of an effective, going concern with momentum which carries on to the present.

4. Mr. Harvey, after a strong performance as Chief, TFW, has been assigned as Chief of Station, Rome, and is now preparing himself to take over at that post in the coming months.

Thomas H. Karamessines
Thomas H. Karamessines
Assistant Deputy Director (Plans)

Read 23/4/63
mkh

29 APR 1963
mkh

Reviewing Official:
Richard Helms
Richard Helms
Deputy Director (Plans)

SECRET

mkh

OCT 1967

mm

DD/Pers

1167

123-05

25 OCT 1967

MEMORANDUM FOR: Director of Personnel

SUBJECT: William K. Harvey - Memorandum in lieu of fitness report for period 30 March 1960 - 10 May 1962

1. It is difficult to prepare a fitness report on this outstanding officer, largely because forms do not lend themselves to measuring his many unique characteristics. His strengths are in professional knowledge and competence in the operational field, in a toughness of mind and firmness of attitude, while the latter in past years have moved him into positions that were sometimes stronger than superior officers, with a responsibility for adjustments necessary in matters of policy in relation to Agency position in the community, were able to handle easily, his own closeness to policy positions of the Agency within the U.S. community in the last two years has found him with a real ability to handle policy matters and to adjust to necessities, without losing his firmness and his independence of thought.

2. He is sometimes accounted to be less than outgoing of information about operational matters in which he is engaged, yet it should be remembered that this characteristic has been part and parcel of a sound operational attitude in his career. He has a wide knowledge of personalities within the officer corps of the DD/P and is for the most part a good selector of officers to accomplish necessary tasks. He handles people well. He has a tremendous energy and is a loyal officer both to his superiors and to the purposes of the Clandestine Services of CIA.

3. He is one of the few distinctly outstanding officers in the DD/P.

W. Lloyd George
W. LLOYD GEORGE
Chief
Foreign Intelligence

ml

AK

8 September 1960

MEMORANDUM IN LIEU OF FITNESS REPORT

The following statement relates to the performance of William K. Harvey, GS 18, Chief of FI, Division D.

This officer has held a series of responsible positions in DD/P and its predecessor clandestine intelligence organization for well over ten years. He excels in the field of clandestine operations in general and especially so in that phase of clandestine staff and operational activities concerned with the procurement, handling and exploitation of highly sensitive and critical intelligence and operational materials.

His performance generally over the recent years has proved him to be one of the outstanding officers of the DD/P organization. He has demonstrated clearly superior performance both in staff responsibility at Headquarters and as Chief of Base in a very important field station where he was directly engaged in supervising and carrying on operations successfully against targets of the highest priority.

In the period under review, June 1959 to March 1960, he took over and directed functioning of one of DD/Ps most sensitive components charged with achievement by special means against targets of the highest importance. This included carrying on negotiations and liaison with other components of CIA and other Agencies and Departments of the U. S. Government concerned with his special field. His performance of this responsibility in many respects has been outstanding. He has continued to demonstrate his fitness to handle a wide range of positions of major responsibility within the clandestine service.

Among his outstanding characteristics are: thorough understanding of his profession and ability to make this clear to persons of high level whose knowledge of the Clandestine Services is general. He is firm, tenacious, and on occasions strongly aggressive in pursuit of his point of view. While this may sometimes make for difficulty on the part of those in higher echelons who wish to dispose of a complicated problem easily and quickly, this officer's persistence in carefully

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14 January 1959

MEMORANDUM FOR: Director of Personnel
ATTENTION: Chief, Records and Services Division
FROM: Chief of Station, Germany
SUBJECT: Fitness Report - William K. Harvey
November 1957 - January 1959

1. Subject's abilities and performance are too generally known to require detailed comment. One of the very senior officers in KUDOVE he has been chief of what is probably the largest and most productive overseas Base of KUBARK for approximately seven years. During this period Subject has been personally responsible for a number of operational successes, some of which have been of national importance. Possessed of driving energy, determination and initiative, he has few equals in professional experience and competence. Throughout his administration of the Base he has established and maintained exceedingly high standards of accomplishment, discipline and endeavor. Subject's judgement, on occasion, is impulsive and proposals of the Base have been, from time to time, advanced and defended with greater vehemence and more exhaustively than the occasion, objectively speaking, required. Subject's basic self-discipline, good sense and loyalty, however, have prevented any such incidents, which are in large measure manifestations of the highly charged atmosphere and insistent operational pressures of Berlin, from developing into serious friction with the German Station or Washington headquarters.

2. It has been a pleasure to serve with this officer and, during his assignment, he has consistently rendered dedicated and effective service of the very highest order.

John A. Cross
John A. Cross

CONCUR:

James H. [unclear]
CHIEF, EE DIVISION

RYBAT
SECRET

[Handwritten initials]

Harvey, W. K. EE

Chief of Base 6548-811,328

18 June 1959

Berlin

MEMORANDUM FOR: Director of Personnel

ATTENTION: Chief, Records and Services Division

FROM: Chief of Station, Germany

SUBJECT: Fitness Report - William K. Harvey
January 1959 - June 1959

I have nothing to add to the memorandum dated 14 January 1959.

Subject continues to render an outstanding performance.

John A. Cross
John A. Cross

I certify that I have seen
this Fitness Report

W. K. Harvey

William K. Harvey

CONCUR:

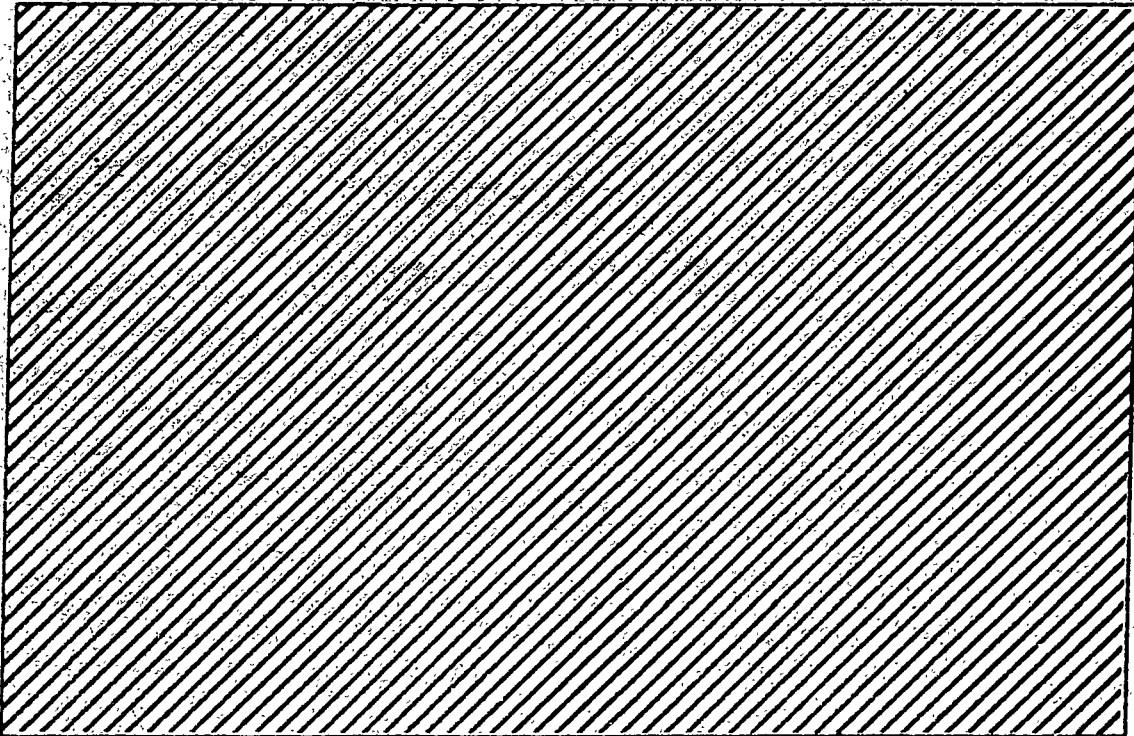
James Hitchfield
Chief, Eastern European Division

[Handwritten initials]

SECRET

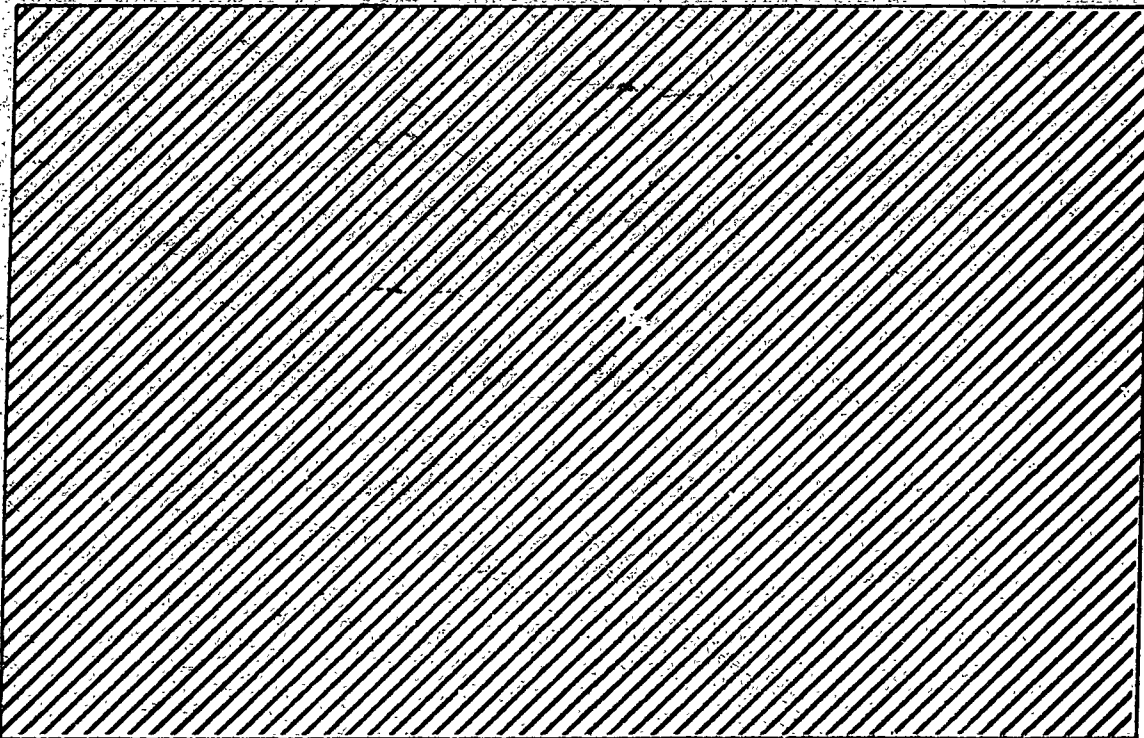
Pre 1959 Fitness
Reports

SECRET
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle) Harvey, William K.	NAME AND RELATIONSHIP OF DEPENDENT* Son-James	CLAIM NUMBER 68-0535
<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>7 March 1967</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 3 January 1968	SIGNATURE OF BSD REPRESENTATIVE <i>B. De Felice</i>	
NOTICE OF OFFICIAL DISABILITY CLAIM FILE		

SECRET
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
Harvey, William	Self	68-0533

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 30 July 1964.

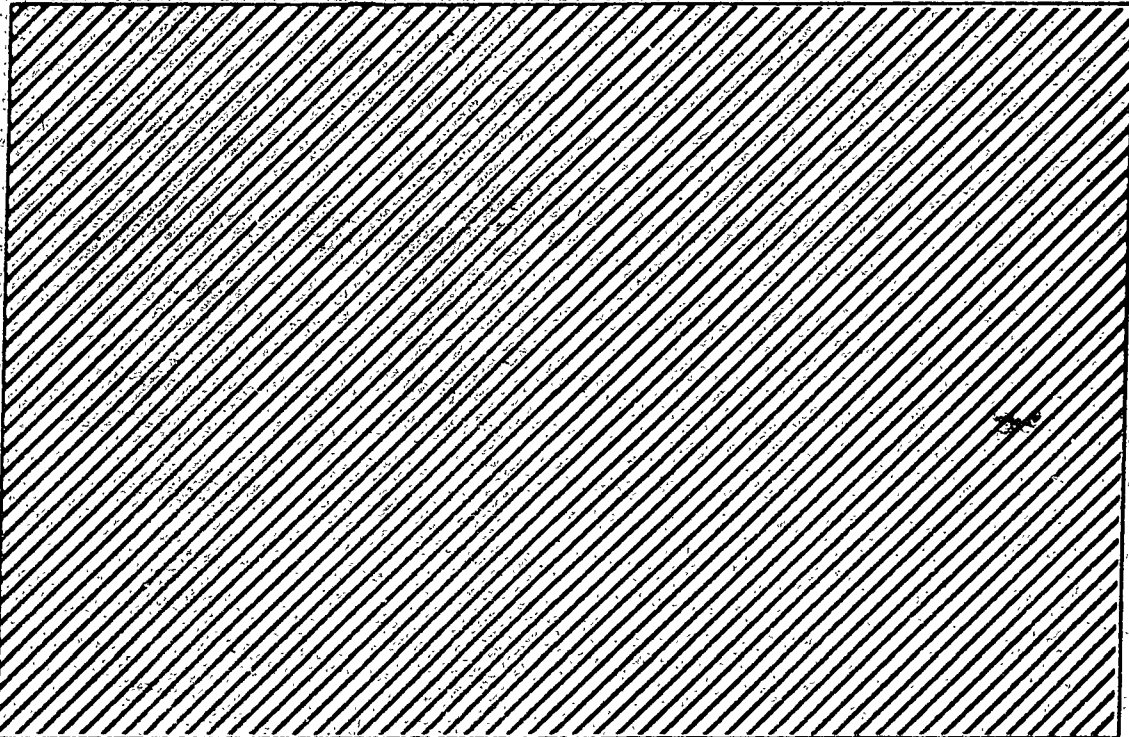
This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE	SIGNATURE OF BSD REPRESENTATIVE
3 January 1968	

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET

(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
Harvey, William K.	Daughter-Sally	68-0534

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 5 August 1967.

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

DATE OF NOTICE	SIGNATURE OF BGD REPRESENTATIVE
3 January 1968	<i>B. DeFolice</i>

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

Items Indicated by a Star are to be Completed by the Payee		TRAVEL REIMBURSEMENT VOUCHER				2. D.O. VOUCHER NO.
4. PAYEE'S COMPLETE NAME AND ADDRESS William K. Harvey 28 West Irving Street Chevy Chase, Md. 20015		5. TRAVEL AUTHORIZATION A. Number 6-69348 6-69348A		B. Dated 2/23/66 5/13/66		3. BU. VO. NO.
8. TRAVEL ADVANCE STATUS A. Old Balance \$ -0- B. Applied This Voucher \$ -0- C. New Balance \$ -0-		7. EMPLOYEE NUMBER (State Only) 253900		6. D.O. PAID BY		9. OFFICIAL STATION (State Only) Rome to Dept.
10. STATEMENT OF GOVERNMENT-FURNISHED TRANSPORTATION						e. Point to Point Travel
A. GTR or other No.	B. Valuation	C. Carrier*	D. Class	(1) From	2) to	
LI 302,207	\$1302.90	SS, Constitution 1st			New York	
LO 359,316	271.85	AF TWA	Economy	Munich	Washington	
11. PAYEE CERTIFICATE: I hereby certify that this voucher and attachments are correct and just in all respects, and that payment or credit has not been received.						12. PAYMENT CALCULATION
A. Date March 19, 1966		B. Signature <i>William K. Harvey</i>		*A. Amount Claimed (See Item 19.) \$ 649.61		B. Differences, if any \$
13. ADMINISTRATIVE APPROVAL: Recommended for approval.						C. Amount Allowed (Verified correct to Approp. _____) \$
A. Date		B. Signature Name: Title:		D. Applied to Advance (See Item 8B.) \$		E. Not to Payee \$
14. PREVIOUS PAYMENTS: The next previous Voucher paid under same travel auth. was:						15. CERTIFIED FOR PAYMENT: Pursuant to authority vested in me, I certify this voucher is correct and proper for payment.
A. D.O. Voucher No.	B. Paid (mo. & yr.)	C. D.O. Name and Symbol				
A. Date		B. Authorized Certifying Officer's Signature				
		Name: Title:				
16. METHOD OF PAYMENT (For Paying Office Use Only)						
A. Cash or Dep. Check Amt.	B. Exchange Rate	C. U.S. \$ Equivalent		*D. Date		
E. Treasury or Depository Check No. and Name of Depository				*F. Payment Received		
						(Payee's Signature)
17. ACCOUNTING CLASSIFICATION			D. Organization (State Only)	E. Function (State Only)	F. Object	G. Paying Office (State Only)
A. Fund	B. Allotment	C. Oblig. (T/A) No	USIA: Activity/Sub-Activity			H. Paying Date (State Only)
						I. Amount

*Item 10C - If carrier was foreign ship registry, attach certificate of readiness.
 ** FRAUDULENT CLAIM - Falsification of any item in an expense account works a forfeiture of the claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years, or both (18 U.S.C.).

19. CLAIM (Show complete itinerary, including transportation expenses for persons and things, for which reimbursement is claimed, or object to which it applies.)

REMARKS (Names and Ages of Dependents; explanation for use of foreign registry ship; rates of exchange, etc.)

Concurrent travel
 Wife
 Daughter, Sally, Age 7
 Separate travel
 Son, James, born December 1947
 Lire 625/\$1 DM 4/\$1

Date 1966 (A)	Local Time (B)	Itinerary and Description (C)	Per Diem Days (D)	Daily Rate (E)	Amount	
					Per Diem (F)	Other (G)
FORWARDED						
		Mr. Harvey, Wife, and Daughter				
Mar. 21	0700	LV. Rome via private auto				
	1130	AR. [redacted]				
		163 miles at 12¢				19.56
		Autostrada tolls L.1750				2.80
		Required fees for auto (Ford)				
		at dock				
		Preparation of car L.1500				
		Auto check-in fee L.1000				
		L.2500				4.00
		Baggage transport Rome				
		to [redacted] L.3500				5.60
		Baggage transfer charges				
		for hold baggage L.9350				14.96
	2300	LV. [redacted]	3/4	6	11.25	
Mar. 22 thru 30		At sea	9	6	135.00	
Mar. 31		At sea	1	2	5.00	
*19. COLUMN TOTALS (Sum of which forwarded to Item 12A. on face of voucher)					151.25	43.92

*18. CLAIM (Show complete itinerary, or transportation expenses for persons and things which reimbursement is claimed; as receipts, show receipts, vouchers and attach all receipts.)

REMARKS (Name and Age of Dependents, explanation for use of foreign registry ship, rates of exchange, etc.)

Dates 19 66 (A)	Local Time (B)	Itinerary and Description (C)	Per Diem Days (D)	Daily Rate (E)	Amount	
					Per Diem (F)	Other (G)
FORWARDED					151.25	16.92
April 1	0800	AR. New York				
	1200	LV. New York via personal auto				
	1850	AR. Washington				
		269 miles at 12¢				32.28
		Tolls				4.55
		Dock charge for release of car				2.50
		Baggage transfer charge				
		at New York pier	1	16.00	40.00	15.00
		Railway express charges for				
		shipment of 357 lbs. of				
		baggage from New York to				
		Washington				33.40
Travel of son James						
June 2		LV. Munich via AF				
		AR. Paris				
June 5	1200	LV. Paris via TWA 803				
	1500	AR. New York				
*19. COLUMN TOTALS (Sum of which forwarded to Item 12A. on face of voucher)					191.25	124.65

THIS CLAIM SHOWS COMPLETELY ALL transportation expenses for persons and things (with reimbursement claimed, on effects, show weight, measure and attach all receipts).

REMARKS (Names and Ages of Dependents, explanation for use of foreign registry ship, rates of exchange, etc.)

Dates 1966 (A)	Local Time (B)	Itinerary and Description (C)	Per Diem Days (D)	Daily Rate (E)	Amount	
					Per Diem (F)	Other (G)
FORWARDED					191.25	124.65
June 5	1630	LV. New York via TW 203				
	1807	AR. Washington Nat'l Airport				
		Air travel from Munich is				
		less expensive than \$302.90				
		economy air FARE from Rome				
		to Washington				
		Airport tax in Munich DM500				1.25
		Direct scheduling from Munich				
		via air				
June 2	0740	LV. Munich via LH 161				
	0830	AR. Frankfurt				
	1215	LV. Frankfurt via PA 107				
	1745	AR. Washington				
		Per diem $\frac{1}{2}$ @ 16.00 less 35%			5.20	
		Shipment of air freight from				
		Munich to Washington (85lbs.)				67.10
		Deferred home leave travel for				
		Mr. Harvey, James and Sally				
e19. COLUMN TOTALS (Sum of which forwarded to item 12A, on face of voucher)					196.45	193.00

18 CLAIM (Show complete itinerary of transportation expenses for persons and things for which reimbursement is claimed, in effect, by weights, measures and attach all receipts.)

REMARKS (Names and Ages of Dependents, explanation for use of foreign registry ship, rates of exchange, etc.)

Dates 19 (A)	Local Time (B)	Itinerary and Description (C)	Per Diem Days (D)	Daily Rate (E)	Amount	
					Per Diem (F)	Other (G)
FORWARDED					196.45	193.00
June 28	0900	LV. Washington via personal auto	3/4	16.00	30.00	
June 29	1500	AR. Indianapolis	3/4	16.00	30.00	
		Mileage 584 @ 12¢				70.08
July 22	0900	LV. Indianapolis via personal auto	3/4	16.00	30.00	
July 23	1500	AR. Washington	3/4	16.00	30.00	
		Mileage 584 miles @ 12¢				70.08
		Cost by auto is less than cost by rail with scheduling as follows:				
June 28	1900	LV. Washington via rail				
June 29	1205	AR. Indianapolis				
July 22	1505	LV. Indianapolis via rail				
July 23	0915	AR. Washington				
		Per diem 2 x \$16.00 x 2.5		\$80.00		
		RT 1st class rail (Family Plan)		169.40		
		RT Sleeping accommodations (Bed-room, plus roomette is least expensive)		76.96		
				\$326.36		
19. COLUMN TOTALS (Sum of which forwarded to Item 12A. on face of voucher)					316.45	303.16

SECRET

(When Filled In)

(11-0)		LANGUAGE DATA RECORD	
PART I-GENERAL			
1. NAME (Last-First-Middle) (7-24)		2. DATE OF BIRTH (25-30)	
HARVEY, WILLIAM		MONTH 7	DAY 13 YEAR 15
3. LANGUAGE (31-33)	4. TODAY'S DATE (34-39)		5. <input type="checkbox"/> I HAVE NO PROFICIENCY IN ANY FOREIGN LANGUAGE
German	MONTH	DAY	YEAR
PART II-LANGUAGE ELEMENTS			
SECTION A. Reading (40)			
1. I CAN READ TEXTS OF ANY DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY ONLY RARELY.			
(2) I CAN READ TEXTS OF MOST GRADES OF DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY OCCASIONALLY.			
3. I CAN READ TEXTS OF AVERAGE DIFFICULTY (newspapers, reference materials, etc.), USING THE DICTIONARY FREQUENTLY.			
4. I CAN READ SIMPLE TEXTS, SUCH AS STREET SIGNS, NEWSPAPER HEADLINES, ETC., USING THE DICTIONARY FREQUENTLY.			
5. I HAVE NO READING ABILITY IN THE LANGUAGE.			
SECTION B. Writing (41)			
1. I CAN WRITE PERSONAL LETTERS AND SIMILAR MATERIAL WITH COMPLETE SUCCESS WITHOUT USING THE DICTIONARY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH VERY FEW GRAMMATICAL ERRORS, IN NATIVE STYLE, USING THE DICTIONARY ONLY RARELY.			
2. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL WITH COMPLETE SUCCESS, USING THE DICTIONARY ONLY RARELY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH FEW GRAMMATICAL ERRORS, BUT IN A STYLE WHICH MAY NOT BE NATIVE, USING THE DICTIONARY OCCASIONALLY.			
(3) I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH OCCASIONAL MINOR GRAMMATICAL ERRORS AND IN OBVIOUSLY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY OCCASIONALLY.			
4. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH MANY GRAMMATICAL ERRORS AND IN A VERY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY FREQUENTLY.			
5. I CANNOT WRITE IN THE LANGUAGE.			
SECTION C. Pronunciation (42)			
1. MY PRONUNCIATION IS NATIVE.			
2. WHILE NATIVES CAN DETECT AN ACCENT IN MY PRONUNCIATION THEY HAVE NO DIFFICULTY UNDERSTANDING ME.			
(3) MY PRONUNCIATION IS OBVIOUSLY FOREIGN, BUT ONLY RARELY CAUSES DIFFICULTY FOR NATIVES TO UNDERSTAND.			
4. MY PRONUNCIATION IS OCCASIONALLY DIFFICULT FOR NATIVES TO UNDERSTAND.			
5. I HAVE NO SKILL IN PRONUNCIATION.			
CONTINUE ON REVERSE SIDE			

CONTINUATION OF PART II—LANGUAGE ELEMENTS

SECTION D.

Speaking (43)

1. I SPEAK FLUENTLY AND ACCURATELY IN ALL PRACTICAL AND SOCIAL SITUATIONS; I CONVERSE FREELY AND IDIOMATICALLY IN ALL FIELDS WITH WHICH I AM FAMILIAR.
2. I SPEAK FLUENTLY AND ACCURATELY IN NEARLY ALL PRACTICAL AND SOCIAL SITUATIONS; I CAN CONVERSE IN MOST FIELDS WITH WHICH I AM FAMILIAR AND I EMPLOY SOME POPULAR SAYINGS, LITERARY QUOTATIONS, AND COMMON PROVERBS.
3. I GET ALONG QUITE WELL IN SITUATIONS OF DAILY LIFE AND TRAVEL AND CAN CONDUCT ROUTINE BUSINESS IN PARTICULAR FIELDS.
4. I MANAGE TO GET ALONG IN THE MOST COMMON SITUATIONS OF DAILY LIFE AND TRAVEL.
5. I HAVE NO ABILITY TO USE THE LANGUAGE IN ANY OF THE ABOVE RESPECTS.

SECTION E.

Understanding (44)

1. I UNDERSTAND NON-TECHNICAL CONVERSATION ON ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND NEARLY EVERYTHING I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
2. I UNDERSTAND NON-TECHNICAL CONVERSATION ON NEARLY ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MOST OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES, INCLUDING MOST JOKES AND PUNS.
3. I UNDERSTAND NEARLY ALL CONVERSATION ON TOPICS OF DAILY LIFE AND TRAVEL, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MUCH OF WHAT I HEAR ON THE RADIO, AND AT THE MOVIES, PLAYS, AND LECTURES.
4. I UNDERSTAND THE SIMPLEST CONVERSATION, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND SOME OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
5. I AM NOT ABLE TO UNDERSTAND THE SPOKEN LANGUAGE.

BEFORE CONTINUING - CHECK PART II TO ENSURE THAT YOU HAVE CIRCLED ONE NUMBER PER SECTION.

PART III—EXPERIENCE AS TRANSLATOR OR INTERPRETER (45)

1. I HAVE HAD EXPERIENCE AS A TRANSLATOR.
2. I HAVE HAD EXPERIENCE AS AN INTERPRETER. — *James Cook*
3. BOTH OF THE ABOVE STATEMENTS APPLY.
4. NONE OF THE ABOVE STATEMENTS APPLY.

PART IV—CERTIFICATION

I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS CERTIFICATION CONSTITUTES MY APPLICATION FOR A MAINTENANCE AWARD PROVIDED I AM ELIGIBLE UNDER THE TERMS OF REGULATION NO. 29-115, PAR. 1C(4). I UNDERSTAND THAT I MUST PASS AN OBJECTIVE LANGUAGE PROFICIENCY TEST BEFORE I BECOME ELIGIBLE FOR AN AWARD, AND THAT IRRESPECTIVE OF THE DATE OF TESTING, ANNUAL MAINTENANCE AWARDS WILL BE CUMULATIVE AS OF THE ANNIVERSARY DATE OF COMPLETING THIS FORM.

DATE SIGNED

10/2/61

SIGNATURE

William H. Kearney

(46)

(47)

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

TO: Office of Personnel, Statistical Reporting Branch, ROOM 5 E 2506 Headquarters

EMPLOYEE SERIAL NO. 1-6	NAME OF EMPLOYEE			OFFICE/COMPONENT 28-28
	LAST (Print)	FIRST	MIDDLE	
0 61164	HARVEY	WILLIAM	K.	50

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

PCS DATES OF SERVICE

TYPE OF DATA	ARRIVAL			DEPARTURE			COUNTRY	OMIT
	CODE	MONTH	DAY	YEAR	MONTH	DAY		
1 - PCS (Basic)	27	28-29	30-31	32-33	34-35	36-37	ITALY	40-42
3 - CORRECTION								
5 - CANCELLATION	3				03	21		66

TDY DATES OF SERVICE

TYPE OF DATA	DEPARTURE				RETURN			AREA(S)	OMIT
	CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR		
2 - TDY (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39		40-42
4 - CORRECTION									
6 - CANCELLATION									

SOURCE OF RECORD DOCUMENT

<input type="checkbox"/>	TRAVEL VOUCHER	<input type="checkbox"/>	DISPATCH
<input checked="" type="checkbox"/>	CABLE	<input type="checkbox"/>	DUTY STATUS OR TIME AND ATTENDANCE REPORT
	OTHER (Specify)		

DOCUMENT IDENTIFICATION NO. IN 80062	DOCUMENT DATE/PERIOD 22 March 1966
---	---------------------------------------

REMARKS

PREPARED BY	<input checked="" type="checkbox"/> REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
C & E DIVISION	DATE 3/29/66	SIGNATURE J.P. Jackie E. Persinger
<input checked="" type="checkbox"/> C & Y DIVISION		

16-3525

[Redacted]

Office of the Director General

G.P.O. FORM NO. 5105BB,
MILWAUKEE

22 May, 1966.

My Dear *Admiral*

My Liaison Officer in Rome has told me of the tremendous assistance and co-operation that he and his section received at all times from Mr. W.K. Harvey.

I understand that Mr. Harvey has now returned to Washington and I would like to say how much I appreciate all that he has done to assist the work of my officers in Rome.

With kindest regards and best wishes,

Yours *W.F. Raborn*

[Redacted]

The Honorable W.F. Raborn,
Director,
Central Intelligence Agency,
WASHINGTON.

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

TO: Office of Personnel, Statistical Reporting Branch, ROOM 5 E ~~500~~ Headquarters

EMPLOYEE SERIAL NO: 1-6	NAME OF EMPLOYEE			OFFICE/COMPONENT 25-28
	LAST (Print)	FIRST	MIDDLE	
061164	ELSTY, WILLIAM K.			50

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

PCS DATES OF SERVICE

TYPE OF DATA	ARRIVAL			DEPARTURE			COUNTRY	OMIT
	CODE	MONTH	DAY	YEAR	MONTH	DAY		
1 - PCS (Basic)	27	28-29	30-31	32-33	34-35	36-37	ITALY	40-42
3 - CORRECTION								
5 - CANCELLATION	1				01	08		66

TDY DATES OF SERVICE

TYPE OF DATA	DEPARTURE			RETURN			AREA(S)	OMIT
	CODE	MONTH	DAY	YEAR	MONTH	DAY		
2 - TDY (Basic)	27	28-29	30-31	32-33	34-35	36-37		40-42
4 - CORRECTION								
6 - CANCELLATION								

SOURCE OF RECORD DOCUMENT

<input type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input checked="" type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify)	

DOCUMENT IDENTIFICATION NO. IN 26160	DOCUMENT DATE/PERIOD 4 Jan. 1966
---	-------------------------------------

REMARKS

PREPARED BY C & L DIVISION	REPORT ANNOTATED ON <input checked="" type="checkbox"/> SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
<input checked="" type="checkbox"/> C & T DIVISION	DATE 13 Jan. 1966	SIGNATURE <i>W. K. Elsty</i>

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

TO: Office of Personnel, Statistical Reporting Branch, ROOM 192 Curie Hall

EMPLOYEE SERIAL NO. 1-6	NAME OF EMPLOYEE			OFFICE/COMPONENT 29-28
	LAST (Print)	FIRST	MIDDLE	
61164	Harvey	William	K	50

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION; (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

PCS DATES OF SERVICE

TYPE OF DATA	CODE	ARRIVAL			DEPARTURE			COUNTRY	OMIT 40-42
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1 - PCS (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39	ITALY	365
3 - CORRECTION									
5 - CANCELLATION	1	06	30	63					

TDY DATES OF SERVICE

TYPE OF DATA	CODE	DEPARTURE			RETURN			AREAS	OMIT 40-
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
2 - TDY (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39		40-
4 - CORRECTION									
6 - CANCELLATION									

SOURCE OF RECORD DOCUMENT

<input type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input checked="" type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify)	

DOCUMENT IDENTIFICATION NO. <i>Rome 9530 IN 70729</i>	DOCUMENT DATE/PERIOD
--	----------------------

REMARKS

PREPARED BY	REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITEZ
<input checked="" type="checkbox"/> FISCAL DIVISION	DATE <i>7/10/63</i>	SIGNATURE <i>[Signature]</i>
<input checked="" type="checkbox"/> FINANCE DIVISION		

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE 130470 FEB 61

TO: Office of Personnel, Statistical Reporting Branch, ROOM 192 Curie Hall

EMPLOYEE SERIAL NO.	NAME OF EMPLOYEE			OFFICE/COMPONENT
	LAST	FIRST	MIDDLE	
1-3 <i>1161</i>	<i>(Prest)</i>	<i>8-23</i>		<i>24-25</i> <i>34</i>

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

PCS DATES OF SERVICE

TYPE OF DATA	ARRIVAL				DEPARTURE			COUNTRY	OMIT
	CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1 - PCS (Basic)	26	27-28	29-30	31-32	33-34	35-36	37-39		39-41
3 - CORRECTION									
5 - CANCELLATION									

TDY DATES OF SERVICE

TYPE OF DATA	DEPARTURE			RETURN			AREA(S)	OMIT
	CODE	MONTH	DAY	YEAR	MONTH	DAY		
2 - TDY (Basic)	26	27-28	29-30	31-32	33-34	35-36	37-39	39-41
4 - CORRECTION								
6 - CANCELLATION		<i>04</i>			<i>05</i>			<i>801</i>

SOURCE OF RECORD DOCUMENT

<input type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify)	

DOCUMENT IDENTIFICATION NO. <i>ST-1000</i>	DOCUMENT DATE/PERIOD
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REMARKS

PREPARED BY	REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
FISCAL DIVISION	DATE	SIGNATURE
FINANCE DIVISION		

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

130471 FEB 561

TO:

Office of Personnel, Statistical Reporting Branch, ROOM 192 Curie Hall

EMPLOYEE SERIAL NO.	NAME OF EMPLOYEE			OFFICE/COMPONENT
	LAST	FIRST	MIDDLE	
1-9 61164	(Print) Horsley	6-23		26-28 34

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

PCS DATES OF SERVICE

TYPE OF DATA	CODE	ARRIVAL			DEPARTURE			COUNTRY	OMIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1 - PCS (Basic)	26	27-28	29-30	31-32	33-34	35-36	37-38		39-41
3 - CORRECTION									
5 - CANCELLATION									

TDY DATES OF SERVICE

TYPE OF DATA	CODE	DEPARTURE			RETURN			AREA(S)	OMIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
2 - TDY (Basic)	26	27-28	29-30	31-32	33-34	35-36	37-38		39-41
4 - CORRECTION									
6 - CANCELLATION		10			11	0			801

SOURCE OF RECORD DOCUMENT

1 TRAVEL VOUCHER	DISPATCH
CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFICATION NO.	DOCUMENT DATE/PERIOD
PI-100-61	

REMARKS

PREPARED BY	REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
FISCAL DIVISION	DATE	SIGNATURE
FINANCE DIVISION		

CONFIDENTIAL
(When Filled In)

O/R - Personnel T & R

INSTRUCTIONS: COMPLETE IN DUPLICATE. THE DATA RECORDED ON THIS FORM IS ESSENTIAL IN DETERMINING TRAVEL EXPENSES ELIGIBLE IN CONNECTION WITH LEAVE AT GOVERNMENT EXPENSE, OVERSEAS DUTY, RETURN TO RESIDENCE UPON SEPARATION, AND FOR PROVIDING CURRENT RESIDENCE AND DEPENDENCY INFORMATION REQUIRED IN THE EVENT OF AN EMPLOYEE EMERGENCY. THE ORIGINAL OF THIS FORM WILL BE FILED IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER.

1. NAME OF EMPLOYEE (Last) (First) (Middle)
HARVEY William KING

RESIDENCE DATA
 PLACE OF RESIDENCE WHEN APPOINTED: _____
 LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad): _____
 PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE:
88 W. IRVING ST. Chevy Chase, Md

2. MARITAL STATUS
 CHECK (X) ONE: SINGLE MARRIED SEPARATED DIVORCED WIDOWED ANNULLED
 IF MARRIED, INDICATE PLACE OF MARRIAGE: **Berlin** DATE OF MARRIAGE: **3/2/54**
 IF DIVORCED, PLACE OF DIVORCE DECREE: _____ DATE OF DECREE: _____
 IF WIDOWED, INDICATE PLACE SPOUSE DIED: _____ DATE SPOUSE DIED: _____
 IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S): _____

3. MEMBERS OF FAMILY

NAME OF SPOUSE	ADDRESS (No., Street, City, Zone, State)	TELEPHONE NUMBER	
CIARA GRACE, nee Follick	Above		
NAMES OF CHILDREN	ADDRESS	SEX	AGE
JAMES	Same	M	12
SALLY		F	15 Mo.
NAME OF FATHER (Or male guardian)	ADDRESS	TELEPHONE NUMBER	
Deceased			
NAME OF MOTHER (Or female guardian)	ADDRESS	TELEPHONE NUMBER	
SARA K. HARVEY	INDIANAPOLIS, Ind 1615 NORTHWOOD DRIVE	2 2579	

WHAT MEMBER(S) OF YOUR FAMILY HAS BEEN TOLD OF YOUR AFFILIATION WITH THE AGENCY FOR EMERGENCY PURPOSES?
Mother

4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

NAME (Mr., Mrs., Miss) (Last-First-Middle)	RELATIONSHIP
Wife - Above	
HOME ADDRESS (No., Street, City, Zone, State)	HOME TELEPHONE NUMBER
	OK 4-5178
BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE	BUSINESS TELEPHONE & EXTENSION

IS THE INDIVIDUAL NAMED ABOVE WITTING OF YOUR AGENCY AFFILIATION?
 YES NO

IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF?
 YES NO

DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE?
 YES NO

THE PERSONS NAMED IN ITEM 3 ABOVE MAY ALSO BE NOTIFIED IN CASE OF EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 5 ON THE REVERSE SIDE OF THIS FORM.

5. VOLUNTARY ENTRIES
 INDICATE ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS
BANK & BANK OF SILVER SPRING HAMILTON NATIONAL

CONTINUED ON REVERSE SIDE

CURRENT RESIDENCE AND DEPENDENCY REPORT

CONFIDENTIAL
(When Filled In)

5. (CONTINUED)

IN WHOSE NAME(S) ARE THE ACCOUNTS LISTED?

SELF & WIFE JOINTLY

HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? YES NO. IF "YES", WHERE IS DOCUMENT LOCATED?

HAVE YOU EXECUTED A POWER OF ATTORNEY? YES NO. IF "YES", WHO POSSESSES THE POWER OF ATTORNEY?

WIFE

6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

SIGNED AT

DATE

11/9

SIGNATURE

William H. Harney

CONFIDENTIAL

02/RW

S-E-C-R-E-T
(When filled in)

TUTORIAL TRAINING REPORT

03/11/63 - 06/17/63

Student : William K. Harvey

Office : WE

Year of Birth: 1915

Service Designation: D

Grade : 18

No. of Students : 1

EOD Date : 09/47

Instructor: Mrs. M. Lutyk

This is to certify that William K. Harvey
received 92 hours of tutorial training in
ITALIAN language.

Beginner : X

Non-beginner : _____

FOR THE DIRECTOR OF TRAINING:

Bengt C. Herder
BENGT C. HERDER
Chief Instructor

10/21/63
Date

S-E-C-R-E-T
(When filled in)

GROUP 1
Excluded from automatic
downgrading and
declassification

Pre 1961 Personnel
Material

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST
2. NAME (Last, First, Middle) Harvey, William K.		28 November 1966
3. POSITION TITLE		4. GRADE OS-18
5. OFFICE, DIVISION, BRANCH		6. EMPLOYEE'S EXT. 6765
7. PURPOSE OF EVALUATION Room 3E 30		
<input type="checkbox"/> PRE-EMPLOYMENT	<input type="checkbox"/> HQS/TDY	<input type="checkbox"/> OVERSEAS ASSIGNMENT
<input type="checkbox"/> ENTRANCE ON DUTY	<input type="checkbox"/> ETD	
<input type="checkbox"/> TDY STANDBY	STATION	
<input type="checkbox"/> SPECIAL TRAINING	TDY OR PCS	
<input checked="" type="checkbox"/> ANNUAL - Executive	TYPE OF COVER	
<input type="checkbox"/> RETURN TO DUTY	NO. OF DEPENDENTS TO ACCOMPANY	
<input type="checkbox"/> FITNESS FOR DUTY	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED	
<input type="checkbox"/> MEDICAL RETIREMENT	<input type="checkbox"/> RETURN FROM OVERSEAS	<input type="checkbox"/> ETA
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER
<input type="checkbox"/> YES	SIGNATURE	
<input type="checkbox"/> NO	ROOM NO. & BUILDING	EXT.
10. COMMENTS		
QUALIFIED FOR CURRENT DUTIES AT HEADQUARTERS		
11. REPORT OF EVALUATION		
DATE	SIGNATURE FOR CHIEF OF MEDICAL STAFF	
24 MAY 1967	JOHN E. FIALIC PHYSICAL REQUIREMENTS OFFICER	

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST	
2. NAME (Last, First, Middle) HARVEY, William K.		3. POSITION TITLE	4. GRADE
5. OFFICE, DIVISION, BRANCH WE		6. EMPLOYEE'S EXT.	
7. PURPOSE OF EVALUATION			
<input type="checkbox"/> PRE-EMPLOYMENT		<input type="checkbox"/> HQS/ TDY	
<input type="checkbox"/> ENTRANCE ON DUTY		<input type="checkbox"/> OVERSEAS ASSIGNMENT	
<input type="checkbox"/> TDY STANDBY		ETD	
<input type="checkbox"/> SPECIAL TRAINING		STATION	
<input checked="" type="checkbox"/> ANNUAL		TDY OR PCS	
<input type="checkbox"/> RETURN TO DUTY		TYPE OF COVER	
<input type="checkbox"/> FITNESS FOR DUTY		NO. OF DEPENDENTS TO ACCOMPANY	
<input type="checkbox"/> MEDICAL RETIREMENT		NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 34) ATTACHED	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		<input type="checkbox"/> RETURN FROM OVERSEAS	
<input type="checkbox"/> YES		ETA	
<input type="checkbox"/> NO		STATION	
		NO. OF DEP.'S	
		9. REQUESTING OFFICER	
		SIGNATURE	
		ROOM NO. & BUILDING	EXT.
10. COMMENTS			
Qualified for Current Duties			
11. REPORT OF EVALUATION			
31 January 1966			
DATE		SIGNATURE FOR CHIEF OF MEDICAL STAFF	
31 January 1966		Peter J. Gaughan	

SECRET
(When Filled In)

for an office

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST 17 March 1965																			
2. NAME (Last, First, Middle) HARVEY, William E.		3. POSITION TITLE COS	4. GRADE GS-13																		
5. OFFICE, DIVISION, BRANCH WE DIVISION		6. EMPLOYEE'S EXT. 7157																			
7. PURPOSE OF EVALUATION																					
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> HQS/TDY <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT <table border="1" style="width: 100%;"> <tr><td>ETD</td></tr> <tr><td>10 March 1965</td></tr> <tr><td>STATION</td></tr> <tr><td>Rome</td></tr> <tr><td>TDY OR PCS</td></tr> <tr><td>PCS</td></tr> <tr><td>TYPE OF COVER</td></tr> <tr><td></td></tr> <tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td></tr> <tr><td>2</td></tr> <tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED</td></tr> <tr><td>0</td></tr> </table> <input type="checkbox"/> RETURN FROM OVERSEAS <table border="1" style="width: 100%;"> <tr><td>ETA</td></tr> <tr><td></td></tr> <tr><td>STATION</td></tr> <tr><td></td></tr> <tr><td>NO. OF DEP.'S</td></tr> <tr><td></td></tr> </table>		ETD	10 March 1965	STATION	Rome	TDY OR PCS	PCS	TYPE OF COVER		NO. OF DEPENDENTS TO ACCOMPANY	2	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED	0	ETA		STATION		NO. OF DEP.'S	
ETD																					
10 March 1965																					
STATION																					
Rome																					
TDY OR PCS																					
PCS																					
TYPE OF COVER																					
NO. OF DEPENDENTS TO ACCOMPANY																					
2																					
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED																					
0																					
ETA																					
STATION																					
NO. OF DEP.'S																					
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER																			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE <i>Major Christophar, WE/PT</i>																			
		ROOM NO. & BUILDING 4-B-4401																			
		EXT. 7157																			
10. COMMENTS 259 forwarded at request of Joe Cline. QUALIFIED FOR PROPOSED O S PCS																					
11. REPORT OF EVALUATION JOE V. CLINE																					
DATE 13 22 65		SIGNATURE FOR CHIEF OF MEDICAL STAFF																			

SECRET

(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST	
		17 March 1965	
2. NAME (Last, First, Middle)	3. POSITION TITLE	4. GRADE	
Dependents of MARVAY, William K.	COS	GS-18	
5. OFFICE, DIVISION, BRANCH		6. EMPLOYEE'S EXT.	
WB DIVISION		7157	
7. PURPOSE OF EVALUATION			
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> TOY STANDBY Dependents: <input type="checkbox"/> SPECIAL TRAINING Wife: Clara G. Daughter: Sally J., 10 Aug 58 <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT	<input type="checkbox"/> HQS/TDY <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT		
	ETD 10 March 1965 STATION * Rome TOY OR PCS DUTY TYPE OF COVER NO. OF DEPENDENTS TO ACCOMPANY 2 NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED 0		
	<input type="checkbox"/> RETURN FROM OVERSEAS ETA STATION NO. OF DEP.'S		
	8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SIGNATURE <i>Marge Gr. Stephan</i> MARGE GR. STEPHAN, SS/PT ROOM NO. & BUILDING 1. 5 1104 EXT. 7157	
	10. COMMENTS		
	259 forwarded at request of Joe Cline.		
11. REPORT OF EVALUATION			
QUALIFIED FOR PROPOSED O 3 PCS JOE W. CLINE			
DATE	SIGNATURE FOR CHIEF OF MEDICAL STAFF		

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST
2. NAME (Last, First, Middle) William K. Harvey		16 May 1963
3. POSITION TITLE Chief of Station		4. GRADE GS-18
5. OFFICE, DIVISION, BRANCH WE Division		6. EMPLOYEE'S EXT.
7. PURPOSE OF EVALUATION		
<input type="checkbox"/> PRE-EMPLOYMENT	<input type="checkbox"/> HQS/ TDY	<input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT
<input type="checkbox"/> ENTRANCE ON DUTY	ETD. o/a 1 July 1963	
<input type="checkbox"/> TDY/STANDBY	STATION Rome	
<input type="checkbox"/> SPECIAL TRAINING	TDY OR PCS PCS	
<input type="checkbox"/> ANNUAL	TYPE OF COVER	
<input type="checkbox"/> RETURN TO DUTY	NO. OF DEPENDENTS TO ACCOMPANY 3	
<input type="checkbox"/> FITNESS FOR DUTY	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED 0	
<input type="checkbox"/> MEDICAL RETIREMENT	<input type="checkbox"/> RETURN FROM OVERSEAS	ETA
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER
<input checked="" type="checkbox"/> YES	SIGNATURE MARGE GROSTEPHAN	
<input type="checkbox"/> NO	ROOM NO. & BUILDING 4 B 4404	EXT. 7157
10. COMMENTS Request evaluation for above PCS.		
11. REPORT OF EVALUATION		
DATE 17 May 1963	SIGNATURE FOR CHIEF OF MEDICAL STAFF	

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST 16 May 1963												
2. NAME (Last, First, Middle) Dependents of William K. Harvey	3. POSITION TITLE Chief of Station	4. GRADE GS-18												
5. OFFICE, DIVISION, BRANCH WE Division		6. EMPLOYEE'S EXT. 5356												
7. PURPOSE OF EVALUATION														
<input type="checkbox"/> PRE-EMPLOYMENT	<input type="checkbox"/> HQS/TDY	<input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT												
<input type="checkbox"/> ENTRANCE ON DUTY	<table border="1"><tr><td>ETA</td></tr><tr><td>o/a 1 July 1963</td></tr><tr><td>STATION</td></tr><tr><td>Rome</td></tr><tr><td>TDY OR PCS</td></tr><tr><td>PCS</td></tr><tr><td>TYPE OF COVER</td></tr><tr><td></td></tr><tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td></tr><tr><td>3</td></tr><tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED</td></tr><tr><td>0</td></tr></table>		ETA	o/a 1 July 1963	STATION	Rome	TDY OR PCS	PCS	TYPE OF COVER		NO. OF DEPENDENTS TO ACCOMPANY	3	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED	0
ETA														
o/a 1 July 1963														
STATION														
Rome														
TDY OR PCS														
PCS														
TYPE OF COVER														
NO. OF DEPENDENTS TO ACCOMPANY														
3														
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED														
0														
<input type="checkbox"/> TDY STANDBY	<input type="checkbox"/> RETURN FROM OVERSEAS													
<input type="checkbox"/> SPECIAL TRAINING	<table border="1"><tr><td>ETA</td></tr><tr><td></td></tr><tr><td>STATION</td></tr><tr><td></td></tr><tr><td>NO. OF DEP.'S</td></tr><tr><td></td></tr></table>		ETA		STATION		NO. OF DEP.'S							
ETA														
STATION														
NO. OF DEP.'S														
<input type="checkbox"/> ANNUAL														
<input type="checkbox"/> RETURN TO DUTY														
<input type="checkbox"/> FITNESS FOR DUTY														
<input type="checkbox"/> MEDICAL RETIREMENT														
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER												
<input checked="" type="checkbox"/> YES	SIGNATURE <i>Marge Grostephan</i> MARGE GROSTEPHAN													
<input type="checkbox"/> NO	ROOM NO. & BUILDING. 4 B 4404	EXT. 7157												

10. COMMENTS
89's on file in medical office - per telephone conversation 16 May 63

11. REPORT OF EVALUATION

DATE JUN 1963

SIGNATURE FOR CHIEF OF MEDICAL STAFF

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST	
2. NAME (Last, First, Middle) HARVEY, WILLIAM K.		3. POSITION TITLE Chief	4. GRADE GS-18
5. OFFICE, DIVISION, BRANCH FI/Division D		6. EMPLOYEE'S EXT. 8471	
7. PURPOSE OF EVALUATION			
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input checked="" type="checkbox"/> XXXXXXXXXXXXXXXXXXXX <input checked="" type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> NONE/TDY <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT ETO 28 January 1962 STATION Panama City, Panama TDY OR PCS TDY TYPE OF COVER NO. OF DEPENDENTS TO ACCOMPANY NONE NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED <input type="checkbox"/> RETURN FROM OVERSEAS ERA STATION NO. OF DEPS	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE <i>[Signature]</i>	EXT. hh6h
ROOM NO. & BUILDING 1505 - I Building			
10. RESTRICTIONS, EXAMINATIONS, COMMENTS			
11. REPORT OF EVALUATION AND RECOMMENDATION OF HIS ASSIGNMENT			
DATE 1962		SIGNATURE FOR CHIEF OF MEDICAL STAFF <i>[Signature]</i>	

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST
2. NAME (Last, First, Middle) Harvey, William K.		20 October 1960
3. POSITION TITLE Division Chief		4. GRADE GS-18
5. OFFICE, DIVISION, BRANCH FI Staff, Division D		6. EMPLOYEE'S EXT. 8471
7. PURPOSE OF EVALUATION		
<input type="checkbox"/> PRE-EMPLOYMENT	<input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT	
<input type="checkbox"/> ENTRANCE ON DUTY	ETD 28 October 1960	
<input type="checkbox"/> OVERSEAS RETURN	STATION Germany and Switzerland	
<input type="checkbox"/> TDY STANDBY	TDY OR PCS TDY	
<input type="checkbox"/> SPECIAL TRAINING	TYPE OF COVER []	
<input type="checkbox"/> ANNUAL	NO. OF DEPENDENTS TO ACCOMPANY None	
<input type="checkbox"/> RETURN TO DUTY	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED	
<input type="checkbox"/> FITNESS FOR DUTY	9. REQUESTING OFFICER	
<input type="checkbox"/> MEDICAL RETIREMENT	SIGNATURE <i>G.A. Kennedy, Jr.</i>	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		ROOM NO. & BUILDING 1505 L
<input checked="" type="checkbox"/> YES	EXT. 4464	
<input type="checkbox"/> NO		

10. REPORT OF EVALUATION	
Subject departed on another TDY prior to evaluation. However is Qualified for proposed TDY.	
DATE NOV 1960	SIGNATURE FOR CHIEF OF MEDICAL STAFF <i>[Signature]</i>

SECRET
(When Filled In)

MEDICAL ACTION REQUEST AND REPORT

1. REQUEST FOR PHYSICAL EXAMINATION BY U.S. AIR FORCE, Ft/D ADAMS		
1. NAME (Last) HARVEY, William R. (First) (Middle)		2. DATE 5 April 1960
3. TO POSITION	4. OFFICE, DIVISION, BRANCH Ft/Division D	5. GRADE GS-18
6. TYPE OF POSITION <input checked="" type="checkbox"/> Departmental <input type="checkbox"/> U.S. Field <input type="checkbox"/> Overseas	7. EVALUATE FOR <input type="checkbox"/> EOD <input checked="" type="checkbox"/> Overseas EDY <input type="checkbox"/> Returned <input type="checkbox"/> Pre-Employment <input type="checkbox"/> Annual <input type="checkbox"/> Special (Specify)	
II REPORT OF MEDICAL EVALUATION		
<input type="checkbox"/> Qualified for Full Duty (General) <input type="checkbox"/> Qualified for Full Duty (Special) <input type="checkbox"/> Qualified for Departmental Duty Only <input type="checkbox"/> Disqualified		
Remarks:		
<p>14 JUN 1960</p> <p>QUALIFIED FOR DEPARTMENTAL DUTIES AND PROPOSED TOY U.S. ASSIGNMENT</p> <p>SECRET</p> <p><i>Roland</i></p> <p>MEDICAL OFFICE</p>		

SECRET
(When Filled In)

MEDICAL ACTION REQUEST AND REPORT		
I. REQUEST FOR PHYSICAL EXAMINATION BY		
1. NAME (Last)	(First) (Middle)	2. DATE
HARVEY	William K.	10/24 1957
3. TO POSITION	4. OFFICE, DIVISION, BRANCH	5. GRADE
Germany	DDP/SS/	OS-36
6. TYPE OF POSITION	7. EVALUATE FOR	
<input type="checkbox"/> Departmental <input type="checkbox"/> U.S. Field <input checked="" type="checkbox"/> Overseas PCS	<input type="checkbox"/> COO <input checked="" type="checkbox"/> Overseas PCS <input type="checkbox"/> Returnee <input type="checkbox"/> Pre-Employment <input type="checkbox"/> Annual <input type="checkbox"/> Special (Specify)	
Second tour.		
II. REPORT OF MEDICAL EVALUATION		
<input type="checkbox"/> Qualified for Full Duty (General) <input type="checkbox"/> Qualified for Full Duty (Special)		
<input type="checkbox"/> Qualified for Departmental Duty Only <input type="checkbox"/> Disqualified		
Remarks: Please notify Corinne L. Hassell, X3041, of results.		
QUALIFIED FOR PROPOSED PCS D/S ASSIGNMENT - OCT 9 1957		
<i>Frederick J. [Signature]</i>		
SECRET MEDICAL OFFICE		

REPORT OF PHYSICAL QUALIFICATIONS

NAME H. Arvey, William King		DATE 8/21/52
FOR VOUCHERED EMPLOYEE ONLY		
NATURE OF ACTION	TITLE OF POSITION	
GRADE	DEPT.	FIELD
SUBJECT FOUND <input type="checkbox"/> FIT <input type="checkbox"/> UNFIT FOR DUTY IN THE ABOVE GRADE AND POSITION.		
FOR UNVOUCHERED EMPLOYEE ONLY		
SUBJECT QUALIFIED FOR: <input type="checkbox"/> FULL DUTY OVERSEAS <input checked="" type="checkbox"/> LIMITED DUTY OVERSEAS <input type="checkbox"/> DUTY IN USA ONLY		
PROFILE SERIAL (MILITARY ONLY)	<input type="checkbox"/>	<input type="checkbox"/>
DEFECTS NOTED AND/OR RECOMMENDATIONS: <i>Nox - arduous O.K. for TDY o/s where medical facilities are available</i>		
		PHYSICAL REQUIREMENTS OFFICER

OSO

REPORT PHYSICAL QUALIFICATIONS AND DUTY

31 Jan 51 194

Harvey, William K. WAS GIVEN A PHYSICAL EXAMINATION ON THIS DATE AND FOUND QUALIFIED FOR

Overseas

FULL DUTY OVERSEAS LIMITED DUTY OVERSEAS DUTY IN USA ONLY

PROFILE SERIAL (FOR ARMY EM ONLY)

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

DEFECTS NOTED:

Approved for TDY. To report to Medical after TDY

JOHN R. TIETJEN, M.D.

PHYSICAL QUALIFICATION RECORD

NAME HARVEY, WILLIAM K.	NATURE OF ACTION E.O.D.
TITLE OF POSITION Intelligence Officer	GRADE P-7
DEPARTMENT OR FIELD Departmental	

Subject was found physically fit unfit for duty with this organization in the above grade and position. 10 May 1948

RECOMMENDATIONS:

2 February 1949

DATE

John R. Peters
SIGNATURE OF PHYSICAL REQUIREMENTS OFFICER

CENTRAL INTELLIGENCE AGENCY
WASHINGTON 25, D. C.
REPORT OF PHYSICAL QUALIFICATIONS FOR DUTY

10 November 1948

Harvey, William C/O WAS GIVEN A PHYSICAL
EXAMINATION ON THIS DATE AND FOUND QUALIFIED FOR

FULL DUTY OVERSEAS LIMITED DUTY OVERSEAS DUTY IN USA ONLY

PROFILE SERIAL (FOR ARMY EM ONLY)

DEFECTS NOTED: None

John W. Patten
Capt., IC

720

CENTRAL INTELLIGENCE GROUP
WASHINGTON 25, D. C.
REPORT ON PHYSICAL QUALIFICATIONS FOR DUTY

~~10~~ ~~11~~ ~~19~~ ~~4~~ 194

SERGEANT, ITALY WAS GIVEN A PHYSICAL
EXAMINATION ON THIS DATE AND FOUND QUALIFIED FOR
DUTY OVERSEAS
 FULL DUTY OVERSEAS LIMITED DUTY OVERSEAS DUTY IN USA ONLY
PROFILE SERIAL (FOR ARMY EM ONLY)

DEFECTS NOTED:
None

John R. P. [Signature]

APPLICATION FOR FEDERAL EMPLOYMENT

NOTE: This form is to be filled out by the applicant only. It is to be filled out in ink. If you are applying for a position in the United States, you must also fill out the appropriate announcement card, if applicable, with the necessary information to be furnished to the appointing authority. Be sure to fill out the same and any other forms required by the appointing authority. Notify the office with which you are applying of any change in your address.

SELECTION BY: APPOINTING OFFICE

1. Name of examination, or kind of position applied for:

2. Optional subject (if mentioned in examination announcement):

3. Place of employment applied for:
C.I.O.

4. First name (last name) (middle name) (initials)
William King Harvey

5. Street and number or R. D. number:
2627 39th Street N.Y.

6. City or post office and full postal address and State:
Washington, D. C.

7. Last or voting residence (State) (City) (County) (State) (Home phone):
Kentucky OR 2914

8. Place of birth (City and State if born in the U. S., name city and country):
Danville, Indiana

9. Date of birth (month, day, year):
9/13/15

10. Sex: Male Female

11. Married Single

12. Height without shoes: **5 11** inches

13. Weight: **185** pounds

14. Have you ever been employed by the Federal Government? Yes No
If now employed by the Federal Government, give present grade and date of last change in grade:

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

Approved Submitted Entered register
 Rejected Returned

Name: _____ App. Review: _____

Approved:

OFFICE	GRADE	LEARNED RATING	DIFFERENCE	ANNUAL RATING
			<input type="checkbox"/> 5 points (min.)	
			<input type="checkbox"/> 10 points	
			<input type="checkbox"/> Wife or Widower	
			<input type="checkbox"/> Deaf	
			<input type="checkbox"/> Being Investigated	
INITIALS AND DATE				

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

	YES	NO
18. (a) Would you accept short term appointment if offered for—		
1 to 3 months		<input checked="" type="checkbox"/>
3 to 6 months		<input checked="" type="checkbox"/>
6 to 12 months		<input checked="" type="checkbox"/>
(b) Would you accept appointment if offered—		
in Washington, D. C.	<input checked="" type="checkbox"/>	
anywhere in the United States	<input checked="" type="checkbox"/>	
outside the United States	<input checked="" type="checkbox"/>	

15. (c) If you will accept appointment in certain locations ONLY, give acceptable locations:

(d) What is the lowest entrance salary you will accept per year? **CAF 13 P 6**
You will not be considered for positions paying less.

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

16. EXPERIENCE—You are requested to furnish all information asked for below in sufficient detail to enable the Civil Service Commission and the appointing authority of agencies to determine your qualifications for the position for which you are applying. In the space provided below describe EVERY position you have held. Use a separate block for EACH position. You must include any pertinent religious, civic, welfare or organizational activity which you have performed either with or without compensation, showing the dates of such activity and wages per year in which you were engaged in such activity. Start with your PRESENT position and work back, accounting for all periods of unemployment. Explain clearly the principal tasks which you performed in each position. Describe your experience in the Armed Services in question 17 (Military Experience).

(a) If you were ever employed in any position under a name different from that shown in item 4 of this application, give under "Description of your work" for each position, the name used.

(b) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."

PRESENT POSITION

Date of employment (Month year)	Exact title of your present position	Salary or earnings
From: _____ To present time		Starting \$ _____ per
Place of employment (city and State)		Present \$ _____ per
Name and address of employer (firm, organization, or person) If Federal, name department, bureau or establishment and division	Description of your work:	
Kind of business or organization (e. g., wholesale and mercantile agency, mfr. of locks, etc.)		
Number and kind of employees supervised by you:		
Name and title of immediate supervisor:		
Reason for desiring to change employment:		

(CONTINUED ON NEXT PAGE)

IS CONTINUED

From 12/9/40 To 8/22/47 City and State of employment: Washington, D. C. H. Y., N. Y., Pittsburgh, Pa., Name and address of employer (firm, organization, or person): FBI - Dept. of Justice Kind of business or organization (e. g., wholesale and insurance agency, etc.): Law Enforcement-counter Intelligence Name and title of immediate supervisor: D. N. Ladd Reason for leaving: voluntary	Exact title of your position: Special Agent & Supervisor Description of your work: Supervision of Counter-Intelligence operation Salary or earnings: Starting \$ 3200 per annum Final \$ 7000 per annum
From 9/37 To 12/40 City and State of employment: Mayville, Ky Name and address of employer (firm, organization, or person): Self Kind of business or organization (e. g., wholesale and insurance agency, etc.): Practice of Law Name and title of immediate supervisor: None Reason for leaving: Voluntary	Exact title of your position: Attorney-at-law Description of your work: General Practice of Law Salary or earnings: Starting \$ _____ per _____ Final \$ _____ per _____
From 6/31 To 9/33 City and State of employment: Dansville, Indiana Name and address of employer (firm, organization, or person): Dansville Gazette Dansville, Indiana Kind of business or organization (e. g., wholesale and insurance agency, etc.): Newspaper Name and title of immediate supervisor: Alvin Hall, Editor Reason for leaving: Voluntary	Exact title of your position: Reporter & Printer Description of your work: General Newspaper Publishing business Salary or earnings: Starting \$ _____ per _____ Final \$ _____ per _____
From _____ To _____ City and State of employment: _____ Name and address of employer (firm, organization, or person): Kind of business or organization (e. g., wholesale and insurance agency, etc.): Name and title of immediate supervisor: Reason for leaving:	Exact title of your position: Description of your work: Salary or earnings: Starting \$ _____ per _____ Final \$ _____ per _____

If more space is required, use a continuation sheet (Form 104 Form No. 28) or a sheet of paper the same size as this page. Write on each sheet your name, address, date of birth, and occupation. Attach to inside of this application.

17. MILITARY TRAINING: In order to make the most effective use of your training, you should indicate the type of training and location which have been attended in the following table. In the case of special duty assignments, you should indicate the nature of the assignment, showing dates of such assignments.

(a) First Special Duty Assignment:

None

Location: _____

Dates attended (month, year): _____

From: _____ To: _____

Rating received at end of this training: _____

(c) Duty assignment or posting after this training: Give all pertinent details in duty assignment whether or not you attended a Service School.

What did you do during this duty assignment? _____

Dates of duty assignment (month, year): _____

From: _____ To: _____

(e) Second Special Duty Assignment:

Location: _____

Dates attended (month, year): _____

From: _____ To: _____

Rating received at end of this training: _____

(g) Duty assignment after this training:

What did you do during this duty assignment? _____

Dates of duty assignment (month, year): _____

From: _____ To: _____

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

19. EDUCATION - Circle highest grade completed:

1 2 3 4 5 6 7 8 9 10 11 12

Wiley High School Terre Haute, Indiana

Mark (x) the appropriate box to indicate satisfactory completion of:

Elementary School Junior High School Senior High School

(a) Name and Location of College or University	Major	Dates Attended		Years Completed		Degrees Conferred		Semester Hours Credit
		From	To	Day	Night	Title	Date	
Indiana University Bloomington, Indiana	LAW	1933	1937	6		LLB	9/37	180
(b) List Your Chief Undergraduate College Subjects		List Your Chief Graduate College Subjects						Semester Hours
Journalism		Law						20
Phil & Psych								20
								95

(c) Other training, such as vocational, technical, craft courses given through the Armed Forces Institute (give name and location of school), or in service training in a Federal agency:

Subject Studied	Dates Attended		Years Completed	
	From	To	Day	Night

19. Indicate your knowledge of foreign languages:

Language	READING			SPEAKING			UNDERSTANDING		
	Ext	Good	Fair	Ext	Good	Fair	Ext	Good	Fair
German			X						

(a) How was your knowledge of foreign languages acquired?
Study

(b) If you have traveled or resided in any foreign countries, indicate (1) names of countries, (2) dates and length of time spent there and (3) reason or purpose (e.g., business, education, recreation).

20. List any special skills you possess and machines and equipment you own use, such as operator of short-wave radio, multi-line typewriter, key punch, turret lathe, scientific or professional device.

Approximate number of words per minute in typing: **50** shorthand

21. Have you ever been a licensed or certified member of any trade or profession and, as pilot, electrician, radio operator, teacher, lawyer, CPA, etc.?

Yes No Give kind of license and State: **Attorney**

First license or certificate (year): **'37 at Law - Ind. & Ky**

22. Give any other important items not covered elsewhere in your application such as: (a) your more important publications (do NOT submit copies unless requested) (b) your patents or inventions (c) public speaking and public relations experience (d) membership in professional or scientific societies, etc.

13. **QUALIFICATIONS**—List 10 persons living in the United States or Territories of the United States who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of experiences listed under item 16 (EXPERIENCE).

FULL NAME	BUSINESS OR HOME ADDRESS (Give complete address including street and number)	BUSINESS OR OCCUPATION
B. F. Small	Sycamore Bldg-Terre Haute, Indiana	Atty
E. L. Zeigler	Cochran Bldg., Mayeville, Ky.	Atty
A. M. Thurston	C.I.O.- Washington, D. C.	

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

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

YES	NO	Indicate "Yes" or "No" answer by placing X in proper column.	YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>	25. Are you a citizen of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	26. Do you advocate or have you ever advocated or are you now or have you ever been a member of any organization that advocates the overthrow of the Government of the United States by force or violence? If your answer is "Yes," give complete details in Item 38.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	27. Within the past 12 months, have you habitually used intoxicating beverages to excess?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	28. Since your 16th birthday, 1. have you ever been convicted, or fined or imprisoned, or placed on probation, or have you ever been ordered to deposit bond for the violation of any law, peace regulation or ordinance (including motor traffic violations for which a fine of \$25 or less was imposed)? If your answer is "Yes," list all such cases under Item 39 below. Give in each case (1) the date, (2) a nature of the offense or violation, (3) the name and location of the court, (4) the penalty imposed, if any, or other disposition of the case. If appointed your fingerprints will be taken.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	29. Have you ever been discharged or barred to return for misconduct or unsatisfactory service from any position? If your answer is "Yes," give in Item 39 the name and address of employer, date, and reason in each case.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	30. Do you receive an annuity from the U. S. or D. C. Government under any retirement act or any pension or other compensation for military or naval service? If your answer is "Yes," give in Item 39 reason for retirement, that is age, optional, disability or by reason of voluntary or involuntary separation after 5 years' service, amount of retirement pay and under what retirement act, and rating if retired from military or naval service.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	31. Are you an official or employee of any State, Territory, county, or municipality? If your answer is "Yes," give details in Item 39.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	32. Does the U. S. Government employ in a civilian capacity any relative of yours (by blood or marriage) with whom you live or have lived within the past 6 months? If your answer is "Yes," show in Item 39 for EACH such relative (1) full name, (2) present address, (3) relationship, (4) department or agency by whom employed, and (5) kind of appointment.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	33. Have you ever had a nervous breakdown? If your answer is "Yes," give complete details in Item 39.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	34. Have you ever had tuberculosis? If your answer is "Yes," give complete details in Item 39.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		35. Space for detailed answers to <i>other</i> questions (reference item numbers to which answers apply)		

35. Have you any physical defect or disability whatsoever?
If your answer is "Yes," give complete details in Item 39.

36. (a) Were you ever in the United States Military or Naval Service during time of War?
(b) Is the word "honorable" or the word "satisfactory" used in your discharge or separation papers to show the type of your discharge or separation?
(c) Was service performed on an active full-time basis, with full military pay and allowances?

Date of entry or entries into service:	Date of separation or separations:

Branch of service (Army, Navy, M. C., C. G., etc.)	Serial No. (if none, give grade or rating at time of separation)

IF YOUR ANSWERS TO THIS QUESTION (No. 36) INDICATE THAT YOU ARE ENTITLED TO VETERAN BENEFITS, SUCH BENEFITS WILL BE CREDITED IN THE EXAMINATION. IF APPOINTED, YOU WILL BE REQUIRED TO FURNISH TO THE APPOINTING OFFICE PRIOR TO ENTRY ON DUTY, OFFICIAL EVIDENCE OF SEPARATION FROM YOUR LATEST PERIOD OF ACTIVE SERVICE IN THE ARMED FORCES OF THE UNITED STATES DURING TIME OF WAR. DO NOT SUBMIT PROOF OF DISCHARGE OR SEPARATION WITH THIS APPLICATION.

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

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

IF YOUR ANSWER TO QUESTION 37 (a), OR (c) OR (d) IS "YES" AND YOU WISH TO CLAIM VETERAN BENEFITS, ATTACH TO THIS APPLICATION VETERAN BENEFITS CLAIM (CIVIL SERVICE COMMISSION FORM 14) TOGETHER WITH THE NECESSARY PROOF SPECIFIED THEREIN.

THIS SPACE FOR USE OF APPOINTING OFFICE ONLY

The information contained in the answers to Question 35 above has been verified by comparison with the discharge certificate on _____ 19____.

Agency _____ Date _____

ITEM No.	ITEM No.

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

FALSE STATEMENT ON THIS APPLICATION IS PUNISHABLE BY LAW (U. S. CODE, TITLE 18, SECTION 100)

I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Date _____ Signature of applicant _____
(Give your name in INK (last given name, first, if furnished. If female, prefix Miss or Mrs. and if married use your own given name.)

PERSONAL HISTORY STATEMENT

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

HAVE YOU READ AND UNDERSTOOD THE ABOVE INSTRUCTIONS? YES NO

SECTION 1. PERSONAL BACKGROUND

NAME		FIRST	MIDDLE	LAST	TELEPHONE
<input checked="" type="checkbox"/> MR.	<input type="checkbox"/> MISS	William	King	Harvey	OR 2914
PRESENT ADDRESS		STREET AND NUMBER	CITY	STATE	COUNTRY
2527		39th Street N.W.	Washington, D. C.		U.S.A.
LEGAL RESIDENCE		STREET AND NUMBER	CITY	STATE	COUNTRY
Meysville			Kentucky		U.S.A.
NICKNAMES		OTHER NAMES THAT YOU HAVE USED			
None		None			
UNDER WHAT CIRCUMSTANCES HAVE YOU EVER USED THESE NAMES?				HOW LONG?	
None				None	
IF LEGAL CHANGE, GIVE PARTICULARS (WHERE, WHEN AND BY WHAT AUTHORITY)					
None					

DATE OF BIRTH	PLACE OF BIRTH	CITY	STATE	COUNTRY
9/13/15	Danville,	Indiana		U.S.A.
PRESENT CITIZENSHIP	ACQUIRED BY:			
US	BIRTH <input checked="" type="checkbox"/>	MARRIAGE <input type="checkbox"/>	NATURALIZATION <input type="checkbox"/>	
NATURALIZATION CERTIFICATE	NUMBER	DATE ISSUED	NAME OF COURT	
LOCATION OF COURT		CITY	STATE	COUNTRY
PREVIOUS CITIZENSHIP	DATE HELD	FROM:	TO:	
None				
OTHER CITIZENSHIPS (GIVE PARTICULARS)				
None				

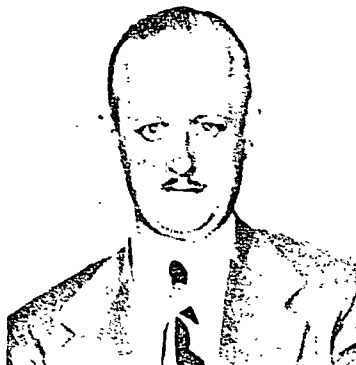
STEPS TAKEN TO CHANGE PRESENT NATIONALITY (GIVE PARTICULARS)

None			
LAST U.S. PASSPORT	NUMBER	DATE	PLACE OF ISSUE
	None	-	-
ALL OTHER U.S. PASSPORTS YOU HAVE HAD (GIVE APPROXIMATE DATES)			
None			
PASSPORTS OF OTHER NATIONS			
None			

IF BORN OUTSIDE U.S.	DATE OF ARRIVAL IN THIS COUNTRY	PORT OF ENTRY	PASSPORT OF COUNTRY
	-	-	-
LAST U.S. VISA	NUMBER	TYPE	DATE
	-	-	-

SECTION 2. PHYSICAL DESCRIPTION

AGE	SEX	HEIGHT	WEIGHT	EYES	HAIR
31	M	5'	185	Green	Blonde
COMPLEXION	SCARS			BUILD	
Fair	triangular scar rt. cheek			Medium stocky	
OTHER DISTINGUISHING FEATURES					
mustache					



SECTION 3. MARITAL STATUS							
MARRIED <input checked="" type="checkbox"/>	WIDOWED <input type="checkbox"/>	SEPARATED <input type="checkbox"/>	DATE OF SEPARATION OR DIVORCE	PLACE			
SINGLE <input type="checkbox"/>	DIVORCED <input type="checkbox"/>						
REASON FOR SEPARATION OR DIVORCE							
NOTE: IF YOU HAVE BEEN MARRIED MORE THAN ONCE USE A SEPARATE SHEET FOR FORMER WIFE OR HUSBAND AND GIVE DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.							
NAME OF WIFE OR HUSBAND	FIRST	MIDDLE (FOR WIFE, MAIDEN)	LAST	DATE OF MARRIAGE			
	Elizabeth	Hove	McIntire	Harvey	4/4/36		
PLACE OF MARRIAGE	(HIS OR HER ADDRESS BEFORE MARRIAGE)	STREET AND NUMBER	CITY	STATE	COUNTRY		
Bloomington, Indiana	Flemingsburg, Kentucky				U.S.A.		
LIVING <input checked="" type="checkbox"/>	DECEASED <input type="checkbox"/>	DATE OF DECEASE	CAUSE				
PRESENT OR LAST ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY			
	2627 39th Street N.W.	Washington, D. C.		U.S.A.			
DATE OF BIRTH	PLACE OF BIRTH	CITY	STATE	COUNTRY			
2/3/16	Flemingsburg, Kentucky			U.S.A.			
CITIZENSHIP	DATE ACQUIRED	WHERE ACQUIRED	CITY	STATE	COUNTRY		
USA	Birth						
OCCUPATION	LAST EMPLOYER						
Housewife	War Department - MDW - 1942-1944						
EMPLOYER'S OR OWN BUSINESS ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY			
	Pentagon Bldg	Washington D. C.		USA			
DATE OF MILITARY SERVICE	FROM:	TO:	BRANCH OF SERVICE	COUNTRY			
OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN (GIVE DETAILS)							
See above, War Dept., MDW - Washington, D. C. 1942-1944							
SECTION 4. CHILDREN OR DEPENDENTS (INCLUDE PARTIAL DEPENDENTS)							
NAME	RELATIONSHIP	AGE					
	NONE						
CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY	STATE	COUNTRY			
NAME	RELATIONSHIP	AGE					
	NONE						
CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY	STATE	COUNTRY			
NAME	RELATIONSHIP	AGE					
CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY	STATE	COUNTRY			
SECTION 5. PARENTS							
NOTE: FOR STEP-FATHER, STEP-MOTHER AND/OR GUARDIAN, GIVE THE SAME INFORMATION AS REQUIRED BELOW ON SEPARATE SHEET							
NAME OF FATHER	FIRST	MIDDLE	LAST	LIVING <input type="checkbox"/>	DECEASED <input checked="" type="checkbox"/>		
	Duncan	R. (only)	Harvey				
DATE OF DECEASE	CAUSE						
7/25/16	Spinal Meningitis						
PRESENT OR LAST ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY			
	8. Tennessee St.	Danville, Indiana		U.S.A.			
DATE OF BIRTH	PLACE OF BIRTH	CITY	STATE	COUNTRY			
1898	Danville	Indiana		U.S.A.			
CITIZENSHIP	DATE ACQUIRED	WHERE ACQUIRED	CITY	STATE	COUNTRY		
USA	Birth						
OCCUPATION	LAST EMPLOYER						
Attorney	Self						
EMPLOYER'S OR OWN BUSINESS ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY			
	Danville	Indiana		U.S.A.			
SECTION 5. PARENTS (CONTINUED)							

SECTION 5. PARENTS (CONTINUED FROM PAGE 2)									
DATE OF MILITARY SERVICE		FROM	None		TO	BRANCH OR SERVICE		COUNTRY	
OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN (GIVE DETAILS)									
None									
NAME OF MOTHER		FIRST	MAIDEN		LAST		LIVING		<input checked="" type="checkbox"/>
Sara		Jewel	King		Ervey		DECEASED		<input type="checkbox"/>
DATE OF DECEASE		CAUSE							
PRESENT OR LAST ADDRESS		STREET AND NUMBER		CITY		STATE		COUNTRY	
607 1/2		South Center Street		Terre Haute,		Indiana		U.S.A.	
DATE OF BIRTH		PLACE OF BIRTH		CITY		STATE		COUNTRY	
1890		Danville		Indiana		U.S.A.			
CITIZENSHIP		DATE ACQUIRED		WHERE ACQUIRED		CITY		STATE	
USA		Birth							
OCCUPATION		LAST EMPLOYER							
Professor		Indiana State Teachers College							
EMPLOYER'S OR OWN BUSINESS ADDRESS		STREET AND NUMBER		CITY		STATE		COUNTRY	
		Terre Haute,		Indiana		U.S.A.			
GOVERNMENT SERVICE, U.S. OR FOREIGN (GIVE DETAILS)									
None									
SECTION 6. BROTHERS AND SISTERS (INCLUDING HALF-STEP- AND ADOPTED BROTHERS AND SISTERS)									
NAME		FIRST	MIDDLE		LAST		LIVING		<input checked="" type="checkbox"/>
		None				DECEASED		<input type="checkbox"/>	
PRESENT ADDRESS		STREET AND NUMBER		CITY		STATE		COUNTRY	
NAME		FIRST	MIDDLE		LAST		LIVING		<input checked="" type="checkbox"/>
		None				DECEASED		<input type="checkbox"/>	
PRESENT ADDRESS		STREET AND NUMBER		CITY		STATE		COUNTRY	
NAME		FIRST	MIDDLE		LAST		LIVING		<input checked="" type="checkbox"/>
						DECEASED		<input type="checkbox"/>	
PRESENT ADDRESS		STREET AND NUMBER		CITY		STATE		COUNTRY	
SECTION 7. PARENTS-IN-LAW									
NAME OF FATHER-IN-LAW		FIRST	MIDDLE		LAST		LIVING		<input checked="" type="checkbox"/>
James		Marvin	McIntire, Sr.		DECEASED		<input type="checkbox"/>		
DATE OF DECEASE		CAUSE							
PRESENT OR LAST ADDRESS		STREET AND NUMBER		CITY		STATE		COUNTRY	
480 Mt. Carmel Avenue		Flemingsburg,		Kentucky		USA			
DATE OF BIRTH		PLACE OF BIRTH		CITY		STATE		COUNTRY	
1890		Fleming County, Kentucky		USA					
CITIZENSHIP		DATE ACQUIRED		WHERE ACQUIRED		CITY		STATE	
USA		Birth							
OCCUPATION		LAST EMPLOYER							
Attorney		Self							
NAME OF MOTHER-IN-LAW		FIRST	MAIDEN		LAST		LIVING		<input checked="" type="checkbox"/>
Nannie		Ross	McIntire		DECEASED		<input type="checkbox"/>		
DATE OF DECEASE		CAUSE							
1942		Arterio-sclerosis							
PRESENT OR LAST ADDRESS		STREET AND NUMBER		CITY		STATE		COUNTRY	
480 Mt. Carmel Avenue		Flemingsburg,		Kentucky		USA			
DATE OF BIRTH		PLACE OF BIRTH		CITY		STATE		COUNTRY	
1886		Fleming County, Kentucky		USA					
CITIZENSHIP		DATE ACQUIRED		WHERE ACQUIRED		CITY		STATE	
USA		Birth							
OCCUPATION		LAST EMPLOYER							
Housewife									

SECTION 8. RELATIVES

NOTE: INDICATE BELOW THE RELATIVES BY BLOOD, MARRIAGE, OR ADOPTION, WHO LIVE ABROAD, ARE UNDER THE INFLUENCE OF A FOREIGN POWER, ARE NOT CITIZENS OF THE UNITED STATES, OR ARE MARRIED TO NON-CITIZENS.

NAME NONE	RELATIONSHIP	AGE
CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY STATE COUNTRY

REASON FOR LISTING UNDER THIS QUESTION

NAME NONE	RELATIONSHIP	AGE
CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY STATE COUNTRY

REASON FOR LISTING UNDER THIS QUESTION

NAME NONE	RELATIONSHIP	AGE
CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY STATE COUNTRY

REASON FOR LISTING UNDER THIS QUESTION

NOTE: INDICATE BELOW THE RELATIVES BY BLOOD OR MARRIAGE, IN MILITARY, NAVAL OR OTHER GOVERNMENT SERVICE (UNITED STATES OR FOREIGN)

NAME Dwight Harvey	RELATIONSHIP Cousin	AGE 45 approx.
CITIZENSHIP USA-Birth	ADDRESS STREET AND NUMBER Not known to me as present	CITY STATE COUNTRY

TYPE AND LOCATION OF SERVICE (IF KNOWN)
Colonel - U.S. Army

NAME	RELATIONSHIP	AGE
CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY STATE COUNTRY

TYPE AND LOCATION OF SERVICE (IF KNOWN)

NAME	RELATIONSHIP	AGE
CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY STATE COUNTRY

TYPE AND LOCATION OF SERVICE (IF KNOWN)

SECTION 9. EDUCATION

SCHOOL	ADDRESS	CITY	STATE	COUNTRY
Public Schools	Terre Haute, Indiana	Terre Haute, Indiana		USA
DATES ATTENDED	FROM	TO	DEGREE	
	1921	1928	8 yrs. Elementary Credit	
SCHOOL	ADDRESS	CITY	STATE	COUNTRY
Wiley High School	Terre Haute, Indiana	Terre Haute, Indiana		USA
DATES ATTENDED	FROM	TO	DEGREE	
	1928	1931	H.S. Diploma	
COLLEGE	ADDRESS	CITY	STATE	COUNTRY
Indiana University	Bloomington Indiana	Bloomington Indiana		USA
DATES ATTENDED	FROM	TO	DEGREE	
	1933	1937	Lib with Distinction (2 yrs. credit)	
COLLEGE	ADDRESS	CITY	STATE	COUNTRY
-				
DATES ATTENDED	FROM	TO	DEGREE	
	-	-	-	

SECTION 10. SELECTIVE SERVICE (CONTINUED TO PAGE 5)

SECTION 10: SELECTIVE SERVICE (U.S. DEPT. OF JUSTICE)			
CLASSIFICATION II-A- II-1	ORDER NUMBER 1194	APPROXIMATE INDUCTION DATE None	BOARD NUMBER K 113
ADDRESS OF BOARD Maysville, Mason County, Kentucky		CITY	STATE USA
IF DEFERRED, STATE REASON Yes, 1942-1947 Special Agent - FBI - US Dept. of Justice			
SECTION 11: MILITARY, NAVAL OR OTHER GOVERNMENT SERVICE - UNITED STATES OR FOREIGN			
COUNTRY USA	SERVICE FBI-US D of J	SERVICE DATES FROM: 12/9/40 TO: 8/22/47	
GRADE Special Agent	SERIAL NUMBER	TYPE OF DISCHARGE Voluntary Resignation	
LAST STATION Washington, D. C.		COMMANDING OFFICER	
REMARKS:			
SECTION 12: CHRONOLOGICAL HISTORY OF EMPLOYMENT (USE ADDITIONAL SHEET IF NECESSARY)			
NOTE: INCLUDE BELOW PERIODS OF UNEMPLOYMENT AND CASUAL EMPLOYMENT. GIVE ADDRESS AND STATE WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT. INCLUDE LAST 5 POSITIONS AND COVER AT LEAST 15 YEARS.			
EMPLOYER R. H. King Construction Co.		JOB TITLE Laborer	
ADDRESS Danville, Indiana		KIND OF BUSINESS Bridge Construction	
YOUR DUTIES AND SPECIALITY Construction Worker		NAME OF SUPERVISOR R. H. King	
DATES COVERED FROM: 5/26 TO: 9/26	SALARY \$10	PER week	
REASONS FOR LEAVING Return to school			
EMPLOYER Danville Gazette		JOB TITLE Reporter & Printer	
ADDRESS Danville, Indiana		KIND OF BUSINESS Newspaper	
YOUR DUTIES AND SPECIALITY Editorial and Mechanical Work		NAME OF SUPERVISOR Alvin Hall, Editor	
DATES COVERED FROM: 1931 TO: 1933	SALARY \$10-\$15	PER week	
REASONS FOR LEAVING To Enter University			
EMPLOYER Indiana University		JOB TITLE Publicity Writer	
ADDRESS Bloomington, Indiana		KIND OF BUSINESS See above	
YOUR DUTIES AND SPECIALITY Writing Athletic Publicity		NAME OF SUPERVISOR Various	
DATES COVERED FROM: Parttime 1934 TO: 1935	SALARY \$10-(Acerox)	PER week	
REASONS FOR LEAVING Voluntary Resignation			
EMPLOYER Self		JOB TITLE Attorney-at-law	
ADDRESS 210 Covart Street, Maysville, Ky		KIND OF BUSINESS Practice of Law	

SECTION 12. CHRONOLOGICAL HISTORY OF EMPLOYMENT (CONTINUED FROM PAGE 5)				
YOUR DUTIES AND SPECIALITY General Legal Practice			NAME OF SUPERVISOR None	
DATE COVERED	FROM	TO	SALARY	PER
	1937	1940	\$1500-2200	year
REASONS FOR LEAVING To enter FBI				
EMPLOYER Federal Bureau of Investigation			JOB TITLE Special Agent & Supervisor	
ADDRESS STREET AND NUMBER Department of Justice Bldg. Washington, D. C.			KIND OF BUSINESS Law Enforcement and counter intelligence	
YOUR DUTIES AND SPECIALITY Counter-Intelligence			NAME OF SUPERVISOR J. Edgar Hoover	
DATE COVERED	FROM	TO	SALARY	PER
	12/9/40	8/22/47	\$3200-\$7000	Annual
REASONS FOR LEAVING Voluntary Resignation				
EMPLOYER			JOB TITLE	
ADDRESS STREET AND NUMBER			KIND OF BUSINESS	
YOUR DUTIES AND SPECIALITY			NAME OF SUPERVISOR	
DATE COVERED	FROM	TO	SALARY	PER
REASONS FOR LEAVING				
NOTE: IN SPACE BELOW GIVE DETAILS CONCERNING ANY POSITION FROM WHICH YOU MAY HAVE BEEN DISCHARGED OR WHICH YOU MAY HAVE LEFT UNDER CIRCUMSTANCES WHICH WERE NOT ENTIRELY FAVORABLE.				
DETAILS: Absolutely None				
SECTION 13. CHARACTER REFERENCES-FIVE IN THE UNITED STATES (GIVE BUSINESS ADDRESS WHERE POSSIBLE)				
NAME	ADDRESS STREET AND NUMBER CITY STATE			
D. F. Howell	Jersey Ridge Rd. Maysville, Ky.			
NAME	ADDRESS STREET AND NUMBER CITY STATE			
B. F. Scull, Atty	Sycamore Bldg. Terre Haute Indiana			
NAME	ADDRESS STREET AND NUMBER CITY STATE			
J. H. Finch, Sr.	Bank of Maysville Maysville, Ky.			
NAME	ADDRESS STREET AND NUMBER CITY STATE			
Harry Stewart	Chief of Police PD Maysville, Ky.			
NAME	ADDRESS STREET AND NUMBER CITY STATE			
E. L. Zeigler, Atty	Cochran Bldg. Maysville, KY			
SECTION 14. SOCIAL ACQUAINTANCES-FIVE IN THE UNITED STATES (GIVE BUSINESS ADDRESS WHERE POSSIBLE)				
NAME	ADDRESS STREET AND NUMBER CITY STATE			
A. H. Thurston	§ C.I.O. Washington, D. C.			
NAME	ADDRESS STREET AND NUMBER CITY STATE			
Matthew McVaire	U.S. District Court Washington, D. C.			
NAME	ADDRESS STREET AND NUMBER CITY STATE			
J. A. Bennet, Lt. Col.	Andrews Field, Maryland			
NAME	ADDRESS STREET AND NUMBER CITY STATE			
L. Whitson	Room 1734 Dept. of Justice Washington, D. C.			
NAME	ADDRESS STREET AND NUMBER CITY STATE			
SECTION 15. NEIGHBORS-THREE IN THE UNITED STATES (AT YOUR LAST NORMAL ADDRESS)				

SECTION 15. NEIGHBORS—THREE IN THE UNITED STATES (AT YOUR LAST NORMAL ADDRESS)			
NAME	ADDRESS—STREET AND NUMBER	CITY	STATE
Richard Frear	2627 39th St. N.W.	Washington	D. C.
H. John Holzberg	2629 39th St. N.W.	Washington	D. C.
Richard Callahan	2629 39th St. N.W.	Washington	D. C.

SECTION 16. MISCELLANEOUS

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

IF ANSWER IS "YES" EXPLAIN BELOW:

DO YOU USE, OR HAVE YOU USED ENTOXICANTS? **In Moderation**

HAVE YOU EVER BEEN ARRESTED, INDICTED OR CONVICTED FOR ANY VIOLATION OF LAW OTHER THAN A MINOR TRAFFIC VIOLATION? IF SO, STATE NAME OF COURT, CITY, STATE, COUNTRY, NATURE OF OFFENCE, AND DISPOSITION OF CASE.

NO

HAVE YOU EVER BEEN COURT-MARTIALED WHILE A MEMBER OF THE ARMED FORCES? YES NO

IF ANSWER IS "YES", GIVE DETAILS BELOW:

SECTION 17. FINANCIAL BACKGROUND

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

NAMES OF BANKS WITH WHICH YOU HAVE ACCOUNTS

Peopise Bank of Fleming County, Flemingsburg, Kentucky

State National Bank, Maysville, Kentucky (Acotrecently closed)

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

SECTION 18. CREDIT REFERENCES—THREE IN THE UNITED STATES

NAME	ADDRESS—STREET AND NUMBER	CITY	STATE
Peoples Bank of Fleming County	Flemingsburg	Kentucky	
State National Bank	Maysville	Kentucky	
J. Garfinkel & Co.	Washington	D. C.	

SECTION 19. RESIDENCES FOR PAST 25 YEARS

FROM	TO	ADDRESS—STREET AND NUMBER	CITY	STATE	COUNTRY
3/1942	Late	2627 39th St. N.W.	Washington	D. C.	
2/1942	3/1942	Grace Court, Center Avenue	Pittsburgh	Pa.	
1/41	2/1942	45-71 Albertson Street	Alhuret	L.O. N.Y.C.	N.Y.

SECTION 23. GENERAL QUALIFICATION

INDICATE ANY SPECIAL KNOWLEDGE OR TRAINING YOU HAVE. ALSO, SET FORTH ANY QUALIFICATIONS AS A RESULT OF TRAINING OR EXPERIENCE, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION.

Specialist in counter intelligence, operations, analysis, and evaluation

SECTION 24. SPORTS AND HOBBIES

Fishing, hunting, firearms

SECTION 25. EMERGENCY ADDRESSEE

NAME Mrs. Elizabeth M. Harvey		RELATIONSHIP wife	
ADDRESS 2527 39th Street N.W.	CITY Washington, D. C.	STATE	COUNTRY
			TELEPHONE OR 2014

SECTION 26. INFORMATION AND FINAL COMMENTS

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

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

NOTE

SECTION 27. CERTIFICATION

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

SIGNED AT _____ DATE _____
City State

Witness Signature of Applicant

SECRET

27 August 1947

PERSONAL HISTORY STATEMENT OF WILLIAM KING HARVEY

PERSONAL: Birth: September 13, 1915 Place: Danville, Indiana
Leg Res: Maysville, Kentucky

PARENTAGE: Father: Drenan R. Harvey Place: Danville, Indiana
Birth: 1888
Mother: Sara Jewel King Harvey Place: Danville, Indiana
Birth: 1890

RELATIVES ABROAD: None

EDUCATION: Wiley High School, Terre Haute, Indiana
Dates: 1928 to 1931
Indiana University, Bloomington, Indiana
Dates: 1933 to 1937 LLB degree

EXPERIENCE: Danville Gazette - Newspaper, Danville, Indiana
Dates: 1931 to 1933
Indiana University, Bloomington, Indiana
Dates: 1933 to 1937
Practice of Law, Maysville, Kentucky
Dates: 1937 to 1940
F.B.I., Special Agent
Dates: 1940 to August 22, 1947

MILITARY: None

TRAVEL: Visited Canada for one month in September 1940 on vacation.

MARITAL STATUS: Married to: Elisabeth Howe McIntire Harvey
Birth: February 3, 1916 Place: Flemingsburg, Kentucky
Dependents: None besides wife
Father-in-law: James Marvin McIntire, Ky.
Birth: 1880 Place: Fleming County, Ky.
Mother-in-law: Mannie Ross McIntire - now deceased
Birth: 1886 Place: Fleming County, Ky.

Washington address and telephone number:

2627 - 39th St., N. W.
Washington, D. C. Tel: ORday 2914

Emergency Addressee: Mrs. Elisabeth M. Harvey
2627 - 39th St., N. W.
Washington, D. C. Tel: ORday 2914

SECRET

27 August 1947

PERSONAL HISTORY STATEMENT ON WILLIAM KING HARVEY

PERSONAL: Birth: September 13, 1915 Place: Danville, Indiana
Leg Res: Maysville, Kentucky

PARENTAGE: Father: Dronan R. Harvey
Birth: 1888 Place: Danville, Indiana
Mother: Sara Jewel King Harvey
Birth: 1890 Place: Danville, Indiana

RELATIVES
ABROAD: None

EDUCATION: Wiley High School, Terre Haute, Indiana
Dates: 1928 to 1931
Indiana University, Bloomington, Indiana
Dates: 1933 to 1937 LLB degree

EXPERIENCE: Danville Gazette - Newspaper, Danville, Indiana
Dates: 1911 to 1933
Indiana University, Bloomington, Indiana
Dates: 1933 to 1937
Practice of Law, Maysville, Kentucky
Dates: 1937 to 1940
F.B.I., Special Agent
Dates: 1940 to August 22, 1947

MILITARY: None

TRAVEL: Visited Canada for one month in September 1940 on vacation.

MARITAL STATUS: Married to: Elizabeth Howe McIntire Harvey
Birth: February 3, 1916 Place: Flemingsburg, Kentucky
Dependants: None besides wife
Father-in-law: James Marvin McIntire, Sr.
Birth: 1880 Place: Fleming County, Ky.
Mother-in-law: Hannie Ross McIntire - now deceased
Birth: 1886 Place: Fleming County, Ky.

Washington address and telephone number:

2627 - 39th St., N. W.
Washington, D. C. Tel: ORdway 2914

Emergency Addressee: Mrs. Elizabeth H. Harvey
2627 - 39th St., N. W.
Washington, D. C. Tel: ORdway 2914

SECRET

27 August 1947

PERSONAL HISTORY STATEMENT OF WILLIAM KING HARVEY

PERSONAL: Birth: September 13, 1915 Place: Danville, Indiana
Leg Res: Mayville, Kentucky

PARENTAGE: Father: Drenan R. Harvey Place: Danville, Indiana
Birth: 1888
Mother: Sara Jewel King Harvey Place: Danville, Indiana
Birth: 1890

RELATIVES ABROAD: None

EDUCATION: Wiley High School, Terre Haute, Indiana
Dates: 1928 to 1931
Indiana University, Bloomington, Indiana
Dates: 1933 to 1937 LLB degree

EXPERIENCE: Danville Gazette - Newspaper, Danville, Indiana
Dates: 1931 to 1933
Indiana University, Bloomington, Indiana
Dates: 1933 to 1937
Practice of Law, Mayville, Kentucky
Dates: 1937 to 1940
F.B.I., Special Agent
Dates: 1940 to August 22, 1947

MILITARY: None

TRAVEL: Visited Canada for one month in September 1940 on vacation.

MARITAL STATUS: Married to: Elizabeth Hows McIntire Harvey
Birth: February 3, 1916 Place: Flemingsburg, Kentucky
Dependents: None besides wife
Father-in-law: James Marvin McIntire, Sr.
Birth: 1880 Place: Fleming County, Ky.
Mother-in-law: Mammie Ross McIntire - now deceased
Birth: 1886 Place: Fleming County, Ky.

Washington address and telephone number:
2627 - 39th St., N. W.
Washington, D. C. Tel: ORdway 2914

Emergency Addresses: Mrs. Elizabeth H. Harvey
2627 - 39th St., N. W.
Washington, D. C. Tel: ORdway 2914

SECRET

SECRET

27 August 1947

PERSONAL HISTORY STATEMENT ON WILLIAM KING HARVEY

PERSONAL: Birth: September 13, 1915 Place: Danville, Indiana
Log Res: Mayville, Kentucky

PARENTAGE: Father: Drenan R. Harvey Place: Danville, Indiana
Birth: 1888
Mother: Sara Jewel King Harvey Place: Danville, Indiana
Birth: 1890

RELATIVES
ABROAD: None

EDUCATION: Wiley High School, Terre Haute, Indiana
Dates: 1928 to 1931
Indiana University, Bloomington, Indiana
Dates: 1933 to 1937 LLB degree

EXPERIENCE: Danville Gazette - Newspaper, Danville, Indiana
Dates: 1931 to 1933
Indiana University, Bloomington, Indiana
Dates: 1933 to 1937
Practice of Law, Mayville, Kentucky
Dates: 1937 to 1940
F.B.I., Special Agent
Dates: 1940 to August 22, 1947

MILITARY: None

TRAVEL: Visited Canada for one month in September 1940 on vacation.

MARITAL
STATUS: Married to: Elisabeth Howe McIntire Harvey
Birth: February 3, 1916 Place: Flemingsburg, Kentucky
Dependents: None besides wife
Father-in-law: James Marvin McIntire, Sr.
Birth: 1880 Place: Fleming County, Ky.
Mother-in-law: Maude Ross McIntire - now deceased
Birth: 1886 Place: Fleming County, Ky.

Washington address and telephone number:

2627 - 39th St., N. W.
Washington, D. C. Tel: Ordway 2914

Emergency Addresses: Mrs. Elisabeth M. Harvey
2627 - 39th St., N. W.
Washington, D. C. Tel: Ordway 2914

SECRET

CONFIDENTIAL

SECURITY OFFICE

Investigation Report

CONFIDENTIAL

Subject: HARVEY, William King

Date: October 6, 1947

To: CPD (2)

Number: 32814

1. Investigation directed by: EBC

2. Sources of information: OSO

3. Remarks

4. Recommendation:

SECURITY APPROVAL RECOMMENDED, THOUGH SUBJECT
IS SUBJECT OF DEROGATORY INFORMATION AT SOME
DATE. INTERVIEW WAIVED.
IF THE APPLICANT ENTERS UPON DUTY WITHIN
30 DAYS FROM ABOVE DATE, THIS APPROVAL BECOMES
INVALID.

*Branch notified of
this report (orig) sent to
Special Agent 9 Oct. 1947.*

CC: Mr. Judson H. Lightsey

By PHC
Security Officer
ROBERT H. CUNNINGHAM

CONFIDENTIAL

CONFIDENTIAL

MEMORANDUM

Re: William King Harvey

A complete and thorough investigation has been conducted on this employee and he was found suitable for employment in this agency.

SECRET
SECURITY INFORMATION

TO : Chief, Communications
Acting
FROM : Chief, Security Division
SUBJECT: HARVEY, William King
3251h

DATE: 8 August 1952

In reply to your memorandum this is to advise that subject meets the current requirements for cryptographic clearance and is approved for such duties as of this date.

E. P. Geiss
E. P. Geiss

SECRET

Personal + 3rd Agency Material