

MATERIAL REVIEWED AT CIA HEADQUARTERS BY  
HOUSE SELECT COMMITTEE ON ASSASSINATIONS STAFF MEMBERS  
SECRET

FILE TITLE/NUMBER/VOLUME: WILCOTT, James B.

INCLUSIVE DATES: 29 APRIL 1956 - 15 APRIL 1966

CUSTODIAL UNIT/LOCATION: OFFICE OF PERSONNEL

ROOM: 5E13

DELETIONS, IF ANY:

DATE RECEIVED	DATE RETURNED	REVIEWED BY (PRINT NAME)	SIGNATURE OF REVIEWING OFFICIAL
3-9-78	3-9-78	HAROLD D. LEAP	Harold D Leap

NO DOCUMENTS MAY BE COPIED OR REMOVED FROM THIS FILE.

SECRET

TERMINATED  
WILCOTT, JAMES B.  
25798

This document is made available through the declassification efforts  
and research of John Greenewald, Jr., creator of:

# The Black Vault



The Black Vault is the largest online Freedom of Information Act (FOIA)  
document clearinghouse in the world. The research efforts here are  
responsible for the declassification of hundreds of thousands of pages  
released by the U.S. Government & Military.

**Discover the Truth** at: <http://www.theblackvault.com>

SECRET

18 Apr 1966

REQUEST FOR PERSONNEL ACTION						DATE PREPARED					
1 SERIAL NUMBER		2 NAME (Last-First-Middle)				21 Apr 66					
025798		WILSON JAMES B. JR									
3 NATURE OF PERSONNEL ACTION				4 EFFECTIVE DATE REQUESTED		5 CATEGORY OF EMPLOYMENT					
RESIGNATION *				MONTH C. O. Y. B. YEAR 04 15 66		REGULAR					
6 FUNDS		7 COST CENTER NO. CHARGEABLE		8 LEGAL AUTHORITY (Completed by Office of Personnel)							
V TO V CF TO V		V TO CF X CF TO CF		6135 1164							
9 ORGANIZATIONAL DESIGNATIONS				10 LOCATION OF OFFICIAL STATION							
DDF/AH USFIELD WH/C J:NAVE DEP CHIEF OF STATION FOR OPS SUPPORT FINANCE BRANCH				J:NAVE							
11 POSITION TITLE				12 POSITION NUMBER		13 CAREER SERVICE DESIGNATION					
FISCAL ACCT ASST				1369		SF					
14 CLASSIFICATION SCHEDULE (GX, Z, S, etc.)		15 OCCUPATIONAL SERIES		16 GRADE AND STEP		17 SALARY OR RATE					
GS		0501.03		07 4		\$ 6890.					
18 REMARKS											
* Staff Employee Special  Subject is re-employable  Resignation Memo Attached											
19A SIGNATURE OF REQUESTING OFFICIAL				DATE SIGNED		19B SIGNATURE OF CAREER SERVICE APPROVING OFFICER					
Robert P. Gishman, Chief/Pers				22 April 66		Richard J. Johnson, Head, Career Service					
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 MONTHS CODE	25 DATE OF BIRTH	26 DATE OF GRADE	27 DATE OF LEI		
45	18	NUMERIC ALPHABETIC				29	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-CR 2-PICB 3-NONE		1.60.00.25	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.		CAR. RES. PROV. TEMP. CODE		CODE 0-WAIVER 1-YES		HEALTH INS. CODE	
41 PREVIOUS GOVERNMENT SERVICE DATA				42 LEAVE CAT.		43 FEDERAL TAX DATA		44 STATE TAX DATA			
CODE 0-NONE 1-NO PREVIOUS SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)				CODE		FORM EXECUTED CODE NO. TAX EXEMPTIONS		FORM EXECUTED CODE NO. TAX EXEMPTIONS STATE CODE			
45 POSITION CONTROL CERTIFICATION				46 SF APPROVAL				DATE APPROVED			
[Signature]				[Signature]				5/10/66			

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

14.

SECRET

EMPLOYEE NOTICE OF RESIGNATION

OFFICE OF PERSONNEL

I RESIGN EFFECTIVE 15 MAR 66 FOR THE FOLLOWING REASON:

MAY 9 10 20 AM '66

Handwritten signature/initials

MAIL ROOM

MY LAST WORKING DAY WILL BE—

DATE SIGNED

SIGNATURE OF EMPLOYEE

Handwritten signature: Richard M. ...

FORWARD COMMUNICATIONS, INCLUDING SALARY CHECKS AND BONDS, TO THE FOLLOWING ADDRESS (Number, Street, City, State, Zip Code)

INSTRUCTIONS

Items 1 thru 7 and 9 thru 18a - The initiating office should fill in each of the referenced items. Items 3 thru 7 and 9 thru 18 require information which pertains only to the action requested, and NOT to the current status of the employee unless specific items remain unchanged.

Item 5 - "Category of Employment" should show one of the following entries:

- |                     |            |            |
|---------------------|------------|------------|
| Regular             | Summer     | WAE        |
| Part Time           | Detail Out | Consultant |
| Temporary           | Detail In  | Military   |
| Temporary-Part-Time |            |            |

Item 9 - "Organizational Designations" should show all levels of organization pertinent to identifying the location of the position:

- FIRST LINE Major Component (Director, Deputy Director, etc.)
- Office, Major Staff, etc.
- Foreign Field or U.S. Field (if pertinent)
- Division or Staff (subordinate to first line)
- Branch
- Section
- Unit

Vertical stamp: MAY 10 10 01 AM '66

Items 11 and 15 - "Position Title" and "Occupational Series" should be the standard abbreviated title and corresponding occupational series in Handbook of Official Occupational Titles and Codes for the duties actually to be performed by the employee. If different from the title and series of the position occupied as shown on the most current edition of the Position Control Register or Form 261, Staffing Complement Change Authorization, explain under Item 18-Remarks.

Item 18b - Signature should be that of the official authorized to approve for the Career Service to which the employee belongs. If more than one Career Service is involved, the gaining Career Service should approve and the other Career Service should concur in Item 18, Remarks.

ROUTING- The original only of this form will be forwarded to the Office of Personnel through the appropriate Career Service official(s). In the case of requests specified in HB 20-800-1, which require advance approval of or notification to the Office of Security or the Office of the Comptroller, one copy only will be sent to the Office(s) concerned.

SECRET

SECRET

REQUEST FOR PERSONNEL ACTION					DATE PREPARED					
1 SERIAL NUMBER 025793					2 NAME (Last-First-Middle) WILCOTT, James B., Jr.					
3 NATURE OF PERSONNEL ACTION EXCEPTED APPOINTMENT * <i>leave</i>			4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 11 21 65		5 CATEGORY OF EMPLOYMENT REGULAR					
6 FUNDS V TO V C TO V			7 COST CENTER NO. CHARGE 6135-1164		8 LEGAL AUTHORITY (Completed by Office of Personnel)					
9 ORGANIZATIONAL DESIGNATIONS U.S. Field JMWAVE Deputy Chief of Station for Operational Support Finance Branch			10 LOCATION OF OFFICIAL STATION JMWAVE							
11 POSITION TITLE FISCAL ACCT. ASST. (SF)			12 POSITION NUMBER 1369		13 CAREER SERVICE DESIGNATION SF					
14 CLASSIFICATION SCHEDULE (G.S. I.B., etc.) GS (07)		15 OCCUPATIONAL SERIES 0501.03	16 GRADE AND STEP 07 (4)		17 SALARY OR RATE \$ 6890					
18 REMARKS *Staff Employee Special. <i>03-60</i>  #109301										
19A SIGNATURE OF REQUESTING OFFICIAL ROBERT D. CASHMAN, C/WH/Pers.			DATE SIGNED 12/1/65	19B SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>[Signature]</i>		DATE SIGNED 11/16/65				
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL										
19 ACTION CODE 13	20 EMPLOY CODE 10	21 OFFICE CODING NUMERIC ALPHABETIC 51550 WH		22 STATION CODE 99999	23 INTEGRITY CODE	24 MOOTHS CODE	25 DATE OF BIRTH MO DA YR 09/29/31	26 DATE OF GRADE MO DA YR 09/15/63	27 DATE OF LEI MO DA YR 09/13/64	
28 WFE EXPENSES MO DA YR		29 SPECIAL REFERENCE	30 RETIREMENT DATA 1-ESC 3-FICA 5-WORSE CODE 1		31 SEPARATION DATA CODE	32 CORRECTION, CANCELLATION DATA TYPE MO DA YR		33 SECURITY REQ NO. EOD DATA 0000 M/1	34 SEX	
35 BEST PREFERENCE CODE 1	36 SERV COMP. DATE MO DA YR 06/26/53	37 LONG COMP DATE MO DA YR 04/57	38 CAREER CATEGORY LMB BEST PROV TEMP CODE C	39 FEGAL/HEALTH INSURANCE CODE CODE 0-WAIVER 1-YES HEALTH INS CODE -	40 SOCIAL SECURITY NO.					
41 PREVIOUS GOVERNMENT SERVICE DATA CODE 1			42 LEAVE CAT CODE 6	43 FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS 1-YES 2-NO 0 0		44 STATE TAX DATA FORM EXECUTED CODE NO TAX STATE COOP 1-YES 2-NO - - -				
45 POSITION CONTROL CERTIFICATION <i>12-2065 H</i>				46 APPROVAL <i>[Signature]</i>		DATE APPROVED 11/17/65				

SECRET

GROUP EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED				
1. SERIAL NUMBER 025798						9 November 1965				
2. NAME (Last-First-Middle) <del>XXXXXXXXXXXX</del> <i>Shelton, James B. Jr.</i>										
3. NATURE OF PERSONNEL ACTION RESIGNATION				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 11 20 65		5. CATEGORY OF EMPLOYMENT REGULAR				
6. FUNDS V TO V C TO V X C TO C		7. COST CENTER NO. CHANGE 6135-1164		8. LEGAL AUTHORITY (Completed by Office of Personnel)						
9. ORGANIZATIONAL DESIGNATIONS DPP/WH U.S. Field WH/C JMWAVE Deputy Chief of Station for Operational Support Finance Branch				10. LOCATION OF OFFICIAL STATION JMWAVE						
11. POSITION TITLE FISCAL ACCT. ASST.			12. POSITION NUMBER 1369	13. CAREER SERVICE DESIGNATION SF						
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0501.03	16. GRADE AND STEP 07 (4)	17. SALARY OR RATE \$ 6990						
18. REMARKS										
18A. SIGNATURE OF REQUESTING OFFICIAL <i>Robert D. Cashman</i> ROBERT D. CASHMAN, C/WH/Pers.		DATE SIGNED 11/20/65	18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>James B. Shelton Jr.</i>		DATE SIGNED 11/20/65					
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL										
19. ACTION CODE 7210	20. EMPLOY CODE	21. OFFICE CODING NUMERIC ALPHABETIC		22. STATION CODE	23. INTEGREE CODE	24. HOURS CODE	25. DATE OF BIRTH MO DA YR 09 27 31	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-CSE 3-FICA 5-NONE CODE 12009	31. SEPARATION DATA CODE TYPE	32. CORRECTION CANCELLATION DATA EOD DATA		33. SECURITY REG. NO	34. SEX			
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 LAB RESP PROV TEMP	39. FEDERAL HEALTH INSURANCE CODE 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 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)		42. LEAVE CAT CODE	43. FEDERAL TAX DATA FORM EXECUTED CODE INC. TAX EXEMPTIONS 1-YES 2-NO		44. STATE TAX DATA FORM EXECUTED CODE NO TAX EXEMP. STATE CODE					
45. POSITION CONTROL CERTIFICATION 12-20-65 TV				46. O.P. APPROVAL <i>James B. Shelton Jr.</i>		DATE APPROVED 11/20/65				

SECRET  
(When Filled In)

<b>REQUEST FOR PERSONNEL ACTION</b>		DATE PREPARED 15 April 1965
-------------------------------------	--	--------------------------------

1. SERIAL NUMBER 035793	2. NAME (Last-First-Middle) [REDACTED] <i>Willett, James B</i>
----------------------------	---

3. NATURE OF PERSONNEL ACTION EXERCISED APPOINTMENT	4. EFFECTIVE DATE REQUESTED MONTH: 04 DAY: 25 YEAR: 65	5. CATEGORY OF EMPLOYMENT REGULAR
--	---	--------------------------------------

6. FUNDS V TO V C TO V V TO C C TO C	7. COST CENTER NO. CHARGE 5135-1164	8. LEGAL AUTHORITY (Completed by Office of Personnel)
--	--	---

9. ORGANISATIONAL DESIGNATIONS ISP/Special Affairs Staff C... Field Forward Operations Station - JMWAVE Deputy for Support Finance Branch	10. LOCATION OF OFFICIAL STATION JMWAVE
--	--

11. POSITION TITLE FISCAL ACCT. ASST.	12. POSITION NUMBER 1030	13. CAREER SERVICE DESIGNATION SE
--	-----------------------------	--------------------------------------

14. CLASSIFICATION SCHEDULE (GS, FS, etc.) GS	15. OCCASIONAL SERIES OFCL03	16. GRADE AND STEP 07 (4)	17. SALARY OR RATE \$ 6550
--	---------------------------------	------------------------------	-------------------------------

18. REMARKS  
Subject replacing Wm C. JUCENTHAL, rotating to Headquarters later part of May 1965.

*C-03-60*  
*OVERLAP*  
*W. Bedard*  
*8/22/65*  
*22 April 65*  
*Concur: J. P. [unclear] 4/1/65*  
*PS 49 A*

18A. SIGNATURE OF REQUESTING OFFICER <i>[Signature]</i>	DATE SIGNED 15/4/65	18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>[Signature]</i>	DATE SIGNED
--	------------------------	--	-------------

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE 13	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC: 4460 ALPHABETIC: SAS	22. STATION CODE 99999	23. INTEGREE CODE	24. HQ/RTS CODE 2	25. DATE OF BIRTH MO: 09 DA: 27 YR: 31	26. DATE OF GRADE MO: 09 DA: 15 YR: 63	27. DATE OF LEI MO: 09 DA: 13 YR: 64
28. NTE EXPIRES MO: DA: YR:	29. SPECIAL REFERENCE	30. RETIREMENT DATA 1-ESC 3-FICA 5-MORE CODE: 1	31. SEPARATION DATA CODE TYPE: MO: DA: YR:	32. CORRECTION-CANCELLATION DATA EOD DATA	33. SECURITY REQ NO 00000	34. SER	35. VET PREFERENCE CODE: 1 B-NONE 1-3 PT 2-10 PT	
36. SERV. COMP DATE MO: DA: YR: 06/26/63	37. LONG COMP DATE MO: DA: YR: 03/04/57	38. CAREER CATEGORY CAR. RES. PROB./TEMP: C	39. FEGLI HEALTH INSURANCE CODE: 1 B-WB/IB 1-YES 2-NO	40. SOCIAL SECURITY NO	41. PREVIOUS GOVERNMENT SERVICE DATA CODE: 1 B-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 6	43. FEDERAL TAX DATA FORM EXECUTED: 0 CODE: 0 NO TAX EXEMPTIONS: 0	44. STATE TAX DATA FORM EXECUTED: - CODE: - NO. TAX EXEMPT.: - STATE CLOR: -

45. POSITION CONTROL CERTIFICATION 4-26-65 HT	46. OP APPROVAL <i>Joseph B. [unclear]</i>	DATE APPROVED 20 APR 1965
--	---	------------------------------

SECRET  
(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED		
1. SERIAL NUMBER 025798		2. NAME (Last-First-Middle) WILCOFF, James B., Jr.								19 April 1965 ✓		
3. NATURE OF PERSONNEL ACTION Resignation					4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 04 24 65		5. CATEGORY OF EMPLOYMENT Regular					
6. FUNDS		X V TO V		V TO CF		7. COST CENTER NO. CHARGE-ABLE 5271-0003		8. LEGAL AUTHORITY (Completed by Office of Personnel)				
9. ORGANIZATIONAL DESIGNATIONS DBS OFFICE OF FINANCE Confidential Funds Division Compensation and Tax Accounts Branch Contract Agents Accounts Section					10. LOCATION OF OFFICIAL STATION Washington, D. C.							
11. POSITION TITLE Finance Assistant (7)					12. POSITION NUMBER 0470		13. CAREER SERVICE DESIGNATION SF					
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS			15. OCCUPATIONAL SERIES 0510.16		16. GRADE AND STEP 07-4		17. SALARY OR RATE 6650					
18. REMARKS  <p style="text-align: right;">lcc - Security lcc - Payroll</p>												
18a. SIGNATURE OF REQUESTING OFFICIAL <i>Thomas Strickland</i> Act. Chief, C&T Division				DATE SIGNED 13 APR 65		18b. SIGNATURE OF CAREER SERVICE APPROVING <i>John P. Brady</i> Act. Director of Finance				DATE SIGNED 13 APR 65		
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL												
19. ACTION CODE 45	20. EMP. CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC		22. STATION CODE	23. INTELL. CODE	24. MOD. CODE 1	25. DATE OF BIRTH 09 27 31		26. DATE OF DEATH		27. DATE OF LEA.	
28. WTE EXPIRES		29. SPEC. REFERENCE		30. RETIREMENT DATA 1 - CS2 3 - FICA 5 - NONE 180009/1		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ. NO.		34. SEA
35. VET. PREFERENCE		36. SERV. COMP. DATE		37. LONG. COMP. DATE		38. CAREER CATEGORY CAR/RESV PROV/TEMP		39. REG. / MIL. RESERVANCE 0 - WAIVED 1 - YES		40. SOCIAL SECURITY NO.		
41. PREVIOUS GOVERNMENT SERVICE DATA 0 - NO PREVIOUS SERVICE 1 - NO GOVERN. SERVICE 2 - MORE THAN 90 DAYS IN SERVICE (LESS THAN 3 YRS) 3 - MORE THAN 90 DAYS IN SERVICE (MORE THAN 3 YRS)				42. LEAV. CAT. CODE		43. FEDERAL TAX DATA FORM EXECUTED 1 - YES 2 - NO		44. STATE TAX DATA FORM EXECUTED 1 - YES 2 - NO		45. STATE TAX CODE		46. STATE CODE
45. POSITION CONTROL CERTIFICATION 4-26-65 HT						46. D.P. APPROVAL <i>David H. Hefner</i>				DATE APPROVED 22 APR 1965		



DLB: 27 APR 65

NOTIFICATION OF PERSONNEL ACTION							
REF							
1. SERIAL NUMBER	2. NAME (LAST FIRST MIDDLE)						
025798	WILCOTT JAMES B JR						
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT	
RESIGNATION				MO DA YR 04 24 65		REGULAR	
6. FUNDS	X	V TO V		V TO CF	7. COST CENTER NO. CHARGEABLE		
		CF TO V		CF TO CF			
				3277 0003 0000			
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION			
11. POSITION TITLE				12. POSITION NUMBER		13. SERVICE DESIGNATION	
FINANCE ASSISTANT				0470		SF	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE	
GS		0510.18		07 4		6850	
10. REMARKS							
SIGNATURE OR OTHER AUTHENTICATION							

REQUEST FOR PERSONNEL ACTION										DATE PREPARED			
1. SERIAL NUMBER <b>025798</b>										2. NAME (Last-First-Middle) <b>WILCOTT, James Bernard, Jr.</b>		15 September 1964	
3. NATURE OF PERSONNEL ACTION <b>Reassignment &amp; Transfer to Vouchered Funds</b>					4. EFFECTIVE DATE REQUESTED MONTH: <b>10</b> DAY: <b>11</b> YEAR: <b>64</b>			5. CATEGORY OF EMPLOYMENT <b>Regular</b>					
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE <b>5277-0003</b>		8. LEGAL AUTHORITY (Completed by Office of Personnel)					
X		CF TO V		CF TO CF									
9. ORGANIZATIONAL DESIGNATIONS <b>DDS OFFICE OF FINANCE Confidential Funds Division Compensation and Tax Accounts Branch Contract Agents Accounts Section</b>					10. LOCATION OF OFFICIAL STATION <b>Washington, D. C.</b>								
11. POSITION TITLE <b>Finance Assistant</b>					12. POSITION NUMBER <b>6470</b>		13. CAREER SERVICE DESIGNATION <b>SF</b>						
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) <b>GS</b>			15. OCCUPATIONAL SERIES <b>0510.16</b>		16. GRADE AND STEP <b>0714</b>		17. SALARY OR RATE <b>\$ 6650</b>						
18. REMARKS  From: FE/Tokyo Security Approval Granted by Pers. SD/OS <i>9/21/64</i> CONCUR: <i>10/1/64</i> <i>Dr. Barclay</i> FE/Personnel  <i>H. Dumbaj</i> <i>25/4/64</i> lcc - Sec lcc - Payroll w/ Forms W-4 and													
19A. SIGNATURE OF REQUESTING OFFICIAL <b>Acting Chief, C&amp;T Division</b>				DATE SIGNED		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>Michael Barclay</i> <b>Adm. Officer - O/F Finance</b>				DATE SIGNED			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL													
19. ACTION CODE	20. EMPLOY. CODE	21. SERVICE CODE NO.		22. STATION CODE	23. TIME RATE CODE	24. HOURS CODE	25. DATE OF ENTRY		26. DATE OF DEPT.		27. DATE OF LEI		
<b>16</b>	<b>16</b>	<b>12500</b>	<b>F-10</b>	<b>2-0B</b>		<b>1</b>	<b>09/27/31</b>						
28. NTE EXPIRES		29. SPEC. B. REQUIREMENTS		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ. NO.			
				1 - CSC 3 - FICA 4 - NEW				EOD DATA					
34. VET. PREFERENCE		35. SERV. COMP. DATE		36. LIND. COMP. DATE		37. CAREER CATEGORY		38. FEED. / HEALTH INSURANCE		39. SOCIAL SECURITY NO.			
CODE		NO. DA. YR.		NO. DA. YR.		CAR/RESM CODE		CODE CODE		NO. DA. YR.			
0 - NONE 1 - 5 PT. 2 - 10 PT.						PROV/TEMP		0 - NO SER 1 - YES		HEALTH INS. CODE			
40. PREVIOUS GOVERNMENT SERVICE DATA				41. FEDERAL TAX DATA				42. STATE TAX DATA					
CODE				FORM FILED CODE				FORM FILED CODE					
0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERV. (LESS THAN 3 YRS) 3 - BREAK IN SERV. (MORE THAN 3 YRS)				1 - YES 2 - NO				1 - YES 2 - NO					
43. POSITION CONTROL CERTIFICATION <i>from FE</i> <b>B</b>						44. O.P. APPROVAL <i>Michael Barclay</i>			DATE APPROVED <b>10/1/64</b>				

**SECRET**  
(When Filled In)

REQUEST FOR PERSONNEL ACTION					DATE PREPARED	
1. SERIAL NUMBER 025798					2. NAME (Last-First-Middle) WILCOTT, JAMES F., JR.	
3. NATURE OF PERSONNEL ACTION PROMOTION			4. EFFECTIVE DATE REQUESTED MONTH: 09 DAY: 15 YEAR: 63		5. CATEGORY OF EMPLOYMENT REGULAR	
6. FUNDS		V TO V	V TO CF	7. COST CENTER NO. CHARGEABLE 4137-7351-1000		8. LEGAL AUTHORITY (Completed by Office of Personnel)
CF TO V		XXXXXX TO CF				
9. ORGANIZATIONAL DESIGNATIONS DDP FE <del>SECTION 1300</del> FE/JKO - TOKYO STATION SUPPORT STAFF				10. LOCATION OF OFFICIAL STATION TOKYO, JAPAN		
11. POSITION TITLE FISCAL ACCT ASST				12. POSITION NUMBER 3167		13. CAREER SERVICE DESIGNATION SF
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0501.03		16. GRADE AND STEP 07 03		17. SALARY OR RATE 5,910
18. REMARKS  FROM: GS- 6 step 4           FOR FURTHER INFO, CALL X5271						
18A. SIGNATURE OF REQUESTING OFFICIAL <i>Lee Austin</i> LEE AUSTIN, CFE/PERSONNEL			DATE SIGNED 05 SEP 1963	18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>Michael J. ...</i> Admin. Officer, O/Comptroller		DATE SIGNED 9/11/63
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. INTERPLE CODE	24. MONTHS CODE
22	10	45370FE		3897	3	09/27/63
25. DATE OF BIRTH MO DA YR		26. DATE OF GRAD MO DA YR		27. DATE OF LEI MO DA YR		
28. RATE EXP. RES MO DA YR		29. SPECIAL REFERENCE		30. RETIREMENT DATA 1 - CCC 3 - FICA 5 - NONE		31. SEPARATION DATA CODE
32. SECURITY REQ. NO.		33. SEX		EOD DATA		
35. VET. PREFERENCE CODE		36. SERV. COMP. DATE MO DA YR		37. LONG. COMP. DATE MO DA YR		38. CAREER CATEGORY CODE
39. REG. I / HEALTH INSURANCE CODE		40. SOCIAL SECURITY NO.				
41. PREVIOUS GOVERNMENT SERVICE DATA CODE			42. LEAVE CAT. CODE		43. FEDERAL TAX DATA FORM EXECUTED 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)					1 - YES 2 - NO	
44. POSITION CONTROL CERTIFICATION <i>W. Kearney</i> 09/18/63			45. O.P. APPROVAL <i>Michael J. ...</i> 13 SEP 1963		DATE APPROVED	

**SECRET**  
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
1. SERIAL NUMBER <b>025798</b>						2. NAME (Last-First-Middle) <b>Willett, James H., Jr.</b>	
3. NATURE OF PERSONNEL ACTION <b>Promotion</b>				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR <b>11 12 61</b>		5. CATEGORY OF EMPLOYMENT <b>Regular</b>	
6. FUNDS		7. COST CENTER NO. CHARGEABLE <b>2137-7351-1000</b>		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS <b>DDE/FE FE/JAO - Tokyo Station Support Staff - TOKYO</b>				10. LOCATION OF OFFICIAL STATION <b>Tokyo, Japan</b>			
11. POSITION TITLE <b>Fiscal Acct Asst</b>				12. POSITION NUMBER <b>D-07</b>		13. CAREER SERVICE DESIGNATION <b>SF</b>	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) <b>GS</b>		15. OCCUPATIONAL SERIES <b>0501.03</b>		16. GRADE AND STEP <b>6 4</b>		17. SALARY OR RATE <b>5,325</b>	
18. REMARKS  <b>Promotion from GS-5, Step 5 to GS-6, Step 4</b>							
19A. SIGNATURE OF REQUESTING OFFICIAL <b>M. J. Shobe, OFF. FILE</b>				DATE SIGNED		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <b>E. R. SAUNDERS, Comptroller</b>	
						DATE SIGNED <b>11/13/61</b>	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE <b>22</b>	20. EMPLOY. CODE <b>10</b>	21. STATION CODE ALPHABETIC <b>5638 FE</b>		22. STATION CODE <b>37587</b>	23. INTEGR. CODE	24. DUTY STATION CODE <b>3</b>	25. DATE OF BIRTH MO. DA. YR. <b>09 12 131</b>
26. NTE EXPIRES MO. DA. YR.		27. RETIREMENT DATA 1 - LSC 2 - FICA 3 - NONE		28. SEPARATION DATA CODE	29. CORRECTION/CANCELLATION DATA MO. DA. YR.		30. SECURITY REG. NO.
35. VET. PREFERENCE CODE 0 - NONE 1 - 5 PT 2 - 10 PT		36. SERVA. COMP. DATE MO. DA. YR.		37. LONG. COMP. DATE MO. DA. YR.		38. MIL. SERV. CREDITED 1 - YES 2 - NO	
39. PREVIOUS GOVERNMENT SERV. DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE LESS THAN 12 MO. 3 - BREAK IN SERVICE MORE THAN 12 MO.		40. LEAVE DAT. CODE		41. FEDERAL TAX DATA FORM EXECUTED 1 - YES 2 - NO		42. STATE TAX DATA FORM EXECUTED 1 - YES 2 - NO	
43. POSITION CONTROL CERTIFICATION <b>W. Kearney 11/02/61</b>				44. O.P. APPROVAL <b>D. V. Mulcahy 11/3/61</b>		DATE APPROVED <b>11/3/61</b>	

12/11/60

SECRET



APPLICATION FOR MEMBERSHIP  
in the CAREER STAFF of the  
CENTRAL INTELLIGENCE AGENCY

To the Director of Central Intelligence

Sir:

I submit herewith my application for membership in the Career Staff of the Central Intelligence Agency as defined below:

"The Career Staff of the Central Intelligence Agency is a group of carefully selected and trained individuals who accept an obligation to devote themselves to the needs of the Agency, and who intend to make a career with the Agency."

In accordance with this definition, I desire to devote myself to the faithful performance of duty in the Central Intelligence Agency, and I accept the obligations and conditions of that service which are determined to be essential to the furtherance of its mission.

I am aware of the many restrictions necessarily placed upon me by virtue of the security requirements inherent in my employment by the Central Intelligence Agency. I am also aware that as a member of the Career Staff, it will be my obligation to serve anywhere and at any time and for any kind of duty as determined by the needs of the Agency, and I have been assured that in order to carry out this policy, full consideration will be given to my particular capabilities, interests, and personal circumstances. By virtue of this application for membership and upon my acceptance in the Career Staff, I am assured that, with continuing satisfactory work performance and conduct on my part, just and equitable attention will be accorded my personal progress during my tenure in the Career Staff. I am also assured that, on my satisfactory completion of any assignments, I will be offered reassignments which are compatible insofar as possible with my abilities and career interests, and that I shall be entitled to the benefits now available or to be made available in the future to members of the Career Staff of the Central Intelligence Agency.

MEMBERSHIP IN THE CAREER STAFF OF  
THE CENTRAL INTELLIGENCE AGENCY  
APPROVED, TO TAKE EFFECT 4 MAR 1960

FOR THE DIRECTOR OF CENTRAL INTELLIGENCE:  
EXECUTIVE DIRECTOR  
THE CIA SELECTION BOARD

James D. Walcott  
(Signature)

12/11/60  
(Date)

Daniel C. Krapp

SECRET

REQUEST FOR PERSONNEL ACTION																
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vet Prof		5. Sex		6. CS: EOD			
		Wilcott, James E., Jr.				Mo. Da. Yr. 09 27 31			None-0 5 Pr-1 10 Pr-2		M		Mo. Da. Yr.			
7. SEC		8. CSC		9. CSC Of Other Legal Authority				10. Apmt. Att'd. Yr.			11. FEGLI		12. LCD		13. All. Yr.	
Mo. Da. Yr.		Yes-1 No-2						Mo. Da. Yr.			Yes-1 No-2		Mo. Da. Yr.		Yes-1 No-2	

PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DPS/Office of the Comptroller Finance Div. Accounts Branch Accounting Control Section Accts Receivable and Payable Unit						Wash., D.C.					
16. Dept. - Field		17. Position Title				18. Position No.		19. Serv.		20. Occup. Series	
USHD - Frg -		Fiscal Acct Clk				0506		GS		0501.01	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
05 3		\$ 1310		SF		Mo. Da. Yr. 9/12/57		Mo. Da. Yr. 9/18/60		0263 1010	

ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
Reassignment + T to CF		16		Mo. Da. Yr. 05 15 60		Regular		21			

PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DDP/FE FE/JAO - Tokyo Station Support Staff - Tokyo				1171		Tokyo, Japan				37587	
33. Dept. - Field		34. Position Title				35. Position No.		36. Serv.		37. Occup. Series	
USHD - Frg -		Fiscal Acct Asst				3167		GS		0501.03	
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
		\$				Mo. Da. Yr.		Mo. Da. Yr.		0137 7351 3000	

SOURCE OF REQUEST

A. Requested By (Name And Title)				C. Request Approved By (Signature And Title)			
Robert D. Cashman, CFF/JAO				Robert D. Cashman, CFF/Personnel			
B. For Additional Information Call (Name & Telephone Ext.)							
Roselle Little, X2957							

CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board			D. Placement		
B. Post Control		2-23-60	E.		
C. Classification			F. Approved By		

Remarks

2 copies to Security.  
Please transfer from vouchered to unvouchered funds as of 15 May 1960.  
Subject to replace Robert Weber, who is returning to 21 June 1960.

REQUEST FOR PERSONNEL ACTION														
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vet Pref		5. Sex		6. CSC Code	
125798		WILCOTT JAMES B JR				09 27 31			None S Pr-1 10 Pr-9		M 1		03 04 57	
7. SCD		8. CSC Rate		9. CSC Or Other Legal Authority		10. Appt. Affidav			11. FLCL		12. LCD		13. Other	
Mo. Da. Yr.		Yes-1 No-2		Code		Mo. Da. Yr.			Yes-1 No-2		Code		Mo. Da. Yr. Yes-1 Code	
06 26 53		1		50 USCA 403					03 04 57		No-2		2	

**PREVIOUS ASSIGNMENT**

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DCS OFFICE OF THE COMPTROLLER FINANCE DIVISION COMPENSATION AND TAX ACCTS BR CONTRACT AGENTS ACCTS SECT.				3803		WASH., D. C.				75013	
16. Dept. - Field		17. Position Title				18. Position No.		19. Serv.		20. Occas Series	
Dept - USfld - Frqn -		Code		FINANCE ASST				0470		GS 0510.14	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
05 2X 3		\$ 4340		SF		09 12 57		04 12 57		9 6300 20 004	

**ACTION 9 18 60**

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Date	
Reassignment		96		10/1/59		Regular		01			

**PRESENT ASSIGNMENT**

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DDS/Office of the Comptroller Finance Division, Accounts Branch Accounting Control Section Accts Receivable and Payable Unit				↑		Wash., DC					
33. Dept. - Field		34. Position Title				35. Position No.		36. Serv.		37. Occas Series	
Dept - XX USfld - Frqn -		Code		Fiscal Acct Clk				506		0501.04	
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
5/3		\$ 4340		SF						0263-1040	

**SOURCE OF REQUEST**

A. Requested By (Name And Title)		C. Request Approved By (Signature And Title)	
R. E. WOMAC, Deputy Chief, Finance Division		<i>[Signature]</i> Comptroller	
B. For Additional Information Call (Name & Telephone Ext.)			

**CLEARANCES**

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board			D. Placement		
B. Pos. Cont. of	<i>[Signature]</i>	10-2-57	E.		
C. Classification			F. Approved By	<i>[Signature]</i>	2-57
Remarks					
<i>[Handwritten Notes]</i>					

REQUEST FOR PERSONNEL ACTION															
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vet. Pref.		5. Sex		6. CS - EOD		
125798		WILCOTT JAMES B JR.				Mo.	Da.	Yr.	None-0	Code	M 1		Mo.	Da.	Yr.
09 27 31						5 Pt-1 10 Pt-2		1				03	04	57	
7. SCD		8. CSC Reint.		9. CSC Or Other Legal Authority			10. Appt. Allidav.			11. FEGLI		12. LCD		13. Min. Serv. Req.	
Mo.	Da.	Yr.	Yes-1	Code	50 USCA 403			Mo.	Da.	Yr.	Yes-1	Code	Mo.	Da.	Yr.
06	26	53	No-2	1				No-2		03	04	57	No-2		2

PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DDS OFFICE OF THE COMPTROLLER FINANCE DIV COMPENSATION & TAX ACCTS BR STAFF EMPLOYEES ACCTS SECTION				3803		WASH., D. C.				75013	
16. Dept. - Field		17. Position Title				18. Position No.		19. Serv.		20. Occup. Series	
2		TIME LV PAY CLK				0305202		GS		0544.01	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
05 11		\$ 4190		SF		09 122 57		09 21 58		9-6300-20-004	

ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
Reassignment		56		ASAP		Regular		01			

PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DDS/Office of the Comptroller Finance Division Compensation and Tax Accounts Branch Contract Agents Accounts Section				3803		Wash., DC				75013	
33. Dept. - Field		34. Position Title				35. Position No.		36. Serv.		37. Occup. Series	
2		Finance Assistant				470				0510.14	
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
5/2		\$ 4190.00		SF		7 12 57		9 20 58		9-6300-20-004	

SOURCE OF REQUEST

A. Requested By (Name And Title)		C. Request Approved By (Signature And Title)	
R. E. TOMAC, Acting Chief, Finance Division		<i>[Signature]</i> Comptroller	
B. For Additional Information Call (Name & Telephone Ext.)			

CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board			D. Placement		
B. Pos. Control		20 1958	E.		
C. Classification			F. Approved By	<i>[Signature]</i>	3/20/57

Remarks

For slotting purposes only



REQUEST FOR PERSONNEL ACTION															
1. Serial No.	2. Name (Last-First-Middle)				3. Date Of Birth			4. Vac Prof.		5. Sex		6. GS-LOC			
105749	WILSON JAMES E JR				Mo.	Da.	Yr.	Non-0	Code	M	F	Mo.	Da.	Yr.	
	7. SCD	8. CSC Form		9. CSC Or Other Legal Authority			10. Appt. Affidav			11. REGU		12. LCD		13. <small>with serv. credit</small>	
	Mo.	Da.	Yr.	Yes-1	Code	10. Appt. Affidav			Yes-1	Code	Mo.	Da.	Yr.	Yes-1	Code
	05	26	53	No-2	1	NO DATA FOR J			No-2		05	04	57	No-2	12

(1)

14. Organizational Designations				Code	15. Location Of Official Station				Station Code	
DDS OFFICE OF THE COMPTROLLER FINANCE DIVISION COMPENSATION AND TAX ACCTS BR CONTRACT AGENTS ACCTS SECTION				3803	WASH., D. C.				75013	
16. Dept. - Field		17. Position Title			18. Position No.		19. Serv.		20. Occup. Series	
Dept - USld - Frgn		FINANCE ACCT			051103		05		0510.15	
21. Grade & Step		22. Salary Or Rate		23. SD	24. Date Of Grade		25. PSI Due		26. Appropriation Number	
05 1		\$ 3670		SF	Mo. Da. Yr.		Mo. Da. Yr.		8 6304 20	
					09 12 57		09 12 57			

ACTION

27. Nature Of Action	Code	28. Eff. Date			29. Type Of Employee		Code	30. Separation Date	
Reassignment	56	ASAP			Regular		01		

(2)

31. Organizational Designations				Code	32. Location Of Official Station				Station Code	
DDS/Office of the Comptroller Finance Division Compensation and Tax Accounts Branch Staff Employees Accounts Section				3803	Wash., DC					
33. Dept. - Field		34. Position Title			35. Position No.		36. Serv.		37. Occup. Series	
Dept - USld - Frgn		Time Leave Pay Clk			M05.02		05		0544.01	
38. Grade & Step		39. Salary Or Rate		40. SD	41. Date Of Grade		42. PSI Due		43. Appropriation Number	
5/1		\$ 3670.00		SF	Mo. Da. Yr.		Mo. Da. Yr.		8-6304-20	

SOURCE OF REQUEST

A. Requested By (Name & Title)	C. Request Approved By (Signature & Title)
R. E. WONG, Deputy Chief, Finance Division	<i>[Signature]</i> Acting Comptroller
B. For Additional Information Call (Name & Telephone Ext.)	

CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board			D. Placement		
B. Pos. Control		16 APR 1958	E.		
C. Classification			F. Approved By	<i>[Signature]</i>	4/12/58

Remarks

Classify According  
To Content.

REQUEST FOR PERSONNEL ACTION															
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vet. Pref.		5. Sex	6. CS - EOD			
		WILCOTT, James B., Jr.				Mo	Da	Yr	None-0	Code	M	Mo	Da	Yr	
9 27 31		5 Pr-1		10 Pr-2											
7. SCD		8. CSC Rstrct		9. CSC Or Other Legal Authority		10. Appt. Altidav		11. FEGLI		12. LCD		13. <sup>501 Ser.</sup> <sub>Code</sub> <sup>Grds.</sup> <sub>Code</sub>			
Mo	Da	Yr	Yes - 1	Code		Mo	Da	Yr	Yes - 1	Code	Mo	Da	Yr	Yes - 1	Code
			No - 2						No - 2					No - 2	

PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code			
DDS/Office of the Comptroller Fiscal Division Accounts Branch Allocation Ledger Section						Wash., DC							
16. Dept. Field		17. Position Title				18. Position No.		19. Serv.		20. Occup. Series			
Dept. XX	Code	Fiscal Acct Clk				30.01				0501.04			
Valid.		21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
Fragn.		5/1		\$ 3670.00		SF		Mo Da Yr		Mo Da Yr		8-6303-20	

ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
Reassignment		56		ASAP 2/23/58		Regular		01			

PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code			
DDS/Office of the Comptroller Finance Division Compensation and Tax Accounts Branch Contract Agents Accounts Section				3805		Wash., DC				75013			
33. Dept. Field		34. Position Title				35. Position No.		36. Serv.		37. Occup. Series			
Dept. XX	Code	Finance Assistant				#521.03				0510.14			
Valid.		38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
Fragn.		5/1		\$ 3670.00		SF		Mo Da Yr		Mo Da Yr		8-6304-20	
								09/23/57		09/21/57			

SOURCE OF REQUEST

A. Requested by (Name and Title)		C. Request Approved By (Signature And Title)	
R. E. WOMAC, Deputy Chief, Finance Division		<i>Stamberg</i> Comptroller	
B. For Additional Information Call (Name & Telephone Ext.)			

CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board			D. Placement		
B. Pos. Control	<i>gpc</i>	2/14/58	E.		
C. Classification			F. Approved By	<i>R. E. Womac</i>	2/17/58

Remarks

Subject will replace Mr. Robert U. LaRoss who is processing for an o/s assignment.

REQUEST FOR PERSONNEL ACTION												VOUCHERED 12 September 1957		
1. Serial No.		2. Name (Last-First-Middle) <p style="text-align: center;">WILCOTT, James B.</p>				3. Date Of Birth Mo Da Yr 9 27 31			4. Var. Prof. None-0 5 Pr-1 10 Pr-2		5. Sex M	6. CS - EOD Mo Da Yr		
7. SCD Mo Da Yr		8. CSC Retmt. Yes-1 No-2		9. CSC Or Other Legal Authority		10. Apmt Affidav. Mo Da Yr			11. FEGLI Yes-1 No-2		12. LCD Mo Da Yr		13. In Ser. Code Yes-1 No-2	

**PREVIOUS ASSIGNMENT**

14. Organizational Designations DDS/Office of Comptroller Fiscal Division Accounts Branch Allotment Ledger Section				Code	15. Location Of Official Station <p style="text-align: center;">Washington, D. C.</p>				Station Code		
16. Dept.- Field Dept - X Usld. - Fran. -		17. Position Title Fiscal Acct. Clk		18. Position No. 30.01		19. Serv.		20. Occup. Series GS-0501.04-4			
21. Grade & Step GS-4 1		22. Salary Or Rate \$ 3415		23. SD SF	24. Date Of Grade Mo Da Yr		25. PSI Due Mo Da Yr		26. Appropriation Number 8-6303-20		

**ACTION**

27. Nature Of Action PROMOTION		Code	28. Eff. Date Mo Da Yr 29 SEP 1957		29. Type Of Employee <i>Regular</i>		Code	30. Separation Data	
-----------------------------------	--	------	--	--	--	--	------	---------------------	--

**PRESENT ASSIGNMENT**

31. Organizational Designations DDS/Office of Comptroller Fiscal Division Accounts Branch Allotment Ledger Section				Code	32. Location Of Official Station <p style="text-align: center;">Washington, D. C.</p>				Station Code	
33. Dept.- Field Dept - X Usld. - Fran. -		34. Position Title Fiscal Acct Clk		35. Position No. 30.01		36. Serv.		37. Occup. Series GS-0501.04-5		
38. Grade & Step GS-5 1		39. Salary Or Rate \$ 3670		40. SD SF	41. Date Of Grade Mo Da Yr 9 12 58		42. PSI Due Mo Da Yr		43. Appropriation Number 8-6303-20	

**SOURCE OF REQUEST**

A. Requested By (Name And Title) D.W. Corrick, Chief, Fiscal Division				C. Request Approved By (Signature And Title) <i>[Signature]</i> Comptroller			
B. For Additional Information Call (Name & Telephone Ext.) Ruby Johnson x 4445							

**CLEARANCES**

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board			D. Placement		
B. Pos. Control	<i>[Signature]</i>	9/19/57	E.		
C. Classification			F. Approved By	<i>[Signature]</i>	9/25/57
Remarks					

STANDARD FORM 52  
 PROVIDED BY THE  
 U. S. CIVIL SERVICE COMMISSION  
 JANUARY 1957 - FEDERAL PERSONNEL  
 MANUAL, CHAPTER 51

**REQUEST FOR PERSONNEL ACTION**

FC-9 Nov. 1956

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.  
 If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr., Mrs., Miss, etc. - One given name, initial(s), and surname) <i>Mr. James B. Wilcott, Jr.</i>		2. DATE OF BIRTH <i>125738 27 Sept. 1931</i>	3. REQUEST NO. <i>C-5481 RC-135</i>	4. DATE OF REQUEST <i>28 June 1956</i>
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) <i>Excepted Appointment 13</i>		6. EFFECTIVE DATE A. PROPOSED: <i>ASAP</i>		7. C.S. OR OTHER LEGAL AUTHORITY <i>SDUSCA 403J</i>
8. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED: <i>4 March 1957</i>		

FROM -	9. POSITION TITLE AND NUMBER	TO -	<i>Fiscal Acct Clk M 30.01-4</i>
	10. SERVICE GRADE AND SALARY		<i>GS-0501.04-4 \$3415 pa</i>
	11. ORGANIZATIONAL DESIGNATIONS		<i>DDS/Office of Comptroller Fiscal Division Accounts Branch Allotment Ledger Section Washington, D. C.</i>
	12. HEADQUARTERS		
<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL	<input type="checkbox"/> FIELD	<input checked="" type="checkbox"/> DEPARTMENTAL <i>7</i>

A. REMARKS (Use reverse if necessary)

*This action cancels Recruitment Request submitted under date of 25 June 1956 Personnel Folder is attached*

B. REQUESTED BY (Name and title) <i>D. W. Corrick, Chief, Fiscal Division</i>	D. REQUEST APPROVED BY Signature: <i>R. H. Fuchs</i> Title: <i>Acting Comptroller</i>
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) <i>Ruby Johnson x 4445</i>	

13. VETERAN PREFERENCE	14. POSITION CLASSIFICATION ACTION
NONE <input type="checkbox"/> WWII <input type="checkbox"/> OTHER <input type="checkbox"/> 5-PT. <input type="checkbox"/> 10 POINT <input checked="" type="checkbox"/> DISAB. <input type="checkbox"/> OTHER <input type="checkbox"/>	NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input type="checkbox"/> REAL <input type="checkbox"/> <i>SD/SF</i>

15. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> W	16. RACE <input type="checkbox"/> M <input type="checkbox"/> W	17. APPROPRIATION FROM: <i>6-6303-20</i>	18. SUBJECT TO C.S. RETIREMENT ACT (YES-NO) <i>yes</i>	19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY) <i>4 March 57</i>	20. LEGAL RESIDENCE STATE: <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED
--	--	--	---	---	---

21. STANDARD FORM 50 REMARKS

*OFFICE/DIVISION WITHIN CEILING*  
*27 NOV 1956*  
 Date *BAB* Position *Gen. Clk.*

*① suby. to med.  
 ② suby. to trial period  
 RC-135  
 DOG: 03/04/57*

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS:
A.			<i>CSEOD: 03/04/57</i>
B. CEIL. OR POS. CONTROL	<i>JH</i>	<i>9 JUL 1956</i>	<i>LCD: 03/04/57</i>
C. CLASSIFICATION			<i>SCD: 06/26/53</i>
D. PLACEMENT OR ENPL.	<i>EH</i>	<i>7/11</i>	<i>PSE Due: 03/09/58</i>
E.			

F. APPROVED BY  
*Robert C. Strickland* *Ernest J. Harrell*

**CONFIDENTIAL**  
(When Filled In)

<b>REPORT OF INTERVIEW</b>		1. DATE OF INTERVIEW 10 April 1956	2. PLACE Syracuse, New York
3. PREVIOUS APPLICATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	4. INTERVIEWER Neil F. Coherly		5. REFERRED BY ---
6. TYPE OR PRINT IN CAPS LAST NAME WILCOTT,		FIRST NAME JAMES	MIDDLE NAME B.
7. PERMANENT ADDRESS 400 James Street, Syracuse, New York			TELEPHONE NONE
8. BUSINESS ADDRESS			TELEPHONE
9. TEMPORARY ADDRESS			TELEPHONE
10. DATE OF BIRTH 27 Sept. 1931	12. CITIZENSHIP <input checked="" type="checkbox"/> U.S. <input type="checkbox"/> OTHER (Specify country)		
11. PLACE OF BIRTH Cleveland, Ohio	U.S. CITIZENSHIP ACQUIRED BY <input checked="" type="checkbox"/> BIRTH <input type="checkbox"/> NATURALIZATION		IF NATURALIZED INDICATE DATE
13. <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOW(ER) <input type="checkbox"/> DIVORCED	14. NO. OF DEPEND. (Excluding wife) 0		
15. FOREIGN RELATIVES, INCLUDING WIFE (Reg. 16-9) N A			
16. EDUCATION (Schools, degrees, dates, majors, thesis title, grade average or class standing, extra-curricular activities, etc.)  Felana Central High - left at end of first year (1945) GED (Army) Equivalency diploma 1951 Feb. '53 - May '54 - Utica College of Syracuse University, Utica, N.Y. - Physics major - left when his marks were getting too low - working also. Feb. '55 - Present - Central Business School, Syracuse, New York - Accounting course - all A's and B's except 2 C's. (Can end course in Fall or continue)			
17. MAJOR EMPLOYMENT HISTORY (Employers, positions, duties, salaries, reasons for leaving)  August '52 - Dec. '52 - Esso Tower Station, Genesee St., Utica, N.Y. - Gas attendant - \$45 per wk - laid off due to slow business. Dec. '52 - Feb. '53 - Chicago Pneumatic Tool Co., Utica, N.Y. - Engine lathe operator - \$50 per wk. was an unskilled job with no future. May '54 - Sept. '54 - Tobogan Inn, Eagle Bay, N.Y. - Handyman - \$60 wk, plus room and board - summer job. Sept. '54 - Dec. '54 - Century Metal Craft Cork, Syracuse, N.Y., Cookware salesman - \$60 wk. - did not make out as a salesman.			
18. MILITARY EXPERIENCE (Branch, serial no., stations, training duties, command responsibilities, rank held, reserve status, current proficiency and interest). INCLUDE ALSO DRAFT, ACTIVE MILITARY OR RETIRED STATUS.  Dec. '48 - August. '52 - U.S. Army Electrician and generator operator (MOS 3166 - Cpl. liked the work and was considered fairly good at it.			

**CONFIDENTIAL**  
(When Filled In)

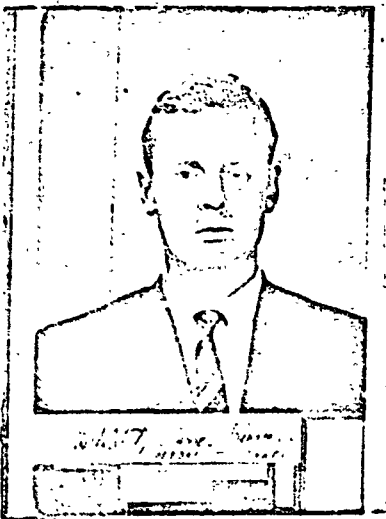
19. AREA KNOWLEDGE (Areas, type of knowledge, how acquired, etc.)							
Okinawa July '49 - March '51							
20. LANGUAGE FACILITY (Give tests when skill warrants and rate below)							
LANGUAGE	NATIVE FLUENCY	FLUENT BUT FOREIGN	ADEQUATE FOR TRANSLATOR	ADEQUATE FOR RESEARCH	ADEQUATE FOR TRAVEL	LIMITED	ACQUIRED BY
N A							
21. SALARY REQUESTED \$2200				22. POOL INTEREST <input type="checkbox"/> YES <input type="checkbox"/> NO			
23. ACCEPTABLE STATION		WASHINGTON, D.C. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		PREFERENCE LIMITATIONS			
		ANYWHERE IN U.S. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Prefers C/S and the sooner the better- anywhere.			
		OVERSEAS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
24. HEALTH Good							
25. FORMS GIVEN <input checked="" type="checkbox"/> PMS <input checked="" type="checkbox"/> APP. I <input checked="" type="checkbox"/> MED. <input type="checkbox"/> SEC. AGREE. <input checked="" type="checkbox"/> L/A (If required)							
26. EVALUATION AND RECOMMENDATION (Appearance, manners, personality, maturity, motivation, flexibility, intelligence, emotional stability, qualifications for intelligence work, career planning, over-all impression, pertinent unfavorable factors)							
<p>The first thing of note is the scattered work and educational history of this fellow. On paper the case is all against him but in talking to him I conclude that it is the case of a guy who failed to get the proper job and school guidance when it would have been most effective (immediately after discharge). The guy has intelligence (LA/5 61-61) but perhaps not the final grasp of things to make a go of a technical degree in College. He probably would have done O.K. with the Liberal Arts course. At any rate he has decided on accounting as a career (finds he likes it and can do it well). He's had a tough life to say the least (how much bearing this has had on his career I'm not trained to evaluate.) My final impression is that he's neat, clean cut, sincere, reliable, capable if given the proper supervision. Types about 40 wpm and is learning shorthand from his wife (who's applying as steno). I think he'd do a competent job and perhaps with experience and training do a very good one. Wants O/S at earliest opportunity for financial reasons.</p>							
27. RECOMMENDED FOR GS 4 Adm/ Accounting				28. SERIAL NUMBERS			
29. TESTS LA/5 61-61				30. Neil P. Doherty May 13, 1956			
				SIGNATURE OF INTERVIEWER			
				DATE			

CONFIDENTIAL

SECRET  
FORM 1200 (PART I)

BIOGRAPHIC PROFILE (PART I) SCD: 26 Jun 1953						
1. PERS. SERIAL NO. <b>AS-13</b>						
2. NAME (Last-First-Middle) <b>James Bernard, Jr.</b>						
3. SEX <b>M</b>		4. DATE OF BIRTH <b>Sep 1931</b>		5. LONGEVITY COMP. DATE <b>4 Mar 1957</b>		
6. MARITAL STATUS <b>Married</b>		7. DEPENDENTS (Included, omitted, or deceased) <b>2</b>		8. US NATURALIZATION DATE(S) <b>NA</b>		
9. CAREER STATUS <b>None</b>		10. LAST MED. RPT. QUAL. FOR <b>PCS</b>		11. TO BE RETIRED <b>O/S PCS</b>		
12. ASSESSMENT DATE <b>None</b>		13. PROFESSIONAL TEST DATE <b>None</b>		14. LANGUAGE APTITUDE TEST DATE <b>Jan 1960</b>		
15. NON-CIA EMPLOYMENT						
1948-52 Military Service, US Army - Cpl, Electrician & Generator Operator						
1952 Esso Tower Station, Utica, NY - Attendant						
1952-53 Chicago Pneumatic Tool Co, Utica, NY - Engine Lathe Operator						
Various Summer & Part-time positions while attending college						
16. NON-CIA EDUCATION						
1953-54 Utica College, Utica, NY - Physics						
1955-57 Central City Business Institute, Syracuse, NY - Ctf, Exec Business Admin&Acctg						
1957-59 USDA Graduate School, DC - Federal Govt Acctg; Mathematics of Acctg&Investment						
17. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Date Tested)						
German - R,P,S,U, Slight(Nov 1959); W, Elem; T, None - Mar 1958						
18. AGENCY SPONSORED TRAINING						
1957 Clerical Induct						
1957 Clerical Orient						
1960 Intel Orient						
1960 Ops Spt						
19. CIA EMPLOYMENT HISTORY SINCE 16 SEPT 1947 (Personnel Actions, Military Orders, and Principal Details)						
EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	SC	ORGANIZATION & ORGAN	TITLE (if any)	LOCATION
Mar 1957	Fisc Acct Clerk 0501.04	4	SF	Compt/Fiscal Div/Accts Br		Hq
Sep 1957	" " 0501.04	5	SF	" " " "		"
Feb 1958	Finance Asst 0510.14	5	SF	Compt/Fin Div/Comp&Tax Accts Br		"
Mar 1958	Time, Lv, Pay Clerk 0544.01	5	SF	" " " " " "		"
Mar 1959	Finance Asst 0510.14	5	SF	" " " " " "		"
Oct 1959	Fisc Acct Clerk 0501.04	5	SF	Compt/Finance Div/Accts Br		"
May 1960	Fisc Acct Asst 0501.03	5	SF	DSP/FE/Jao-TokyoSta/Spt Stf		Tokyo
Nov 1961	" " " 0501.03	6	SF	" " " " " "		"
Sep 1963	" " " 0501.03	7	SF	" " " " " "		"
Oct 1964	Finance Asst 0510.16	7	SF	DES/Finance/CF Div/Comp&TaxAccts		Hq
20. DATE REVIEWED <b>23 Nov 1964</b>						
21. PROFILE REVIEWED BY <b>ard</b>						
22. ITEMS 1-19 REVIEWED & VERIFIED BY EMPLOYEE <input checked="" type="checkbox"/> <b>No</b>						

SECRET  
(When Filled In)

PERS. SERIAL NO. 25798		BIOGRAPHIC PROFILE (PART 2)	
NAME (Last-First-Middle) WILCOTT, James Bernard, Jr.		DATE OF BIRTH Sep 1931	
 <p>A black and white portrait of a man in a suit and tie, identified as James Bernard Wilcott, Jr. The photo is framed within a larger rectangular area. Below the photo, there is a small, illegible label.</p>			
24. SUMMARY OF CAREER PREFERENCE OUTLINE AND/OR FIELD REASSIGNMENT QUESTIONNAIRE			
25. IDENTITY OF OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL			
26. ADDITIONAL INFORMATION			
27. DATE REVIEWED 23 Nov 1964		28. PROFILE REVIEWED BY mrd	

FORM NO. 1200 (PART 2)  
1 FEB 57

REPLACES FORM 1060 (PART 2)  
WHICH IS OBSOLETE.

SECRET jlk

PROFILE

(4)



**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
AM				025798			
<b>SECTION A GENERAL</b>							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD	
Wilcott, James B. Jr			27 Sep 31	M	GS-07	SP	
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION		
Fiscal Acct Asst			DDP/FE/JKO		Tokyo		
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 REASSIGNMENT SUPERVISOR
<input 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-)			
31 Aug 64				1 July 1963 - 30 June 1964			
<b>SECTION B PERFORMANCE EVALUATION</b>							
<p><b>W - Weak</b> 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><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> 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>							
<b>SPECIFIC DUTIES</b>							
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	
As Station Cashier, responsible for the daily receipt and disbursement of cash (Japanese yen, U.S. dollars, MPC).						P	
SPECIFIC DUTY NO. 2						RATING LETTER	
Consolidates all Station cash transactions to one voucher and verifies balance daily.						P	
SPECIFIC DUTY NO. 3						RATING LETTER	
Summarizes all Station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.						P	
SPECIFIC DUTY NO. 4						RATING LETTER	
Polices individual housing and vehicle advance accounts and audits related accountings.						P	
SPECIFIC DUTY NO. 5						RATING LETTER	
Maintains statistical records on private rentals by individual house and cost center.						P	
SPECIFIC DUTY NO. 6						RATING LETTER	
Advises TDY travelers of their entitlements, audits the travel vouchers, and performs other related duties as assigned by the Finance Officer.						P	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
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	
15 JUL 1964						P	

SECRET

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 B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

Subject has performed his duties in a competent manner. He handles huge sums of money with few errors, and maintains the necessary statistical records.

Cost consciousness and management of organization assets does not apply to this position.

SECTION D CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE 9 Jun 64 SIGNATURE OF EMPLOYEE /s/ James Wilcott

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 23 IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE 9 Jun 64 OFFICIAL TITLE OF SUPERVISOR Finance Officer TYPED OR PRINTED NAME AND SIGNATURE /s/ Frank Wells

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL Subject has held the position of Finance Disbursing Officer since his arrival at Tokyo Station in May 1960. He has performed well in a function for which he had no previous experience or training. With a realignment of the office workload in December he was given the additional responsibility of processing TDY travel. Due to his specialized work, he has not had the opportunity to be trained in other facets of finance work. He has been scheduled for Finance training upon his return to Headquarters in July 1964.

DATE 7 Jun 64 OFFICIAL TITLE OF REVIEWING OFFICIAL Finance Officer TYPED OR PRINTED NAME AND SIGNATURE /s/ Jack Randall

SECRET

**CONFIDENTIAL**  
SECRET  
(When Filled In)

FJTT 10, 374, 31 May 63

FITNESS REPORT						EMPLOYEE SERIAL NUMBER	
						025798	
<b>SECTION A</b>				<b>GENERAL</b>			
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SO	
WILCOTT, JAMES B. JR.			27 Sept 31	M	GS-6	SF	
6. OFFICIAL POSITION TITLE			7. OFF. DIV. OR OF ASSIGNMENT		8. CURRENT STATION		
FISCAL ACCT ASST			DDP/FE/JKO		Tokyo		
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 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 Jul 62 - 30 Jun 63			
<b>SECTION B</b>							
<b>PERFORMANCE EVALUATION</b>							
<p><b>W - Weak</b> 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><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> 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>							
<b>SPECIFIC DUTIES</b>							
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	
As Station Cashier, responsible for the daily receipt and disbursement of cash (Japanese yen, U. S. dollars, MPC).						P	
SPECIFIC DUTY NO. 2						RATING LETTER	
Consolidates all Station cash transactions to one voucher and verifies balance daily.						P	
SPECIFIC DUTY NO. 3						RATING LETTER	
Summarizes all Station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.						P	
SPECIFIC DUTY NO. 4						RATING LETTER	
Polices individual housing and vehicle advance accounts and audits related accountings.						P	
SPECIFIC DUTY NO. 5						RATING LETTER	
Maintains statistical records on all private rentals by individual house and cost center.						P	
SPECIFIC DUTY NO. 6						RATING LETTER	
Performs other related duties as assigned by the Finance Officer.						P	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
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	
20 JUN 1963						P	

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.

MAY 17 3 38 PM '63  
MAIL ROOM

Subject is conscientious, industrious, and willing to accept all responsibility assigned him. He has performed his duties in a competent manner and has shown a marked interest in learning all facets of his job. Subject at times gives the impression (whether warranted or not) of being uncertain in his thinking, and he does not always seem to exercise his best judgment in reaching decisions, but he is striving to eradicate this impression.

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	
21 May 1963	/s/ James B. Wilcott	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
33		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
21 May 1963	Finance Officer	/s/ Clarence Norment III
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
Concur in the evaluation.		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
21 May 1963	Adm Officer	/s/ Douglas S. Trabue

SECRET  
CONFIDENTIAL

SECRET

(When Filled In)

1. PASS. SERIAL NO.		BIOGRAPHIC PROFILE (PART I) CDD: 26 Jun 1953			
25268		3. SEX		4. DATE OF BIRTH	5. LONGEVITY (COMP. DATE)
MILCOTT, James Bernard, Jr.		M		Sep 1931	1 Mar 1957
6. MARITAL STATUS		7. DEPENDENT(S) (Exclude spouse)		8. US NATURALIZATION DATE(S)	
Married		2 1931, 1959		NA NA	
9. CAREER STATUS		10. LAST ED. EXP. QUAL. FOR		11. LAST ED. EXP. QUAL. FOR	
None		Mar 1960		PCS O/S O/S PCS	
11. CURRENT RESERVE STATUS		GRADE		ACTIVE CTY. BIRTH CIA CAT. - 1	
None				RELEASE TO MIL. SER. CAT. - 2 TO BE DEFERRED CAT. - 3	
12. ASSESSMENT DATE		13. PROFESSIONAL TEST DATE		14. LANGUAGE ATTITUDE TEST DATE	
None		None		Jan 1960	
15. NON-CIA EMPLOYMENT					
1948-52 Military Service, US Army - Cpl, Electrician & Generator Operator					
1952 Esso Tower Station, Utica, NY - Attendant					
1952-53 Chicago Pneumatic Tool Co, Utica, NY - Engine Lathe Operator					
Various Summer & Part-time positions while attending college					
16. NON-CIA EDUCATION					
1953-54 Utica College, Utica, NY - Physics					
1955-57 Central City Business Institute, Syracuse, NY - Ctf, Exce Business Admin/Acctg					
1957-59 USDA Graduate School, DC - Federal Govt Acctg; Mathematics of Acctg&Investment					
17. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Date Tested)		German - R,P,S,U, Slight(Nov 1959); W, Elem; T, None - Mar 1958			
18. AGENCY SPONSORED TRAINING					
1957 Clerical Induct		1960 Intro to Communism			
1957 Clerical Orient					
1960 Intel Orient					
1960 Cps Spt					
19. CIA EMPLOYMENT HISTORY SINCE 18 SEPT 1947 (Personnel Actions, Military Orders, and Principal Details)					
EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	SD	ORGANIZATION & ORG. TITLE (If any)	LOCATION
Mar 1957	Fisc Acct Clerk	0501.04	4	SF Compt/Fiscal Div/Accts Br	Hq
Sep 1957	" "	0501.04	5	SF " " " "	"
Feb 1958	Finance Asst	0510.14	5	SF Compt/Fin Div/Comp&Tax Accts Br	"
Mar 1958	Time, Lv, Pay Clerk	0514.01	5	SF " " " " " "	"
Mar 1959	Finance Asst	0510.14	5	SF " " " " " "	"
Oct 1959	Fisc Acct Clerk	0501.04	5	SF Compt/Finance Div/Accts Br	"
May 1960	Fisc Acct Asst	0501.03	5	SF DDP/FE/Jac-TokyoSta/Spt Stf	Tokyo
Nov 1961	" " "	0501.03	6	SF " " " " " "	"
Sep 1963	" " "	0501.03	7	SF " " " " " "	"
Oct 1964	Finance Asst	0510.16	7	SF DDS/Finance/CP Div/Comp&TaxAccts	Hq
20. DATE REVIEWED		21. PROFILE REVIEWED BY		22. ITEMS 1-18 REVIEWED & VERIFIED BY EMPLOYEE	
23 Nov 1964		HNS		NO	

FORM 1200 (PART I) USE PREVIOUS EDITIONS.

SECRET

PROFILE

141

SECRET  
(When Filled In)

PERS. SERIAL NO. 25798		BIOGRAPHIC PROFILE (PART 2)	
NAME (Last-First-Middle) WILCOFF, James Bernard, Jr.		DATE OF BIRTH Sep 1931	
24. SUMMARY OF CAREER PREFERENCE OUTLINE AND/OR FIELD REASSIGNMENT QUESTIONNAIRE			
25. IDENTITY OF OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL			
26. ADDITIONAL INFORMATION			
27. DATE REVIEWED 23 Nov 1964		28. PROFILE REVIEWED BY ard	

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				025798	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE 5. SD
Wilcott, James B., Jr.			27 Sep 31	M	GS-07 SF
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT	8. CURRENT STATION	
Fiscal Acct Asst			DDP/WH/C	JMWAVE	
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 type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C)			<input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE		
SPECIAL (Specify):			SPECIAL (Specify): Resignation		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
			26 Apr 65 - 15 Apr 66		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> 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><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> 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>					
<b>SPECIFIC DUTIES</b>					
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 Lists, computes and verifies four cover companies commercial payrolls involving approximately 200 persons. Prepares and verifies all salary checks. An accounting machine is used for payrollling					RATING LETTER <b>A</b>
SPECIFIC DUTY NO. 2 Maintains both overt commercial and covert pay records, files, etc. for staff employees, staff agents, contract employees and agents. Maintains leave records for WAE contract employees and all staff personnel					RATING LETTER <b>W</b>
SPECIFIC DUTY NO. 3 Responsible for timely payment of monthly tax deposits and preparation of the quarterly Federal Withholding and Social Security tax returns of the cover companies					RATING LETTER <b>A</b>
SPECIFIC DUTY NO. 4 Initiates dispatches and cables to Headquarters and Field Stations on all matters pertaining to pay, leave and payroll deductions of staff employees, staff agents and contract employees and agents					RATING LETTER <b>A</b>
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
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 <b>A</b>

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 ~~OF THE OFFICE OF PERSONNEL~~ <sup>OF THE OFFICE OF PERSONNEL</sup> ~~comment~~ <sup>comment</sup> on foreign language competence, if required for current position. Amplify or explain ratings given in Section B. Provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

JUL 15 10 37 AM '66

During the period Subject was in charge of the Payroll Section at JMWAVE his performance was, in the rater's opinion, not more than adequate. He apparently was of the opinion that being in charge of a section relieved him of the onerous tasks of filing and other related duties of like nature. As far as meeting the payroll deadlines Subject was proficient in this duty, but he normally required considerable amount of overtime work to meet these deadlines. He had many ideas which he presented to Chief, Finance Branch for betterment of the payrolling system, but unfortunately after due consideration the majority of these ideas were found to be impractical and/or in violation of either good accepted commercial practice or Agency regulations. Suggestions made to him were outwardly accepted but upon follow-up it was determined that he had failed to implement these suggestions. Overall it is the rater's opinion that the Subject was barely adequate in performing his assigned tasks.

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

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

12 months

Subject departed the Station without seeing this Report.

DATE OFFICIAL TITLE OF SUPERVISOR TYPED OR PRINTED NAME AND SIGNATURE

17 Jun 1966

Chief, Finance Branch

/s/ H. Robert Graham

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Subject resigned and departed the Station rather suddenly and before there was an opportunity to observe his performance. The supervisor has made a careful evaluation with which I concur.

DATE OFFICIAL TITLE OF REVIEWING OFFICIAL TYPED OR PRINTED NAME AND SIGNATURE

6 July 1966

Deputy Chief for Support

/s/ William A. Jewett

SECRET



SECRET  
(When Filled In)

*P. J. Wilson*

FITNESS REPORT						EMPLOYEE SERIAL NUMBER	
						025708	
<b>SECTION A GENERAL</b>							
1. NAME (Last) (First) (Middle) WILSON, James B, Jr.			2. DATE OF BIRTH 27 Sep 1931	3. SEX M	4. GRADE GS-07	5. SD SF	
6. OFFICIAL POSITION TITLE Finance Assistant			7. OFF/DIV/BR OF ASSIGNMENT Fin/CFD/CSTAD		8. CURRENT STATION Wash., D. C.		
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"/> REASSIGNMENT SUPERVISOR	
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)				<input type="checkbox"/> ANNUAL		<input type="checkbox"/> REASSIGNMENT EMPLOYEE	
SPECIAL (Specify):				SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P. ASAP				12. REPORTING PERIOD (From - to) 11 Oct. 1964 - 25 April 1965			
<b>SECTION B PERFORMANCE EVALUATION:</b>							
<p><b>W - Weak</b> 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><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> 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>							
<b>SPECIFIC DUTIES</b>							
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 Analyzing Payroll Accounts						RATING LETTER P	
SPECIFIC DUTY NO. 2 Reconciling Tax and Retirement Accounts						RATING LETTER P	
SPECIFIC DUTY NO. 3 Computing Staff and Career Agents' Pay and Allowances						RATING LETTER P	
SPECIFIC DUTY NO. 4 Conducting Liaison with our Division regarding Payroll matters.						RATING LETTER P	
SPECIFIC DUTY NO. 5 Preparing Correspondence						RATING LETTER A	
SPECIFIC DUTY NO. 6 Maintaining Leave records and Agents' Pay Files						RATING LETTER P	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
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 wants or habits, and pertinent 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 P	

SECRET

OFFICE OF PERSONNEL

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. Analyze or explain ratings given in Section B to provide basis for determining future personnel action. Scope of performance of managerial or supervisory duties must be described, if applicable.

In the six months that Mr. Wilcott was assigned to the Staff Agents Accounts Section, he demonstrated the ability to accept responsibilities and responded well to all work assignments. Mr. Wilcott was a great help in reconciling and analyzing Payroll, Tax, and Retirement accounts. He worked well with his associates and had a good disposition. Mr. Wilcott is very cooperative and dependable.

This employee did not have any supervisory responsibilities and, therefore, is not being rated on Cost Consciousness.

SECTION D CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE 30 April 1965 SIGNATURE OF EMPLOYEE

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

6 Employee had departed for PCS prior to this date.

DATE 30 April 1965 OFFICIAL TITLE OF SUPERVISOR Chief, Staff Agents Accts. Sec. TYPED OR PRINTED NAME AND SIGNATURE JOSEPH H. BRADSON

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I concur.

DATE 30 April 1965 OFFICIAL TITLE OF REVIEWING OFFICIAL Chief, Compensation and Tax Div. TYPED OR PRINTED NAME AND SIGNATURE Murray F. Strickland

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT					EMPLOYEE SERIAL NUMBER				
SECTION A					GENERAL			025793	
1. NAME <i>(Last) (First) (Middle)</i> Wilcott, James E. Jr			2. DATE OF BIRTH 27 Sep 31	3. SEX M	4. GRADE GS-07	5. SO SF			
6. OFFICIAL POSITION TITLE Fiscal Acct Asst			7. OFF/DIV. OR OF ASSIGNMENT DDP/FE/JFO		8. CURRENT STATION Tokyo				
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"/>	REASSIGNMENT-SUPERVISOR
<input type="checkbox"/>	CAREER-PROVISIONAL (See instructions - Section C)			<input checked="" type="checkbox"/>	ANNUAL	<input type="checkbox"/>	REASSIGNMENT-EMPLOYEE		
<input type="checkbox"/>	SPECIAL (Specify):			<input type="checkbox"/>					SPECIAL (Specify):
11. DATE REPORT DUE IN O.P. 31 Aug 64				12. REPORTING PERIOD (From - to) 1 July 1963 - 30 June 1964					
SECTION B					PERFORMANCE EVALUATION				
<p><b>W - Weak</b> 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><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> 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 As Station Cashier, responsible for the daily receipt and disbursement of cash (Japanese yen, U.S. dollars, MPC).							RATING LETTER P		
SPECIFIC DUTY NO. 2 Consolidates all Station cash transactions to one voucher and verifies balance daily.							RATING LETTER P		
SPECIFIC DUTY NO. 3 Summarizes all Station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.							RATING LETTER P		
SPECIFIC DUTY NO. 4 Polices individual housing and vehicle advance accounts and audits related accountings.							RATING LETTER P		
SPECIFIC DUTY NO. 5 Maintains statistical records on private rentals by individual house and cost center.							RATING LETTER P		
SPECIFIC DUTY NO. 6 Advices TDY travelers of their entitlements, audits the travel vouchers, and performs other related duties as assigned by the Finance Officer.							RATING LETTER P		
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 P		
15 JUL 1964									

## 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 functions, if applicable.

Subject has performed his duties in a competent manner. ~~He has~~ huge sums of money with few errors, and maintains the necessary statistical records.

Cost consciousness and management of organization assets does not apply to this position.

## SECTION D

## CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

9 Jun 64

SIGNATURE OF EMPLOYEE

/s/ James Wilcott

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

23

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

DATE

9 Jun 64

OFFICIAL TITLE OF SUPERVISOR

Finance Officer

TYPED OR PRINTED NAME AND SIGNATURE

/s/ Frank Wells

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Subject has held the position of Finance Disbursing Officer since his arrival at Tokyo Station in May 1960. He has performed well in a function for which he had no previous experience or training. With a realignment of the office workload in December he was given the additional responsibility of processing TDY travel. Due to his specialized work, he has not had the opportunity to be trained in other facets of finance work. He has been scheduled for finance training upon his return to Headquarters in July 1964.

DATE

7 Jun 64

OFFICIAL TITLE OF REVIEWING OFFICIAL

Finance Officer

TYPED OR PRINTED NAME AND SIGNATURE

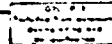
/s/ Jack Randall

SECRET

FJTT 10,374, 31 May 63

~~SECRET~~

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				025793	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE 5. SO
WILCOFF, JAMES B. JR.			27 Sept 31	M	GS-6 SF
6. OFFICIAL POSITION TITLE			7. OFF/DIV OR OF ASSIGNMENT		8. CURRENT STATION
FISCAL ACCT ASST			DDP/FE/SRO		Tokyo
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 checked="" type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) SPECIAL (Specify):			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input checked="" 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 Jul 62 - 30 Jun 63		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> 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><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> 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>					
<b>SPECIFIC DUTIES</b>					
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
As Station Cashier, responsible for the daily receipt and disbursement of cash (Japanese yen, U. S. dollars, MPC).					P
SPECIFIC DUTY NO. 2					RATING LETTER
Consolidates all Station cash transactions to one voucher and verifies balance daily.					P
SPECIFIC DUTY NO. 3					RATING LETTER
Summarizes all Station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.					P
SPECIFIC DUTY NO. 4					RATING LETTER
Polices individual housing and vehicle advance accounts and audits related accountings.					P
SPECIFIC DUTY NO. 5					RATING LETTER
Maintains statistical records on all private rentals by individual house and cost center.					P
SPECIFIC DUTY NO. 6					RATING LETTER
Performs other related duties as assigned by the Finance Officer.					P
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
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
20 JUL 1963					P



SECRET

(When Filled In)

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 where applicable. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide test basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

3 30 PM '63

NAIL ROOM

Subject is conscientious, industrious, and willing to accept all responsibility assigned him. He has performed his duties in a competent manner and has shown a marked interest in learning all facets of his job. Subject at times gives the impression (whether warranted or not) of being uncertain in his thinking, and he does not always seem to exercise his best judgment in reaching decisions, but he is striving to eradicate this impression.

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	
21 May 1963	/s/ James B. Wilcott	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
33		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
21 May 1963	Finance Officer	/s/ Clarence Norment III
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
Concur in the evaluation.		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
21 May 1963	Adm Officer	/s/ Douglas S. Trabue

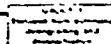
SECRET

CONFIDENTIAL

SECRET  
(When Filled In)

*James B. Wilcott*  
or Career Service Board

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
SECTION A. GENERAL				025778			
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD	
WILCOTT, James B.			27 Sept 31	M	GS-6	SF	
6. OFFICIAL POSITION-TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION		
Fiscal Acct Asst.			FE/Tokyo		Tokyo		
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
CAREER		RESERVE	TEMPORARY	INITIAL	REASSIGNMENT SUPERVISOR		
				X ANNUAL			
CAREER-PROVISIONAL (See instructions - Section C)				REASSIGNMENT EMPLOYEE			
SPECIAL (Specify)				SPECIAL (Specify)			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to)			
				1 Apr 61 - 30 June 62			
SECTION B. PERFORMANCE EVALUATION							
<p><b>W - Weak</b> 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><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> 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	
Station cashier responsible for the day to day receipt and disbursement of cash.						P	
SPECIFIC DUTY NO. 2						RATING LETTER	
Consolidates all station cash transactions to one voucher and verifies balance daily.						P	
SPECIFIC DUTY NO. 3						RATING LETTER	
Summarizes all station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.						S	
SPECIFIC DUTY NO. 4						RATING LETTER	
Polices individual housing and vehicle advance accounts and audits related accountings.						S	
SPECIFIC DUTY NO. 5						RATING LETTER	
Maintains statistical records on all private rentals by individual house and cost center.						P	
SPECIFIC DUTY NO. 6						RATING LETTER	
Performs other related duties as assigned by the Finance Officer.						P	
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	
						P	



**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.

Subject is conscientious, industrious, and willing to accept all responsibility given him. He has performed capably in a function for which he had no previous experience or training, and has shown a marked interest in learning all facets of his job. He has handled large sums of money with few errors, and maintains the necessary statistical records in a competent manner.

**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
19 July 1962	James B. Wilcott /s/

**2. BY SUPERVISOR**  
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

25		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
17 July 1962	Finance Officer	Elwood Martin

**3. BY REVIEWING OFFICIAL**  
COMMENTS OF REVIEWING OFFICIAL

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
17 July 1962	Finance Officer	Clarence F. Norment



SECRET  
(When Filled In)

*John P. Wilson*

FITNESS REPORT	EMPLOYEE SERIAL NUMBER <b>52-5748</b>
----------------	--

SECTION A GENERAL					
1. NAME (Last) (First) (Middle) <b>WILCOX, James B</b>			2. DATE OF BIRTH <b>27 Sept 1931</b>	3. SEX <b>M</b>	4. GRADE <b>GS-05</b>
5. SERVICE DESIGNATION <b>SF</b>		6. OFFICIAL POSITION TITLE <b>Fiscal Acct. Asst.</b>		7. OFF/DIV/BR OF ASSIGNMENT <b>Tokyo Station</b>	
8. CAREER STAFF STATUS			9. TYPE OF REPORT		
<input type="checkbox"/> NOT ELIGIBLE	<input type="checkbox"/> MEMBER	<input type="checkbox"/> DEFERRED	<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT/SUPERVISOR	
<input type="checkbox"/> PENDING	<input type="checkbox"/> DECLINED	<input type="checkbox"/> DENIED	<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT/EMPLOYEE	
10. DATE REPORT DUE IN O.P. <b>31 May 60</b>		11. REPORTING PERIOD From <b>27 May 60</b> to <b>31 Mar 61</b>		12. SPECIAL (Specify)	

SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES						
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).						
1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior	7 - Outstanding
SPECIFIC DUTY NO. 1 Station cashier responsible for the day to day receipt and disbursement of cash.		RATING NO. <b>4</b>	SPECIFIC DUTY NO. 4 Polices individual housing and vehicle advance accounts and audits related accountings.		RATING NO. <b>4</b>	
SPECIFIC DUTY NO. 2 Consolidates all station cash transactions to one voucher and verifies balance daily.		RATING NO. <b>4</b>	SPECIFIC DUTY NO. 5 Maintains statistical records on all private rentals by individual house and cost center.		RATING NO. <b>4</b>	
SPECIFIC DUTY NO. 3 Summarizes all station transactions for off-base housing and vehicle expenditures, into monthly accountings and maintains appropriate subsidiary records.		RATING NO. <b>5</b>	SPECIFIC DUTY NO. 6 Performs other related duties as assigned by the Finance Officer.		RATING NO. <b>4</b>	

SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION			
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.			
<ul style="list-style-type: none"> <li>1 - Performance in many important respects fails to meet requirements.</li> <li>2 - Performance meets most requirements but is deficient in one or more important respects.</li> <li>3 - Performance clearly meets basic requirements.</li> <li>4 - Performance clearly exceeds basic requirements.</li> <li>5 - Performance in every important respect is superior.</li> <li>6 - Performance in every respect is outstanding.</li> </ul>	<table border="1" style="width: 50px; height: 50px; margin: auto;"> <tr><td style="text-align: center;">RATING NO.</td></tr> <tr><td style="text-align: center;"><b>4</b></td></tr> </table>	RATING NO.	<b>4</b>
RATING NO.			
<b>4</b>			

SECTION D DESCRIPTION OF THE EMPLOYEE					
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee					
1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree	
CHARACTERISTICS			NOT APPLICABLE	NOT OBSERVED	RATING
			1	2	3
GETS THINGS DONE					4
RESOURCEFUL					5
ACCEPTS RESPONSIBILITIES					X
CAN MAKE DECISIONS ON HIS OWN WHEN NEEDED ARISES					X
DOES HIS JOB WITHOUT STRONG SUPPORT					X
FACILITATES SMOOTH OPERATION OF HIS OFFICE			X		
WRITES EFFECTIVELY			X		
SECURITY CONSCIOUS					
THINKS CLEARLY					
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS					
OTHER (Specify):					

**SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE**

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

Subject is conscientious, industrious, and willing to accept all responsibility given him. He has performed capably in a function for which he has had no previous experience or training, and has shown a marked interest in learning all facets of his job. He has handled large sums of money with few errors, and maintains the necessary statistical records in a competent manner. MAIL ROOM

Subject should strive to develop more confidence in himself and in his ability to perform the duties assigned him. His lack of assurance and his naiveté are sometimes disconcerting to those with whom he deals.

This report has been prepared in accordance with F E Division standards which recognize the principle of rating the individual against the group. Thus an 'average' rating reflects an entirely satisfactory performance.

**SECTION F CERTIFICATION AND COMMENTS**

**1. BY EMPLOYEE**

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

DATE	SIGNATURE OF EMPLOYEE
3 May 1961	James B. Wilcott (signed)

**2. BY SUPERVISOR**

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION
8	

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

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS	REPORT MADE WITHIN LAST 90 DAYS
OTHER (Specify):	

DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
3 May 1961		Elwood Martin

**3. BY REVIEWING OFFICIAL**

- I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.
- I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.
- I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.
- I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
3 May 1961		Clarence Torment

SECRET  
(When Filled In)

REVIEWED BY:  
*[Signature]*  
SF [unclear]

FITNESS REPORT				EMPLOYEE SERIAL NUMBER						
<b>SECTION A GENERAL</b>										
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH		3. SEX	4. GRADE				
Belmont			27 September 1931		M	5-2				
5. SERVICE DESIGNATION		6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT					
SF		Fiscal Accountant Clerk			Comm/Finance/Inst					
8. CAREER STAFF STATUS				9. TYPE OF REPORT						
<input checked="" type="checkbox"/> NOT ELIGIBLE		<input type="checkbox"/> MEMBER		<input type="checkbox"/> DEFERRED		<input type="checkbox"/> INITIAL				
<input type="checkbox"/> PENDING		<input type="checkbox"/> DECLINED		<input type="checkbox"/> DENIED		<input type="checkbox"/> REASSIGNMENT/SUPERVIS				
<input type="checkbox"/> REASSIGNMENT/EMPLOYE		<input type="checkbox"/> REASSIGNMENT/EMPLOYE		<input type="checkbox"/> ANNUAL		<input type="checkbox"/> REASSIGNMENT/EMPLOYE				
10. DATE REPORT DUE IN O.P.			11. REPORTING PERIOD		12. SPECIAL (Specify)					
30 April 1950			1 APR 50 - 31 MAR 50							
<b>SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES</b>										
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).										
1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior	7 - Outstanding				
SPECIFIC DUTY NO. 1 Responsible for numbering, removing attachments, batching and totaling confidential funds posting vouchers to be processed by Machine			RATING NO.	SPECIFIC DUTY NO. 1 (continued)			RATING NO.			
			4	Records Division			4			
SPECIFIC DUTY NO. 2 Responsible for verifying the daily expenditure listing totals with the expended general ledger accounts.			RATING NO.	SPECIFIC DUTY NO. 3			RATING NO.			
			4							
SPECIFIC DUTY NO. 3 Responsible for matching the attachments to the vouchers and filing when vouchers are returned from Machine Records Division.			RATING NO.	SPECIFIC DUTY NO. 4			RATING NO.			
			4							
<b>SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION</b>										
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.										
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.						RATING NO. 4				
<b>SECTION D DESCRIPTION OF THE EMPLOYEE</b>										
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee										
1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree						
CHARACTERISTICS				NOT APPLICABLE	NOT OBSERVED	RATING				
						1	2	3	4	5
GETS THINGS DONE										
RESOURCEFUL								X		
ACCEPTS RESPONSIBILITIES								X		
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES				X						
DOES HIS JOB WITHOUT STRONG SUPPORT									X	
FACILITATES SMOOTH OPERATION OF HIS OFFICE								X		
WRITES EFFECTIVELY				X						
SECURITY CONSCIOUS										
THINKS CLEARLY										
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS										
OTHER (Specify):										
SEE SECTION 25 ON REVERSE SIDE										

SECRET

SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

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

Subject has accepted a field assignment effective in June.

The position to which subject has been assigned is very repetitious and not at all conducive to disclosing his full potential. However, by the way in which he adapted to Duty No. 2, it is felt that he will be able to perform more responsible duties with a minimum of additional training.

He has an extremely good attitude toward his work and responds well to supervision.

This report has been prepared in accordance with the criteria set forth in Comptroller Instruction No. 77 which are designed to reflect realistic and meaningful ratings and fair comparisons between the employee and his fellow workers of a particular grade or responsibility. An "average" rating reflects an entirely satisfactory performance.

SECTION F CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

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

DATE 18 April 1960 SIGNATURE OF EMPLOYEE James E. McKeeth Jr.

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 12 Months IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

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

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS REPORT MADE WITHIN LAST 90 DAYS OTHER (Specify):

DATE 18 April 1960 OFFICIAL TITLE OF SUPERVISOR C/Voucher Review Unit TYPED OR PRINTED NAME AND SIGNATURE Louise H. Simpson

3. BY REVIEWING OFFICIAL

- I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.
I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.
I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.
I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE 21/10/60 OFFICIAL TITLE OF REVIEWING OFFICIAL DC/Accounts Branch TYPED OR PRINTED NAME AND SIGNATURE H. T. ...

SECRET

SECRET  
(When Filled In)

REVIEWED BY: *[Signature]*

FITNESS REPORT	EMPLOYEE SERIAL NUMBER <b>125798</b>
----------------	---

<b>SECTION A GENERAL</b>			
1. NAME (Last) (First) (Middle) <b>Wilcott, Jr. James B.</b>		2. DATE OF BIRTH <b>27 Sept. 1931</b>	3. SEX <b>M</b>
4. GRADE <b>GS-5</b>		7. OFFICE/BN OF ASSIGNMENT <b>Compt/ Finance Division</b>	
3. SERVICE DESIGNATION <b>SP</b>		6. OFFICIAL POSITION/TITLE <b>Time Leave Pay Clerk</b>	
9. CAREER STAFF STATUS		9. TYPE OF REPORT	
<input checked="" type="checkbox"/> NOT ELIGIBLE	<input type="checkbox"/> MEMBER	<input type="checkbox"/> DEFERRED	<input type="checkbox"/> INITIAL
<input type="checkbox"/> PENDING	<input type="checkbox"/> DECLINED	<input type="checkbox"/> DENIED	<input checked="" type="checkbox"/> ANNUAL
10. DATE REPORT DUE IN O.P. <b>30 April 1959</b>		11. REPORTING PERIOD From <b>1 Apr 58</b> To <b>31 Mar 59</b>	

<b>SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES</b>						
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employen performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).						
1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior	7 - Outstanding
SPECIFIC DUTY NO. 1 <b>Maintenance of Payroll</b>		RATING NO. <b>3</b>	SPECIFIC DUTY NO. 4 <b>Coordination liaison with Iron Division on payroll problems</b>		RATING NO. <b>3</b>	
SPECIFIC DUTY NO. 2 <b>Preparation of all payroll documents considering base and premium pay and allowances</b>		RATING NO. <b>3</b>	SPECIFIC DUTY NO. 5 <b>Application of Agency pay regulations</b>		RATING NO. <b>4</b>	
SPECIFIC DUTY NO. 3 <b>Maintaining of leave records</b>		RATING NO. <b>3</b>	SPECIFIC DUTY NO. 6 <b>Processing of checks</b>		RATING NO. <b>4</b>	

<b>SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION</b>	
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.	
<ul style="list-style-type: none"> <li>1 - Performance in many important respects fails to meet requirements.</li> <li>2 - Performance meets most requirements but is deficient in one or more important respects.</li> <li>3 - Performance clearly meets basic requirements.</li> <li>4 - Performance clearly exceeds basic requirements.</li> <li>5 - Performance in every important respect is superior.</li> <li>6 - Performance in every respect is outstanding.</li> </ul>	RATING NO. <b>3</b>

<b>SECTION D DESCRIPTION OF THE EMPLOYEE</b>					
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee					
1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree	
CHARACTERISTICS			NOT APPLICABLE	NOT OBSERVED	RATING
					1 2 3 4 5
GETS THINGS DONE					..
RESOURCEFUL					..
ACCEPTS RESPONSIBILITIES					..
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES					..
DOES HIS JOB WITHOUT STRONG SUPPORT					..
FACILITATES SMOOTH OPERATION OF HIS OFFICE					..
WRITES EFFECTIVELY					..
SECURITY CONSCIOUS					..
THINKS CLEARLY					..
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS					..
OTHER (Specify):					

SEE SECTION "E" ON REVERSE SIDE.

SECRET  
(When Filled In)

**SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE**

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

Mr. Wilcott is a genial and cooperative person. He is well liked and gets along with people. He does get his work out in the required time but more stress should be put on accuracy. He is capable of more efficient work than he is doing at the present time. He does require strong supervision.

He does not abuse his leave privileges and as a whole, has a favorable attitude toward his work and the Agency.

**SECTION F CERTIFICATION AND COMMENTS**

**1. BY EMPLOYEE**

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

DATE: March 10, 1959 SIGNATURE OF EMPLOYEE: James B. Wilcott Jr. *[Signature]*

**2. BY SUPERVISOR**

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION: 6 IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION: *[Signature]*

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

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS: REPORT MADE WITHIN LAST 90 DAYS: OTHER (Specify):

DATE: March 10, 1959 OFFICIAL TITLE OF SUPERVISOR: Time, Leave, Pay Supr. TYPED OR PRINTED NAME AND SIGNATURE: Ann C. Robbins *[Signature]*

**3. BY REVIEWING OFFICIAL**

- I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.
- I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.
- I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.
- I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL:

DATE: March 10, 1959 OFFICIAL TITLE OF REVIEWING OFFICIAL: A/S, Staff Employees Accts. Sect. TYPED OR PRINTED NAME AND SIGNATURE: Addie B. Lewis *[Signature]*

(When Filled In)

### FITNESS REPORT (Part I) PERFORMANCE

#### INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 29-370. It is recommended that you read the entire form before completing any question. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in item 8. of Section 'A' below.

#### SECTION A. GENERAL

1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX	4. SERVICE DESIGNATION
Wilson, James B.	27 Sept. 1921	M	SP
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT		6. OFFICIAL POSITION TITLE	
Comptroller - Finance Division		Chief, Finance Branch	
7. GRADE	8. DATE REPORT DUE IN CP	9. PERIOD COVERED BY THIS REPORT (Inclusive dates)	
GS-15	1 December 1957	1 November 1957 - 31 September 1957	
10. TYPE OF REPORT (Check one)	INITIAL	REASSIGNMENT-SUPERVISOR	SPECIAL (Specify)
	ANNUAL	REASSIGNMENT-EMPLOYEE	

#### SECTION B. CERTIFICATION

1. FOR THE RATER: THIS REPORT  HAS  HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT:

#### A. CHECK (X) APPROPRIATE STATEMENTS:

<input type="checkbox"/> THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.	IF INDIVIDUAL IS RATED "1" IN C1 OR D, A WARNING LETTER HAS SENT TO HIM & A COPY ATTACHED TO THIS REPORT.
<input type="checkbox"/> THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS.	I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW TO EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify):
<input checked="" type="checkbox"/> I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.	

B. THIS DATE	C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR	D. SUPERVISOR'S OFFICIAL TITLE
5 Dec. 1957	Ben H. Horton <i>Ben H. Horton</i>	Agency Chief, Accounting Br.

2. FOR THE REVIEWING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

BY      DATE

Posted Pos. Control *W.H.* (12.1.57)

Reviewed by *W.H.* 12/1/57

CONTINUED ON ATTACHED SHEET

I certify that any substantial difference of opinion with the supervisor is reflected in the above section.

A. THIS DATE	B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL	C. OFFICIAL TITLE OF REVIEWING OFFICIAL
5 Dec. 1957	A. W. Green <i>A. W. Green</i>	Chief, Accounting Branch

#### SECTION C. JOB PERFORMANCE EVALUATION

1. RATING ON GENERAL PERFORMANCE OF DUTIES

DIFFICULTIES: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.

- |    |  |
|----|--|
| 1. | DOES NOT PERFORM DUTIES ADEQUATELY. HE IS INCOMPETENT.   |
| 2. | BARELY ADEQUATE IN PERFORMANCE. ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES. |
| 3. | PERFORMS MOST OF HIS DUTIES ACCEPTABLY. OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.  |
| 4. | PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER.  |
| 5. | A FINE PERFORMANCE. CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.   |
| 6. | PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR.              |

COMMENTS: Mr. Wilson is very industrious and accepts his assignments without hesitations.

**7. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES**

**DIRECTIONS:**

- State in the spaces below up to six of the more important SPECIFIC duties performed during this rating period. Place the most important first. Do not include minor or unimportant duties.
- Rate performance on each specific duty considering ONLY effectiveness in performance of this specific duty.
- For supervisors, ability to supervise will always be rated as a specific duty (do not rate as supervisors those who supervise a secretary only).
- Compare in your mind, when possible, the individual being rated with others performing the same duty at a similar level of responsibility.
- Two individuals with the same job title may be performing different duties. If so, rate them on different duties.
- Be specific. Examples of the kind of duties that might be rated are:
 

ORAL BRIFFING	HAS AND USES AREA KNOWLEDGE	CONDUCTS INTERVIEWS
GIVING LECTURES	DEVELOPS NEW PROGRAMS	PREPARES SUMMARIES
CONDUCTING SEMINARS	ANALYZES INDUSTRIAL REPORTS	TRANSLATES GERMAN
WRITING TECHNICAL REPORTS	MANAGES FILES	DEVELOPING SOURCES
CONDUCTING EXTERNAL LIAISON	OPERATES RADIO	KEEPS BOOKS
TYPING	COORDINATES WITH OTHER OFFICES	DRIVES TRUCK
TAKING DICTATION	WRITES REGULATIONS	MAINTAINS AIR CONDITIONING
SUPERVISING	PREPARES CORRESPONDENCE	EVALUATES SIGNIFICANCE OF DATA

g. For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.

<b>DESCRIPTIVE RATING NUMBER</b>	1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY 2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY 3 - PERFORMS THIS DUTY ACCEPTABLY 4 - PERFORMS THIS DUTY IN A COMPETENT MANNER 5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB	6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS 7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY
----------------------------------	--	--

SPECIFIC DUTY NO. 1 records obligating instruments, supplements and adjustments relative to allotment accounting.	RATING NUMBER	4	SPECIFIC DUTY NO. 4 assists in the closing and reopening of the allotment ledger accounts at close of each fiscal year.	RATING NUMBER	4
SPECIFIC DUTY NO. 2 prepares summary analysis of allotment ledger accounts of unliquidated obligations.	RATING NUMBER	4	SPECIFIC DUTY NO. 5 records liquidation and cancellations of obligations to individual allotment accounts.	RATING NUMBER	4
SPECIFIC DUTY NO. 3 Checks and reconciles runs of expenditures with those in the allotment ledger accounting records.	RATING NUMBER	4	SPECIFIC DUTY NO. 6 prepares summaries required for reconciliations and supplies allotment records (copies) for reference to the various allottees.	RATING NUMBER	4

**8. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE**

**DIRECTIONS:** Stress strengths and weaknesses, particularly those which affect development on present job.

Mr. Wilcox is very anxious to prove his capabilities. Accordingly, he frequently assumes additional duties other than those assigned to him. He is very attentive to his work, is diligent in applying himself to the job, he is very quiet by nature and it is only on rare occasions that he indulges in conversation unrelated to his duties. He is attempting to become better acquainted with government accounting as has been evidenced by his enrollment in an accounting course with the Department of Agriculture School. He has made great progress in his assigned position in the Accounting Branch.

**SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION**

**DIRECTIONS:** Take into account here everything you know about the individual...productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents...and how he fits in with your team. Compare him with others doing similar work of about the same level.

<b>RATING NUMBER</b>	1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED 2 - OF DOUBTFUL SUITABILITY...WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW 3 - A BARELY ACCEPTABLE EMPLOYEE...BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION 4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION 5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS 6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION 7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION
----------------------	--

IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION?  YES  NO. IF YES, EXPLAIN FULLY:

He is well suited for his present position, but has expressed a desire for an opportunity to serve in an overseas assignment, as this was a part of his ambition in seeking employment with the Army. It is believed that he could readily adapt himself to other duties in the future if necessary.



SECRET

NOTIFICATION OF ESTABLISHMENT OF [ ]		DATE 19 April 1965 ESTABLISHED FOR
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, PERSONNEL OPERATIONS DIVISION	WH WILCOTT, James B., Jr.
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action)	
ATTN:	Mr. Mullane	FILE NO. K-9524
REF:	[ ]	ID CARD NO. Returned EMPLOYEE NO.

**KEEP ON TOP OF FILE WHILE COVER IN EFFECT**

Block Records:  
(OPMEMO 20-800-12)

a. Temporarily for \_\_\_\_\_ days, effective \_\_\_\_\_

b. Continuing, effective \_\_\_\_\_ EOD \_\_\_\_\_

Submit Form 642 to change limitation category.  
(HHB 20-7)

Ascertain that [ ] being issued.  
(HB 20-661-1)

Submit Form 1322 for any change affecting this cover.  
(R 240-250)

Submit Form 1323 for transferring cover responsibility.  
(R 240-250)

Remarks: **THIS COVER IS NOT BEING**  
Subject is going on PCS out of D.C. area.

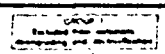
NA Cover History

*James H. Franklin*

DISTRIBUTION: Copy 1-POD, Copy 2-Operating Component, Copy 3-OS D/OS, Copy 4-OL/TELSVC, Copy 5-PSD/OS, Copy 6-File.

FORM 1551 USE PREVIOUS EDITIONS

SECRET



*hw* (13-20-43)

SECRET

NOTIFICATION OF ESTABLISHMENT OF [REDACTED]		DATE 10 September 64
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, PERSONNEL OPERATIONS DIVISION	ESTABLISHED FOR
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action)	OFF FIN WILCOTT, James B. Jr.
ATTN:	Ruby Johnson	FILE NO. K-9524
REF:	Form 1322 8 September 64 Requesting cover	ID CARD NO.
		EMPLOYEE NO.

**KEEP ON TOP OF FILE WHILE COVER IN EFFECT**

Block Records:  
(OPMEMO 22-800-11)

a. Temporarily for \_\_\_\_\_ days, effective \_\_\_\_\_

b. Continuing, effective MAY 60

Submit Form 642 to change limitation category.  
(HNB 20-7)

Ascertain that [REDACTED] being issued.

Submit Form 1322 for any change affecting this cover.  
(R 240-250)

Submit Form 1323 for transferring cover responsibility.  
(R 240-250)

Remarks:

Cover History  
 Mar 57-May 60 Hdqs/overt  
 May 60-Jul 64 DAC & DAFC/Japan

*James H. Franklin*

DISTRIBUTION: Copy 1-POD, Copy 2-Operating Component, Copy 3-OS D/OS, Copy 4-OL TSL SVC, Copy 5-PSD OS, Copy 6-File.

SECRET  
(When Filled In)

N.M. 17 MAY 66

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)	
025798		WILCOT JAMES B JR	
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE	5. CATEGORY OF EMPLOYMENT
RESIGNATION*		04/15/66	REGULAR
6. FUNDS	V TO W	V TO EF	7. COST CENTER NO. CHARGEABLE
	EF TO W	EF TO EF	
		X	6132 1164 (MAN)
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION	
DDP/WH/US FIELD WH/C JMWAVE DEP CHIEF OF STATION FOR OPS SUPPORT FINANCE BRANCH		JMWAVE	
11. POSITION TITLE		12. POSITION NUMBER	13. SERVICE DESIGNATION
FISCA ACCT ASSI		1369	SF
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
GS	0501.03	07 4	6090
18. REMARKS			
*STAFF EMPLOYEE SPECIAL			



LOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
2. STATION CODE	23. INITIREE CODE	24. HQ/TS Code	25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI
			MO	DA	YR	MO	DA
1. DATA CODE	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA			33. SECURITY REQ NO.	34. SER	
		TYPE	MO	DA		YR	
38. COMP DATE		39. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.	
DA	YR	CAH	DESV	CODE	CODE	G. WAIVED	HEALTH INS CODE
		POSU	TEMP			F. YES	
42. LEAVE CAT. CODE		43. FEDERAL TAX DATA			44. STATE TAX DATA		
		FORM EXECUTED			FORM EXECUTED		
		1. YES			1. YES		
		2. NO			2. NO		

SIGNATURE OR OTHER AUTHENTICATION:

EOD DATA

025798

FORM 1150 11 62

Use Previous Edition

SECRET

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

(When Filled In)

FJH 21 DEC 65

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION																	
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)															
025798		WILCOTT JAMES B JR															
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE			5. CATEGORY OF EMPLOYMENT								
EXCEPTED APPT+ CAREER						MO DA YR 11 21 65			REGULAR								
4. 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		6135 1124 0000			50 USC 403 J								
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION											
DDP/WH U.S. FIELD WH/C JMWAVE DEP CHIEF OF STATION FOR OPS SUPPORT FINANCE BRANCH						JMWAVE											
11. POSITION TITLE						12. POSITION NUMBER			13. SERVICE DESIGNATION								
FISCAL ACCT ASST						1369			SF								
14. CLASSIFICATION SCHEDULE (GS, LR, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE									
GS				0501.03		07 4		6830									
18. REMARKS																	
*STAFF EMPLOYEE - SPECIAL																	
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	
13		10		51550 WH		99999				2		08 27 31		09 15 63		09 13 64	
28. NTE EXP. RES		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 2 - FICA 3 - NONE		1		TYPE MO DA YR				EOD DATA 00000		M1			
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		CAREER PROB TEMP		CODE CODE 0 - WAIVER 1 - YES		HEALTH INS CODE					
1		06 26 53 03		04 57		C		1 1									
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)		6		FORM EXECUTED CODE NO TAX EXEMPTIONS				FORM EXECUTED CODE NO TAX STATE CODE					
1						1 - YES 2 - NO				1 - YES 2 - NO							
SIGNATURE OR OTHER AUTHENTICATION																	
<div style="border: 1px solid black; padding: 5px; display: inline-block;">             POSTED 12-22-65-11           </div>																	

FORM 11 62 1150

Use Previous Edition

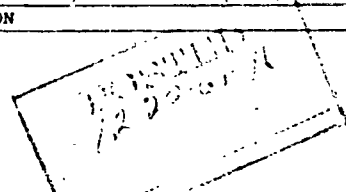
SECRET

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

(When Filled In)

PUN: 21 DEC 65

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER 025798		2. NAME (LAST FIRST MIDDLE) <i>Wilcott, James B Jr</i>									
3. NATURE OF PERSONNEL ACTION RESIGNATION				4. EFFECTIVE DATE 11   24   65		5. CATEGORY OF EMPLOYMENT REGULAR					
6. FUNDS		V TO V		V TO CP		7. COST CENTER NO. CHARGEABLE 6135 1104 0006		8. CSC OR OTHER LEGAL AUTHORITY			
CF TO V		X		CF TO CP							
9. ORGANIZATIONAL DESIGNATIONS DDP: WH US FIELD WH/C JMWAVE DEP CHIEF OF STATION FOR OPERATIONAL SUPPORT FINANCE BRANCH					10. LOCATION OF OFFICIAL STATION JMWAVE						
11. POSITION TITLE FISCAL ACCT ASST					12. POSITION NUMBER 1353		13. SERVICE DESIGNATION SF				
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS			15. OCCUPATIONAL SERIES 0501.03		16. GRADE AND STEP 07 4		17. SALARY OR RATE 6830				
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE 15	20. EMPLOYER CODE 10	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. MGR CODE	25. DATE OF BIRTH		26. DATE OF GRADE	27. DATE OF LEI	
		NUMERIC ALPHABETIC					MO DA YR		MO DA YR	MO DA YR	
							11   24   31				
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 - CSC 2 - FICA 3 - NONE		1ED0081	TYPE MO SA 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		NO. DA YR		NO DP YR		CAR REVS CODE		CODE 0 WAIVER 1 YES		HEALTH INS CODE	
0 - NONE 1 - 5 PT 2 - 10 PT						PROV TEMP					
41. PREVIOUS GOVERNMENT SERVICE DATA			42. LEAVE CAT CODE	43. FEDERAL TAX DATA			44. STATE TAX DATA				
CODE				FORM EXECUTED CODE			NO TAX EXEMPTIONS		FORM EXECUTED		CODE NO TAX STATE CODE EXEMP
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)				1 - YES 2 - NO					1 - YES 2 - NO		
SIGNATURE OR OTHER AUTHENTICATION											
<div style="text-align: right;">  </div>											

FORM 11 62 1150

Use Previous Edition

SECRET

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

(When Filled In)

"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 4 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 OCTOBER 1965

NAME	SERIAL	ORGN,	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
<del>████████████████████</del> <i>Hilcell, James B</i>	025798	51	550	CF GS 07 4	\$ 6,650	\$ 6,890

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

OCS 09/27/65

1 SERIAL NUMBER

2 NAME (LAST FIRST MIDDLE)

*Kilbath, James B*

025798

3 NATURE OF PERSONNEL ACTION

REASSIGNMENT

4 EFFECTIVE DATE

MO DA YE  
05 31 65

5 CATEGORY OF EMPLOYMENT

6 FUNDS

V TO V

V TO CF

CF TO V

X CF TO CF

7 COST CENTER NO (CHARGEABLE)

5135 1164 0000

8 CXC OR OTHER LEGAL AUTHORITY

9 ORGANIZATIONAL DESIGNATION

DDP/WH DIVISION  
US FLD D CH STA OP SUP

10 LOCATION OF OFFICIAL STATION

JMWAVE

11 POSITION TITLE

FISCAL ACCT ASST

12 POSITION NUMBER

1369

13 CAREER SERVICE DESIGNATION

SF

14 CLASSIFICATION SCHEDULE (GS, GS, etc.)

GS

15 OCCUPATIONAL SERIES

0501.03

16 GRADE AND STEP

07

17 SALARY OR RATE

18 REMARKS

POSTED

*6-365 HT*

SIGNATURE OR OTHER AUTHENTICATION

SECRET  
(When Filled In)

DLG: 27 APR 65

NOTIFICATION OF PERSONNEL ACTION																			
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)																	
025798		Millet, James B																	
3. NATURE OF PERSONNEL ACTION CAREER EXCEPTED APPT				4. EFFECTIVE DATE MO. DA. YR. 04 25 65		5. CATEGORY OF EMPLOYMENT 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		5135 1164 0000		50 USC 403 J											
9. ORGANIZATIONAL DESIGNATIONS DDP/SAS U.S. FIELD FORWARD OPERATIONS STATION-JMWAVE DEPUTY FOR SUPPORT FINANCE BRANCH						10. LOCATION OF OFFICIAL STATION JMWAVE													
11. POSITION TITLE FISCAL ACCT ASST				12. POSITION NUMBER 1080		13. SERVICE DESIGNATION SF													
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS			15. OCCUPATIONAL SERIES 0501.03			16. GRADE AND STEP 07 4		17. SALARY OR RATE 6650											
18. REMARKS REPLACEMENT FOR EDNA C. JECENTHAL.																			
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p><b>POSTED ON</b> OF-4b 28 APR 1965</p> </div>																			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																			
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING NUM. ALPHABETICAL		22. STATION CODE		23. INTEREG CODE		24. Hdqtrs Code		25. DATE OF BIRTH MO DA YR		26. DATE OF GRADE MO DA YR		27. DATE OF LEI MO DA YR			
13		10		49760 SAS		99999				2		09 27 31		09 15 63		09 13 64			
28. NTE EXPIRES MO DA YR		29. SPECIAL REFERENCE		30. RETIREMENT DATA 1. CSC 2. FICR 3. NONE		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA TYPE MO DA YR		33. SECURITY REG NO		34. SER							
				1						EOD DATA		00000		41					
35. VET. PREFERENCE CODE		36. SERV COMP DATE MO DA YR		37. LONG COMP. DATE MO DA YR		38. CAREER CATEGORY CAP. DES. TEMP		39. FEGLI / HEALTH INSURANCE CODE		40. SOCIAL SECURITY NO.									
1		06 26 53		03 04 57		C		1											
41. PREVIOUS GOVERNMENT SERVICE DATA CODE				42. LEAVE CAT CODE		43. FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS				44. STATE TAX DATA FORM EXECUTED CODE NO TAX EXEMP STATE CODE									
1				6		0 0													
SIGNATURE OR OTHER AUTHENTICATION																			
<div style="border: 1px solid black; padding: 10px; display: inline-block;"> <p><b>POSTED</b> 04/28/65 JK</p> </div>																			

FORM 1150  
11 62

Use Previous Edition

SECRET

*Jgd*

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

(When Filled In)



SECRET  
(When Filled In)

DLB: 27 APR 65

DEF NOTIFICATION OF PERSONNEL ACTION																	
1. SERIAL NUMBER		2. NAME (LAST-FIRST MIDDLE)															
025798		WILCOTT JAMES B JR															
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE			5. CATEGORY OF EMPLOYMENT								
RESIGNATION						MO DA YR 04 24 65			REGULAR								
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE			8. CSC OR OTHER LEGAL AUTHORITY								
X						5277 0003 0000											
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION											
DDS/OFFICE OF FINANCE CONFIDENTIAL FUNDS DIVISION COMPENSATION AND TAX ACCOUNTS BRANCH CONTRACT AGENTS ACCOUNTS SECTION						WASH., D. C.											
11. POSITION TITLE						12. POSITION NUMBER			13. SERVICE DESIGNATION								
FINANCE ASSISTANT						0470			SF								
14. CLASSIFICATION SCHEDULE (GS, LR, etc.)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP			17. SALARY OR RATE								
GS			0510.16			07 4			6650								
18. REMARKS																	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																	
19. ACTION CODE		20. EMPLOY. CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGREE CODE		24. Hdqtrs Code		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI	
45		10		NUMBER C ALPHABETIC		CODE		CODE		CODE		MO DA YR 09 27 31		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 REG NO.		34. SEX		EOD DATA			
MO DA YR		1 2 3 4 5 6 7 8 9 10 11 12		1 2 3 4 5 6 7 8 9 10 11 12		1 2 3 4 5 6 7 8 9 10 11 12		1 2 3 4 5 6 7 8 9 10 11 12		1 2 3 4 5 6 7 8 9 10 11 12		1 2 3 4 5 6 7 8 9 10 11 12		1 2 3 4 5 6 7 8 9 10 11 12			
35. VET PREFERENCE		36. SERV. 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		CODE							
0 - NONE 1 - 5 PT 2 - 10 PT																	
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA									
CODE				CODE		FORM EXECUTED CODE		NO TAX EXEMPTIONS		FORM EXECUTED		CODE		NO TAX/STATE CODE			
0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 1 YRS) 3 - BREAK IN SERVICE (MORE THAN 1 YRS)				1 - YES 2 - NO		1 - YES 2 - NO		1 - YES 2 - NO		1 - YES 2 - NO		1 - YES 2 - NO		1 - YES 2 - NO			
SIGNATURE OR OTHER AUTHENTICATION																	

POSTED  
APR 29/65

FORM 11 62 1150

Use Previous Edition

SECRET

*Jgd*

14-50000  
Excluded from automatic  
downgrading and  
declassification

(When Filled In)

DLB: 9 OCT 64

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST MIDDLE)									
025798		WILCOTT JAMES JR									
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE			5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT AND TRANSFER TO VOUCHERED FUNDS					10   11   64			REGULAR			
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE			8. CSC OR OTHER LEGAL AUTHORITY		
X		CF TO V		CF TO CF		5277 0003 0000			50 USC 403 J		
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDS OFFICE OF FINANCE CONFIDENTIAL FUNDS DIVISION COMPENSATION & TAX ACCOUNTS BRANCH CONTRACT AGENTS ACCOUNTS SECTION						WASH., D. C.					
11. POSITION TITLE						12. POSITION NUMBER			13. SERVICE DESIGNATION		
FINANCE ASSISTANT						0470			SF		
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP			17. SALARY OR RATE		
GS			0510.16			07 4			6650		
10. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE											
20. EMPLOY CODE											
21. OFFICE CODING											
22. STATION CODE											
23. INTEGREE CODE											
24. HOURS CODE											
25. DATE OF BIRTH											
26. DATE OF GRADE											
27. DATE OF LEI											
28. NTE EXPIRES											
29. SPECIAL REFERENCE											
30. RETIREMENT DATA											
31. SEPARATION DATA CODE											
32. CORRECTION/CANCELLATION DATA											
33. SECURITY REG NO											
34. SEC											
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											
FROM: FE B						<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <p style="text-align: center; margin: 0;"><b>POSTED</b></p> <p style="text-align: center; margin: 0;">9 Oct 64</p> <p style="text-align: center; margin: 0;">JPS</p> </div>					

FORM 11 62 1150

Use Previous Edition

SECRET

*yga*

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

(When Filled In)



IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND OGI MEMORANDUM DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 5 JANUARY 1964.

NAME	SERIAL	ORGN	FUNDS	GR-ST	OLD SALARY	NEW SALARY
WILCOTT JAMES B JR	025798	49	380	CF 09 07 3	\$ 5,910	\$ 6,185

11

1 Serial No		2 Name		3 Cost Center Number		4 LWOP Hours				
025798		WILCOTT JAMES B JR		49 380 CF		11F				
5 OLD SALARY RATE				6 NEW SALARY RATE				7 TYPE ACTION		
Grade	Step	Salary	Last EH Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADJ.
GS 07	3	\$ 6,185	09/15/63	GS 07	4	\$ 6,380	09/13/64			
8 Remarks and Authentication										
<ul style="list-style-type: none"> <li>/ / NO EXCESS LWOP</li> <li>/ / IN PAY STATUS AT END OF WAITING PERIOD</li> <li>/ / LWOP STATUS AT END OF WAITING PERIOD</li> </ul> <p style="text-align: right;">CLERKS INITIALS                      AUDITED BY</p> <p style="text-align: right;">04 742 GD</p> <p>I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.</p> <p>SIGNATURE <i>[Signature]</i> DATE <i>1/1/64</i></p> <p style="text-align: right;"><i>mcr</i></p>										
PAY CHANGE NOTIFICATION										

SECRET  
(When Filled In)

OLS: 13 SEPT 63

NOTIFICATION OF PERSONNEL ACTION																	
1. SERIAL NUMBER		2. NAME (LAST FIRST-MIDDLE)															
025798		WILCOTT JAMES B JR															
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT									
PROMOTION						09   15   63		REGULAR									
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY									
CF TO V		X		CF TO CF		4137 7351 1000		50 USC 403 J									
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION											
DDP/FE FOREIGN FIELD FE/JKO-TOKYO STATION SUPPORT STAFF						TOKYO, JAPAN											
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION									
FISCAL ACCT ASST						3167		SF									
14. CLASSIFICATION SCHEDULE (GS, LB, etc)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP			17. SALARY OR RATE								
GS			0501.03			07 3			5910								
18. REMARKS																	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																	
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGREE CODE		24. HOURS CODE		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI	
22		10		45380 FE		37587		3		3		09   27   31		09   15   63		09   15   63	
28. DATE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ NO.		34. SEX		EOD DATA			
NO DA YR		NO DA YR		NO DA YR		NO DA YR		NO DA YR		NO DA YR		NO DA YR					
35. VET PREFERENCE		36. SERV COMP DATE		37. LONG COMP DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.							
CODE		NO DA YR		NO DA YR		CODE		CODE									
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA							
CODE				CODE		CODE				CODE							
1 - NO PREVIOUS SERVICE				1 - YES		1 - YES				1 - YES							
2 - BREAK IN SERVICE LESS THAN 3 YRS				2 - NO		2 - NO				2 - NO							
3 - BREAK IN SERVICE MORE THAN 3 YRS																	
SIGNATURE OR OTHER AUTHENTICATION																	

POSTED  
09/25/63 WK

19 SEP 63

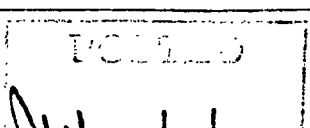
GROUP 1  
Excluded from automatic  
downgrading and  
declassification

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87 - 727 AND  
 DCI MEMORANDUM DATED 1 AUGUST 1966, SALARY IS ADJUSTED AS FOLLOWS,  
 EFFECTIVE 14 OCTOBER 1962

NAME	SERIAL	ORGN	OLD		NEW	
			FUNDS	GR-ST SALARY	GR-ST SALARY	GR-ST SALARY
WILCOTT JAMES B JR	025798	56380	CF 06 4	\$ 5325	06 4	\$ 5949

ARE:9 NOV 1961

SECRET  
 (When Filled In)

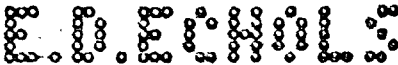
NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
025798		WILCOTT JAMES B JR									
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT				
PROMOTION					NO. DA. YR. 11 12 61		REGULAR				
A. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY			
CF TO V		X		CF TO CF		2137 7351 1000		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION						
DDP FE FE/JAO TOKYO STATION SUPPORT STAFF TOKYO					TOKYO, JAPAN						
11. POSITION TITLE					12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION				
FISCAL ACCT ASST					3167		SF				
14. CLASSIFICATION SCHEDULE (GS, WD, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE				
GS			0501.03		06 4		5325				
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. HOURS CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI		
22	10	56380 FE		37587		3	09 27 31	11 12 61	11 12 61		
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ NO	34. SER
NO DA YR				1. CSC 2. PICA 3. NONE				TYPE NO DA YR			
35. VET. PREFERENCE		36. SERV COMP DATE		37. LONG COMP. DATE		38. MIL SERV CREDIT/LCD		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.	
CODE		NO DA YR		NO DA YR		1. YES 2. NO		CODE CODE 0. WAIVER 1. YES		HEALTH INS CODE	
41. PREVIOUS GOVERNMENT SERVICE DATA		42. LEAVE CAT CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA			
CODE		CODE		FORM EXECUTED CODE NO TAX EXEMPTIONS				FORM EXECUTED CODE NO TAX EXEMPT STATE CODE			
0. NO PREVIOUS SERVICE 1. NO BREAK IN SERVICE 2. BREAK IN SERVICE (LESS THAN 12 MOS) 3. BREAK IN SERVICE (MORE THAN 12 MOS)				1. YES 2. NO				1. YES 2. NO			
SIGNATURE OR OTHER AUTHENTICATION											
											

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
SF	WILCOTT JAMES R JR	525798	51 71	GS-05 3	\$ 4,340	\$ 4,675

/S/ EMMETT D. ECHOLS  
DIRECTOR OF PERSONNEL

SECRET  
(WHEN FILLED IN)

1. EMP. SERIAL NO.		2. NAME				3. ASSIGNED ORGN.		4. FUNDS		5.	
525798		WILCOTT JAMES R JR				DDP/FE 14		UV			
6. OLD SALARY RATE						7. NEW SALARY RATE					
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
			MO.	DA.	YR.				MO.	DA.	YR.
GS 05	3	\$ 4,675	09	20	59	GS 05	4	\$ 4,840	09	18	60
TO BE COMPLETED BY THE OFFICE OF COMPTROLLER											
8. CHECK ONE <input checked="" type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP						9. NUMBER OF HOURS LWOP					
IF EXCESS LWOP, CHECK FOLLOWING:						10. INITIALS OF CLERK			11. AUDITED BY		
<input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD									[Signature]		
<input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD											
TO BE COMPLETED BY THE OFFICE OF PERSONNEL											
12. TYPE OF ACTION						13. REMARKS					
<input type="checkbox"/> P.S.I. <input type="checkbox"/> L.S.I. <input type="checkbox"/> PAY ADJUSTMENT											
14. AUTHENTICATION											
											
PAY CHANGE NOTIFICATION											

(When Filled In)

1. Serial No.		2. Name		3. Civil Control Number		4. LWOP Hours				
25798		WILCOTT JAMES B JR		DDP/FE 14		00				
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADJ.
05	03	4,840	09/18/60	05	5	5,000	09/17/61			
8. Remarks and Authentication										
/ / NO EXCESS LWOP										
/ / IN PAY STATUS AT END OF WAITING PERIOD										
/ / IN LWOP STATUS AT END OF WAITING PERIOD										
										
PAY CHANGE NOTIFICATION										

Form 560

Obsolete Previous Edition

SECRET

(4-61)

SECRET

(When Filled In)

AES: 6 MAY 1960      NOTIFICATION OF PERSONNEL ACTION

1. Serial No.		2. Name (Last-First-Middle)			3. Date Of Birth			4. Vet. Pref.		5. Sex		6. CS - EOD		
525798		WILCOTT JAMES B JR			Mo. Da. Yr. 09 27 31			None-0 5 Pt-1 10 Pt-2		Code M 1		Mo. Da. Yr. 03 04 57		
7. SCD		8. CSC Name		9. CSC Or Other Legal Authority		10. Apmt. Affidav.			11. FEGLI		12. LCD		13. MIL. Serv. Credit. LEO	
Mo. Da. Yr. 06 26 53		Yes-1 No-2 1		50 USCA 403		Mo. Da. Yr.			Yes-1 No-2 1		Mo. Da. Yr. 03 04 57		Yes-1 No-2 2	

PREVIOUS ASSIGNMENT

14. Organizational Designation				Code		15. Location Of Official Station				Station Code	
DDS OFFICE OF THE COMPTROLLER FINANCE DIV, ACCOUNTS BR ACCOUNTING CONTROL SEC ACCTS RECEIVABLE AND PAYABLE UNIT				3803		WASH., D.C.				75013	
16. Dept. - Field		17. Position Title		18. Position No.				19. Serv.		20. Occup. Series	
Dept - 1 USFld - 3 Fgrn - 5		Code 2		FISCAL ACCT CLK		0506				GS 0501.04	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
05 3		\$ 4340		SF		Mo. Da. Yr. 09 22 57		Mo. Da. Yr. 09 18 60		0263 1040	

ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
REASSIGNMENT & TRANSFER TO CONFIDENTIAL FUNDS*		06		Mo. Da. Yr. 05 15 60		REGULAR		01			

PRESENT ASSIGNMENT

31. Organizational Designation				Code		32. Location Of Official Station				Station Code	
DDP FE FE/JAO - TOKYO STATION SUPPORT STAFF - TOKYO				5171		TOKYO, JAPAN				37587	
33. Dept. - Field		34. Position Title		35. Position No.				36. Serv.		37. Occup. Series	
Dept - 1 USFld - 3 Fgrn - 5		Code 5		FISCAL ACCT ASST		3167				GS 0501.03	
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
05 3		\$ 4340		SF		Mo. Da. Yr. 09 23 57		Mo. Da. Yr. 09 18 60		0137 7351 3000	

44. Remarks

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

POSTED

01-16-60 JKC



**SECRET**  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION																
AES: 2 OCT 1959																
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vet. Pref.		5. Sex		6. CS - EOD			
125798		WILCOTT JAMES B JR				09 27 31			5 Pts 1 10 Pts 2		1 M 1		03 04 57			
7. SCD			8. CSC Retmt.		9. CSC Or Other Legal Authority			10. Apmt. Affidav.			11. FEGLI		12. LCD		13. MIL. SERV. Ven.	
06 26 53			Yes - 1 No - 2		1 50 USCA 403 J						Yes - 1 No - 2		03 04 57		Yes - 1 No - 2	

**PREVIOUS ASSIGNMENT**

14. Organizational Designations				Code		19. Location Of Official Station				Station Code			
DDS OFFICE OF THE COMPTROLLER FINANCE DIVISION COMPENSATION AND TAX ACCTS BR CONTRACT AGENTS ACCTS SECT.				3803		WASH., D. C.				75013			
15. Dept. - Field		17. Position Title				18. Position No.		19. Serv.		20. Occup. Series			
Dept - 2 USild - 4 Frgn - 6		2 Code FINANCE ASST				0470		GS		0510.14			
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade			25. PSI Due			26. Appropriation Number	
05 3		\$ 4340		SF		09 22 57			09 20 59			9 6300 20 004	

**ACTION**

27. Nature Of Action			Code		28. Eff. Date		29. Type Of Employee			Code		30. Separation Data	
REASSIGNMENT			56		10 04 59		REGULAR			01			

**PRESENT ASSIGNMENT**

31. Organizational Designations				Code		32. Location Of Official Station				Station Code			
DDS OFFICE OF THE COMPTROLLER FINANCE DIV, ACCOUNTS BR ACCOUNTING CONTROL SEC ACCTS RECEIVABLE AND PAYABLE UNIT				3803		WASH., D.C.				75013			
33. Dept - Field		34. Position Title				35. Position No.		36. Serv.		37. Occup. Series			
Dept - 2 USild - 4 Frgn - 6		2 Code FISCAL ACCT CLK				0506		GS		0501.04			
33. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade			42. PSI Due			43. Appropriation Number	
05 3		\$ 4340		SF		09 22 57			09 10 60			0263 1040	

44. Remarks												
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p align="center">POSTED</p> <p align="center">fy 10-6-59</p> </div>												

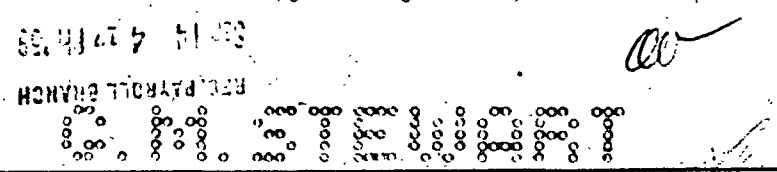
FORM NO 1 MAR 57 1150

FORM NO 1 MAR 57 1150

**SECRET**

(4)

SECRET  
(When Filled In)

1. EMP. SERIAL NO. 125798		2. NAME WILCOTT JAMES B JR			3. ASS. AGENCY ORG. DDS/COMPT //		4. FUNDS V-20		5. ALLOCATION 26.3.69		
6. OLD SALARY RATE						7. NEW SALARY RATE					
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
GS	5	\$ 4,190	09	21	58	GS	5	\$ 4,340	09	20	59
TO BE COMPLETED BY THE OFFICE OF THE COMPTROLLER											
8. CHECK ONE <input checked="" type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP						9. NUMBER OF HOURS LWOP					
IF EXCESS LWOP, CHECK FOLLOWING: <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD						10. INITIALS OF CLERK			11. AUDITED BY		
TO BE COMPLETED BY THE OFFICE OF PERSONNEL											
12. PROJECTED SALARY RATE AND EFFECTIVE DATE						13. REMARKS					
GRADE	STEP	SALARY	MO	DA.	YR.						
14. AUTHENTICATION											
											
PERIODIC STEP INCREASE - AUTHENTICATION											

SECRET  
(When Filled In)

<b>NOTIFICATION OF PERSONNEL ACTION</b>													
MCM 25 MAR 59													
1. Serial No. 125798		2. Name (Last-First-Middle) WILCOTT JAMES B JR				3. Date of Birth Mo. Da. Yr. 09 27 31			4. Vac. Pref. Non-0 5 Pt-1 10 Pt-2		5. Sex M 1	6. CS - EOD Mo. Da. Yr. 03 04 57	
7. SCD Mo. Da. Yr. 06 26 53		8. CSC Retmt. Yes-1 No-2		9. CSC Or Other Legal Authority Code 1		10. Apmt. Alt. Day Mo. Da. Yr.			11. FEGLI Yes-1 No-2		12. LCD Mo. Da. Yr. 03 04 57		13. Mil. Serv. Credit Acc. Yes-1 No-2
50 USCA 403 d													

PREVIOUS ASSIGNMENT

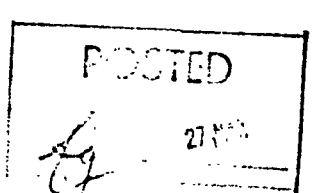
14. Organizational Designations DDS OFFICE OF THE COMPTROLLER FINANCE DIV COMPENSATION & TAX ACCTS BR STAFF EMPLOYEES ACCTS SECTION						Code 3803		15. Location Of Official Station WASH., D. C.			Station Code 75013	
16. Dept. - Field Dept - 2 USStd - 4 Frqn - 6		17. Position Title Code 2		18. Position No. 0305.02				19. Serv GS		20. Occup Series 0544.01		
21. Grade & Step 05 2		22. Salary Or Rate \$ 4190		23. SD SF		24. Date Of Grade Mo. Da. Yr. 09 22 57		25. PSI Due Mo. Da. Yr. 09 21 58		26. Appropriation Number 8 6304 20		

ACTION

27. Nature Of Action REASSIGNMENT		Code 56		28. Eff. Date Mo. Da. Yr. 03 25 59		29. Type Of Employee REGULAR		Code 01		30. Separation Data	
--------------------------------------	--	------------	--	--	--	---------------------------------	--	------------	--	---------------------	--

PRESENT ASSIGNMENT

31. Organizational Designations DDS OFFICE OF THE COMPTROLLER FINANCE DIVISION COMPENSATION AND TAX ACCTS BR CONTRACT AGENTS ACCTS SECT.						Code 3803		32. Location Of Official Station WASH., D. C.			Station Code 75013	
33. Dept. - Field Dept - 2 USStd - 4 Frqn - 6		34. Position Title Code 2		35. Position No. 0470				36. Serv. GS		37. Occup. Series 0510.14		
38. Grade & Step 05 2		39. Salary Or Rate \$ 4190		40. SD SF		41. Date Of Grade Mo. Da. Yr. 09 22 57		42. PSI Due Mo. Da. Yr. 09 20 59		43. Appropriation Number 9 6300 20 004		

44. Remarks											
											

SECRET

GENERAL SALARY INCREASE RETROACTIVELY EFFECTIVE  
12 JANUARY 1959 AUTHORIZED BY P. L. 85 - 568 AND 861  
EFFECTIVE SALARIES AS OF 12 JUNE 1959 ADJUSTED AS FOLLOWS:

NAME	SERIAL	GRADE-STEP	OLD SALARY	NEW SALARY
WILCOTT JAMES B JR	125798	GS-05-1	\$ 3,670	\$ 4,040

ROBERT W. STEWART  
ASST. DIRECTOR OF PERSONNEL

SECRET

IN LIEU OF FORM 1150 THIS NOTIFICATION EFFECTS RESLOTTING RESULTING  
FROM R-20-250

SER #	NAME	SD	OLD SLOT	NEW SLOT	DATE
125798	WILCOTT JAMES B JR	SF	0305.02	305	01/12/59

SECRET  
(WHEN FILLED IN)

1. EMP. SERIAL NO.		2. NAME				3. ASSIGNED ORGN.		4. FUNDS		5. ALLOTMENT	
125798		WILCOTT, JAMES B JR				DDS/COMPT		V-20			
6. OLD SALARY RATE						7. NEW SALARY RATE					
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
			MO	DA	YR				MO	DA	YR
GS	5	\$ 4,040	09	22	57	GS	5	\$ 4,190	09	21	58
REMARKS											
CERTIFICATION											
I CERTIFY THAT THE SERVICE AND CONDUCT OF THE ABOVE NAMED EMPLOYEE ARE SATISFACTORY.											
TYPED, OR PRINTED, NAME OF SUPERVISOR				DATE		SIGNATURE OF SUPERVISOR					
H. A. CHANDLER				13 August 1958		<i>H. A. Chandler</i>					
PERIODIC STEP INCREASE - CERTIFICATION											

FORM NO. 560  
1 MAR 58

SECRET

PERSONNEL FOLDER

(4)

00200

SECRET  
(When Filled In)

**NOTIFICATION OF PERSONNEL ACTION**

MCMZB APRIL 58

1. Serial No. 125798		2. Name (Last-First-Middle) WILCOTT, JAMES B JR			3. Date Of Birth 09 27 31			4. Vet. Pref. None-0 5 P-1 10 P-2 1		5. Sex M 1		6. CS/EOD 03 04 57		
7. SCD		8. CSC Reim. Yes-1 No-2 1		9. CSC Or Other Legal Authority 50 USCA 403		10. Appt. Affidav. Mo. Da. Yr.			11. FEJLI Yes-1 No-2		12. LCD Mo. Da. Yr. 03 04 57		13. <small>Min. Serv. Req.</small> Yes-1 No-2 2	

**PREVIOUS ASSIGNMENT**

14. Organizational Designations DDS OFFICE OF THE COMPTROLLER FINANCE DIVISION COMPENSATION AND TAX ACCTS BR CONTRACT AGENTS ACCTS SECTION				Code 3803		15. Location Of Official Station WASH., D. C.				Station Code 75013		
16. Dept. - Field Dept - 2 USfld - 4 Frqn - 6		17. Position Title 2 FINANCE ASST		18. Position No. 0521.03			19. Serv. GS		20. Occup. Series 0510.14			
21. Grade & Step 05 1		22. Salary Or Rate \$ 3670		23. SD SF		24. Date Of Grade Mo. Da. Yr. 09 22 57			25. PSI Due Mo. Da. Yr. 09 21 58		26. Appropriation Number 8 6304 20	

**ACTION**

27. Nature Of Action REASSIGNMENT		Code 56		28. Eff. Date Mo. Da. Yr. 08 21 58		29. Type Of Employee REGULAR		Code 01		30. Separation Data	
--------------------------------------	--	------------	--	--	--	---------------------------------	--	------------	--	---------------------	--

**PRESENT ASSIGNMENT**

31. Organizational Designations DDS OFFICE OF THE COMPTROLLER FINANCE DIV COMPENSATION & TAX ACCTS BR STAFF EMPLOYEES ACCTS SECTION				Code 3803		32. Location Of Official Station WASH., D. C.				Station Code 75013		
33. Dept. - Field Dept - 2 USfld - 4 Frqn - 6		34. Position Title 2 TIME LV PAY CLK		35. Position No. 0305.02			36. Serv. GS		37. Occup. Series 0544.01			
38. Grade & Step 05 1		39. Salary Or Rate \$ 3670		40. SD SF		41. Date Of Grade Mo. Da. Yr. 09 22 57			42. PSI Due Mo. Da. Yr. 09 21 58		43. Appropriation Number 8 6304 20	

44. Remarks

POSTED

S/L/S X21

**SECRET**  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION														
MCM 21 FEB 58														
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vet. Pref.		5. Sex		6. CS - EOD	
125798		WILGOTT, JAMES B JR				03 27 31			None-0 5 Pt-1 10 Pt-2 1		M 1		03 04 57	
7. SCD		8. CSC Reamt.		9. CSC Or Other Legal Authority		10. Appt. Affidav.			11. FEGLI		12. LCD		13. Ret. Benefit Code	
06 26 53		No - 2		50 USCA 403					No-1 No-2		03 04 57		Yes - 1 No - 2	

**PREVIOUS ASSIGNMENT**

14. Organizational Designations				Code		15. Location Of Official Station				Station Code			
DDS OFFICE OF COMPTROLLER FISCAL DIVISION ACCOUNTS BRANCH ALLOTMENT LEDGER SECTION				3802		WASH., D. C.				75013			
16. Dept. - Field		Code		17. Position Title				18. Position No.		19. Serv.		20. Occup. Series	
Dept - 2 USfld - 4 Frgn - 6		2		FISCAL ACCT CLK				30.01		GS		0501.04	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number			
05 1		\$ 3670		SF		09 22 57		09 21 58		8 6303 20			

**ACTION**

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
REASSIGNMENT		56		02 23 58		REGULAR		01			

**PRESENT ASSIGNMENT**

31. Organizational Designations				Code		32. Location Of Official Station				Station Code			
DDS OFFICE OF THE COMPTROLLER FINANCE DIVISION COMPENSATION AND TAX ACCTS BR CONTRACT AGENTS ACCTS SECTION				3803		WASH., D. C.				75013			
33. Dept. - Field		Code		34. Position Title				35. Position No.		36. Serv.		37. Occup. Series	
Dept - 2 USfld - 4 Frgn - 6		2		FINANCE ASST				0521.03		GS		0510.14	
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number			
05 1		\$ 3670		SF		09 22 57		09 21 58		8 6304 20			

44. Remarks

POSTED  
4 MAR 1958  
21

**SECRET**  
(When Filled In)

**NOTIFICATION OF PERSONNEL ACTION**

1. Serial No. 1257		2. Name (Last-First-Middle) WILCOX, JAMES W.			3. Date Of Birth Mo. Da. Yr. 02 27 57			4. Vet Prof. None-0 5 Pt-1 10 Pt-2 1		5. Sex M 1		6. CS - EOD Mo. Da. Yr. 02 04 57		
7. SCB		8. CSC Rmtt. Yes-1 No-2 1		9. CSC Or Other Legal Authority 50 USCA 403 J		10. Apmt. Affidav. Mo. Da. Yr.			11. FEGLI Yes-1 No-2		12. LCD Mo. Da. Yr. 02 04 57		13. <small>See Form 100</small> Yes-1 No-2 2	

**PREVIOUS ASSIGNMENT**

14. Organizational Designations DPS OFFICE OF COMPTROLLER FISCAL DIVISION ACCOUNTS PAYABLE ALLOTMENT LETTER SECTION				Code		15. Location Of Official Station WASHINGTON, D.C.				Station Code		
16. Dept. - Field Dept - 2 USfld - 4 Frqn - 6		17. Position Title FISCAL ADJ CLK				18. Position No. 2001		19. Serv. GS		20. Occup. Series 0501 04		
21. Grade & Step GS 1		22. Salary Or Rate \$ 2015		23. SD SC		24. Date Of Grade Mo. Da. Yr.		25. PSI Due Mo. Da. Yr.		26. Appropriation Number 8 - 202 20		

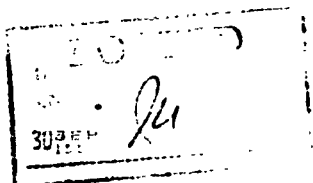
**ACTION**

27. Nature Of Action PROMOTION		Code 20		28. Eff. Date Mo. Da. Yr. 02 22 57		29. Type Of Employee REGULAR		Code 01		30. Separation Data	
-----------------------------------	--	------------	--	--	--	---------------------------------	--	------------	--	---------------------	--

**PRESENT ASSIGNMENT**

31. Organizational Designations DPS OFFICE OF COMPTROLLER FISCAL DIVISION ACCOUNTS PAYABLE ALLOTMENT LETTER SECTION				Code 2002		32. Location Of Official Station WASHINGTON, D.C.				Station Code 75012		
33. Dept. - Field Dept - 2 USfld - 4 Frqn - 6		34. Position Title FISCAL ADJ CLK				35. Position No. 2001		36. Serv. GS		37. Occup. Series 0501 04		
38. Grade & Step GS 1		39. Salary Or Rate \$ 2000		40. SD SC		41. Date Of Grade Mo. Da. Yr. 02 21 57		42. PSI Due Mo. Da. Yr. 02 21 57		43. Appropriation Number 8 - 202 20		

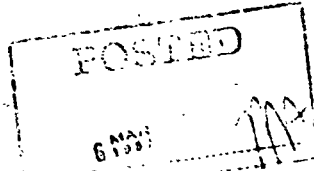
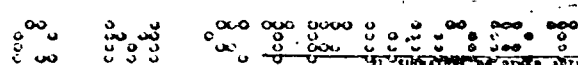
44. Remarks



CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

P.C. 9 Nov 56  
 0-5481 njw

1. NAME (MR - MRS - MS - ONE GIVEN NAME, INITIALS, AND SURNAME) <b>MR. JAMES B. WILCOFF, JR.</b>		2. DATE OF BIRTH <b>27 Sep 1931</b>	3. JOURNAL OR ACTION NO.	4. DATE <b>4 Mar 1957</b>
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) <b>Accepted Appointment</b>		6. EFFECTIVE DATE <b>4 Mar 1957</b>	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY <b>50 USCA 403 j</b>	
FROM		TO		
8. POSITION TITLE <b>Fiscal Acct Clerk</b>		<b>1-30.01-4</b>		
9. SERVICE, SERIES, GRADE, SALARY <b>GS-0501.04-4</b>		<b>\$3415.00 per annum</b>		
10. ORGANIZATIONAL DESIGNATIONS <b>380273</b>		DDC/Office of Comptroller Fiscal Division Accounts Branch Allotment Ledger Section		
11. HEADQUARTERS <b>2</b>		Washington, D. C.		
<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPT'L <b>2</b>	<input type="checkbox"/> FIELD	<input checked="" type="checkbox"/> DEPARTMENTAL
13. VETERAN'S PREFERENCE NONE WWII OTHER 5-PT. 10-POINT		14. POSITION CLASSIFICATION ACTION NEW VICE I. A. REAL		
15. SEX <b>M</b>		16. APPROPRIATION FROM <b>7-6303-20 750-13</b>		17. SUBJECT TO C. 2. RETIREMENT ACT (YES-NO) <b>Yes</b>
18. DATE OF APPOINTMENT AFFIDAVIT (EXCEPTIONS ONLY) <b>4 Mar 1957</b>		19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:		
20. REMARKS.  Subject to the satisfactory completion of a trial period of one year. Subject to the satisfactory completion of a medical examination. RC-135  DOD 03/04/57 CSEOD 03/04/57 LCD 03/04/57 SCD 06/26/53  PSI due 03/03/58  2 EOD 03/04/57  				
ENTRANCE PERFORMANCE RATINGS: 				

Director of Personnel

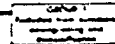
4. PERSONNEL FOLDER COPY

779 3/4/57



SECRET  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				025798	
<b>SECTION A GENERAL</b>					
1. NAME <small>(Last) (First) (Middle)</small> Wilcott, James B., Jr.		2. DATE OF BIRTH 27 Sep 31	3. SEX M	4. GRADE GS-07	5. SD SF
6. OFFICIAL POSITION TITLE Fiscal Acct Asst			7. OFF/DIV/BR OF ASSIGNMENT DDP/WH/C	8. CURRENT STATION JMWAVE	
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 type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C)			<input type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT EMPLOYEE	
SPECIAL (Specify):			SPECIAL (Specify): Resignation		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to) 26 Apr 65 - 15 Apr 66		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> 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><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> 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>					
<b>SPECIFIC DUTIES</b>					
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 Lists, computes and verifies four cover companies commercial payrolls involving approximately 200 persons. Prepares and verifies all salary checks. An accounting machine is used for payrollling				RATING LETTER A	
SPECIFIC DUTY NO. 2 Maintains both overt commercial and covert pay records, files, etc. for staff employees, staff agents, contract employees and agents. Maintains leave records for WAE contract employees and all staff personnel				RATING LETTER W	
SPECIFIC DUTY NO. 3 Responsible for timely payment of monthly tax deposits and preparation of the quarterly Federal Withholding and Social Security tax returns of the cover companies				RATING LETTER A	
SPECIFIC DUTY NO. 4 Initiates dispatches and cables to Headquarters and Field Stations on all matters pertaining to pay, leave and payroll deductions of staff employees, staff agents and contract employees and agents				RATING LETTER A	
SPECIFIC DUTY NO. 5				RATING LETTER	
SPECIFIC DUTY NO. 6				RATING LETTER	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
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 A



SECRET

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 <b>OFFICE OF PERSONNEL</b> for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section A. Provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p> <p style="text-align: right;">Jul 15 10 37 AM '66</p>			
<p>During the period Subject was in charge of the Payroll Section at JMWAVE his performance was, in the rater's opinion, not more than adequate. He apparently was of the opinion that being in charge of a section relieved him of the onerous tasks of filing and other related duties of like nature. As far as meeting the payroll deadlines Subject was proficient in this duty, but he normally required considerable amount of overtime work to meet these deadlines. He had many ideas which he presented to Chief, Finance Branch for betterment of the payrolling system, but unfortunately after due consideration the majority of these ideas were found to be impractical and/or in violation of either good accepted commercial practice or Agency regulations. Suggestions made to him were outwardly accepted but upon follow-up it was determined that he had failed to implement these suggestions. Overall it is the rater's opinion that the Subject was barely adequate in performing his assigned tasks.</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		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
12 months	Subject departed the Station without seeing this Report.		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
17 Jun 1966	Chief, Finance Branch	/s/ H. Robert Graham	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
Subject resigned and departed the Station rather suddenly and before there was an opportunity to observe his performance. The supervisor has made a careful evaluation with which I concur.			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
6 July 1966	Deputy Chief for Support	/s/ William A. Jewett	

SECRET

REVIEWED BY:

*P. H. Johnson*

SECRET  
(When Filled In)

FITNESS REPORT						EMPLOYEE SERIAL NUMBER	
						025798	
<b>SECTION A GENERAL</b>							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SO	
WILCOTT, James E, Jr.			27 Sep 1931	M	GS-07	SF	
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION		
Finance Assistant			Fin/CFD/C&TAB		Wash., D. C.		
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"/>	SPECIAL (Specify):			<input type="checkbox"/>	SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to)			
ASAP				11 Oct. 1964 - 25 April 1965			
<b>SECTION B PERFORMANCE EVALUATION:</b>							
<p><b>W - Weak</b> 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><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> 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>							
<b>SPECIFIC DUTIES</b>							
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	
Analyzing Payroll Accounts						P	
SPECIFIC DUTY NO. 2						RATING LETTER	
Reconciling Tax and Retirement Accounts						P	
SPECIFIC DUTY NO. 3						RATING LETTER	
Computing Staff and Career Agents' Pay and Allowances						P	
SPECIFIC DUTY NO. 4						RATING LETTER	
Conducting Liaison with our Division regarding Payroll matters.						P	
SPECIFIC DUTY NO. 5						RATING LETTER	
Preparing Correspondence						A	
SPECIFIC DUTY NO. 6						RATING LETTER	
Maintaining Leave records and Agents' Pay Files						P	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
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	
P						P	

SECRET  
(When Filled In)

OFFICE OF PERSONNEL

SECTION C NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in 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 as provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

MAIL ROOM

In the six months that Mr. Wilcott was assigned to the Staff Agents Accounts Section, he demonstrated the ability to accept responsibilities and responded well to all work assignments. Mr. Wilcott was a great help in reconciling and analyzing Payroll, Tax, and Retirement accounts. He worked well with his associates and had a good disposition. Mr. Wilcott is very cooperative and dependable.

This employee did not have any supervisory responsibilities and, therefore, is not being rated on Cost Consciousness.

SECTION D CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE 30 April 1965 SIGNATURE OF EMPLOYEE

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 6 IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION Employee had departed for PCS prior to this date.

DATE 30 April 1965 OFFICIAL TITLE OF SUPERVISOR Chief, Staff Agents Accts. Sec. TYPED OR PRINTED NAME AND SIGNATURE JOSEPH H. HUDSON

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL  
  
I concur.

DATE 30 April 1965 OFFICIAL TITLE OF REVIEWING OFFICIAL Chief, Compensation and Tax Div. TYPED OR PRINTED NAME AND SIGNATURE Murray F. Strickland

SECRET

SECRET  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				025798	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle) Wilcott, James B. Jr			2. DATE OF BIRTH 27 Sep 31	3. SEX M	4. GRADE GS-07
			5. SD SF		
6. OFFICIAL POSITION TITLE Fiscal Acct Asst			7. OFF/DIV/JR OF ASSIGNMENT DDP/FE/JKO		8. CURRENT STATION Tokyo
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"/>	CAREER-PROVISIONAL (See Instructions - Section C)	<input checked="" type="checkbox"/>	ANNUAL		
SPECIAL (Specify):			SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P. 31 Aug 64			12. REPORTING PERIOD (From - to) 1 July 1963 - 30 June 1964		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> 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><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> 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>					
<b>SPECIFIC DUTIES</b>					
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 As Station Cashier, responsible for the daily receipt and disbursement of cash (Japanese yen, U.S. dollars, MPC).					RATING LETTER P
SPECIFIC DUTY NO. 2 Consolidates all Station cash transactions to one voucher and verifies balance daily.					RATING LETTER P
SPECIFIC DUTY NO. 3 Summarizes all Station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.					RATING LETTER P
SPECIFIC DUTY NO. 4 Polices individual housing and vehicle advance accounts and audits related accountings.					RATING LETTER P
SPECIFIC DUTY NO. 5 Maintains statistical records on private rentals by individual house and cost center.					RATING LETTER P
SPECIFIC DUTY NO. 6 Advices TDY travelers of their entitlements, audits the travel vouchers, and performs other related duties as assigned by the Finance Officer.					RATING LETTER P
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
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 P
15 JUL 1964					

~~SECRET~~

**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 B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

Jun 9 9 44 AM '64

Subject has performed his duties in a competent manner. ~~UNCLASSIFIED~~ huge sums of money with few errors, and maintains the necessary statistical records.

Cost consciousness and management of organization assets does not apply to this position.

**SECTION D CERTIFICATION AND COMMENTS**

**1. BY EMPLOYEE**

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE: 9 Jun 64 SIGNATURE OF EMPLOYEE: /s/ James Wilcott

**2. BY SUPERVISOR**

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION: 23 IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE: 9 Jun 64 OFFICIAL TITLE OF SUPERVISOR: Finance Officer TYPED OR PRINTED NAME AND SIGNATURE: /s/ Frank Wells

**3. BY REVIEWING OFFICIAL**

COMMENTS OF REVIEWING OFFICIAL

Subject has held the position of Finance Disbursing Officer since his arrival at Tokyo Station in May 1960. He has performed well in a function for which he had no previous experience or training. With a realignment of the office workload in December he was given the additional responsibility of processing TDY travel. Due to his specialized work, he has not had the opportunity to be trained in other facets of finance work. He has been scheduled for Finance training upon his return to Headquarters in July 1964.

DATE: 7 Jun 64 OFFICIAL TITLE OF REVIEWING OFFICIAL: Finance Officer TYPED OR PRINTED NAME AND SIGNATURE: /s/ Jack Randall

~~SECRET~~

FJTT 10,374, 31 May 63

**CONFIDENTIAL**  
SECRET  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				025798	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle) WILCOTT, JAMES B. JR.			2. DATE OF BIRTH 27 Sept 31	3. SEX M	4. GRADE GS-6
5. OFFICIAL POSITION TITLE FISCAL ACCT ASST			7. OFF. DIV'N OR OF ASSIGNMENT DDF/FE/JKO	6. SF	
8. CURRENT STATION Tokyo			9. CHECK (X) TYPE OF REPORT		
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 checked="" type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) SPECIAL (Specify):			<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From- to-) 1 Jul 62 - 30 Jun 63		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> 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><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> 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>					
<b>SPECIFIC DUTIES</b>					
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 As Station Cashier, responsible for the daily receipt and disbursement of cash (Japanese yen, U. S. dollars, MPC).					RATING LETTER <b>P</b>
SPECIFIC DUTY NO. 2 Consolidates all Station cash transactions to one voucher and verifies balance daily.					RATING LETTER <b>P</b>
SPECIFIC DUTY NO. 3 Summarizes all Station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.					RATING LETTER <b>P</b>
SPECIFIC DUTY NO. 4 Polices individual housing and vehicle advance accounts and audits related accountings.					RATING LETTER <b>P</b>
SPECIFIC DUTY NO. 5 Maintains statistical records on all private rentals by individual house and cost center.					RATING LETTER <b>P</b>
SPECIFIC DUTY NO. 6 Performs other related duties as assigned by the Finance Officer.					RATING LETTER <b>P</b>
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
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 <b>P</b>
20 JUN 1963					

SECRET

(When Filled In)

CONFIDENTIAL

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 promotion. 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.

JUN 17 3 38 PM '63

MAIL ROOM

Subject is conscientious, industrious, and willing to accept all responsibility assigned him. He has performed his duties in a competent manner and has shown a marked interest in learning all facets of his job. Subject at times gives the impression (whether warranted or not) of being uncertain in his thinking, and he does not always seem to exercise his best judgment in reaching decisions, but he is striving to eradicate this impression.

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE 21 May 1963	SIGNATURE OF EMPLOYEE /s/ James B. Wilcott	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 33	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE 21 May 1963	OFFICIAL TITLE OF SUPERVISOR Finance Officer	TYPED OR PRINTED NAME AND SIGNATURE /s/ Clarence Norment III
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL  Concur in the evaluation.		
DATE 21 May 1963	OFFICIAL TITLE OF REVIEWING OFFICIAL Adm Officer	TYPED OR PRINTED NAME AND SIGNATURE /s/ Douglas S. Trabue

SECRET

CONFIDENTIAL

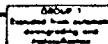


REVIEWED BY:

*Paul J. [Signature]*  
or Career Service Board

SECRET  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				025778			
<b>SECTION A GENERAL</b>							
1. NAME (Last) (First) (Middle) WILCOTT, James B.			2. DATE OF BIRTH 27 Sept 31	3. SEX M	4. GRADE GS-6	5. SD SF	
6. OFFICIAL POSITION TITLE Fiscal Acct Asst.			7. OFF/DIV/BR OF ASSIGNMENT FE/Tokyo		8. CURRENT STATION Tokyo		
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 type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)				<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT EMPLOYEE		
<input type="checkbox"/> SPECIAL (Specify):				<input type="checkbox"/> SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to) 1 Apr 61 - 30 June 62			
<b>SECTION B PERFORMANCE EVALUATION</b>							
<p><b>W - Weak:</b> 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><b>A - Adequate:</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient:</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong:</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding:</b> 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>							
<b>SPECIFIC DUTIES</b>							
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	
Station cashier responsible for the day to day receipt and disbursement of cash.						P	
SPECIFIC DUTY NO. 2						RATING LETTER	
Consolidates all station cash transactions to one voucher and verifies balance daily.						P	
SPECIFIC DUTY NO. 3						RATING LETTER	
Summarizes all station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.						S	
SPECIFIC DUTY NO. 4						RATING LETTER	
Polices individual housing and vehicle advance accounts and audits related accountings.						S	
SPECIFIC DUTY NO. 5						RATING LETTER	
Maintains statistical records on all private rentals by individual house and cost center.						P	
SPECIFIC DUTY NO. 6						RATING LETTER	
Performs other related duties as assigned by the Finance Officer.						P	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
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	
						P	



**SECRET**

*(When Filled In)*

<b>SECTION C</b>	<b>NARRATIVE COMMENTS</b>
<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>05 July 1962</p>	
<p>Subject is conscientious, industrious, and willing to accept all responsibility given him. He has performed capably in a function for which he had no previous experience or training, and has shown a marked interest in learning all facets of his job. He has handled large sums of money with few errors, and maintains the necessary statistical records in a competent manner.</p>	

<b>SECTION D</b>			<b>CERTIFICATION AND COMMENTS</b>		
<b>1. BY EMPLOYEE</b>					
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT					
DATE	SIGNATURE OF EMPLOYEE				
19 July 1962	James B. Wilcott /e/				
<b>2. BY SUPERVISOR</b>					
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION				
25					
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE			
17 July 1962	Finance Officer	Elwood Martin			
<b>3. BY REVIEWING OFFICIAL</b>					
COMMENTS OF REVIEWING OFFICIAL					
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE			
17 July 1962	Finance Officer	Clarence F. Norment			

**SECRET**

SECRET  
(When Filled In)

APPROVED BY:  
*Paul J. Oliver*  
SUPERVISOR

FITNESS REPORT				EMPLOYEE SERIAL NUMBER		
				525798		
<b>SECTION A GENERAL</b>						
1. NAME (Last) (First) (Middle) WILCOTT, James B		2. DATE OF BIRTH 27 Sept 1931		3. SEX M	4. GRADE GS-05	
5. SERVICE DESIGNATION SF		6. OFFICIAL POSITION TITLE Fiscal Acct. Asst.		7. OFF/DIV/BR OF ASSIGNMENT Tokyo Station		
8. CAREER STAFF STATUS			9. TYPE OF REPORT			
<input type="checkbox"/> NOT ELIGIBLE	<input type="checkbox"/> MEMBER	<input type="checkbox"/> DEFERRED	<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT/SUPERVISOR		
<input type="checkbox"/> PENDING	<input type="checkbox"/> DECLINED	<input type="checkbox"/> DENIED	<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT/EMPLOYEE		
10. DATE REPORT DUE IN O.P. x 31 May 1961		11. REPORTING PERIOD From 27 May 60 to 31 Mar 61		12. SPECIAL (Specify)		
<b>SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES</b>						
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).						
1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior 7 - Outstanding	
SPECIFIC DUTY NO. 1 Station cashier responsible for the day to day receipt and disbursement of cash.		RATING NO. 4	SPECIFIC DUTY NO. 4 Polices individual housing and vehicle advance accounts and audits related accountings.		RATING NO. 4	
SPECIFIC DUTY NO. 2 Consolidates all station cash transactions to one voucher and verifies balance daily.		RATING NO. 4	SPECIFIC DUTY NO. 5 Maintains statistical records on all private rentals by individual house and cost center.		RATING NO. 4	
SPECIFIC DUTY NO. 3 Summarizes all station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.		RATING NO. 5	SPECIFIC DUTY NO. 6 Performs other related duties as assigned by the Finance Officer.		RATING NO. 4	
<b>SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION</b>						
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.						
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.					RATING NO. 4	
<b>SECTION D DESCRIPTION OF THE EMPLOYEE</b>						
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee						
1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree		
CHARACTERISTICS			NOT APPL. CABLE	NOT OBSERVED	RATING	
					1	2
GETS THINGS DONE						
RESOURCEFUL						X
ACCEPTS RESPONSIBILITIES					X	
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES					X	
DOES HIS JOB WITHOUT STRONG SUPPORT					X	
FACILITATES SMOOTH OPERATION OF HIS OFFICE			X			
WRITES EFFECTIVELY			X			
SECURITY CONSCIOUS					X	
THINKS CLEARLY						X
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS						X
OTHER (Specify):						
SEE SECTION "E" ON REVERSE SIDE						

SECRET

(When Filled In)

SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

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

Subject is conscientious, industrious, and willing to accept all responsibility given him. He has performed capably in a function for which he had no previous experience or training, and has shown a marked interest in learning all facets of his job. He has handled large sums of money with few errors, and maintains the necessary statistical records in a competent manner. MAIL ROOM

Subject should strive to develop more confidence in himself and in his ability to perform the duties assigned him. His lack of assurance and his naiveté are sometimes disconcerting to those with whom he deals.

This report has been prepared in accordance with F E Division standards which recognize the principle of rating the individual against the group. Thus an 'average' rating reflects an entirely satisfactory performance.

SECTION F CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I certify that I have seen Sections A, B, C, D and E of this Report.		
DATE 3 May 1961	SIGNATURE OF EMPLOYEE James B. Wilcott (Signed)	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 8	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.		
EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS	REPORT MADE WITHIN LAST 90 DAYS	
OTHER (Specify):		
DATE 3 May 1961	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE Elwood Martin
3. BY REVIEWING OFFICIAL		
<input checked="" type="checkbox"/>	I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.	
<input type="checkbox"/>	I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.	
<input type="checkbox"/>	I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.	
<input type="checkbox"/>	I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.	
COMMENTS OF REVIEWING OFFICIAL		
DATE 3 May 1961	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE Clarence Norment

SECRET

SECRET  
(When Filled In)

REVIEWED BY:  
*Ruby J. Johnson*  
PERSONNEL BOARD

<b>FITNESS REPORT</b>		EMPLOYEE SERIAL NUMBER
-----------------------	--	------------------------

SECTION A GENERAL			
1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX	4. GRADE
Wilcott, James B. Jr.	27 September 1931	M	GS-3
5. SERVICE DESIGNATION	6. OFFICIAL POSITION TITLE	7. OFF/DIV/BR OF ASSIGNMENT	
SP	Fiscal Accountant Clerk	Compt/Finance/Accts	
8. CAREER STAFF STATUS		9. TYPE OF REPORT	
<input checked="" type="checkbox"/> NOT ELIGIBLE	<input type="checkbox"/> MEMBER	<input type="checkbox"/> DEFERRED	<input type="checkbox"/> INITIAL
<input type="checkbox"/> PENDING	<input type="checkbox"/> DECLINED	<input type="checkbox"/> DENIED	<input checked="" type="checkbox"/> ANNUAL
		<input type="checkbox"/> REASSIGNMENT/SUPERVISOR	
		<input type="checkbox"/> REASSIGNMENT/EMPLOYEE	
10. DATE REPORT DUE IN O.P.	11. REPORTING PERIOD From To	SPECIAL (Specify)	
30 April 1960	1 APR 59 - 31 MAR 60		

SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES			
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).			
1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent
5 - Excellent	6 - Superior	7 - Outstanding	
SPECIFIC DUTY NO. 1	RATING NO.	SPECIFIC DUTY NO. 1 (continued)	RATING NO.
Responsible for numbering, removing attachments, batching and totaling confidential funds posting vouchers to be processed by Machine		Records Division	4
SPECIFIC DUTY NO. 2	RATING NO.	SPECIFIC DUTY NO. 2	RATING NO.
Responsible for verifying the daily expenditure listing totals with the expended general ledger accounts.	4		
SPECIFIC DUTY NO. 3	RATING NO.	SPECIFIC DUTY NO. 3	RATING NO.
Responsible for matching the attachments to the vouchers and filing when vouchers are returned from Machine Records Division.	4		

SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION	
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.	
<ul style="list-style-type: none"> <li>1 - Performance in many important respects fails to meet requirements.</li> <li>2 - Performance meets most requirements but is deficient in one or more important respects.</li> <li>3 - Performance clearly meets basic requirements.</li> <li>4 - Performance clearly exceeds basic requirements.</li> <li>5 - Performance in every important respect is superior.</li> <li>6 - Performance in every respect is outstanding.</li> </ul>	RATING NO.  4

SECTION D DESCRIPTION OF THE EMPLOYEE									
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee									
1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree					
CHARACTERISTICS			NOT APPLI-CABLE	NOT OB-SERVED	RATING				
					1	2	3	4	5
GETS THINGS DONE								X	
RESOURCEFUL							X		
ACCEPTS RESPONSIBILITIES							X		
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES			X						
DOES HIS JOB WITHOUT STRONG SUPPORT								X	
FACILITATES SMOOTH OPERATION OF HIS OFFICE							X		
WRITES EFFECTIVELY			X						
SECURITY CONSCIOUS								X	
THINKS CLEARLY								X	
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS			X						
OTHER (Specify):									

SEE SECTION "E" ON REVERSE SIDE

**SECRET**  
(When Filled In)

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

Subject has accepted a field assignment effective in June.

The position to which subject has been assigned is very repetitious and not at all conducive to disclosing his full potential. However, by the way in which he adapted to Duty No. 2, it is felt that he will be able to perform more responsible duties with a minimum of additional training.

He has an extremely good attitude toward his work and responds well to supervision.

This report has been prepared in accordance with the criteria set forth in Comptroller Instruction No. 77 which are designed to reflect realistic and meaningful ratings and fair comparisons between the employee and his fellow workers of equal grade, title or responsibility. An "average" rating reflects an entirely satisfactory performance.

APR 21 12:30 PM '60  
 UNIT 2100

**SECTION F CERTIFICATION AND COMMENTS**

**1. BY EMPLOYEE**

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

DATE 19 April 1960	SIGNATURE OF EMPLOYEE <i>James E. Willett Jr</i>
-----------------------	---

**2. BY SUPERVISOR**

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 12 Months	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION
--	---

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

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS	REPORT MADE WITHIN LAST 90 DAYS
OTHER (Specify):	

DATE 18 April 1960	OFFICIAL TITLE OF SUPERVISOR C/Voucher Review Unit	TYPED OR PRINTED NAME AND SIGNATURE <i>Louise H. Simpson</i> Louise H. Simpson
-----------------------	---	--

**3. BY REVIEWING OFFICIAL**

- I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.
- I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.
- I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.
- I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE 4/18/60	OFFICIAL TITLE OF REVIEWING OFFICIAL DC/Accounts Branch	TYPED OR PRINTED NAME AND SIGNATURE <i>M. F. Strickland</i> M. F. Strickland
-----------------	--	--

**SECRET**

REVIEWED BY: *Robert L. Johnson*  
 COUNTY OF COCKER SERVICE BOARD  
 EMPLOYEE SERIAL NUMBER 125798  
 SECRET (When Filled In)

**FITNESS REPORT**

**SECTION A GENERAL**

1. NAME (Last) (First) (Middle) **Wilcott, Jr. James B.** 2. DATE OF BIRTH **27 Sept. 1931** 3. SEX **M** 4. GRADE **GS-5**

5. SERVICE DESIGNATION **SP** 6. OFFICIAL POSITION TITLE **Time Leave Pay Clerk** 7. OFF/DIV/BR OF ASSIGNMENT **Compt/ Finance Division**

8. CAREER STAFF STATUS 9. TYPE OF REPORT

<input checked="" type="checkbox"/> NOT ELIGIBLE	<input type="checkbox"/> MEMBER	<input type="checkbox"/> DEFERRED	<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT/SUPERVISOR
<input type="checkbox"/> PENDING	<input type="checkbox"/> DECLINED	<input type="checkbox"/> DENIED	<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT/EMPLOYEE

10. DATE REPORT DUE IN O.P. **30 April 1959** 11. REPORTING PERIOD FROM **1 Apr 58** TO **31 Mar 59** 12. SPECIAL (Specify)

**SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES**

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

1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior	7 - Outstanding
--------------------	---------------------	----------------	---------------	---------------	--------------	-----------------

SPECIFIC DUTY NO. 1 Fundamental of Payroll	RATING NO. 3	SPECIFIC DUTY NO. 4 Contacting liaison with Area divisions on payroll problems	RATING NO. 3
SPECIFIC DUTY NO. 2 Preparation of all payroll documents concerning base and premium pay and allowances	RATING NO. 3	SPECIFIC DUTY NO. 5 Application of Agency pay regulations	RATING NO. 4
SPECIFIC DUTY NO. 3 Maintaining of leave records	RATING NO. 3	SPECIFIC DUTY NO. 6 Processing of checks	RATING NO. 4

**SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION**

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

1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.	RATING NO. <div style="border: 1px solid black; padding: 5px; width: 30px; margin: 0 auto;">3</div>
--	--

**SECTION D DESCRIPTION OF THE EMPLOYEE**

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

1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree
---------------------------	--------------------	-------------------	--------------------------	------------------------

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

SEE SECTION "E" ON REVERSE SIDE





**SECRET**  
(When Filled In)

**FITNESS REPORT (Part I) - PERFORMANCE**

**INSTRUCTIONS**

**FOR THE ADMINISTRATIVE OFFICER:** Consult current instructions for completing this report.  
**FOR THE SUPERVISOR:** This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinates where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any question. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in item 8, of Section A below.

SECTION A. GENERAL			
1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX	4. SERVICE DESIGNATION
Wilcott, James B.	27 Sept. 1931	M	SF
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT		6. OFFICIAL POSITION TITLE	
Comptroller - Fiscal Division		Fiscal Acct. Clerk	
7. GRADE	8. DATE REPORT DUE IN OP	9. PERIOD COVERED BY THIS REPORT (Inclusive dates)	
GS-5	4 December 1957	4 March 1957 - 4 December 1957	
10. TYPE OF REPORT (Check one)	INITIAL	REASSIGNMENT - SUPERVISOR	SPECIAL (Specify)
	ANNUAL	REASSIGNMENT - EMPLOYEE	

SECTION B. CERTIFICATION	
1. FOR THE RATED: THIS REPORT <input checked="" type="checkbox"/> HAS <input type="checkbox"/> HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT:	
A. CHECK (X) APPROPRIATE STATEMENTS:	

<input checked="" type="checkbox"/>	THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.	<input type="checkbox"/>	IF INDIVIDUAL IS RATED "I" IN CI OR D, A WARNING LETTER HAS BEEN SENT TO HIM & A COPY ATTACHED TO THIS REPORT.
<input type="checkbox"/>	THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS.	<input type="checkbox"/>	I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW I EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify):
<input checked="" type="checkbox"/>	I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.		

11. THIS DATE	12. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR	13. SUPERVISOR'S OFFICIAL TITLE
5 Dec. 1957	Ben H. Marlon <i>Ben H. Marlon</i>	Deputy Chief, Accounting Br.

14. FOR THE REVIEWING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

BY	DATE
Posted Pos. Control <i>WMA</i>	<i>10 Dec 57</i>
Reviewed by POC <i>WMD</i>	<i>12/11/57</i>

CONTINUED ON ATTACHED SHEET

I certify that any substantial difference of opinion with the supervisor is reflected in the above section.

15. THIS DATE	16. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL	17. OFFICIAL TITLE OF REVIEWING OFFICIAL
5 Dec. 1957	R. W. Grandt <i>R. W. Grandt</i>	Chief, Accounting Branch

**SECTION C. JOB PERFORMANCE EVALUATION**

1. RATING ON GENERAL PERFORMANCE OF DUTIES

**DIRECTIONS:** Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.

- |   |  |
|---|--|
| 4 | <ul style="list-style-type: none"> <li>1 - DOES NOT PERFORM DUTIES ADEQUATELY; HE IS INCOMPETENT.</li> <li>2 - BARELY ADEQUATE IN PERFORMANCE; ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES.</li> <li>3 - PERFORMS MOST OF HIS DUTIES ACCEPTABLY, OCCASIONALLY REVEALS SOME AREA OF WEARINESS.</li> <li>4 - PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER.</li> <li>5 - A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.</li> <li>6 - PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR.</li> </ul> |
|---|--|

**COMMENTS:** Mr. Wilcott is very industrious and accepts his assignments without hesitation.

**SECRET**

(When Filled In)

**7. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES**

**DIRECTIONS:**

a. State in the spaces below up to six of the more important SPECIFIC duties performed during this rating period. Place the most important first. Do not include minor or unimportant duties.

b. Rate performance on each specific duty considering ONLY effectiveness in performance of that specific duty.

c. For supervisors, ability to supervise will always be rated as a specific duty (do not rate as supervisors those who supervise a secretary only).

d. Compare in your mind, when possible, the individual being rated with the 4 performing the same duty at a similar level of responsibility.

e. Two individuals with the same job title may be performing different duties. If so, rate them on different duties.

f. Be specific. Examples of the kind of duties that might be rated are:

ORAL BRIEFING	HAS AND USES AREA KNOWLEDGE	MAIL ROOM	CONDUCTS INTERROGATIONS
GIVING LECTURES	DEVELOPS NEW PROGRAMS		PREPARES SUMMARIES
CONDUCTING SEMINARS	ANALYZES INDUSTRIAL REPORTS		TRANSLATES GERMAN
WRITING TECHNICAL REPORTS	MANAGES FILES		DEBRIEFING SOURCES
CONDUCTING EXTERNAL LIAISON	OPERATES RADIO		KEEPS BOOKS
TYPING	COORDINATES WITH OTHER OFFICES		DRIVES TRUCK
TAKING DICTATION	WRITES REGULATIONS		MAINTAINS AIR CONDITIONING
SUPERVISING	PREPARES CORRESPONDENCE		EVALUATES SIGNIFICANCE OF DATA

g. For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.

DESCRIPTIVE RATING NUMBER	1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY	6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS
	2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY	7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY
	3 - PERFORMS THIS DUTY ACCEPTABLY	
	4 - PERFORMS THIS DUTY IN A COMPETENT MANNER	
	5 - PERFORMS THIS DUTY IN SUCH A FINE-MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB	

SPECIFIC DUTY NO. 1 Records obligating instruments, supplements and adjustments relating to allotment accounting.	RATING NUMBER 4	SPECIFIC DUTY NO. 4 Assists in the closing and reopening of the allotment ledger accounts at close of each fiscal year.	RATING NUMBER 4
SPECIFIC DUTY NO. 2 Prepares current analysis of allotment ledger accounts of unliquidated obligations.	RATING NUMBER 4	SPECIFIC DUTY NO. 3 Records liquidations and cancellations of obligations to individual allotment accounts.	RATING NUMBER 4
SPECIFIC DUTY NO. 5 Checks and reconciles itemized runs of expenditures with those in the allotment ledger accounting records.	RATING NUMBER 4	SPECIFIC DUTY NO. 6 Prepares summaries required for reconciliations and duplicate allotment records (copies) for forwarding to the various allottees.	RATING NUMBER 4

**8. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE**

**DIRECTIONS:** Stress strengths and weaknesses, particularly those which affect development on present job.

Mr. Wilcott is very ambitious to prove his capabilities. Accordingly, he frequently assumes additional duties other than those assigned to him. He is very attentive to his work, is diligent in applying himself to the job, he is very quiet by nature and it is only on rare occasions that he indulges in conversation unrelated to his duties. He is attempting to become better acquainted with government accounting as has been evidenced by his enrollment in an accounting course with the Department of Agriculture School. He has made great progress in his assigned position in the Accounting Branch.

**SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION**

**DIRECTIONS:** Take into account here everything you know about the individual...productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents...and how he fits in with your team. Compare him with others doing similar work of about the same level.

RATING NUMBER	1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED
	2 - OF DOUBTFUL SUITABILITY...WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW
	3 - A BARELY ACCEPTABLE EMPLOYEE...BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION
	4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION
	5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS
	6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION
	7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION

IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION?  YES  NO. IF YES, EXPLAIN FULLY:

He is well suited for his present position, but has expressed a desire for an opportunity to serve in an overseas assignment, as this was a part of his ambition in seeking employment with the Agency. It is believed that he could readily adapt himself to other duties in the field of accountancy.

Standard Form No. 2873 FPM Supplement 892-1 MAY 1966	FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM <b>NOTICE OF CHANGE IN HEALTH BENEFITS ENROLLMENT</b>	GAO 3000 2810 104
--	--	----------------------

**Part A—IDENTIFYING DATA**

1 NAME (LAST) (FIRST) (MIDDLE INITIAL) <b>Wilcott, James F., Jr.</b>	2 DATE OF BIRTH <b>9/27/31</b>	3 CARRIER IDENTIFICATION NO. <b>078128</b>
4 ADDRESS (PROMPT AND STREET) <b>16620 S.W. 102 Avenue</b>	5 PAYROLL OFFICE TAG <b>11239901</b>	6 EMPLOYMENT CODE NO. <b>425</b>
(CITY) (STATE) (ZIP CODE) <b>Irvine, Florida</b>	7 DATE THIS NOTICE BECOMES EFFECTIVE <b>23 April 1966</b>	

ONLY THE ITEM WHICH IS CHECKED BELOW AFFECTS YOUR ENROLLMENT. READ THAT ITEM CAREFULLY AND FOLLOW ANY PERTINENT INSTRUCTIONS. KEEP THIS FORM UNLESS YOUR ENROLLMENT IS TERMINATED AND YOU APPLY FOR CONVERSION.

**Part B—TERMINATION**

YOUR ENROLLMENT TERMINATES ON THE DATE IN PART A, ITEM 7, ABOVE

**Part C—CHANGE IN PLAN**

YOUR ENROLLMENT SHOWN IN PART A, ITEM 6, ABOVE HAS BEEN TERMINATED BECAUSE OF YOUR ENROLLMENT IN ANOTHER PLAN

**Part D—TRANSFER OUT**

**Part E—TRANSFER IN**

YOUR ENROLLMENT CONTINUES BUT IS TRANSFERRED TO YOUR NEW PAYROLL OFFICE (OR RETIREMENT SYSTEM)

YOUR NEW PAYROLL OFFICE (OR RETIREMENT SYSTEM) SHOWN IN PART K BELOW HAS ACCEPTED TRANSFER OF YOUR ENROLLMENT AND WILL CONTINUE IT

**Part F—SUSPENSION**

**Part G—REINSTATEMENT**

YOUR ENROLLMENT HAS BEEN SUSPENDED, EFFECTIVE ON THE DATE IN PART A, ITEM 7, ABOVE

YOUR ENROLLMENT HAS BEEN REINSTATED, EFFECTIVE ON THE DATE IN PART A, ITEM 7, ABOVE

**Part H—CHANGE IN NAME OF ENROLLEE**

THE NAME IN WHICH THIS ENROLLMENT IS CARRIED HAS BEEN CHANGED TO.

NAME ADDRESS IF DIFFERENT FROM PART A, ITEM 4, ABOVE DATE OF BIRTH

**Part I—CHANGE IN ENROLLMENT—SURVIVOR ANNUITANT**

YOUR ENROLLMENT HAS BEEN CHANGED FROM FAMILY COVERAGE TO SELF ONLY. YOUR PLAN WILL SEND YOU A NEW IDENTIFICATION CARD

YOUR NEW ENROLLMENT CODE NUMBER

(NOTE: THIS ITEM TO BE COMPLETED BY RETIREMENT SYSTEMS ONLY)

**Part J—REMARKS**

**Part K—DATE OF NOTICE**

*[Signature]* Central Intelligence Agency **4/30/66**  
 HEALTH BENEFITS OFFICER Washington 25, D. C. DATE  
 (ALTERNATE) NAME OF AGENCY ADDRESS

SECRET

CONTRACT INFORMATION AND CHECK LIST		CASE OFFICER Robert D. GISHAM	DIVISION DPP/AM
<small>INSTRUCTIONS: Use HR 20-33 and HR 20-1250 for guidance. Complete all items including "Other items" and attach applicable. Forward original and two copies for preparation of contract.</small>		TELEPHONE EXTENSION 6576	DATE 26 April 1959
SECTION I GENERAL			
1. NAME <input checked="" type="checkbox"/> PERSON <input type="checkbox"/> THRU  <i>McIntire, James E.</i>	2A. PROJECT W/Data	3. ALLOTMENT NO. SLS-1164	4. SLOT NO. 1035
5. PREVIOUS CIA PSEUDONYM OR ALIASES None	2B. PERMANENT STATION W/DAVS	3A. FUNDS * * *	
6. INDIVIDUAL HAS BEEN ENGAGED BY CIA OR ITS ALLIED ACTIVITIES IN SOME CAPACITY PRIOR TO THIS CONTRACT. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If yes, describe and include dates and salary.) Staff Employee converting to Staff Agent			
7. SECURITY CLEARANCE (Type and date) Top Secret	7A. MEDICAL CLEARANCE <input checked="" type="checkbox"/> OBTAINED <input type="checkbox"/> INITIATED <input type="checkbox"/> NOT REQ'D.	8. CONTRACT IS TO BE WRITTEN IN STERILE FORM I.E., "U.S. GOVERNMENT" <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
9. INDIVIDUAL WILL WORK UNDER "CONTROLLED CONDITIONS" I.E., REGULAR OFFICE HOURS AWAY FROM SUBJECT'S HOME AND PERFORMED UNDER THE SUPERVISION OF A STAFF EMPLOYEE OR STAFF AGENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		10. PROPOSED CATEGORY (Contract agent, contract employee, etc.) Staff Agent	
SECTION II PERSONAL DATA			
11. CITIZENSHIP U.S.A.	12. IF NOT U.S. CITIZEN, INDIVIDUAL IS A PERMANENT RESIDENT ALIEN <input type="checkbox"/> YES <input type="checkbox"/> NO	13. AGE 33	14. DATE OF BIRTH (Month, day, year) 21 September 27, 1931
15. LEGAL RESIDENCE (City and state or country) Cold Brook, N. Y.		16. CURRENT RESIDENCE (City and state or country) Forestville, Md.	
17. MARITAL STATUS (Check as appropriate) <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> ANNULLED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED			
18. NUMBER OF DEPENDENTS (Not including individual) RELATIONSHIP AND AGE: Wife 30 Son 6		19. INDIVIDUAL IS RELATED TO A STAFF EMPLOYEE, STAFF AGENT OR AN INDIVIDUAL CURRENTLY WORKING FOR THE AGENCY IN SOME CAPACITY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO RELATIONSHIP:	
SECTION III U.S. MILITARY STATUS			
20. RESERVE N.A.	21. VETERAN Yes	22. IF RETIRED, INDICATE CATEGORY (Longevity, combat disability, service disability non-combat)	
23. BRANCH OF SERVICE U. S. Army	24. RANK OR GRADE Corporal	25. DRAFT ELIGIBLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	26. DRAFT DEFERMENT OBTAINED BY CIA <input type="checkbox"/> YES <input type="checkbox"/> NO
SECTION IV COMPENSATION			
27. BASIC SALARY GS-07(4)	28. POST DIFFERENTIAL N.A.	29. COVER (Breakdown, if any) The gross cover compensation will be approximately the equivalent of subject's net Agency salary. The exact amount to be determined at finance briefing.	
		30. FEDERAL TAX WITHHOLDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
SECTION V ALLOWANCES (NORMALLY GRANTED ONLY TO RESIDENTS OF THE UNITED STATES)			
31. QUARTERS None	32. POST None	33. OTHER None	
34. COVER (Breakdown, if any)			
SECTION VI TRAVEL			
35. TYPES <input type="checkbox"/> PCS <input checked="" type="checkbox"/> DOMESTIC OPERATIONAL <input type="checkbox"/> FOREIGN OPERATIONAL			36. WITH DEPENDENTS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
37. HME TO BE SHIPPED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	37A. HME TO BE STORED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	38. PERSONAL VEHICLE TO BE SHIPPED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	39. TRANSPORTED VEHICLE TO BE USED FOR OPERATIONAL TRAVEL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
40. IF WITH DEPENDENTS STATE RELATIONSHIP, CITIZENSHIP, AGE AND DATE OF BIRTH			
Wife U.S.A. 30 9 Sept. 1934		Son U.S.A. 6 16 Feb. 1959	
41. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH <input checked="" type="checkbox"/> CIA REGULATIONS <input type="checkbox"/> COVER POLICIES AND PROCEDURES			
SECTION VII OPERATIONAL EXPENSES 40-40			
42. PURCHASE OF INFORMATION	43. ENTERTAINMENT	44. OTHER	
45. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH			

<b>CONTRACT INFORMATION AND CHECK LIST (CONTINUED)</b>	CASE OFFICER <i>Robert D. CASILLAN</i>	DIVISION <i>DHP/MI</i>
NOTE: SEE INSTRUCTIONS ON FIRST SHEET.	TELEPHONE EXTENSION <i>6576</i>	DATE <i>26 April 1965</i>

**SECTION VIII OTHER BENEFITS**

46. BENEFITS (See HR 20-44, HR 20-41, HR 20-7, HR 20-33, and HB 20-620-1, HB 20-1000-1, and/or successor regulations for benefits applicable to various categories of contract personnel.)

*Entitled to all benefits of a Staff Employee*

**SECTION IX COVER ACTIVITY**

47. STATUS (Check)	<input type="checkbox"/> PROPOSED	48. TYPE (Check)	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> CULTURAL	<input checked="" type="checkbox"/> COMMERCIAL	<input type="checkbox"/> TOURIST
	<input checked="" type="checkbox"/> ESTABLISHED		<input type="checkbox"/> SUBSIDIZED	<input type="checkbox"/> EDUCATIONAL	<input type="checkbox"/> MILITARY	<input type="checkbox"/> OTHER

49. IF COVER PAYMENTS ARE CONTEMPLATED, THEY WILL BE EFFECTED ON REIMBURSABLE BASIS  
 YES  NO  COMPLETE  PARTIAL

**SECTION X OFFSET OF INCOME**

50. OFFSET OF INCOME AND OTHER EMOLUMENTS DERIVED FROM COVER ACTIVITIES (If less than total, justify in separate memo attached hereto.)  
 TOTAL  PARTIAL  NONE

**SECTION XI TERM**

51. DURATION	DAYS	MONTHS	YEARS	52. EFFECTIVE DATE	53. RENEWABLE
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

54. TERMINATION NOTICE (Number of days) \_\_\_\_\_

55. FORFEITURE OF RETURN TRAVEL FOR RESIGNATION PRIOR TO CONTRACT TERMINATION  
 YES  NO

**SECTION XII FUNCTION**

56. PRIMARY FUNCTION (CI, PI, PP, other)  
*Support - Finance*

**SECTION XIII DUTIES**

57. GENERAL DESCRIPTION OF DUTIES TO BE PERFORMED

*Fiscal Accounting Assistant*

**SECTION XIV QUALIFICATIONS**

58. EXPERIENCE

*EOC CIA as Staff Employee 4 March 1957*

59. EDUCATION (Check Highest Level Attained)	GRADE SCHOOL	HIGH SCHOOL GRADUATE	TRADE SCHOOL GRADUATE								
	BUSINESS SCHOOL GRADUATE	COMMERCIAL SCHOOL GRADUATE	COLLEGE (No degree)	COLLEGE DEGREE	POST GRADUATE	MA PHD					
60. LANGUAGE COMPETENCY (Check Appropriate Degree Competency)	LANGUAGE	SPEAK			WRITE			READ			61. INDIVIDUAL'S COUNTRY OF ORIGIN
		FLUENT	AVERAGE	POOR	FLUENT	AVERAGE	POOR	FLUENT	AVERAGE	POOR	
	<i>German</i>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
<i>Japanese</i>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		

62. AREA KNOWLEDGE  
*Okinawa, Japan*

**SECTION XV EMPLOYMENT PRIOR TO CIA**

63. GIVE INCLUSIVE DATES, POSITION TITLE OR TYPE WORK, SALARY AND REASON FOR LEAVING

*Dec. 1948 - March 1957 - U. S. Army*

**SECTION XVI ADDITIONAL INFORMATION**

64. ADDITIONAL OR UNUSUAL REQUIREMENTS, JUSTIFICATIONS OR EXPLANATIONS (See other side if necessary)

*Social Security No. 101-24-6095*

**APPROVAL**

DATE <i>2/2/65</i>	TYPED NAME & SIGNATURE OF REQUESTING OFFICIAL <i>[Signature]</i>
DATE	TYPED NAME & SIGNATURE OF CONTRACT APPROVING OFFICER

Standard Form No. 2809  
CHAPTER 1-3 F.P.M.  
G.S.A. 5000

**ALTH BENEFITS REGISTRATION FC 1** 6781

FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959

(Read instructions on back of last page. Use only typewriter or ballpoint pen.)

CAREER'S CONTROL NO.

078128

**PART A**  
ALL WHO REGISTER MUST FILL IN THIS PART.

1. NAME (LAST) (FIRST) (MIDDLE INITIAL) **Elcott James B., Jr.**

2. DATE OF BIRTH (Use numbers)  
MONTH: 9 DAY: 27 YEAR: 31

3. Are you now married?  
YES  NO

4. YOUR MAILING ADDRESS (NUMBER AND STREET) (CITY AND ZONE NUMBERS) (STATE)

5. SEX  
MALE  FEMALE

6. Are you covered by, or is any family member listed below covered by or enrolling in, a plan under the Federal Employees Health Benefits Act of 1959 (through the enrollment of another United States or District of Columbia Government employee or annuitant)?  
YES  NO

7. Place an "X" in proper box to show your annual basic salary range.  
UNDER \$4,000  \$4,000 TO \$5,999  \$6,000 TO \$9,999  \$10,000 OR OVER

**PART B**  
FILL IN THIS PART IF YOU WISH TO ENROLL IN A HEALTH BENEFITS PLAN.

1. I elect to enroll in a health benefits plan as shown below. I authorize deductions to be made from my salary, compensation, or annuity to cover my share of the cost of the enrollment. (Copy the information requested below from inside cover of brochure of the plan you select)

NAME OF PLAN: **Association Benefit**

OPTION (HIGH OR LOW): **Low**

ENROLLMENT CODE NUMBER: **1 2 5**

2. In order to enroll all eligible family members without exception, list your wife or husband first, then your unmarried children under age 19, including legally adopted children, and stepchildren and illegitimate children who live with you in a regular parent-child relationship. Include also any unmarried child over 19 who became disabled before age 19 and who, because of the disability, is incapable of self-support. (Attach a doctor's certificate for a disabled child age 19 or over.)

NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)	NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)
Wife or Husband: <b>Risia Louise</b>	<b>9 9 31</b> <input type="checkbox"/>		<input type="checkbox"/>
<b>Steven James (son)</b>	<b>2 16 59</b> <input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

3. If you are a female (employee or annuitant)—does the family listed above include a husband who is incapable of self-support because of mental or physical disability which can be expected to continue for more than one year? (If answer is "Yes," attach a doctor's certificate.)  
YES  NO

**PART C**  
FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CHANGE YOUR ENROLLMENT.

PLACE AN "X" IN ITEM 1 OR ITEM 2, WHICHEVER APPLIES AND ANSWER ITEM 3.

1. I elect not to enroll in any plan under the Health Benefits Act.

2. I elect to cancel my present enrollment under the Health Benefits Act.

3. The reason for my election is (Place an "X" in proper box):  
(a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent.

(b) I am covered by a health insurance plan which is not under the Health Benefits Act.

(c) Any other reason.

**PART D**  
FILL IN THIS PART IF YOU WISH TO CHANGE YOUR ENROLLMENT.

I elect to change my enrollment as shown by the enrollment code and other information in Part B.

1. Enrollment code number of present plan.

2. Number of event which permits change. (See table on back of duplicate for proper number.)

3. Date of event which permits change  
MONTH: DAY: YEAR:

**PART E**  
ALL WHO REGISTER MUST FILL IN THIS PART

YOUR SIGNATURE—DO NOT PRINT: *James B. Elcott* (DATE) **11/16/60**

WARNING.— Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001.)

**PART F**  
TO BE COMPLETED BY AGENCY.

1. NAME AND ADDRESS OF EMPLOYING OFFICE

2. DATE RECEIVED BY EMPLOYING OFFICE: **1/24/61**

3. EFFECTIVE DATE OF ELECTION: **7/1/60**

4. PAYROLL OFFICE NO.

5. PAYROLL ACTION (INITIALS AND DATE)

SIGNATURE OF AUTHORIZED AGENCY OFFICIAL:

**REMARKS**  
FOR USE ONLY BY ANNUITANTS AND AGENCY.

*2-15-1961* **525778**

11367

## APPOINTMENT AFFIDAVITS

**IMPORTANT.**—Before swearing to these appointment affidavits, you should read and understand the attached information for appointees

CENTRAL INTELLIGENCE AGENCY  
(Department or agency)

WASHINGTON, D. C.

(Bureau or division)

(Place of employment)

I, JAMES BERNARD WILCOTT, JR., do solemnly swear (or affirm) that—

### A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, **SO HELP ME GOD.**

### B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I knowingly a member of any organization that advocates the overthrow of the constitutional form of the Government of the United States, or which seeks by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) that I will not so advocate, nor will I knowingly become a member of such organization during the period that I am an employee of the Federal Government or any agency thereof.

### C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof. I do not and will not assert the right to strike against the Government of the United States or any agency thereof while an employee of the Government of the United States or any agency thereof. I do further swear (or affirm) that I am not knowingly a member of an organization of Government employees that asserts the right to strike against the Government of the United States or any agency thereof and I will not, while an employee of the Government of the United States or any agency thereof, knowingly become a member of such an organization.

### D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.

### E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

The answers given in the Declaration of Appointee on the reverse of this form are true and correct.

4 March 1957

(Date of entrance on duty)

James B. Wilcott, Jr.  
(Signature of appointee)

Subscribed and sworn before me this 4th day of March A. D. 1957,

at Washington,  
(City)

D. C.  
(State)

[SEAL]

Ann L. Phillips  
(Signature of official)

Appointment Clerk

(Title)

**NOTE.**—If the oath is taken before a Notary Public the date of expiration of his commission should be shown.

## DECLARATION OF APPOINTEE

This form is to be completed before entrance on duty. Answer all questions. Admitted unfavorable information about such matters as arrests or discharges will be considered together with the favorable information in your record in determining your present fitness for Federal employment. However, a false statement or dishonest answer to any question may be grounds for dismissal after appointment and is punishable by law.

1. PRESENT ADDRESS (street and number, city and State)

1426 21st Street N.W. Washington, D.C.

2. (A) DATE OF BIRTH

9/07/31

(B) PLACE OF BIRTH (city and State or city and foreign country)

Cleveland, Ohio

3. (A) IN CASE OF EMERGENCY, PLEASE NOTIFY

(B) RELATIONSHIP

(C) STREET AND NUMBER, CITY AND STATE

(D) TELEPHONE NO.

Mrs. Geroldine Fisher sister 1510 Brinkerhoff Ave Utica, N.Y.

4. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 12 MONTHS?  YES  NO

If no, for each such relative fill in the blank below. If additional space is necessary, complete under Item 12.

NAME	POST OFFICE ADDRESS (Give street number, if any)	(1) POSITION (2) TEMPORARY OR NOT (3) DEPARTMENT OR AGENCY IN WHICH EMPLOYED	RELATIONSHIP	MARRIED (Check one)	SINGLE

INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN

YES NO

INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN

YES NO

5. (A) ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA, OR (B) AS A NATIVE OF AMERICAN SAMOA DO YOU OWE ALLEGIANCE TO THE UNITED STATES OF AMERICA?

X

10. (A) HAVE YOU EVER FILED A WAIVER OF LIFE INSURANCE COVERAGE UNDER THE FEDERAL EMPLOYEES' GROUP LIFE INSURANCE ACT?

X

6. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY?

X

(B) IF YOU HAVE FILED SUCH A WAIVER, HAS IT BEEN CANCELED OR REVOKED?

X

If your answer is "Yes," give details in Item 12.

7. DO YOU RECEIVE OR HAVE YOU APPLIED FOR AN AWARD FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT (UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE)?

X

11. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT:

A. HAVE YOU BEEN DISCHARGED FROM EMPLOYMENT BECAUSE:

(1) YOUR CONDUCT WAS NOT SATISFACTORY?

X

(2) YOUR WORK WAS NOT SATISFACTORY?

X

B. HAVE YOU RECEIVED AFTER OFFICIAL NOTIFICATION THAT:

(1) YOUR CONDUCT WAS NOT SATISFACTORY?

X

(2) YOUR WORK WAS NOT SATISFACTORY?

X

C. HAVE YOU BEEN DISCHARGED FROM THE ARMED SERVICES UNDER OTHER THAN HONORABLE CONDITIONS?

X

If your answer is "Yes," give details in Item 12.

8. HAVE YOU BEEN DISCIPLINED OR PENALIZED BY ANY COURT OF THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT OR BY ANY FEDERAL LAW ENFORCEMENT AGENCY OR BY ANY STATE, TERRITORY, COUNTY, OR MUNICIPAL GOVERNMENT? DO NOT INCLUDE TRAFFIC VIOLATIONS FOR WHICH A FINE OF \$50 OR LESS WAS IMPOSED. ALL OTHER CHARGES MUST BE INCLUDED EVEN IF THEY WERE PENALIZED.

X

If your answer is "Yes," give in Item 12 for each case:

(1) approximate date, (2) charge, (3) action taken.

9. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT, HAVE YOU BEEN BARRED BY THE U.S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATIONS OR ACCEPTING CIVIL SERVICE EMPLOYMENT?

X

If your answer is "Yes," give dates of and reasons for such barment in Item 12.

If your answer to A, B, or C is "Yes," give details in Item 12 as clearly as you can remember, including the name and address of employer, approximate date, and reasons in each case.

12. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS (Indicate item numbers to which answers apply.)

ITEM NO.	ANSWER	ITEM NO.	ANSWER

**INSTRUCTIONS TO APPOINTING OFFICER.**—You must determine that this appointment would be in conformance with the Civil Service Act, applicable Civil Service Rules and Regulations, and acts of Congress pertaining to appointments. This form should be checked for history of office, pension, any record of recent discharge or arrest, age, citizenship, and members of family. Also, to establish the identity of the appointee, you should particularly check (1) his signature and handwriting against the application and/or other pertinent papers and (2) his physical appearance against the medical certificate.



12 March 1959

To: Personnel Division  
From: James B. Wilcott, Jr.  
Subject: Supplements to personnel records

Please add to my personnel records the attached information concerning my education and recently born child.

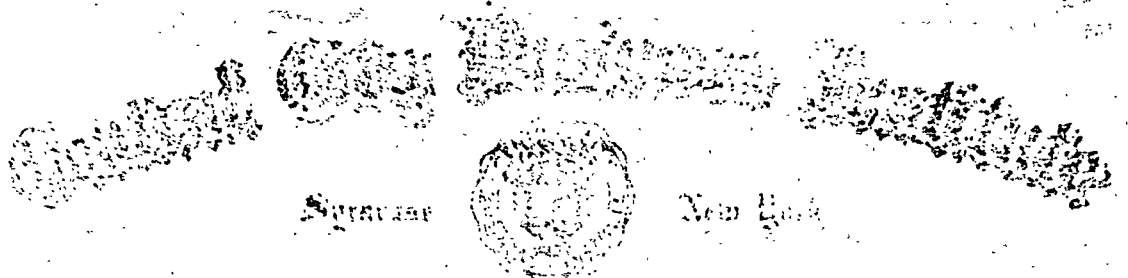
When I submitted my Personnel History Statement with my application for employment I was still attending business school. Therefore, my final transcript and graduation certificate were not included.

The attached auto-stat copies are attached as instructed by Personnel Division.

Also attached is a copy of my grade report for the 1st and 2nd semesters at the U. S. Department of Agriculture Graduate school for Elementary Federal Government Accounting.

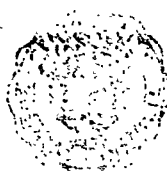
*James B. Wilcott Jr.*

JAMES B WILCOTT JR



Syracuse

New York



Be it known that  
**James H. Wilcott**

has completed the curriculum prescribed by the Faculty and Board of Directors of this Institute and after examinations in all the required subjects is therefore adjudged worthy of Graduation from the Course of

**Executive Business Administration and Accountancy**

and is entitled to all the rights, privileges, and honors of the Institute, by which these provisions are governed.

In testimony whereof, witness the seal of the Institute and the signatures of its officers are affixed at Syracuse, New York.

February 27, 1957

*Donald J. Kelly*  
Secretary



James B. Wilcox, Jr. 1948

James B. Wilcox, Jr.  
1948

UNITED STATES DEPARTMENT OF THE ARMY  
OFFICE OF THE ADJUTANT GENERAL  
WASHINGTON, D. C. 20315  
ADJUTANT GENERAL  
OFFICE OF THE ADJUTANT GENERAL  
WASHINGTON, D. C. 20315  
ADJUTANT GENERAL  
OFFICE OF THE ADJUTANT GENERAL  
WASHINGTON, D. C. 20315  
ADJUTANT GENERAL  
OFFICE OF THE ADJUTANT GENERAL  
WASHINGTON, D. C. 20315

James B. Wilcox, Jr.  
1948

A C. S. Kesteven

James B. Wilcox, Jr. 1948

James B. Wilcox, Jr.  
1948

UNITED STATES DEPARTMENT OF THE ARMY  
OFFICE OF THE ADJUTANT GENERAL  
WASHINGTON, D. C. 20315  
ADJUTANT GENERAL  
OFFICE OF THE ADJUTANT GENERAL  
WASHINGTON, D. C. 20315  
ADJUTANT GENERAL  
OFFICE OF THE ADJUTANT GENERAL  
WASHINGTON, D. C. 20315  
ADJUTANT GENERAL  
OFFICE OF THE ADJUTANT GENERAL  
WASHINGTON, D. C. 20315

James B. Wilcox, Jr.  
1948

B C. S. Kesteven

SECTION IX								MARITAL STATUS									
1. CHECK ONE:		SINGLE		MARRIED		WIDOWED		SEPARATED		DIVORCED		ANNULLED					
2. STATE DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS																	
WIFE OR HUSBAND: IF YOU HAVE BEEN MARRIED MORE THAN ONCE, INCLUDING ANNULMENTS, USE SHEET FOR FORMER WIFE OR HUSBAND, GIVING DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.																	
3. NAME OF SPOUSE				(First)			(Middle)			(Nee)			(Last)				
4. DATE OF MARRIAGE				5. PLACE OF MARRIAGE													
6. DATE OF BIRTH				7. PLACE OF BIRTH													
8. NATIONALITY AT BIRTH				9. SUBSEQUENT CITIZENSHIPS													
10. PRESENT RESIDENCE (Last residence, if deceased)																	
SECTION X														CHILDREN			
FULL NAME				SEX		YEAR OF BIRTH		PLACE OF BIRTH				NATIONALITY AT BIRTH*					
				M	F												
STEVEN JAMES WILCOTT				X		1959		Washington, D. C.				U.S. citizen					
*SUBSEQUENT CITIZENSHIPS HELD BY ANY CHILD (Identify child and give his, or her, present address)																	
SECTION XI														FATHER			
1. FULL NAME				2. YEAR OF BIRTH				3. PLACE OF BIRTH				4. NATIONALITY AT BIRTH					
5. SUBSEQUENT CITIZENSHIPS				6. OCCUPATION				7. PRESENT RESIDENCE									
SECTION XII														MOTHER			
1. FULL NAME				2. YEAR OF BIRTH				3. PLACE OF BIRTH				4. NATIONALITY AT BIRTH					
5. SUBSEQUENT CITIZENSHIPS				6. OCCUPATION				7. PRESENT RESIDENCE									

SECTION II		CITIZENSHIP						
1. PRESENT CITIZENSHIP		2. NATIONALITY AT BIRTH AND ANY SUBSEQUENT CITIZENSHIPS (If different than Item 1.)						
3. PRESENT RESIDENCE (Indicate as owner, tenant or sub-tenant)								
4. PERMANENT ADDRESS (If different than Item 3.)								
5. IF U.S. NATURALIZED CITIZEN, GIVE NAME, DATE, CITY AND NUMBER OF CERTIFICATE GRANTED								
6. TRAVEL OUTSIDE COUNTRY OF PRESENT RESIDENCE (Countries, dates and purposes)								
SECTION III		OCCUPATIONAL AND FINANCIAL DATA						
1. PRESENT OCCUPATION		2. TITLE	3. SALARY (Per annum)					
4. FINANCIAL STATUS (Earnings, bank deposits, securities and property)								
SECTION IV		ORGANIZATIONAL AFFILIATIONS						
1. MEMBERSHIP IN RELIGIOUS ORGANIZATIONS								
2. PRESENT AND PAST MEMBERSHIP IN PROFESSIONAL AND SOCIAL ORGANIZATIONS; POLITICAL AFFILIATIONS								
SECTION V		EDUCATIONAL DATA						
1. SCHOOLS								
NAME AND LOCATION OF SCHOOL	NAME OF COURSE	DATES ATTENDED		DEGREE RECEIVED				
		FROM	TO					
US Dept. of Agriculture Graduate School Wash D. C.	Elementary Federal Gov. Accounting 1st semester	Sept 1957	Feb 1958	Grade - B				
US Dept. of Agriculture Graduate School Wash D. C.	Elementary Federal Gov. Accounting 2nd semester	Feb 1958	May 1958	Grade - A				
2. LANGUAGES AND DIALECTS								
LANGUAGE  (List below each language in which you possess any degree of competence.)	COMPETENCE							
	READ		WRITE		SPEAK		UNDERSTAND	
	YES	NO	YES	NO	YES	NO	YES	NO

SECRET

(When Filled In)

PERIODIC SUPPLEMENT  
PERSONAL HISTORY STATEMENT

THIS DATE

## INSTRUCTIONS

This form provides the means whereby your official personnel records will be kept current. Even though it duplicates information you have furnished previously, it will be necessary for you to complete Sections I through VI in their entirety. You need complete Sections VII through XIII only if there has been a change since you entered on duty with the organization or if you believe the item requires more complete coverage than you have previously reported.

## SECTION I

## GENERAL

1. FULL NAME (Last-First-Middle)

Wilcott, James Bernard Jr.

2. CURRENT ADDRESS (No., Street, City, Zone, State)

Governor Shepard Apts Apt 103  
2121 Virginia Ave NW Washington, 7 D.C.

3. PERMANENT ADDRESS (No., Street, City, Zone, State)

SAME

4. HOME TELEPHONE NUMBER

NA-8-3771 Ex 103

5. STATE, TERRITORY, POSSESSION OR COUNTRY IN WHICH YOU NOW CLAIM RESIDENCE

Washington, D.C.

## SECTION II

## PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

1. NAME (Last-First-Middle) \*PREFERABLY RESIDING IN U.S.

Mrs. Elsie L. Wilcott

2. RELATIONSHIP

Wife

3. HOME ADDRESS (No., Street, City, Zone, State, Country)

2121 Virginia Ave NW Washington 7, D.C.

4. BUSINESS ADDRESS (No., Street, City, Zone, State, Country); INDICATE NAME OF FIRM OR EMPLOYER, IF APPLICABLE

2430 E St. Washington, D.C.

5. HOME TELEPHONE NUMBER

NA 8-3771 EX 103

6. BUSINESS TELEPHONE NUMBER

EX 3-6115

7. BUSINESS TELEPHONE EXTENSION

EX 3229

8. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (Spouse, Mother, Father) MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE.

## SECTION III

## MARITAL STATUS

1. CHECK (X) ONE:  SINGLE  MARRIED  WIDOWED  SEPARATED  DIVORCED  ANNULLED

2. FURNISH DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS

NA

SPOUSE: If you have been married more than once, including annulments use a separate sheet for former wife or husband giving data below for all previous marriages. If marriage is contemplated, provide same data for fiance.

3. NAME (First) (Middle) (Maiden) (Last)

Elsie

Louise

Paul

Wilcott

4. DATE OF MARRIAGE

9/9/55

5. PLACE OF MARRIAGE (City, State, Country)

Eagle Bay, New York USA

6. ADDRESS OF SPOUSE BEFORE MARRIAGE (No., Street, City, State, Country)

Cold Brook, New York USA

CODED

7. LIVING

 YES  NO

8. DATE OF DEATH

9. CAUSE OF DEATH

NA

FOR

10. CURRENT ADDRESS (Give last address, if deceased)

2121 Virginia Ave NW, Washington 7, D.C.

QUALIFIED  
DATE 15 AUG 1958

11. DATE OF BIRTH

9/9/34

12. PLACE OF BIRTH (City, State, Country)

Cold Brook, New York

13. IF BORN OUTSIDE U.S.-DATE OF ENTRY

NA

14. PLACE OF ENTRY

15. CITIZENSHIP (Country)

USA

16. DATE ACQUIRED

17. WHERE ACQUIRED (City, State, Country)

18. OCCUPATION

Govern. clerk steno

19. PRESENT EMPLOYER (Also give former employer, or if spouse is deceased or unemployed, last two employers)

20. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country)

2430 E St. Washington, D.C.

SECTION III CONTINUED TO PAGE 2

SECRET  
(When Filled In)

SECTION III CONTINUED FROM PAGE 1

21. DATES OF MILITARY SERVICE OF SPOUSE (From and To) BY MONTH AND YEAR <b>None</b>	
22. BRANCH OF SERVICE <b>NA</b>	23. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED
24. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN <b>None</b>	

SECTION IV RELATIVES BY BLOOD, MARRIAGE OR ADOPTION LIVING ABROAD OR WHO ARE NOT U.S. CITIZENS

1. FULL NAME (Last-First-Middle) <b>None</b>	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT

5. SPECIAL REMARKS, IF ANY, CONCERNING THESE RELATIVES

SECTION V FINANCIAL STATUS

1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? YES  NO

2. DO YOU HAVE ANY FINANCIAL INTEREST IN, OR OFFICIAL CONNECTION WITH, NON-U.S. CORPORATIONS OR BUSINESSES OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS?  YES  NO IF YOU HAVE ANSWERED "YES," GIVE COMPLETE DETAILS ON A SEPARATE SHEET AND ATTACH IN A SEALED ENVELOPE.

3. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT, PENSION, OR COMPENSATION FOR MILITARY OR NAVAL SERVICE?  YES  NO

4. IF YOU HAVE ANSWERED "YES" TO QUESTION 3 ABOVE, GIVE COMPLETE DETAILS.  
**My wife also receives a salary.**

5. WITHOUT REFERENCE TO YOUR SALARY, STATE OTHER SOURCES OF RECURRENT INCOME NOT INDICATED BY PRECEDING ITEMS.  
**None**

SECTION V CONTINUED TO PAGE 3

SECRET



SECRET

(When Filled In)

SECTION V CONTINUED FROM PAGE 2

B. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS

NAME OF INSTITUTION	ADDRESS (City, State, Country)
The National Bank of Washington	Washington, D. C.

7. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? YES  NO

8. IF YOU HAVE ANSWERED "YES" TO QUESTION 7 ABOVE, GIVE PARTICULARS, INCLUDING COURT AND DATE(S)

**SECTION VI CITIZENSHIP**

1. COUNTRY OF CURRENT CITIZENSHIP: USA

2. CITIZENSHIP ACQUIRED BY - CHECK (X) ONE:  
 BIRTH  MARRIAGE  OTHER (Specify)

3. HAVE YOU TAKEN STEPS TO CHANGE YOUR PRESENT CITIZENSHIP? YES  NO

4. GIVE PARTICULARS

5. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, INDICATE PRESENT STATUS OF YOUR APPLICATION (Paper papers, etc.)  
 NA

**SECTION VII EDUCATION**

1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED

LESS THAN HIGH SCHOOL GRADUATE	HIGH SCHOOL GRADUATE	TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE	1-4 YEARS COLLEGE OR LESS	OVER 4 YEARS OF COLLEGE - NO DEGREE	BACHELOR'S DEGREE	GRADUATE STUDY LEADING TO HIGHER DEGREE	MASTER'S DEGREE	DOCTOR'S DEGREE
			<input checked="" type="checkbox"/>					

2. COLLEGE OR UNIVERSITY STUDY

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT	DATES ATTENDED		DEGREE REC'D	DATE REC'D	SEM/OTR HRS. COMPLETED (Specify)
		FROM	TO			
Utica College of Syracuse Univ. Utica, NY	Math Physics	Feb. 53	June 55	None		

3. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL HOURS
		FROM	TO	
Central City Business Institute	Accounting (2 years)	Feb. 1955	Feb. 1957	

4. MILITARY TRAINING (Full time duty in specialized schools such as Ordnance, Intelligence, Communications, etc.)

NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL HOURS
		FROM	TO	
Ft. Belvoir Engineer School	electrician	April 1949	June 1949	8

5. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE: At present taking a course at US Dept of Agr. Title - Elementary Federal Government Accounting

SECRET

**SECRET**  
(When Filled In)

SECTION VIII							GEOGRAPHIC AREA KNOWLEDGE			
1. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES OF WHICH YOU HAVE KNOWLEDGE GAINED AS A RESULT OF RESIDENCE, TRAVEL, STUDY OR WORK ASSIGNMENT OTHER THAN ORGANIZATION EXPERIENCE. UNDER COLUMN "TYPE OF SPECIALIZED KNOWLEDGE," INDICATE TYPE OF KNOWLEDGE SUCH AS TERRAIN, COASTS, HARBORS, UTILITIES, RAILROADS, INDUSTRIES, POLITICAL PARTIES, ETC.										
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE, TRAVEL, ETC.	KNOWLEDGE ACQUIRED BY							
			RESIDENCE	TRAVEL	STUDY	WORK ASSIGNMENT				
Okinawa		6/49 to 3/51	X							
2. INDICATE THE PURPOSE OF VISIT, RESIDENCE OR TRAVEL FOR EACH OF THE REGIONS OR COUNTRIES LISTED ABOVE										
3. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES OF WHICH YOU HAVE GAINED KNOWLEDGE AS A RESULT OF ORGANIZATION ASSIGNMENT OR ACTIVITY.										
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE, TRAVEL, ETC.	KNOWLEDGE ACQUIRED BY							
			HQTS ASSIGNMENT	FIELD ASSIGNMENT	TRAINING					
SECTION IX							TYPING AND STENOGRAPHIC SKILLS			
1. TYPING (S.P.M.)		2. SHORTHAND (S.P.M.)		3. SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM						
40				GREGG	SPEEDWRITING	STENOTYPE	OTHER (Specify):			
4. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (Comptometer, Mimeograph, Card Punch, etc.)							National Bookkeeping			
SECTION X							SPECIAL QUALIFICATIONS			
1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH										
Chess - Fair, Football - fair										
2. INDICATE ANY SPECIAL QUALIFICATIONS, RESULTING FROM EXPERIENCE OR TRAINING, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION OR TYPE OF WORK										
US Dept of Agr. Graduate School - Elementary Federal Government Accounting										
3. EXCLUDING EQUIPMENT NOTED IN SECTION X, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT OR MACHINES SUCH AS OPERATION OF SHORTRANGE RADIO, MULTILITH, TURRET LATHE, SCIENTIFIC AND PROFESSIONAL DEVICES, ETC.										
National Bookkeeping machines, comptometer, calculator										
4. IF YOU ARE A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (Pilot, Electrician, Radio Operator, Teacher, Lawyer, CPA, Medical Technician, etc.), INDICATE THE KIND OF LICENSE OR CERTIFICATE; NAME OF ISSUING STATE, AND REGISTRY NUMBER, IF KNOWN.										
None										
5. FIRST LICENSE OR CERTIFICATE (Year of issue)				6. LATEST LICENSE OR CERTIFICATE (Year of issue)						

SECRET  
(When Filled In)

SECTION X CONTINUED FROM PAGE 8

7. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR (Do not submit copies unless requested). INDICATE TITLE, PUBLICATION DATE, AND TYPE OF WRITING (Non-fiction, scientific articles, general interest subjects, novels, short stories, etc.)

None

8. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED

None

9. LIST ANY PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE

None

10. LIST ANY PROFESSIONAL, ACADEMIC OR HONORARY ASSOCIATIONS OR SOCIETIES IN WHICH YOU ARE NOW OR WERE FORMERLY A MEMBER. LIST ACADEMIC HONORS YOU HAVE RECEIVED.

None

SECTION XI ORGANIZATION WORK EXPERIENCE - SINCE LAST COMPLETION OF A PERSONNEL QUALIFICATIONS QUESTIONNAIRE

1. INCLUSIVE DATES (From- and To-) 3/20/57 to 2/15/58	2. GRADE 5	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT Fiscal Div. Accounts Branch
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION None	5. OFFICIAL POSITION TITLE Accounting Clerk	
6. DESCRIPTION OF DUTIES Posting of financial transactions to Allotment Ledgers		
1. INCLUSIVE DATES (From- and To-) 2/15/58 to Present	2. GRADE 5	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT Finance Div. Tax and Compensation Branch
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION None	5. OFFICIAL POSITION TITLE Payroll Clerk	
6. DESCRIPTION OF DUTIES Preparation of payroll documents considering base and premium pay and allowances, Maintaining of leave records, Conduct liaison with area division on payroll problems Application of Agency pay regulations.		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
6. DESCRIPTION OF DUTIES		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
6. DESCRIPTION OF DUTIES		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
6. DESCRIPTION OF DUTIES		

(Use additional pages if required)

SECRET  
5

SECRET

(When Filled In)

**SECTION XII CHILDREN AND OTHER DEPENDENTS**

1. NUMBER OF CHILDREN (including stepchildren and adopted children) WHO ARE UNMARRIED, UNDER 21 YEARS OF AGE, AND ARE NOT SELF-SUPPORTING.   

2. NUMBER OF OTHER DEPENDENTS (including spouse, parents, stepparents, sister, etc.) WHO DEPEND ON YOU FOR AT LEAST 50% OF THEIR SUPPORT, OR CHILDREN OVER 21 YEARS OF AGE, WHO ARE NOT SELF-SUPPORTING.   

3. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS

NAME	RELATIONSHIP	YEAR OF BIRTH	M		CITIZENSHIP	ADDRESS
None						

ADDITIONAL COMMENT AND/OR CONTINUATION OF PRECEDING ITEMS

I feel that my instruction at the Dept. of Agr. Graduate School is giving me a good foundation in governmental accounting and I sincerely hope it will be considered in future assignments.

APR 14 10 23 AM '58  
RECORDED

DATE COMPLETED 4/12/58 SIGNATURE OF EMPLOYEE [Signature]

CONFIDENTIAL

(When Filled In)

1124

Complete in duplicate. The data recorded on this form is essential in determining travel expenses allowable 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.

NAME OF EMPLOYEE (Last)	(First)	(Middle)	SOCIAL SECURITY NUMBER
WILCOTT	JAMES	BERNARD JE	

1. RESIDENCE DATA	
PLACE OF RESIDENCE WHEN INITIALLY APPOINTED	LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)
SYRACUSE, N.Y.	
PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE	HOME LEAVE RESIDENCE
COLD BROOK, N.Y.	

2. MARITAL STATUS (Check one)						
<input type="checkbox"/> SINGLE	<input checked="" type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> WIDOWED	<input type="checkbox"/> ANNULLED	
IF MARRIED, PLACE OF MARRIAGE					DATE OF MARRIAGE	
EAGLE BAY, N.Y.					9/7/54	
IF DIVORCED, PLACE OF DIVORCE DECREE					DATE OF DECREE	
IF WIDOWED, 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 NO.	
ELSIE LOUISE	COLD BROOK, N.Y.		
NAMES OF CHILDREN	ADDRESS	SEX	DATE OF BIRTH
STEVEN JAMES	COLD BROOK, N.Y.	M.	2/16/59
NAME OF FATHER (Or male guardian)	ADDRESS	TELEPHONE NO.	
JAMES BERNARD WILCOTT	UNKNOWN		
NAME OF MOTHER (Or female guardian)	ADDRESS	TELEPHONE NO.	
ESTHER MAUD WILCOTT	1510 BRINKERHFF AVE. UTICA N.Y.		
WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY.			

4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY		
NAME (Mr., Mrs., Miss) (Last-First-Middle)	RELATIONSHIP	
GERALDINE FRANCIS HOSMER	SISTER	
HOME ADDRESS (No., Street, City, Zone, State)	HOME TELEPHONE NUMBER	
1510 BRINKERHFF AVE. UTICA N.Y.		
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? (If "No" give name and address of organization he believes you work for.)	YES	
US ARMY	NO	✓
IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.)	YES	
	NO	✓
DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 6.)	YES	✓
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 6 on the reverse side of this form.

CONTINUED ON REVERSE SIDE

CURRENT RESIDENCE AND DEPENDENCY REPORT

CONFIDENTIAL

(When Filled In)

8. VOLUNTARY ENTRIES

Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.

INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.

*CITIZENS BANK OF MARYLAND  
RIVERDALE, MD # 960-1-596*

HAVE YOU COMPLETED A LAST WILL AND TESTAMENT?  YES  NO. (If "Yes" where is document located?)

HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS?  YES  NO. (If "Yes" give name(s) and address)

HAVE YOU EXECUTED A POWER OF ATTORNEY?  YES  NO. (If "Yes", who possess the power of attorney?)

9. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

SIGNED AT *Washington, D.C.* DATE *15 April 1965* SIGNATURE *James B. Wilcott Jr.*  
*James B. Wilcott Jr.*

CONFIDENTIAL

**STATEMENT OF PRIOR FEDERAL CIVILIAN AND MILITARY SERVICE  
 AND DETERMINATION OF COMPETITIVE STATUS**

**IMPORTANT:** The information on this form will be used (1) in determining creditable service for leave purposes and retention credits for reduction in force, and (2) in recording agency determination of competitive status. The employee should complete Part I and the Personnel Office should complete Parts II through V.

**PART I—EMPLOYEE'S STATEMENT**

**PART II—THIS COLUMN IS FOR PERSONNEL OFFICE USE**


<p>1. NAME (Last, first, middle initial) <b>WILCOTT, JAMES BERNARD, JR.</b></p>		<p>2. DATE OF BIRTH <b>27 Sept. 1931</b></p>																														
<p>3. LIST THE FOLLOWING INFORMATION CONCERNING ALL FEDERAL AND DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD PRIOR TO YOUR PRESENT APPOINTMENT (Do not include military service.)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">NAME AND LOCATION OF AGENCY</th> <th colspan="3">FROM—</th> <th colspan="3">TO—</th> <th rowspan="2">TYPE OF APPOINTMENT IF ANY</th> </tr> <tr> <th>YEAR</th> <th>MONTH</th> <th>DAY</th> <th>YEAR</th> <th>MONTH</th> <th>DAY</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><i>NONE</i></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td> </tr> </tbody> </table>		NAME AND LOCATION OF AGENCY	FROM—			TO—			TYPE OF APPOINTMENT IF ANY	YEAR	MONTH	DAY	YEAR	MONTH	DAY	<i>NONE</i>								<p>9. RETENTION GROUP</p> <p>10. A. CSC STATUS <input type="checkbox"/> YES <input type="checkbox"/> NO                  B. TYPE OF PRESENT APPOINTMENT</p>								
NAME AND LOCATION OF AGENCY	FROM—			TO—			TYPE OF APPOINTMENT IF ANY																									
	YEAR	MONTH	DAY	YEAR	MONTH	DAY																										
<i>NONE</i>																																
<p>4. LIST PERIODS OF ACTIVE SERVICE IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES IF YOU HAD NO ACTIVE MILITARY SERVICE, WRITE "NONE"</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">BRANCH</th> <th colspan="3">FROM—</th> <th colspan="3">TO—</th> <th rowspan="2">DISCHARGE (Hon or dishon.?)</th> </tr> <tr> <th>YEAR</th> <th>MONTH</th> <th>DAY</th> <th>YEAR</th> <th>MONTH</th> <th>DAY</th> </tr> </thead> <tbody> <tr> <td><i>U. S. Army</i></td> <td><i>1948</i></td> <td><i>Dec</i></td> <td><i>13</i></td> <td><i>1952</i></td> <td><i>Apr</i></td> <td><i>20</i></td> <td><i>Hon.</i></td> </tr> </tbody> </table>		BRANCH	FROM—			TO—			DISCHARGE (Hon or dishon.?)	YEAR	MONTH	DAY	YEAR	MONTH	DAY	<i>U. S. Army</i>	<i>1948</i>	<i>Dec</i>	<i>13</i>	<i>1952</i>	<i>Apr</i>	<i>20</i>	<i>Hon.</i>	<p>11. SERVICE</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>YEAR</th> <th>MONTH</th> <th>DAY</th> </tr> </thead> <tbody> <tr> <td></td> <td><i>03</i></td> <td><i>08 08</i></td> </tr> </tbody> </table>		YEAR	MONTH	DAY		<i>03</i>	<i>08 08</i>	
BRANCH	FROM—			TO—			DISCHARGE (Hon or dishon.?)																									
	YEAR	MONTH	DAY	YEAR	MONTH	DAY																										
<i>U. S. Army</i>	<i>1948</i>	<i>Dec</i>	<i>13</i>	<i>1952</i>	<i>Apr</i>	<i>20</i>	<i>Hon.</i>																									
YEAR	MONTH	DAY																														
	<i>03</i>	<i>08 08</i>																														
<p>5. DURING PERIODS OF EMPLOYMENT SHOWN IN ITEM 3, DID YOU HAVE A TOTAL OF MORE THAN 6 MONTHS ABSENCE WITHOUT PAY, INCLUDING PERIODS OF MERCHANT MARINE SERVICE, DURING ANY ONE CALENDAR YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                  IF ANSWER IS "YES," LIST FOLLOWING INFORMATION.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">TYPE IF KNOWN (LWOP, Furl, Susp, AWOL, Mee Mar)</th> <th colspan="3">FROM—</th> <th colspan="3">TO—</th> <th colspan="3">TOTAL</th> </tr> <tr> <th>YEAR</th> <th>MONTH</th> <th>DAY</th> <th>YEAR</th> <th>MONTH</th> <th>DAY</th> <th>YEARS</th> <th>MONTHS</th> <th>DAYS</th> </tr> </thead> <tbody> <tr> <td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> </tr> </tbody> </table>		TYPE IF KNOWN (LWOP, Furl, Susp, AWOL, Mee Mar)	FROM—			TO—			TOTAL			YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEARS	MONTHS	DAYS											<p>12. TOTAL SERVICE <i>03-08-08</i></p> <p>13. NONCREDITABLE SERVICE (Leave purposes only):</p> <p>14. NONCREDITABLE SERVICE (RIF purposes only):</p>	
TYPE IF KNOWN (LWOP, Furl, Susp, AWOL, Mee Mar)	FROM—			TO—			TOTAL																									
	YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEARS	MONTHS	DAYS																							
<p>6. DURING THE FEDERAL SERVICE LISTED IN ITEM 3, DID YOU ACQUIRE A PERMANENT COMPETITIVE CIVIL SERVICE STATUS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                  (If answer is "Yes," in what agency were you employed at the time status was acquired?)</p>		<p>15. REEMPLOYMENT RIGHTS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>16. RETENTION RIGHTS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>17. EXPIRATION DATE OF RETENTION RIGHTS</p>																														
<p>7. ARE YOU:</p> <p>A. THE WIFE OF A DISABLED VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>B. THE MOTHER OF A DECEASED OR DISABLED VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>C. THE UNREMARKED WIDOW OF A VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>																																
<p>8. TO BE EXECUTED BEFORE A NOTARY PUBLIC OR OTHER PERSONS AUTHORIZED TO ADMINISTER OATHS.                  I swear (or affirm) that the above statements are true to the best of my knowledge and belief.</p> <p><i>4</i> March 1957 (DATE)</p> <p style="text-align: right;"><i>James B. Wilcott, Jr.</i> (SIGNATURE)</p> <p>Subscribed and sworn to before me on this <i>4th</i> day of <i>March</i> 1957 at <i>Washington, D. C.</i> (CITY) (STATE)</p> <p style="text-align: right;"><i>Carroll Phillips</i> Appointment Clerk</p>																																
<p>NOTE: If oath is taken before a Notary Public, the date of expiration of his Commission should be shown.</p> <p>INSTRUCTIONS: File this form on the permanent side of the employee's official personnel folder immediately before or after the personnel action involved.</p>																																

Part III.—DETERMINATION OF COMPETITIVE STATUS. (Complete for noncompetitive hires based on competitive status as required by instructions in FPM Chapter S2.) Employee has a competitive status. This determination is based upon the following evidence:

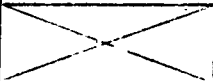
NAME OF AGENCY	SIGNATURE AND OFFICIAL TITLE	DATE

*Verified  
6/9/57*

PART IV.—DETERMINATION OF CREDITABLE SERVICE AND SERVICE COMPUTATION DATE FOR LEAVE PURPOSES

	TOTAL SERVICE (Item 11)	NONCREDITABLE SERVICE (Item 13)	CREDITABLE SERVICE (Leave Purposes)	ENTRANCE ON DUTY DATE (Present Agency)	LESS CREDITABLE SERVICE (Leave Purposes)	SERVICE COMPUTATION DATE (Leave Purposes)
Years	03	/	03	57	03	53
Months	08	/	08	03	08	06
Days	08	/	08	04	08	26

PART V.—DETERMINATION OF CREDITABLE SERVICE AND SERVICE COMPUTATION DATE FOR REDUCTION IN FORCE PURPOSES. (Complete only in those cases when the amount of creditable service for reduction in force purposes differs from the amount creditable for leave purposes.)

	TOTAL SERVICE (Item 12)	NONCREDITABLE SERVICE (Item 14)	CREDITABLE SERVICE (RIF Purposes)	ENTRANCE ON DUTY DATE (Present Agency)	LESS CREDITABLE SERVICE (RIF Purposes)	SERVICE COMPUTATION DATE* (RIF Purposes)
Years						
Months						
Days						

\* Enter as the "Service Computation Date" on the employee's "Service Record Card," SF 7

REMARKS:



CONFIDENTIAL  
(When Filled In)

SECURITY APPROVAL

DATE : 20 November 1965  
YOUR REFERENCE: Memorandum dated 18 November 1965  
CASE NO. : 109301  
TO : Director of Personnel  
ATTN :  
SUBJECT : WILCOTT, James B., Jr.

1. This is to inform you that Subject has been approved for the appointment specified in your request under the provisions of Headquarters Regulations 10-3 and 20-5 including access to classified information through TOP SECRET as required in the performance of duties.
2. Unless arrangements are made within 60 days for entrance on duty within 120 days, this approval becomes invalid.
3. As part of the entrance on duty processing:

A personal interview in the Office of Security must be arranged.

A personal interview is not necessary.

Please advise Chief, Clearance Branch, extension 5620 when Subject enters on duty.

4. This is a conversion case.

FOR THE DIRECTOR OF SECURITY:

*Steven L. Kuhn*  
Steven L. Kuhn  
Chief, Personnel Security Division

CONFIDENTIAL  
(When Filled In)

STAFF AGENT CLEARANCE

DATE : 19 April 1965

YOUR REFERENCE: 32273

CASE NO. : #109301

TO : Chief, Contract Personnel Division

ATTN. : Staff Agents Branch

SUBJECT : ~~XXXXXXXXXXXXXXXXXXXX~~ *Hillett, James B*

1. This is to advise that a security clearance is granted for the employment of the Subject as a Staff Agent, GS-G7, by DDP/WH in the capacity of

Fiscal Acct. Asst., at JMWAVE.

2. If your office should desire at a later date to change the status or use of the Subject, a request to cover any proposed change should be submitted to this office.

3. Unless arrangements are made within 60 days for entrance on duty within 120 days, this Approval becomes invalid.

4. As a part of entrance on duty processing:

A personal interview in the Office of Security must be arranged by your office.

A personal interview is not necessary.

*W. A. Osborne*

W. A. Osborne  
CHIEF, PERSONNEL SECURITY DIVISION, GS



JAMES B. WILCOTT JR.  
MAR 57

# NEIL F. DOHERTY

## PERSONAL HISTORY STATEMENT

1. Name (Last, First, Middle Initial)  
2. Date of Birth (Month, Day, Year)  
3. Place of Birth (City, State, Country)  
4. Present Address (Street, City, State, Zip)  
5. Present Telephone Number (Area Code, Number)  
6. Present Employer (Name, Address, City, State, Zip)  
7. Present Position (Title)  
8. Present Date of Employment (Month, Day, Year)  
9. Present Date of Termination (Month, Day, Year)  
10. Present Date of Discharge (Month, Day, Year)  
11. Present Date of Release (Month, Day, Year)  
12. Present Date of Separation (Month, Day, Year)  
13. Present Date of Retirement (Month, Day, Year)  
14. Present Date of Death (Month, Day, Year)

15. Present Date of Marriage (Month, Day, Year)  
16. Present Date of Divorce (Month, Day, Year)  
17. Present Date of Annulment (Month, Day, Year)  
18. Present Date of Separation (Month, Day, Year)  
19. Present Date of Reconciliation (Month, Day, Year)  
20. Present Date of Remarriage (Month, Day, Year)

21. Present Date of Birth of Child (Month, Day, Year)  
22. Present Date of Birth of Child (Month, Day, Year)  
23. Present Date of Birth of Child (Month, Day, Year)  
24. Present Date of Birth of Child (Month, Day, Year)  
25. Present Date of Birth of Child (Month, Day, Year)

26. Present Date of Birth of Child (Month, Day, Year)  
27. Present Date of Birth of Child (Month, Day, Year)  
28. Present Date of Birth of Child (Month, Day, Year)  
29. Present Date of Birth of Child (Month, Day, Year)  
30. Present Date of Birth of Child (Month, Day, Year)

31. Present Date of Birth of Child (Month, Day, Year)  
32. Present Date of Birth of Child (Month, Day, Year)  
33. Present Date of Birth of Child (Month, Day, Year)  
34. Present Date of Birth of Child (Month, Day, Year)  
35. Present Date of Birth of Child (Month, Day, Year)

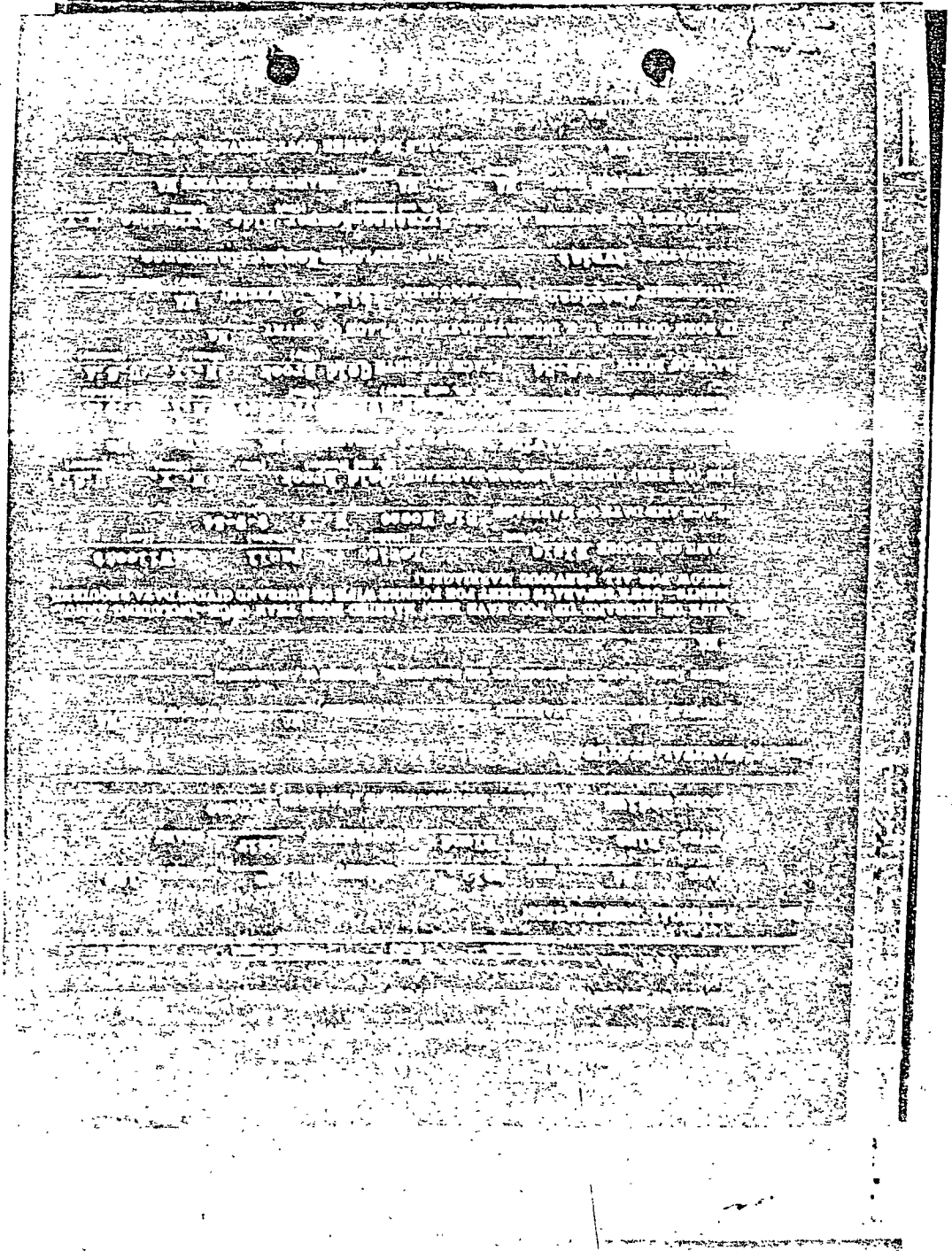
36. Present Date of Birth of Child (Month, Day, Year)  
37. Present Date of Birth of Child (Month, Day, Year)  
38. Present Date of Birth of Child (Month, Day, Year)  
39. Present Date of Birth of Child (Month, Day, Year)  
40. Present Date of Birth of Child (Month, Day, Year)

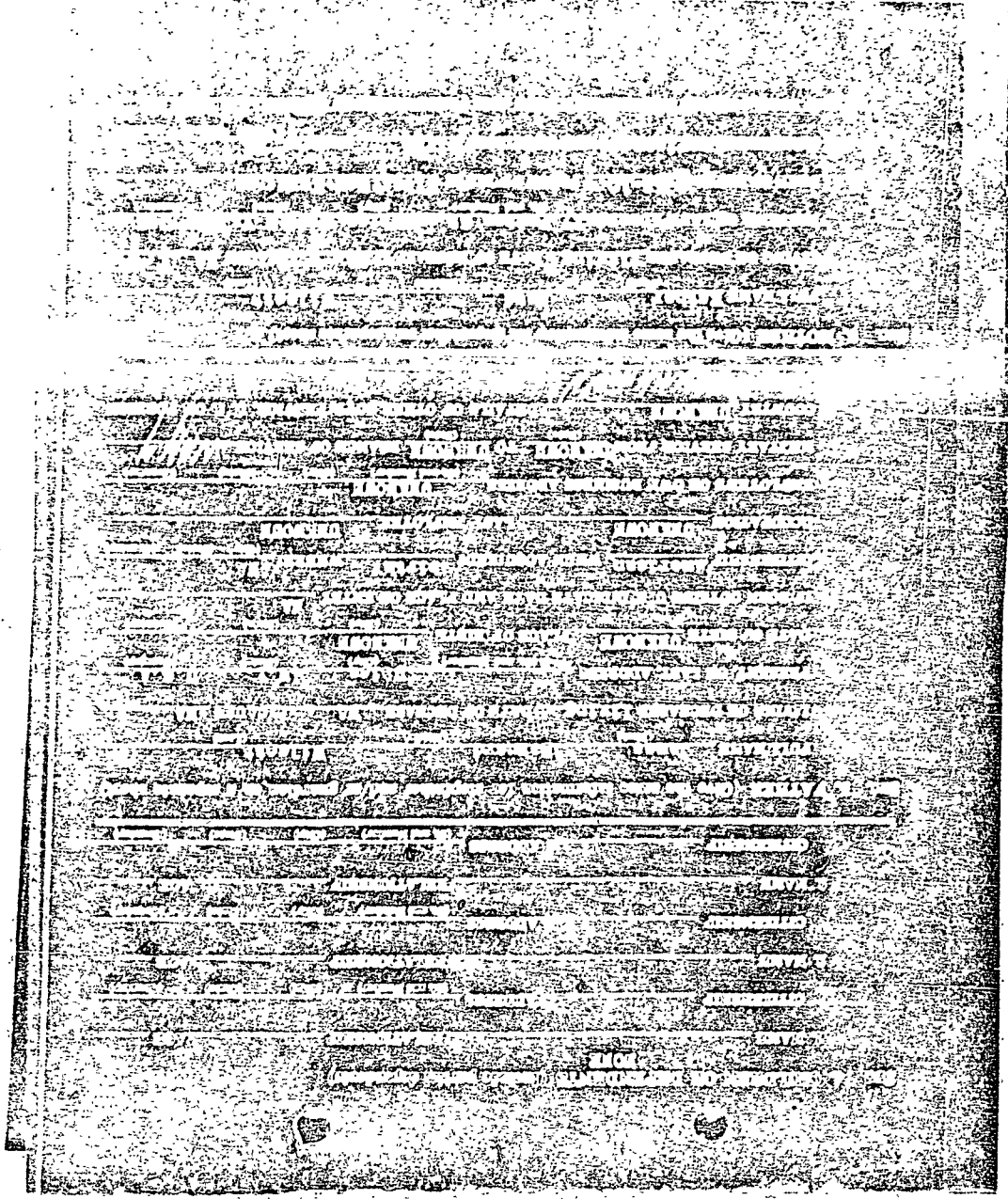
41. Present Date of Birth of Child (Month, Day, Year)  
42. Present Date of Birth of Child (Month, Day, Year)  
43. Present Date of Birth of Child (Month, Day, Year)  
44. Present Date of Birth of Child (Month, Day, Year)  
45. Present Date of Birth of Child (Month, Day, Year)

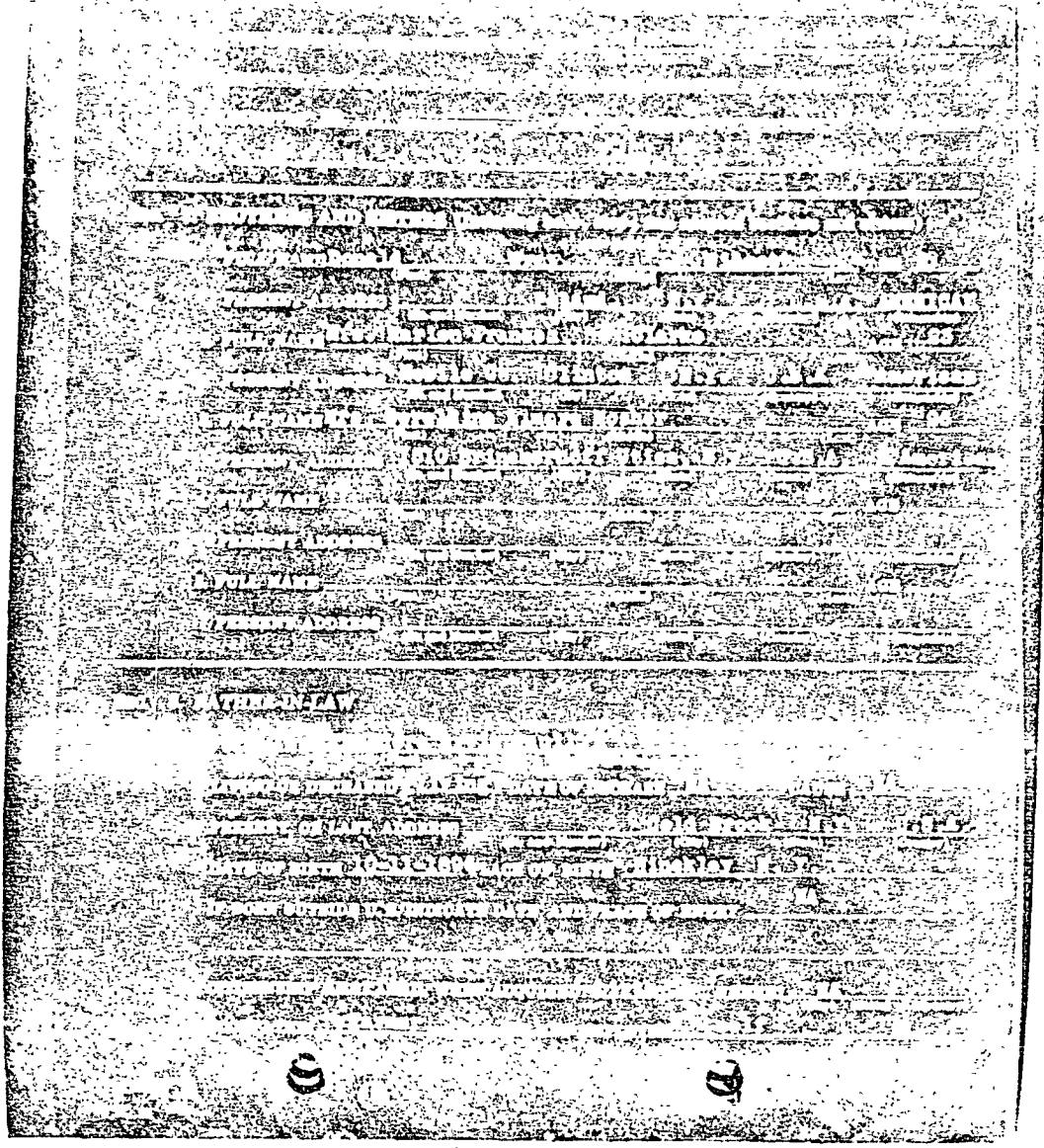
46. Present Date of Birth of Child (Month, Day, Year)  
47. Present Date of Birth of Child (Month, Day, Year)  
48. Present Date of Birth of Child (Month, Day, Year)  
49. Present Date of Birth of Child (Month, Day, Year)  
50. Present Date of Birth of Child (Month, Day, Year)

51. Present Date of Birth of Child (Month, Day, Year)  
52. Present Date of Birth of Child (Month, Day, Year)  
53. Present Date of Birth of Child (Month, Day, Year)  
54. Present Date of Birth of Child (Month, Day, Year)  
55. Present Date of Birth of Child (Month, Day, Year)

56. Present Date of Birth of Child (Month, Day, Year)  
57. Present Date of Birth of Child (Month, Day, Year)  
58. Present Date of Birth of Child (Month, Day, Year)  
59. Present Date of Birth of Child (Month, Day, Year)  
60. Present Date of Birth of Child (Month, Day, Year)







[The following text is extremely faint and largely illegible due to heavy noise and low contrast in the scan. It appears to be a multi-paragraph document or report.]

[Illegible text block 1]

[Illegible text block 2]

[Illegible text block 3]

[Illegible text block 4]

[Illegible text block 5]

[Illegible text block 6]

[Illegible text block 7]

[Illegible text block 8]

[Illegible text block 9]

[Illegible text block 10]

[Illegible text block 11]

[Illegible text block 12]

[Illegible text block 13]

[Illegible text block 14]

[Illegible text block 15]

[Illegible text block 16]

[Illegible text block 17]

[Illegible text block 18]

[Illegible text block 19]

[Illegible text block 20]

[Illegible text block 21]

[Illegible text block 22]

[Illegible text block 23]

[Illegible text block 24]

[Illegible text block 25]

[Illegible text block 26]

[Illegible text block 27]

[Illegible text block 28]

[Illegible text block 29]

[Illegible text block 30]

[Illegible text block 31]

[Illegible text block 32]

[Illegible text block 33]

[Illegible text block 34]

[Illegible text block 35]

[Illegible text block 36]

[Illegible text block 37]

[Illegible text block 38]

[Illegible text block 39]

[Illegible text block 40]

[Illegible text block 41]

[Illegible text block 42]

[Illegible text block 43]

[Illegible text block 44]

[Illegible text block 45]

[Illegible text block 46]

[Illegible text block 47]

[Illegible text block 48]

[Illegible text block 49]

[Illegible text block 50]

[Illegible text block 51]

[Illegible text block 52]

[Illegible text block 53]

[Illegible text block 54]

[Illegible text block 55]

[Illegible text block 56]

[Illegible text block 57]

[Illegible text block 58]

[Illegible text block 59]

[Illegible text block 60]

[Illegible text block 61]

[Illegible text block 62]

[Illegible text block 63]

[Illegible text block 64]

[Illegible text block 65]

[Illegible text block 66]

[Illegible text block 67]

[Illegible text block 68]

[Illegible text block 69]

[Illegible text block 70]

[Illegible text block 71]

[Illegible text block 72]

[Illegible text block 73]

[Illegible text block 74]

[Illegible text block 75]

[Illegible text block 76]

[Illegible text block 77]

[Illegible text block 78]

[Illegible text block 79]

[Illegible text block 80]

[Illegible text block 81]

[Illegible text block 82]

[Illegible text block 83]

[Illegible text block 84]

[Illegible text block 85]

[Illegible text block 86]

[Illegible text block 87]

[Illegible text block 88]

[Illegible text block 89]

[Illegible text block 90]

[Illegible text block 91]

[Illegible text block 92]

[Illegible text block 93]

[Illegible text block 94]

[Illegible text block 95]

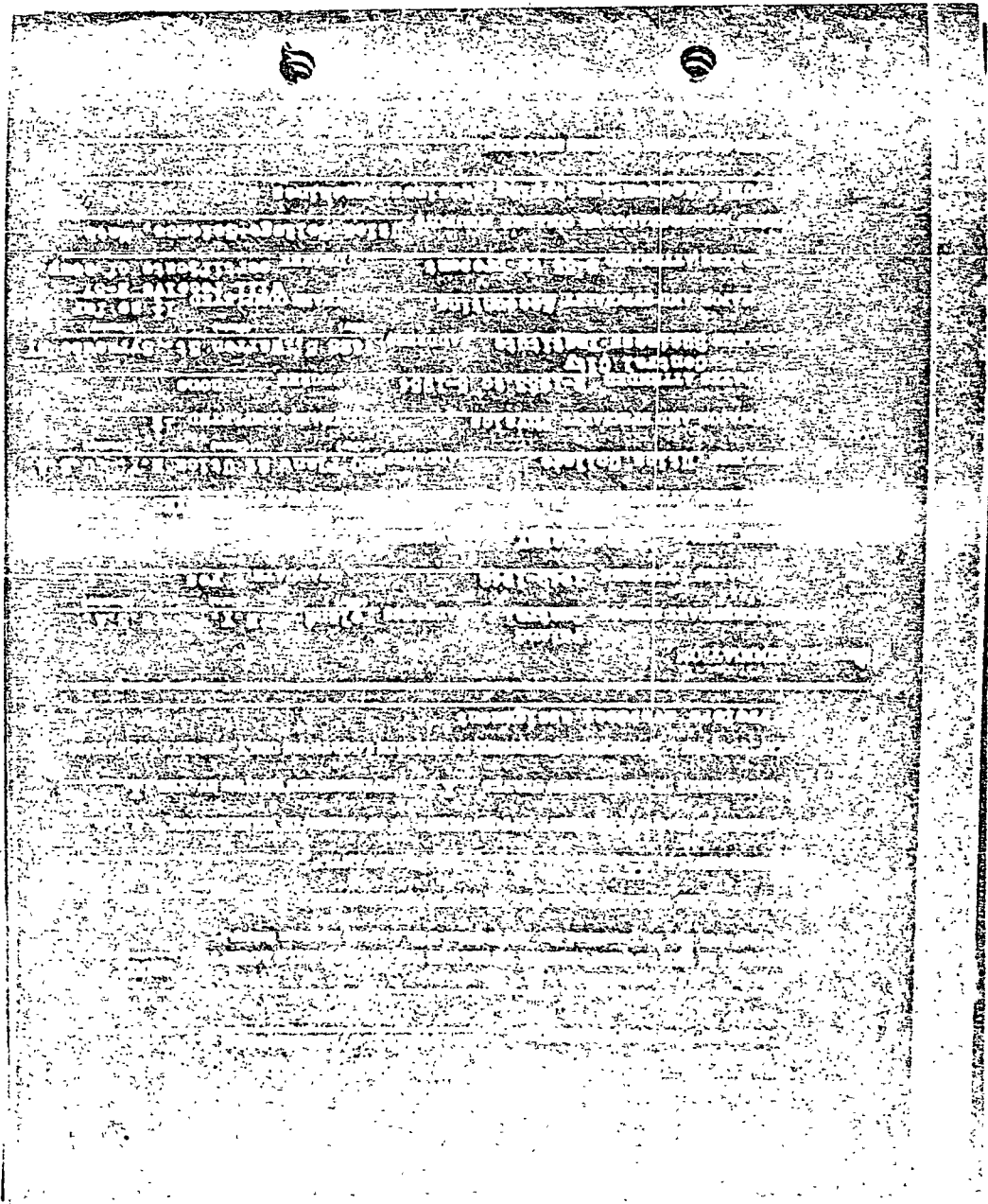
[Illegible text block 96]

[Illegible text block 97]

[Illegible text block 98]

[Illegible text block 99]

[Illegible text block 100]

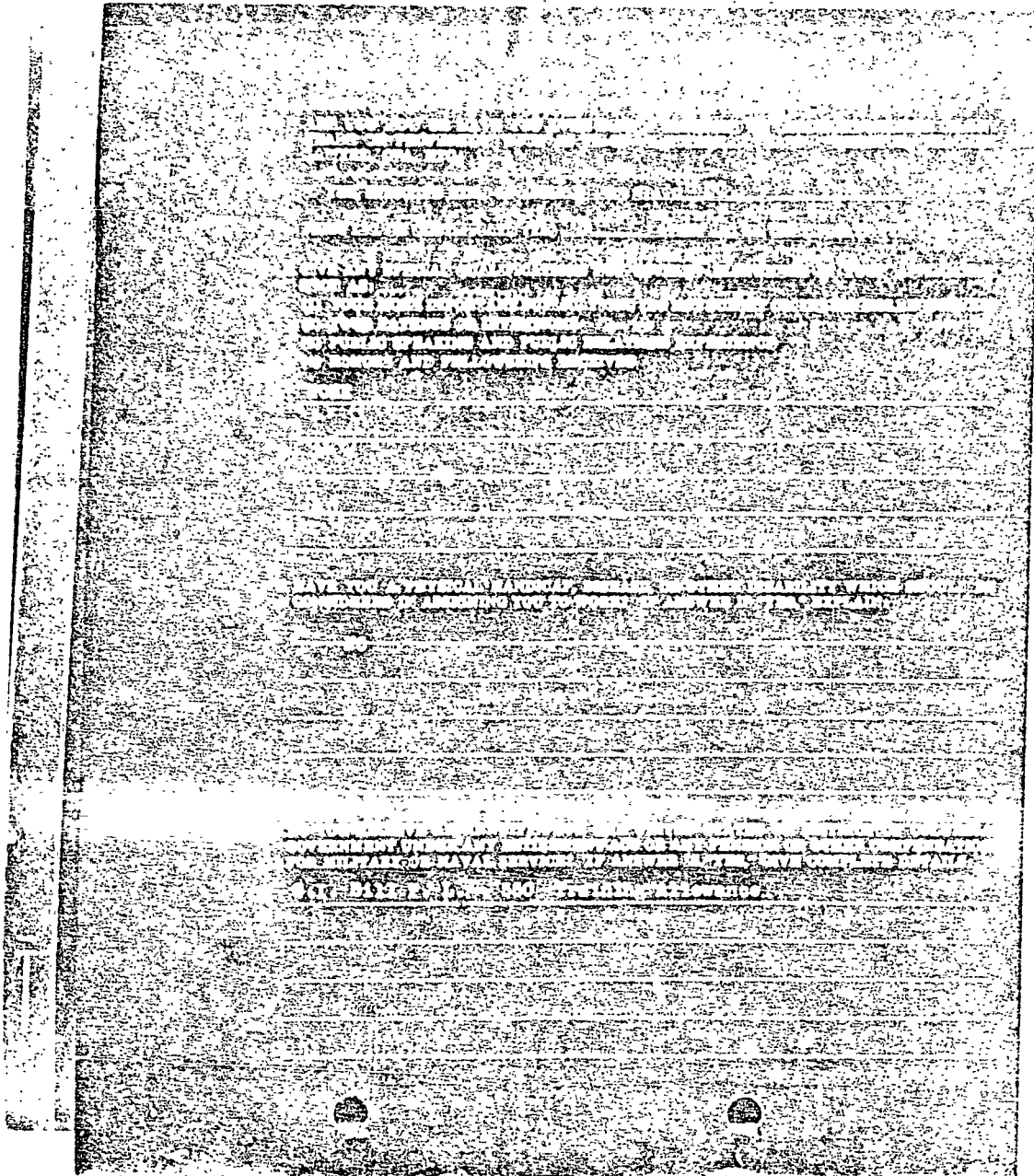






[The following text is extremely faint and illegible due to heavy noise and low contrast. It appears to be a multi-paragraph document with several lines of text per paragraph.]



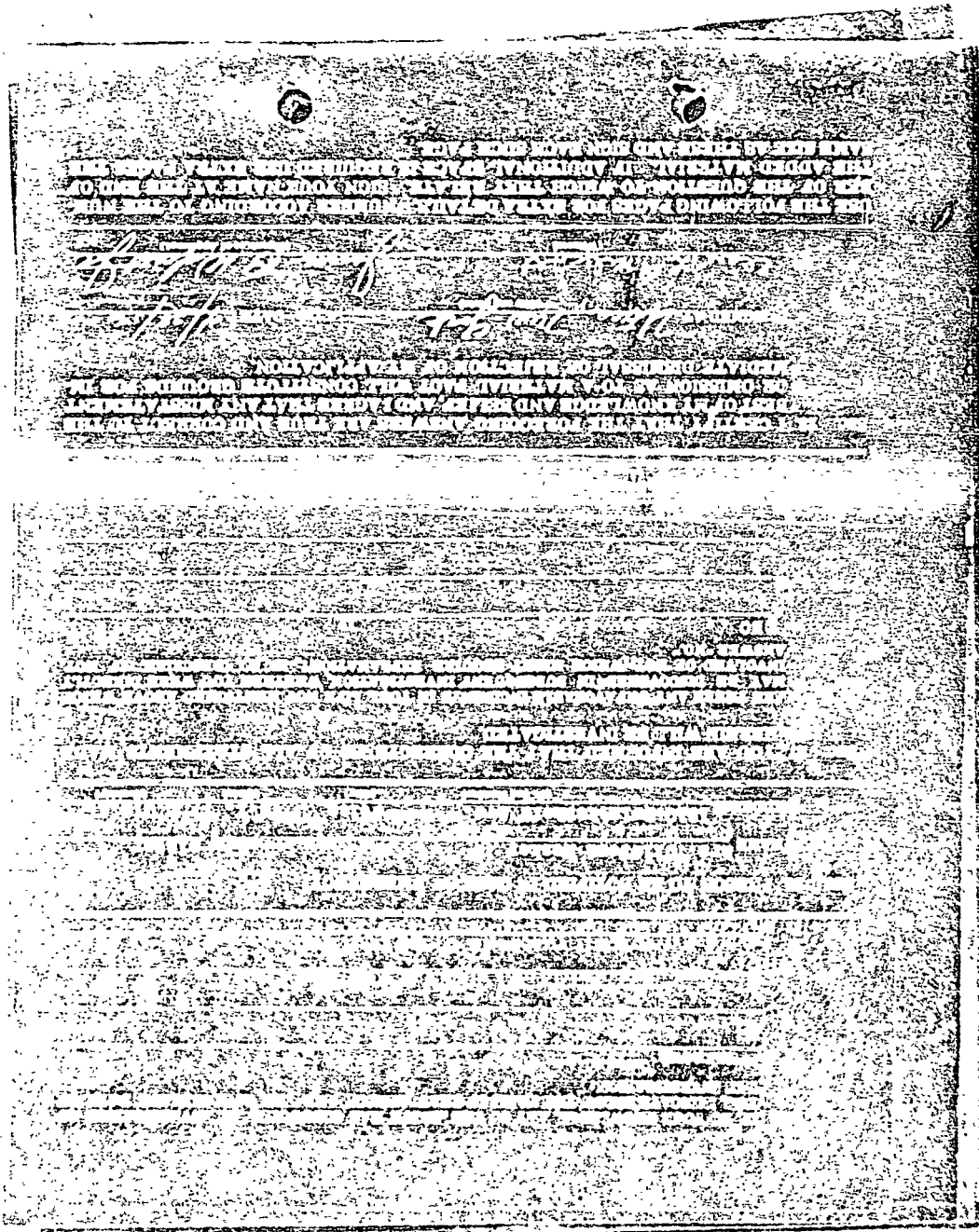


[The main body of the document contains several lines of text that are extremely faint and illegible due to heavy noise and low contrast. The text appears to be organized into a list or table format with multiple columns, but the specific content cannot be discerned.]

JAMES B. WILCOFF, JR.  
 MAR 27







THE UNITED STATES OF AMERICA  
DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D. C. 20535

MEMORANDUM FOR THE DIRECTOR  
FROM: SAC, [illegible]  
SUBJECT: [illegible]

1. [illegible]

2. [illegible]

3. [illegible]

4. [illegible]

5. [illegible]

6. [illegible]

7. [illegible]

8. [illegible]

9. [illegible]

10. [illegible]

11. [illegible]

12. [illegible]

13. [illegible]

14. [illegible]





**CONFIDENTIAL**  
SECURITY INFORMATION  
**SECURITY APPROVAL**

Date: 9 November 1956

**TO: Chief, Records & Services Division  
Personnel Office**  
**FROM: Chief, Security Division  
Personnel**  
**SUBJECT: WILCOTT, James Bernard, Jr.**

Your Reference: C-5861 Compt.

Case Number: 109301

1. This is to advise you of security action in the subject case as indicated below:

- Security approval is granted the subject person for access to classified information.
- Provisional clearance for full duty with CIA is granted under the provisions of Paragraph D of Regulation 10-9 which provides for a temporary appointment pending completion of full security investigation.
- The Director of Central Intelligence has granted a provisional clearance for full duty with CIA under the provisions of paragraph H of Regulation 10-9.

2. Unless the subject person enters on duty within 60 days from the above date, this approval becomes invalid.

3. Subject is to be polygraphed as part of EOD procedures.

*W. M. Knott*  
W. M. Knott  
*W*

*(Black & Bernard)*  
*11/15/56*

**CONFIDENTIAL**