

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

~~SECRET~~

FILE TITLE/NUMBER/VOLUME: Zambunardi, Robert M.

INCLUSIVE DATES: 6 July 1956 - 15 Sept 1965

CUSTODIAL UNIT/LOCATION: OP

ROOM: 5E13

DELETIONS, IF ANY: \_\_\_\_\_

| DATE RECEIVED | DATE RETURNED | REVIEWED BY (PRINT NAME) | SIGNATURE OF REVIEWING OFFICIAL |
|---------------|---------------|--------------------------|---------------------------------|
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REPRODUCTION MASTERS

BIOGRAPHIC PROFILE

H a n d l e   W i t h   C a r e

**SECRET**

ORIGINAL - Biographic Profile

- see summarized copy in slot

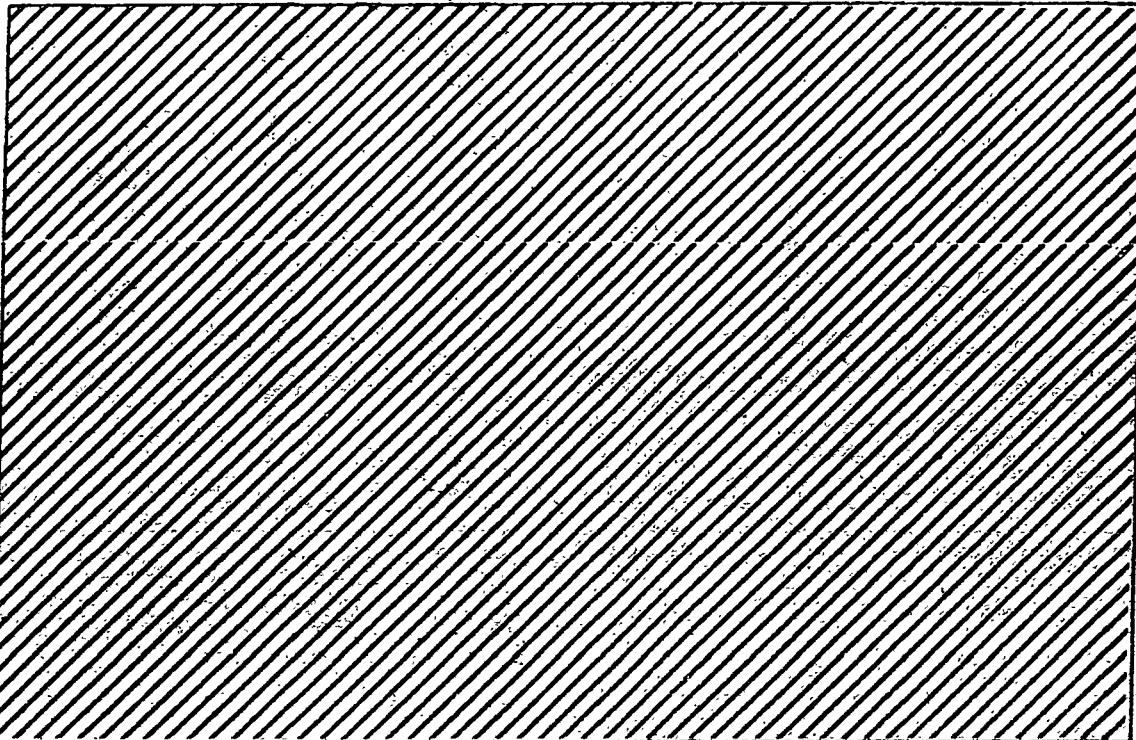
14-00000

Personnel Actions concerning  
Period After Mexico City  
Assignment

**SECRET**  
(When Filled In)

|   |                              |   |   |  |   |
|---|------------------------------|---|---|--|---|
| <b>REQUEST FOR PERSONNEL ACTION</b>   |                              |   |   | DATE PREPARED<br>15 June 1964  |   |
| 1. SERIAL NUMBER<br>022592  |                              | 2. NAME (Last-First-Middle)<br>ZAMBERNARDI, Robert                    |   |  |   |
| 3. NATURE OF PERSONNEL ACTION<br><b>TRANSFER TO VOUCHERED FUNDS &amp; REASSIGNMENT</b>  |                              |   | 4. EFFECTIVE DATE REQUESTED<br>MONTH DAY YEAR<br>07   05   64 |  | 5. CATEGORY OF EMPLOYMENT<br><b>REGULAR</b> |
| 6. FUNDS<br><input checked="" type="checkbox"/> V TO V<br><input type="checkbox"/> CF TO V  |                              | <input type="checkbox"/> V TO CF<br><input type="checkbox"/> CF TO CF |   | 7. COST CENTER NO. CHANGE-ABLE<br>5225-0079 <i>1000</i>                                    |   |
| 9. ORGANIZATIONAL DESIGNATIONS<br><b>DDP/TSD<br/>OPERATIONAL AIDS<br/>PHOTOGRAPHIC OPERATIONS BRANCH<br/>AREA DESKS SECTION</b>   |                              |   | 10. LOCATION OF OFFICIAL STATION<br><b>WASHINGTON, D. C.</b>  |  |   |
| 11. POSITION TITLE<br><b>PHOTO GEN</b>  |                              |   | 12. POSITION NUMBER<br>0113                                   |  | 13. CAREER SERVICE DESIGNATION<br><b>D</b>  |
| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.)<br><b>GS</b>   |                              | 15. OCCUPATIONAL SERIES<br><b>1060.02</b>                             |   | 16. GRADE AND STEP<br><b>10 (3)</b>  |   |
| 17. SALARY OR RATE<br><b>\$8200</b>   |                              |   |   |  |   |
| 18. REMARKS<br>FROM: <b>DDP/TSD<br/>FOREIGN FIELD<br/>MEXICO CITY</b><br><br>Security Approval Granted by Pers. SA/OS <i>6/23/64</i><br><i>by 7/1/64</i><br><br>CG: Security & Vouchered Payroll<br><br><div style="float: right; border: 1px solid black; padding: 2px;">Recorded by<br/>6/27/64<br/><i>DW</i></div> |                              |   |   |  |   |
| 18A. SIGNATURE OF REQUESTING OFFICIAL<br><b>H. LEE OLSON</b>  |                              | DATE SIGNED   |   | 18B. SIGNATURE OF OFFICER APPROVING<br><i>H. Lee Olson</i><br><b>H. LEE OLSON, TSD/CMO</b> |   |
| DATE SIGNED   |                              | 18C. DATE SIGNED<br><i>6/22/64</i>                                    |   |  |   |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL  |                              |   |   |  |   |
| 19. ACTION CODE<br><b>16</b>  | 20. EMPLOY CODE<br><b>10</b> | 21. OFFICE CODE<br>NUMERIC ALPHABETIC<br><b>41200 TSD 75013</b>       |   | 23. INTEREST CODE  | 24. HONORARY CODE                           |
| 25. DATE OF BIRTH<br>MO DA YR<br><b>1 05 109 35</b>   |                              | 26. DATE OF GRADE<br>MO DA YR   |   | 27. DATE OF LEV.<br>MO DA YR   |   |
| 28. NIE EXPIRES<br>MO DA YR   |                              | 29. SPECIAL REFERENCE   |   | 30. SECURITY REG. NO.  |   |
| 31. RETIREMENT DATA<br>1 - CSC<br>2 - FICA<br>3 - NONE  |                              | 32. SEPARATION DATA CODE  |   | 33. CORRECTION/CANCELLATION DATA<br>MO DA YR   |   |
| 34. VET. PREFERENCE<br>CODE 0 - NONE<br>1 - 5 PT.<br>2 - 10 PT.   |                              | 35. SERV. COMP. DATE<br>MO DA YR                                      |   | 36. LONG. COMP. DATE<br>MO DA YR   |   |
| 37. CAREER CATEGORY<br>CODE 0 - NAVAL<br>1 - 148  |                              | 38. FECLY / HEALTH INSURANCE<br>CODE 0 - NAVAL<br>1 - 148             |   | 39. SOCIAL SECURITY NO.  |   |
| 40. PREVIOUS GOVERNMENT SERVICE DATA<br>CODE 0 - NO PREVIOUS SERVICE<br>1 - NO BREAK IN SERVICE<br>2 - BREAK IN SERVICE (LESS THAN 3 YRS)<br>3 - BREAK IN SERVICE (MORE THAN 3 YRS)   |                              | 41. LEAVE CAT. CODE   |   | 42. FEDERAL TAX DATA<br>FORM EMPLOYED CODE NO. TAX EMPLOYERS<br>1 - YES<br>2 - NO          |   |
| 43. STATE TAX DATA<br>FORM EMPLOYED CODE NO. TAX EMPLOYERS<br>1 - YES<br>2 - NO   |                              | 44. STATE TAX DATA<br>CODE NO. TAX EMPLOYERS<br>1 - YES<br>2 - NO     |   | 45. POSITION CONTROL CERTIFICATION   |   |
| 45. POSITION CONTROL CERTIFICATION<br><i>[Signature]</i>  |                              | 46. D.P. APPROVAL<br><i>[Signature]</i>                               |   | DATE APPROVED<br><i>6/30/64</i>  |   |

SECRET  
(When Filled In)



| NAME OF EMPLOYEE (Last-First-Middle) | NAME AND RELATIONSHIP OF DEPENDENT* | CLAIM NUMBER |
|--------------------------------------|-------------------------------------|--------------|
| Zembernardi, Robert M.               | Philip Edward - son                 | 64-184       |

There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent\*) for an illness, injury, or death incurred on ~~Log burn~~ 28 December 1963

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

DATE OF NOTICE  
20 FEB 1964

SIGNATURE OF BSO REPRESENTATIVE  
*B. Detalica*

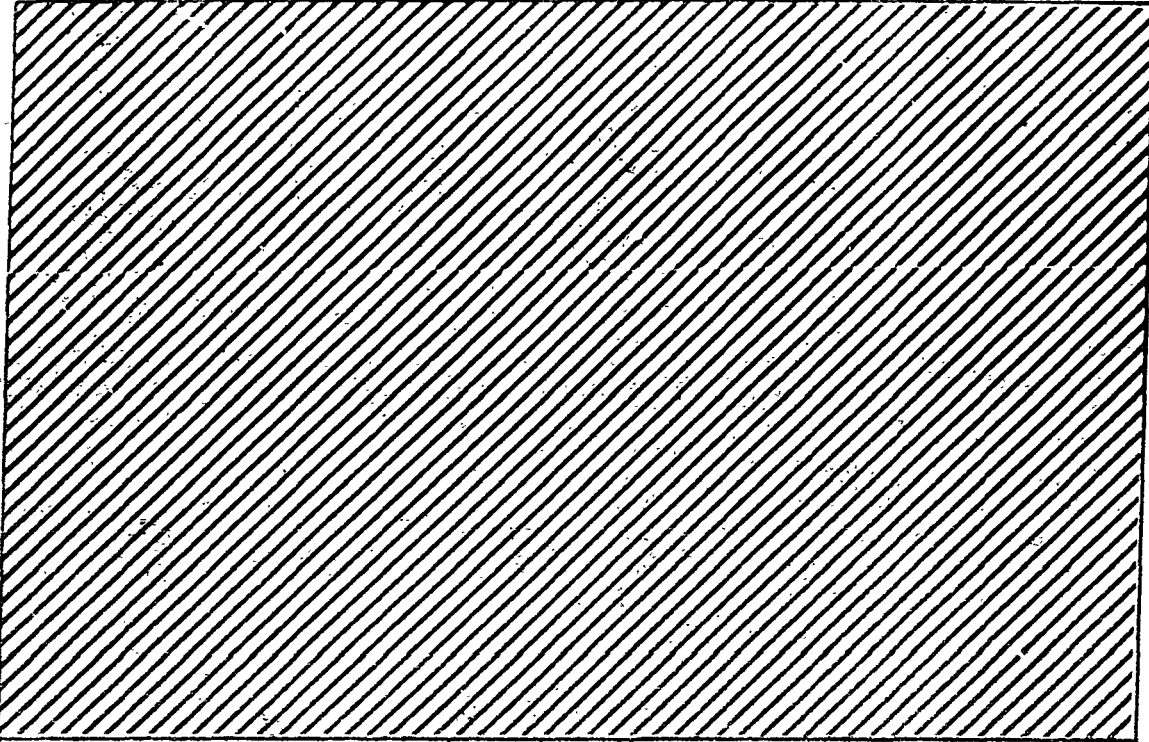
NOTICE OF OFFICIAL DISABILITY CLAIM FILE

**SECRET**  
(When Filled In)

|   |                       |  |             |   |   |   |   |
|---|-----------------------|--|-------------|---|---|---|---|
| <b>REQUEST FOR PERSONNEL ACTION</b>   |                       |  |             |   |   | DATE PREPARED<br>2 April 1963   |   |
| 1. SERIAL NUMBER<br>022592  |                       | 2. NAME (Last-First-Middle)<br>ZAMBERNARDI, ROBERT |             |   |   |   |   |
| 3. NATURE OF PERSONNEL ACTION<br>PROMOTION  |                       |  |             | 4. EFFECTIVE DATE REQUESTED<br>MONTH DAY YEAR<br>01 14 63 |   | 5. CATEGORY OF EMPLOYMENT<br>REGULAR  |   |
| 6. FINDS<br>V TO V<br>CF TO V   |                       | X  |             | 7. COST CENTER NO. CHARGE-ABLE<br>3125-5700-3007          |   | 8. LEGAL AUTHORITY (Completed by Office of Personnel)                           |   |
| 9. ORGANIZATIONAL DESIGNATIONS<br>DDP/TSD<br>Foreign Field<br>Western Hemisphere<br>Mexico  |                       |  |             | 10. LOCATION OF OFFICIAL STATION<br>Mexico City, Mexico   |   |   |   |
| 11. POSITION TITLE<br>IC TECH AIDS  |                       |  |             | 12. POSITION NUMBER<br>0575                               |   | 13. CAREER SERVICE DESIGNATION<br>D   |   |
| 14. CLASSIFICATION SCHEDULE (GS, LP, #10.)<br>GS  |                       | 15. OCCUPATIONAL SERIES<br>0136. <i>at 63</i>      |             | 16. GRADE AND STEP<br>10 (2)                              |   | 17. SALARY OR RATE<br>\$7535  |   |
| 10. REMARKS<br>FWD M: GS-9 (2)<br><i>P.A.</i>   |                       |  |             |   |   |   |   |
|   |                       |  |             |   |   | Recorded by<br>CSPD<br><i>JM</i>  |   |
| 10A. SIGNATURE OF REQUESTING OFFICIAL<br>JAMES R. SHIELDS   |                       |  | DATE SIGNED |   | 10B. SIGNATURE OF CAREER SERVICE APPROVING OFFICIAL<br><i>James R. Shields</i><br>JAMES R. SHIELDS, TSD/CMC |   |   |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL  |                       |  |             |   |   |   |   |
| 19. ACTION CODE<br>22   | 20. EMPLOY CODE<br>10 | 21. OFFICE CODE<br>NUMERIC ALPHABETIC<br>46575 TS  |             | 22. STATION CODE<br>45015                                 | 23. INT. REF. CODE  | 24. VAC. CODE<br>3  | 25. DATE OF PROM.<br>MO DA YR<br>05 19 63 |
| 26. ATE EXPIRES<br>NO. DA YR  |                       | 27. SPECIAL REFERENCE<br>80                        |             | 28. RETIREMENT DATA<br>1 - LSC<br>3 - FICA<br>5 - NONE    |   | 29. SEPARATION DATA CODE<br>TYPE MO DA YR                                       |   |
| 30. VET. PREFERENCE<br>CODE 0 - NONE<br>1 - 5 YR.<br>2 - 10 YR.   |                       | 31. SERV. COMP. DATE<br>NO. DA YR                  |             | 32. LEAV. COMP. DATE<br>NO. DA YR                         |   | 33. FEGLI / HEALTH INSURANCE<br>CODE CODE 0 - NONE<br>1 - YES                   |   |
| 34. PREVIOUS GOVERNMENT SERVICE DATA<br>CODE 0 - NO PREVIOUS SERVICE<br>1 - NO BREAK IN SERVICE<br>2 - BREAK IN SERVICE (LESS THAN 12 MOS)<br>3 - BREAK IN SERVICE (MORE THAN 12 MOS) |                       |  |             | 35. LEAV. CAT. CODE                                       |   | 36. FED. TAX DATA<br>FORM EXEMPTED CODE NO. TAX EXEMPTIONS<br>1 - YES<br>2 - NO |   |
| 37. STATE TAX DATA<br>CODE NO. TAX STATE CODE<br>-STMP  |                       |  |             | 38. SOCIAL SECURITY NO.                                   |   |   |   |
| 43. POSITION CONTROL CERTIFICATION<br>5 APR 1963 <i>Shields</i>   |                       |  |             | 44. O.P. APPROVAL<br><i>Paul C. Williams</i>              |   |   | DATE APPROVED<br>5 Apr 63                 |



SECRET  
(When Filled In)



|   |   |                               |
|---|---|-------------------------------|
| NAME OF EMPLOYEE (Last-First-Middle)<br><i>Zamberardi, Robert M</i> | NAME AND RELATIONSHIP OF DEPENDENT<br><i>Paul - SON</i> | CLAIM NUMBER<br><i>63-460</i> |
|---|---|-------------------------------|

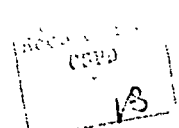
There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent\*) for an illness, injury, or death incurred on 22 February 65 *For medical records*

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

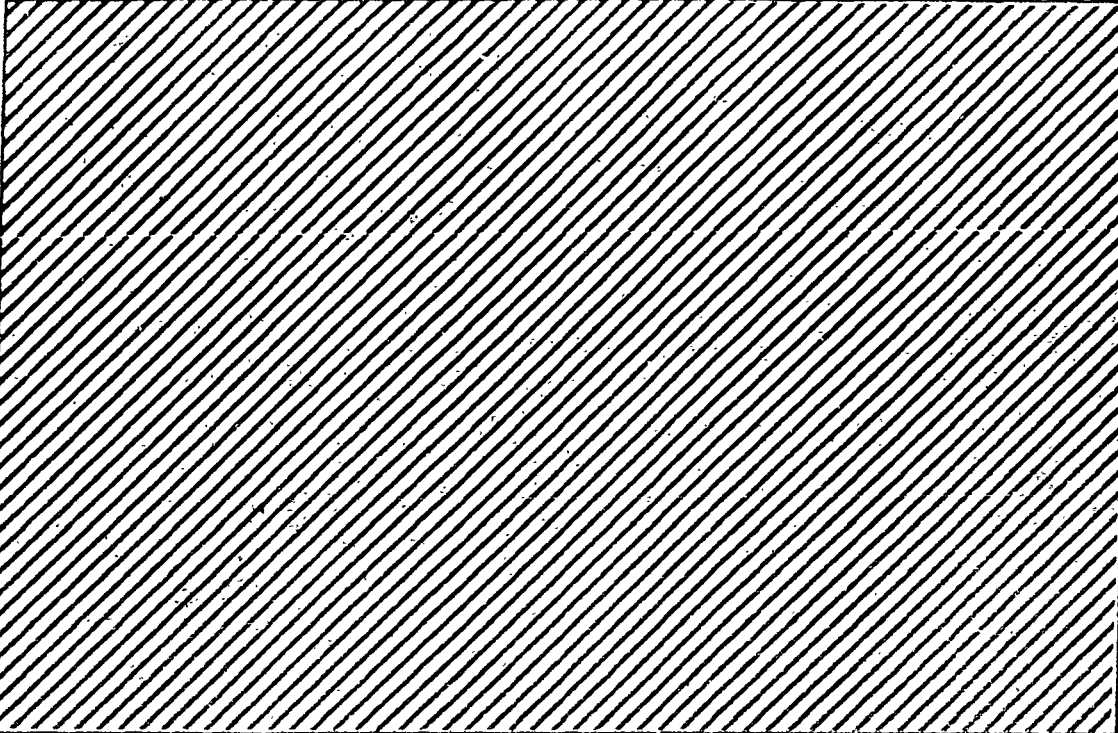
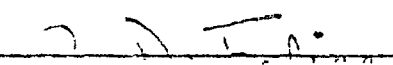
|   |  |
|---|--|
| DATE OF NOTICE<br><i>8 January 1965</i> | SIGNATURE OF BSO REPRESENTATIVE<br><i>B. De Felice</i> |
|---|--|

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

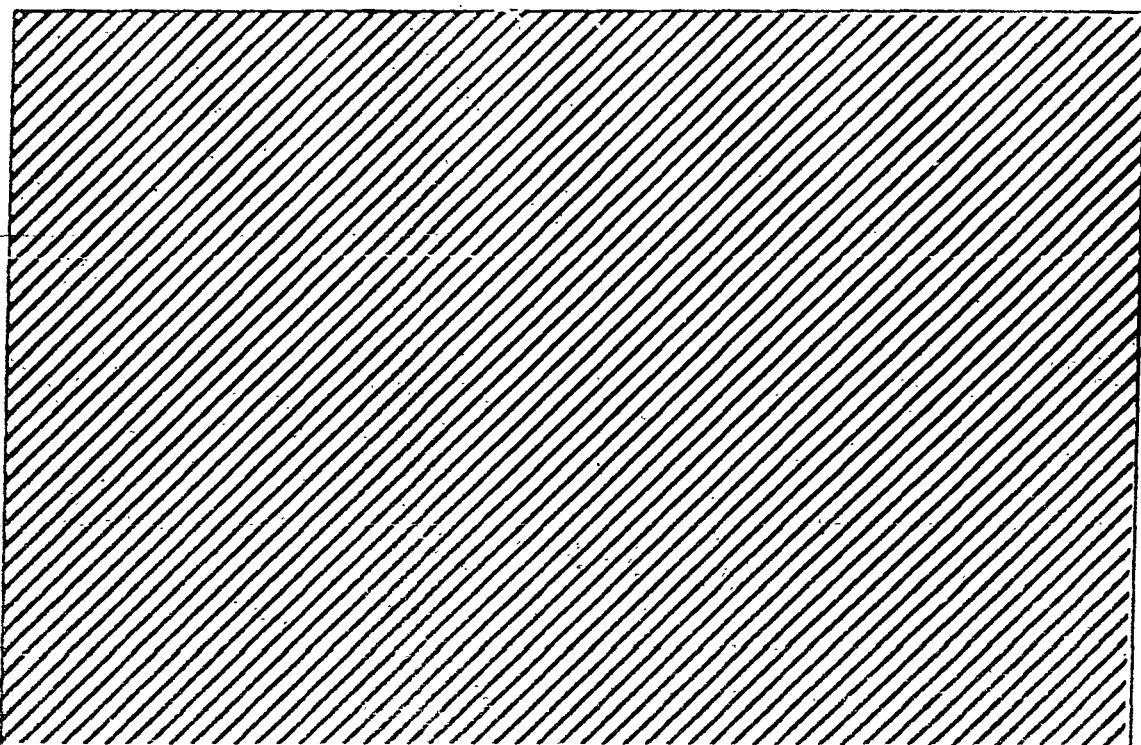
SECRET  
(When Filled In)

| REQUEST FOR PERSONNEL ACTION   |                        |   |                                    |  |   |   |   |   |                         | DATE PREPARED                                      |   |                 |  |
|--|------------------------|---|------------------------------------|--|---|---|---|---|-------------------------|--|---|-----------------|--|
| 1. SERIAL NUMBER<br>022592 ✓   |                        |   |                                    |  |   |   |   |   |                         | 2. NAME (Last-First-Middle)<br>ZAMBERNARDI, Robert |   | 16 January 1962 |  |
| 3. NATURE OF PERSONNEL ACTION<br>PROMOTION   |                        |   |                                    |  | 4. EFFECTIVE DATE REQUESTED<br>MONTH DAY YEAR<br>01   21   62 |   |   | 5. CATEGORY OF EMPLOYMENT<br>REGULAR<br><del>XXXXXXXX</del> |                         |  |   |                 |  |
| 6. FUNDS   |                        | V TO V  |                                    | V TO CF  |   | 7. COST CENTER NO. CHARGEABLE<br>2:25-5700-3007   |   | 8. LEGAL AUTHORITY (Completed by Office of Personnel)       |                         |  |   |                 |  |
| CF TO V  |                        | X=  |                                    | CF TO CF   |   | 9. ORGANIZATIONAL DESIGNATIONS<br>DDP/TSD - Foreign Field<br>Western Hemisphere<br>Mexico                 |   |   |                         |  | 10. LOCATION OF OFFICIAL STATION<br>Mexico City, Mexico |                 |  |
| 11. POSITION TITLE<br>IO TECH AIDS   |                        |   |                                    |  | 12. POSITION NUMBER<br>0575                                   |   | 13. CAREER SERVICE DESIGNATION<br>D                       |   |                         |  |   |                 |  |
| 14. CLASSIFICATION SCHEDULE (GS, LP, etc.)<br>GS   |                        |   | 15. OCCUPATIONAL SERIES<br>0136.63 |  | 16. GRADE AND STEP<br># 9 (1)                                 |   | 17. SALARY OR RATE<br>\$ 6435 ✓                           |   |                         |  |   |                 |  |
| 18. REMARKS<br>FROM: GS-8 (1)  |                        |   |                                    |  |   |   |   |   |                         |  |   |                 |  |
|    |                        |   |                                    |  |   |   |   |   |                         |  |   |                 |  |
| 10A. SIGNATURE OF REQUESTING OFFICIAL<br>JAMES R. SHIELDS  |                        |   |                                    | DATE SIGNED  |   | 10B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER<br><i>James R. Shields</i><br>JAMES R. SHIELDS TSD/CMD |   |   |                         | DATE SIGNED  |   |                 |  |
| SPACE BELOW FOR INCLUSIVE USE OF THE OFFICE OF PERSONNEL   |                        |   |                                    |  |   |   |   |   |                         |  |   |                 |  |
| 19. ACTION CODE<br>22  | 20. EMPLOY. CODE<br>10 | 21. OFFICE CODING<br>NUMERIC ALPHABETIC<br>46575 TS |                                    | 22. STATION CODE<br>45025                              | 23. INTERNAL CODE<br>3  | 24. DATE OF BIRTH<br>MO. DA. YR.<br>09   09   1935  |   | 25. DATE OF DEPT.<br>MO. DA. YR.<br>1   21   62             |                         | 27. DATE OF LES<br>MO. DA. YR.<br>1   21   62      |   |                 |  |
| 28. NTE EXPIRES<br>MO. DA. YR.   |                        | 29. SPECIAL REFERENCE                               |                                    | 30. RETIREMENT DATA<br>1 - CSC<br>3 - FICA<br>5 - RUCF |   | 31. SEPARATION DATA CODE  |   | 32. DEPT. ASSIGNMENT DATA<br>MO. DA. YR.                    |                         | 33. SECURITY REQ. W/                               |   | 34. SEA         |  |
| FOD DATA →   |                        |   |                                    |  |   |   |   |   |                         |  |   |                 |  |
| 35. JET. PREFERENCE<br>CODE<br>1 - NO<br>2 - 5 PT<br>3 - 10 PT   |                        | 36. SERV. COMP. DATE<br>MO. DA. YR.                 |                                    | 37. LONG. COMP. DATE<br>MO. DA. YR.                    |   | 38. MIL. SERV. CODE<br>1 - YES<br>2 - NO  |   | 39. REG. / HEALTH INSURANCE<br>CODE<br>1 - YES<br>2 - NO    |                         | 40. SOCIAL SECURITY NO.                            |   |                 |  |
| 41. PREVIOUS GOVERNMENT SERVICE DATA<br>CODE<br>0 - NO PREVIOUS SERVICE<br>1 - NO BREAK IN SERVICE<br>2 - BREAK IN SERVICE (LESS THAN 12 MOS)<br>3 - BREAK IN SERVICE (MORE THAN 12 MOS) |                        |   |                                    | 42. LEAVE CAT. CODE                                    | 43. FEDERAL TAX DATA<br>FORM 1042 CODE<br>1 - YES<br>2 - NO   |   | 44. STATE TAX DATA<br>FORM 1042 CODE<br>1 - YES<br>2 - NO |   | 45. SOCIAL SECURITY NO. |  | 46. STATE CODE  |                 |  |
| 45. POSITION CONTROL CERTIFICATION<br><i>MA 1-29-62</i>  |                        |   |                                    |  |   | 46. O.P. APPROVAL<br><i>James R. Shields</i>  |   |   |                         | DATE APPROVED<br>1/27/62                           |   |                 |  |

SECRET  
(When Filled In)

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

SECRET  
(When Filled In)



|   |                          |                                |
|---|--------------------------|--------------------------------|
| NAME OF EMPLOYEE (LAST-FIRST-MIDDLE)<br>Embernardi, Robert M. | DEPENDENT<br>Wife Martha | CASE OR CLAIM NUMBER<br>56-226 |
|---|--------------------------|--------------------------------|

There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on 16 February 1960.

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

|                                |  |
|--------------------------------|--|
| DATE OF NOTICE<br>8 April 1960 | SIGNATURE OF REPRESENTATIVE<br><i>B. De Felice</i> |
|--------------------------------|--|

NOTICE C OFFICIAL DISABILITY CLAIM FILE

SECRET  
(When Filled In)

|   |  |   |  |   |  |  |                                      |
|---|--|---|--|---|--|--|--------------------------------------|
| REQUEST FOR PERSONNEL ACTION  |  |   |  |   |  | DATE PREPARED<br>15 Dec 1960                     |                                      |
| 1. SERIAL NUMBER<br>522592  |  | 2. NAME (Last-First-Initial)<br>ZAMBERNARDI, Robert |  |   |  |  |                                      |
| 3. NATURE OF PERSONNEL ACTION<br>PROMOTION                                |  |   |  | 4. EFFECTIVE DATE REQUESTED<br>MONTH DAY YEAR<br>12 25 60   |  | 5. CATEGORY OF EMPLOYMENT<br>REGULAR             |                                      |
| 6. FUNDS  |  | V TO V<br>CF TO V                                   |  | X TO CF<br>CF TO CF   |  | 7. COST CENTER NO. CHANGE-ABLE<br>1125-5700-3007 |                                      |
| 8. ORGANIZATIONAL DESIGNATIONS<br>DDP/TSD<br>Western Hemisphere<br>MEXICO |  |   |  | 9. LOCATION OF OFFICIAL STATION<br>Mexico, City, Mexico   |  |  |                                      |
| 11. POSITION TITLE<br>IO TECH AIDS  |  |   |  | 12. POSITION NUMBER<br>575  |  | 12a. PCR CONTROL NO.                             | 13. CAREER SERVICE DESIGNATION<br>DS |
| 14. CLASSIFICATION SCHEDULE (GS, LP, etc.)<br>GS-9                        |  | 15. OCCUPATIONAL SERIES<br>0136.63                  |  | 16. GRADE AND STEP<br>08 01   |  | 17. SALARY OR RATE<br>\$ 5885                    |                                      |
| 18. REMARKS   |  |   |  |   |  |  |                                      |
| 18a. SIGNATURE OF REQUESTING OFFICIAL<br>JAMES R. SHIELDS                 |  |   |  | 18b. SIGNATURE OF CAREER SERVICE APPROVING OFFICER<br><i>James R. Shields</i><br>JAMES R. SHIELDS TSD/CMO |  |  |                                      |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL                  |  |   |  |   |  |  |                                      |
| 19. ACTION CODE   |  | 20. EMPLOY CODE                                     |  | 21. OFFICE SYMBOL   |  | 22. STATION CODE                                 |                                      |
| 46875   |  | 41155   |  | TS  |  | 23. STATION CODE                                 |                                      |
| 23. DATE OF REF.  |  | 24. REFERENCE                                       |  | 25. REFERENCE DATE  |  | 26. REFERENCE DATE                               |                                      |
| 27. DATE OF REF.  |  | 28. REFERENCE                                       |  | 29. REFERENCE DATE  |  | 30. REFERENCE DATE                               |                                      |
| 31. PREFERENCE  |  | 32. PREFERENCE                                      |  | 33. PREFERENCE  |  | 34. PREFERENCE                                   |                                      |
| 35. PREFERENCE  |  | 36. PREFERENCE                                      |  | 37. PREFERENCE  |  | 38. PREFERENCE                                   |                                      |
| 39. PREFERENCE  |  | 40. PREFERENCE                                      |  | 41. PREFERENCE  |  | 42. PREFERENCE                                   |                                      |
| 43. POSITION CONTROL CERTIFICATION  |  | 44. D.P.R. APPROVAL                                 |  | 45. D.P.R. APPROVAL   |  | 46. D.P.R. APPROVAL                              |                                      |

RECORDED  
INDEXED  
*[Signature]*

Personnel Actions Committee  
Room 77 Government Mexico City

SECRET

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

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

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

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

b. Continuing, effective EOD Jul 56

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

NA Ascertain that Army W-2 being issued. (HB 20-381-1)

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

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

Remarks:

Cover Hist

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

*James J. Tranter*

NM/ul CHIEF MILITARY COVER CCG

DT-DISTRIBUTION: Copy 1-POB, Copy 2-Operating Component, Copy 3-OS D OS, Copy 4-UL/TELE, Copy 5-PSD/OS, Copy 6-File

FORM 1551 6-64

SECRET

(12-10-43)

SECRET  
(When Filled In)

N.M. 25 AUG 65

| NOTIFICATION OF PERSONNEL ACTION  |          |                             |                         |                               |                                  |                                 |                           |                           |  |                        |  |                   |  |                   |  |                 |  |
|---|----------|-----------------------------|-------------------------|-------------------------------|----------------------------------|---------------------------------|---------------------------|---------------------------|--|------------------------|--|-------------------|--|-------------------|--|-----------------|--|
| OEF   |          |                             |                         |                               |                                  |                                 |                           |                           |  |                        |  |                   |  |                   |  |                 |  |
| 1. SERIAL NUMBER  |          | 2. NAME (LAST FIRST MIDDLE) |                         |                               |                                  |                                 |                           |                           |  |                        |  |                   |  |                   |  |                 |  |
| 022592  |          | ZAMBERNARDI ROBERT          |                         |                               |                                  |                                 |                           |                           |  |                        |  |                   |  |                   |  |                 |  |
| 3. NATURE OF PERSONNEL ACTION   |          |                             |                         |                               | 4. EFFECTIVE DATE                |                                 | 5. CATEGORY OF EMPLOYMENT |                           |  |                        |  |                   |  |                   |  |                 |  |
| RESIGNATION   |          |                             |                         |                               | 08 20 65                         |                                 | REGULAR                   |                           |  |                        |  |                   |  |                   |  |                 |  |
| 6. FUNDS  |          |                             |                         | 7. COST CENTER NO. CHARGEABLE |                                  | 8. CSC OR OTHER LEGAL AUTHORITY |                           |                           |  |                        |  |                   |  |                   |  |                 |  |
| <table border="1"> <tr> <td>V TO V</td> <td>V TO CF</td> </tr> <tr> <td>CF TO V</td> <td>CF TO CF</td> </tr> </table>               |          |                             |                         | V TO V                        | V TO CF                          | CF TO V                         | CF TO CF                  | 6125 0079 0000            |  |                        |  |                   |  |                   |  |                 |  |
| V TO V  | V TO CF  |                             |                         |                               |                                  |                                 |                           |                           |  |                        |  |                   |  |                   |  |                 |  |
| CF TO V   | CF TO CF |                             |                         |                               |                                  |                                 |                           |                           |  |                        |  |                   |  |                   |  |                 |  |
| 9. ORGANIZATIONAL DESIGNATIONS  |          |                             |                         |                               | 10. LOCATION OF OFFICIAL STATION |                                 |                           |                           |  |                        |  |                   |  |                   |  |                 |  |
| DDP/TSD<br>OPERATIONAL AIDS<br>PHOTO OPERATIONS BRANCH<br>AREA DESKS SECTION  |          |                             |                         |                               | WASH., D. C.                     |                                 |                           |                           |  |                        |  |                   |  |                   |  |                 |  |
| 11. POSITION TITLE  |          |                             |                         |                               | 12. POSITION NUMBER              |                                 | 13. SERVICE DESIGNATION   |                           |  |                        |  |                   |  |                   |  |                 |  |
| PHOTOG GEN  |          |                             |                         |                               | 0113                             |                                 | D                         |                           |  |                        |  |                   |  |                   |  |                 |  |
| 14. CLASSIFICATION SCHEDULE (GS, LS, etc)   |          |                             | 15. OCCUPATIONAL SERIES |                               | 16. GRADE AND STEP               |                                 | 17. SALARY OR RATE        |                           |  |                        |  |                   |  |                   |  |                 |  |
| GS  |          |                             | 1060.02                 |                               | 11 3                             |                                 | 9240                      |                           |  |                        |  |                   |  |                   |  |                 |  |
| 18. REMARKS   |          |                             |                         |                               |                                  |                                 |                           |                           |  |                        |  |                   |  |                   |  |                 |  |
| COMMUNICATIONS - C/O AMERICAN EMBASSY MEXICO D.F. MEXICO<br>CHECKS, BONDS - UNION TRUST COMPANY, 1500 H ST. NW<br>WASHINGTON, D. C. |          |                             |                         |                               |                                  |                                 |                           |                           |  |                        |  |                   |  |                   |  |                 |  |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL  |          |                             |                         |                               |                                  |                                 |                           |                           |  |                        |  |                   |  |                   |  |                 |  |
| 19. ACTION CODE   |          | 20. EMPLOY CODE             |                         | 21. OFFICE CODING             |                                  | 22. STATION CODE                |                           | 23. INITIALES             |  | 24. HOURS              |  | 25. DATE OF BIRTH |  | 26. DATE OF GRADE |  | 27. DATE OF LEI |  |
| 45  |          | 10                          |                         |                               |                                  |                                 |                           |                           |  |                        |  | 05 09 35          |  |                   |  |                 |  |
| 28. W/ CAPS   |          | 29. SPECIAL REFERENCE       |                         | 30. RETIREMENT DATA           |                                  | 31. SEPARATION DATA             |                           | 32. CANCELLATION DATA     |  | 33. SECURITY R/S NO    |  | 34. SEX           |  |                   |  |                 |  |
|   |          |                             |                         |                               |                                  | 3AC004                          |                           |                           |  | EOD DATA               |  |                   |  |                   |  |                 |  |
| 35. NAT PREFERENCE  |          | 36. SERV COMP DATE          |                         | 37. LONG COMP DATE            |                                  | 38. CENTER CATEGORY             |                           | 39. FEET/HEALTH INSURANCE |  | 40. SOCIAL SECURITY NO |  |                   |  |                   |  |                 |  |
|   |          |                             |                         |                               |                                  |                                 |                           |                           |  |                        |  |                   |  |                   |  |                 |  |
| 41. PREVIOUS GOVERNMENT SERVICE DATA  |          |                             |                         | 42. LEAVE CAT                 |                                  | 43. FEDERAL TAX DATA            |                           |                           |  | 44. STATE TAX DATA     |  |                   |  |                   |  |                 |  |
|   |          |                             |                         |                               |                                  |                                 |                           |                           |  |                        |  |                   |  |                   |  |                 |  |
| SIGNATURE OR OTHER AUTHENTICATION   |          |                             |                         |                               |                                  |                                 |                           |                           |  |                        |  |                   |  |                   |  |                 |  |
|   |          |                             |                         |                               |                                  |                                 |                           |                           |  | all 8/26/65            |  |                   |  |                   |  |                 |  |

FORM 1150 11 67

Use Previous Edition

SECRET

*Jga*

GROUP 1  
Excluded from automatic  
downgrading and  
declassification  
(When Filled In)

1150 11 67  
(When Filled In)





SECRET  
(When Filled In)

ARM: 15 APR 63

| NOTIFICATION OF PERSONNEL ACTION  |  |                             |                         |                     |                                  |                                |                           |                                  |  |                        |  |                   |  |                    |  |
|---|--|-----------------------------|-------------------------|---------------------|----------------------------------|--------------------------------|---------------------------|----------------------------------|--|------------------------|--|-------------------|--|--------------------|--|
| 1. SERIAL NUMBER  |  | 2. NAME (LAST-FIRST-MIDDLE) |                         |                     |                                  |                                |                           |                                  |  |                        |  |                   |  |                    |  |
| 022502  |  | ZAMBERNARDI ROBERT          |                         |                     |                                  |                                |                           |                                  |  |                        |  |                   |  |                    |  |
| 3. NATURE OF PERSONNEL ACTION   |  |                             |                         |                     | 4. EFFECTIVE DATE                |                                | 5. CATEGORY OF EMPLOYMENT |                                  |  |                        |  |                   |  |                    |  |
| PROMOTION (CORRECTION)  |  |                             |                         |                     | 04/14/63                         |                                | REGULAR                   |                                  |  |                        |  |                   |  |                    |  |
| 6. FUNDS  |  | V TO W                      |                         | W TO CF             |                                  | 7. COST CENTER NO (CHARGEABLE) |                           | 8. GIC OR OTHER LEGAL AUTHORITY  |  |                        |  |                   |  |                    |  |
| CF TO V   |  | X                           |                         | CF TO CF            |                                  | 3125 5700 3407                 |                           | 50 USC 403                       |  |                        |  |                   |  |                    |  |
| 9. ORGANIZATIONAL DESIGNATIONS  |  |                             |                         |                     | 10. LOCATION OF OFFICIAL STATION |                                |                           |                                  |  |                        |  |                   |  |                    |  |
| DDP TSD<br>FOREIGN FIELD<br>WESTERN HEMISPHERE<br>MEXICO  |  |                             |                         |                     | MEXICO CITY, MEXICO              |                                |                           |                                  |  |                        |  |                   |  |                    |  |
| 11. POSITION TITLE  |  |                             |                         |                     | 12. POSITION NUMBER              |                                | 13. SERVICE DESIGNATION   |                                  |  |                        |  |                   |  |                    |  |
| IC TECH A105  |  |                             |                         |                     | 0575                             |                                | D                         |                                  |  |                        |  |                   |  |                    |  |
| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.)  |  |                             | 15. OCCUPATIONAL SERIES |                     | 16. GRADE AND STEP               |                                | 17. SALARY OR RATE        |                                  |  |                        |  |                   |  |                    |  |
| GS  |  |                             | 0136.63                 |                     | 10 2                             |                                | 7535                      |                                  |  |                        |  |                   |  |                    |  |
| 18. REMARKS   |  |                             |                         |                     |                                  |                                |                           |                                  |  |                        |  |                   |  |                    |  |
| THIS CORRECTS FORM 1150, EFFECTIVE 04/14/63, ITEM #15, OCCUPATIONAL SERIES, WHICH READ "0136.01" TO READ "0136.63."         |  |                             |                         |                     |                                  |                                |                           |                                  |  |                        |  |                   |  |                    |  |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL  |  |                             |                         |                     |                                  |                                |                           |                                  |  |                        |  |                   |  |                    |  |
| 19. ACTION CODE   |  | 21. OFFICE CODING           |                         | 22. STATION CODE    |                                  | 23. INTEROFFICE CODE           |                           | 24. Hdqtrs Code                  |  | 25. DATE OF BIRTH      |  | 26. DATE OF GRADE |  | 27. DATE OF LEI    |  |
|   |  | ALPHABETIC                  |                         | ALPHABETIC          |                                  |                                |                           |                                  |  | MO DA YA               |  | MO DA YA          |  | MO DA YA           |  |
|   |  |                             |                         |                     |                                  |                                |                           |                                  |  | 04 14 63               |  |                   |  |                    |  |
| 28. HRG EFFRPTS   |  | 29. SPECIAL REFERENCE       |                         | 30. RETIREMENT DATA |                                  | 31. SEPARATION DATA CODE       |                           | 32. CORRECTION/CANCELLATION DATA |  | 33. SECURITY REQ NO    |  | 34. SEX           |  |                    |  |
| NO DA YA  |  |                             |                         | 1. YES<br>2. NO     |                                  |                                |                           | TYPE MO DA YA                    |  | EOD DATA               |  |                   |  |                    |  |
| 35. VET PREFERENCE  |  | 36. SEVY COMP DATE          |                         | 37. LONG COMP DATE  |                                  | 38. EARLIER CATEGORY           |                           | 39. FECS/HEALTH INSURANCE        |  | 40. SOCIAL SECURITY NO |  |                   |  |                    |  |
| CODE  |  | MO DA YA                    |                         | MO DA YA            |                                  | CODE                           |                           | CODE                             |  | CODE                   |  |                   |  |                    |  |
|   |  |                             |                         |                     |                                  |                                |                           | 1. YES<br>2. NO                  |  | HEALTH INS CODE        |  |                   |  |                    |  |
| 41. PREVIOUS GOVERNMENT SERVICE DATA  |  |                             |                         | 42. LEAVE CAT       |                                  | 43. FEDERAL TAX DATA           |                           | 44. STATE TAX DATA               |  |                        |  |                   |  |                    |  |
| CODE  |  |                             |                         | CODE                |                                  | CODE                           |                           | CODE                             |  | CODE                   |  | CODE              |  | CODE               |  |
| 1. NO PREVIOUS SERVICE<br>2. BREAK IN SERVICE<br>3. BREAK IN SERVICE LESS THAN 3 YRS<br>4. BREAK IN SERVICE MORE THAN 3 YRS |  |                             |                         |                     |                                  | 1. YES<br>2. NO                |                           | FORM EXECUTED<br>1. YES<br>2. NO |  |                        |  |                   |  |                    |  |
| SIGNATURE OR OTHER AUTHENTICATION   |  |                             |                         |                     |                                  |                                |                           |                                  |  | POSTED                 |  | 15 APR 1963       |  | <i>[Signature]</i> |  |

FORM 1150-1 APR 1963 Edition

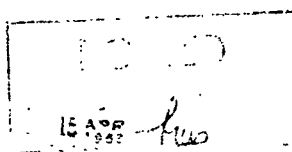
SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC  
DOWNGRADING AND  
DECLASSIFICATION

14-811  
(When Filled In)

SECRET  
(When Filled In)

APM: 11 APR 63

| NOTIFICATION OF PERSONNEL ACTION   |                 |   |                                    |                     |                          |   |                   |                                      |                   |                         |                 |
|--|-----------------|---|------------------------------------|---------------------|--------------------------|---|-------------------|--------------------------------------|-------------------|-------------------------|-----------------|
| 1. SERIAL NUMBER<br>022592   |                 | 2. NAME (LAST FIRST MIDDLE)<br>ZAMBERNARDI ROBERT |                                    |                     |                          |   |                   |                                      |                   |                         |                 |
| 3. NATURE OF PERSONNEL ACTION<br>PROMOTION   |                 |   |                                    |                     |                          | 4. EFFECTIVE DATE<br>MO. DA. YR.<br>04 14 63            |                   | 5. CATEGORY OF EMPLOYMENT<br>REGULAR |                   |                         |                 |
| A. FUNDS   |                 | V TO V  |                                    | V TO CP             |                          | 7. COST CENTER NO. CHARGEABLE                           |                   | 8. CSC OR OTHER LEGAL AUTHORITY      |                   |                         |                 |
|  |                 | CP TO V   |                                    | CP TO CP            |                          | 3125 5700 3007  |                   | 50 USC 403 J                         |                   |                         |                 |
| 9. ORGANIZATIONAL DESIGNATIONS<br>DDP TSO<br>FOREIGN FIELD<br>WESTERN HEMISPHERE<br>MEXICO |                 |   |                                    |                     |                          | 10. LOCATION OF OFFICIAL STATION<br>MEXICO CITY, MEXICO |                   |                                      |                   |                         |                 |
| 11. POSITION TITLE<br>10 TECH AIDS   |                 |   |                                    |                     |                          | 12. POSITION NUMBER<br>0575                             |                   | 13. SERVICE DESIGNATION<br>D         |                   |                         |                 |
| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.)<br>GS   |                 |   | 15. OCCUPATIONAL SERIES<br>0130.01 |                     |                          | 16. GRADE AND STEP<br>10 2                              |                   | 17. SALARY OR RATE<br>7535           |                   |                         |                 |
| 18. REMARKS  |                 |   |                                    |                     |                          |   |                   |                                      |                   |                         |                 |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL                                   |                 |   |                                    |                     |                          |   |                   |                                      |                   |                         |                 |
| 19. ACTION CODE  | 20. EMPLOY CODE | 21. OFFICE CODING                                 |                                    | 22. STATION CODE    | 23. INTEGREE CODE        | 24. HOURS CODE  | 25. DATE OF BIRTH |                                      | 26. DATE OF GRADE |                         | 27. DATE OF LEI |
| 22   | 10              | 108-75 75   |                                    | 49075               |                          | 3   | 05 14 24          |                                      | 04 14 63          |                         | 04 14 63        |
| 28. NIE EMPHASIS   |                 | 29. SPECIAL REFERENCE                             | 30. RETIREMENT DATA                |                     | 31. SEPARATION DATA CODE | 32. CORRECTION/CANCELLATION DATA                        |                   | 33. SECURITY                         |                   | 34. SEX                 |                 |
|  |                 | 10  | 1. CSC<br>2. PICA<br>3. NONE       |                     |                          | EOD DATA  |                   | 25G NO                               |                   |                         |                 |
| 35. VET. PREFERENCE  |                 | 36. SERV. COMP. DATE                              |                                    | 37. LONG COMP. DATE |                          | 38. CAREER CATEGORY                                     |                   | 39. FEGLI/HEALTH INSURANCE           |                   | 40. SOCIAL SECURITY NO. |                 |
| COFF   |                 |   |                                    |                     |                          |   |                   | 1 YES                                |                   |                         |                 |
| 41. PREVIOUS GOVERNMENT SERVICE DATA   |                 |   |                                    | 42. LEAVE CAT.      |                          | 43. FEDERAL TAX DATA                                    |                   | 44. STATE TAX DATA                   |                   |                         |                 |
| CODE   |                 |   |                                    | CODE                |                          | CODE  |                   | CODE                                 |                   |                         |                 |
| 1. NO PREVIOUS SERVICE   |                 |   |                                    | 1. YES              |                          | 1. YES  |                   | 1. YES                               |                   |                         |                 |
| 2. BIRTH IN SERVICE (ISS. FROM 1952)   |                 |   |                                    | 2. NO               |                          | 2. NO   |                   | 2. NO                                |                   |                         |                 |
| 3. AREA IN SERVICE (ISS. FROM 1954)  |                 |   |                                    |                     |                          |   |                   |                                      |                   |                         |                 |
| SIGNATURE OR OTHER AUTHENTICATION  |                 |   |                                    |                     |                          |   |                   |                                      |                   |                         |                 |
|        |                 |   |                                    |                     |                          |   |                   |                                      |                   |                         |                 |

FORM 1150

11 APR 1963 Edition

SECRET

15 APR 1963

(When Filled In)

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

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

BWS: 19 JAN 62

SECRET  
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION  |                   |                               |                         |                                 |                                  |                           |                                |                                  |                   |                        |         |  |  |
|---|-------------------|-------------------------------|-------------------------|---------------------------------|----------------------------------|---------------------------|--------------------------------|----------------------------------|-------------------|------------------------|---------|--|--|
| 1. SERIAL NUMBER  |                   | 2. NAME (LAST-FIRST-MIDDLE)   |                         |                                 |                                  |                           |                                |                                  |                   |                        |         |  |  |
| 022592  |                   | ZAMBERNARDI ROBERT            |                         |                                 |                                  |                           |                                |                                  |                   |                        |         |  |  |
| 3. NATURE OF PERSONNEL ACTION   |                   |                               |                         |                                 | 4. EFFECTIVE DATE                |                           | 5. CATEGORY OF EMPLOYMENT      |                                  |                   |                        |         |  |  |
| PROMOTION   |                   |                               |                         |                                 | 01   21   62                     |                           | REGULAR                        |                                  |                   |                        |         |  |  |
| 6. FUNDS  |                   | 7. COST CENTER NO. CHARGEABLE |                         | 8. CSC OR OTHER LEGAL AUTHORITY |                                  |                           |                                |                                  |                   |                        |         |  |  |
| <table border="1"> <tr> <td>V TO V</td> <td>V TO CF</td> </tr> <tr> <td>CF TO V</td> <td>CF TO CF</td> </tr> </table>     |                   | V TO V                        | V TO CF                 | CF TO V                         | CF TO CF                         | 2125 5700 3007            |                                | 50 USC 403 J                     |                   |                        |         |  |  |
| V TO V  | V TO CF           |                               |                         |                                 |                                  |                           |                                |                                  |                   |                        |         |  |  |
| CF TO V   | CF TO CF          |                               |                         |                                 |                                  |                           |                                |                                  |                   |                        |         |  |  |
| 9. ORGANIZATIONAL DESIGNATIONS  |                   |                               |                         |                                 | 10. LOCATION OF OFFICIAL STATION |                           |                                |                                  |                   |                        |         |  |  |
| DDP 7SD<br>FOREIGN FIELD<br>WESTERN HEMISPHERE<br>MEXICO  |                   |                               |                         |                                 | MEXICO CITY, MEXICO              |                           |                                |                                  |                   |                        |         |  |  |
| 11. POSITION TITLE  |                   |                               |                         |                                 | 12. POSITION NUMBER              |                           | 13. CAREER SERVICE DESIGNATION |                                  |                   |                        |         |  |  |
| 10 TECH AIDS  |                   |                               |                         |                                 | 0575                             |                           | D                              |                                  |                   |                        |         |  |  |
| 14. CLASSIFICATION SCHEDULE (SS, LS, etc.)  |                   |                               | 15. OCCUPATIONAL SERIES |                                 | 16. GRADE AND STEP               |                           | 17. SALARY OR RATE             |                                  |                   |                        |         |  |  |
| GS  |                   |                               | 0136.01                 |                                 | 09 1                             |                           | 6435                           |                                  |                   |                        |         |  |  |
| 18. REMARKS   |                   |                               |                         |                                 |                                  |                           |                                |                                  |                   |                        |         |  |  |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL  |                   |                               |                         |                                 |                                  |                           |                                |                                  |                   |                        |         |  |  |
| 19. ACTION CODE   | 20. EMPLOYER 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                | 14575 TS                      |                         | 115075                          |                                  | 3                         | 05   09   35                   |                                  | 01   21   62      | 01   21   62           |         |  |  |
| 28. HTE EXPIRES   |                   | 29. SPECIAL REFERENCE         |                         | 30. RETIREMENT DATA             |                                  | 31. SEPARATION DATA CODE  |                                | 32. CORRECTION-CANCELLATION DATA |                   | 33. SECURITY REG NO    | 34. SEX |  |  |
|   |                   |                               |                         |                                 |                                  |                           |                                | EOD DATA                         |                   |                        |         |  |  |
| 35. VET PREFERENCE  |                   | 36. SEEP SWAP DATE            |                         | 37. LONG CLMP DATE              |                                  | 38. MIL SERV CREDIT/FILED |                                | 39. FECLTY HEALTH INSURANCE      |                   | 40. SOCIAL SECURITY NO |         |  |  |
|   |                   |                               |                         |                                 |                                  |                           |                                |                                  |                   |                        |         |  |  |
| 41. PREVIOUS GOVERNMENT SERVICE DATA  |                   |                               |                         | 42. LEAVE CAT                   |                                  | 43. FEDERAL TAX DATA      |                                | 44. STATE TAX DATA               |                   |                        |         |  |  |
|   |                   |                               |                         |                                 |                                  |                           |                                |                                  |                   |                        |         |  |  |
| SIGNATURE OR OTHER AUTHENTICATION   |                   |                               |                         |                                 |                                  |                           |                                |                                  |                   |                        |         |  |  |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>POSTED</p> <p>1/25/62 <i>Om</i></p> </div> |                   |                               |                         |                                 |                                  |                           |                                |                                  |                   |                        |         |  |  |

1/25/62

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87 - 703 AND  
 DCI MEMORANDUM DATED 1 AUGUST 1955, SALARY IS ADJUSTED AS FOLLOWS,  
 EFFECTIVE 16 OCTOBER 1962

| NAME               | SERIAL | ORGN  | FUNDS   | OLD<br>GR-ST | OLD<br>SALARY | NEW<br>GR-ST | NEW<br>SALARY |
|--------------------|--------|-------|---------|--------------|---------------|--------------|---------------|
| ZAMBERNARDI ROBERT | 022592 | 46575 | CF 09 1 | 3            | 6435          | 09 1         | 3 6675        |

|  |      |                    |                |                       |      |               |                |                |     |     |
|--|------|--------------------|----------------|-----------------------|------|---------------|----------------|----------------|-----|-----|
| 1. Serial No   |      | 2. Name            |                | 3. Cost Center Number |      | 4. LWOP Hours |                |                |     |     |
| 022592   |      | ZAMBERNARDI ROBERT |                | 46 575 CF 10          |      |               |                |                |     |     |
| 5. OLD SALARY RATE   |      |                    |                | 6. NEW SALARY RATE    |      |               |                | 7. TYPE ACTION |     |     |
| Grade  | Step | Salary             | Last Eff. Date | Grade                 | Step | Salary        | Effective Date | PSI            | LSI | ADI |
| GS 09  | 1S   | 6,675              | 01/21/62       | GS 09                 | 2S   | 6,900         | 01/20/63       |                |     |     |
| 8. Remarks and Authentication  |      |                    |                |                       |      |               |                |                |     |     |
| / / NO EXCESS LWOP<br>/ / IN PAY STATUS AT END OF WAITING PERIOD<br>/ / LWOP STATUS AT END OF WAITING PERIOD<br>CLERKS INITIALS AUDITED BY |      |                    |                |                       |      |               |                |                |     |     |
| I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS<br>OF AN ACCEPTABLE LEVEL OF COMPETENCE.  |      |                    |                |                       |      |               |                |                |     |     |
| SIGNATURE: [Signature]   |      |                    |                |                       |      |               |                |                |     |     |
| DATE: [Date]   |      |                    |                |                       |      |               |                |                |     |     |
| PAY CHANGE NOTIFICATION  |      |                    |                |                       |      |               |                |                |     |     |

Form 560  
9-61

Obsolete Previous Edition

(4-51)

SECRET  
(When Filled In)

|  |      |                    |                |                       |      |               |                |                |     |     |
|--|------|--------------------|----------------|-----------------------|------|---------------|----------------|----------------|-----|-----|
| 1. Serial No   |      | 2. Name            |                | 3. Cost Center Number |      | 4. LWOP Hours |                |                |     |     |
| 22592  |      | ZAMBERNARDI ROBERT |                | DIP/TSG 10 UV         |      |               |                |                |     |     |
| 5. OLD SALARY RATE   |      |                    |                | 6. NEW SALARY RATE    |      |               |                | 7. TYPE ACTION |     |     |
| Grade  | Step | Salary             | Last Eff. Date | Grade                 | Step | Salary        | Effective Date | PSI            | LSI | ADI |
| GS 08  | 1S   | 5,885              | 12/25/61       | GS 08                 | 2S   | 6,035         | 12/24/61       |                |     |     |
| 8. Remarks and Authentication  |      |                    |                |                       |      |               |                |                |     |     |
| / / IN LWOP STATUS AT END OF WAITING PERIOD<br>/ / NO EXCESS LWOP<br>/ / IN PAY STATUS |      |                    |                |                       |      |               |                |                |     |     |
| PAY CHANGE NOTIFICATION  |      |                    |                |                       |      |               |                |                |     |     |

Form 560  
7-60

Obsolete Previous Edition

SECRET

(4-51)

BLT: <sup>23</sup> 28 DEC 1960

SECRET  
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION   |                 |                             |  |                              |                   |                                      |                                  |                                  |  |                                |                      |                         |                      |  |
|--|-----------------|-----------------------------|--|------------------------------|-------------------|--------------------------------------|----------------------------------|----------------------------------|--|--------------------------------|----------------------|-------------------------|----------------------|--|
| 1. SERIAL NUMBER   |                 | 2. NAME (LAST FIRST MIDDLE) |  |                              |                   |                                      |                                  |                                  |  |                                |                      |                         |                      |  |
| 022592   |                 | ZAMBERNARDI ROBERT          |  |                              |                   |                                      |                                  |                                  |  |                                |                      |                         |                      |  |
| 3. NATURE OF PERSONNEL ACTION  |                 |                             |  |                              |                   |                                      | 4. EFFECTIVE DATE                |                                  |  | 5. CATEGORY OF EMPLOYMENT      |                      |                         |                      |  |
| PROMOTION  |                 |                             |  |                              |                   |                                      | MO DA YR<br>12 25 60             |                                  |  | REGULAR                        |                      |                         |                      |  |
| 6. FUNDS   |                 | V TO V                      |  | V TO CF                      |                   | 7. COST CENTER NO. CHARGEABLE        |                                  |                                  | 8. CSC OR OTHER LEGAL AUTHORITY            |                                |                      |                         |                      |  |
| CF TO V  |                 | X                           |  | CF TO CF                     |                   | 1125 5700 3007                       |                                  |                                  | 50 USC 303 d                               |                                |                      |                         |                      |  |
| 9. ORGANIZATIONAL DESIGNATIONS   |                 |                             |  |                              |                   |                                      | 10. LOCATION OF OFFICIAL STATION |                                  |  |                                |                      |                         |                      |  |
| DDP TSD<br>WESTERN HEMISPHERE<br>MEXICO  |                 |                             |  |                              |                   |                                      | MEXICO CITY, MEXICO              |                                  |  |                                |                      |                         |                      |  |
| 11. POSITION TITLE   |                 |                             |  |                              |                   |                                      | 12. POSITION NUMBER              |                                  |  | 13. CAREER SERVICE DESIGNATION |                      |                         |                      |  |
| 10 TECH AIDS   |                 |                             |  |                              |                   |                                      | 0575                             |                                  |  | D                              |                      |                         |                      |  |
| 14. CLASSIFICATION SCHEDULE (GS, WB, etc)  |                 |                             |  | 15. OCCUPATIONAL SERIES      |                   |                                      | 16. GRADE AND STEP               |                                  |  | 17. SALARY OR RATE             |                      |                         |                      |  |
| G  |                 |                             |  | 0136.63                      |                   |                                      | 08 1                             |                                  |  | 5885                           |                      |                         |                      |  |
| 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. Hdqrs. Code                      | 25. DATE OF BIRTH                |                                  |  | 26. DATE OF GRADE              |                      |                         | 27. DATE OF LEI      |  |
| 22   | 10              | A6575 TS                    |  | 45075                        |                   | 3                                    | MO DA YR<br>05 09 35             |                                  |  | MO DA YR<br>12 25 60           |                      |                         | MO DA YR<br>12 25 60 |  |
| 28. NTE EXPIRES  |                 | 29. SPECIAL REFERENCE       |  | 30. RETIREMENT DATA          |                   | 31. SEPARATION DATA CODE             |                                  | 32. CORRECTION/CANCELLATION DATA |  |                                | 33. SECURITY RLO NO. |                         | 34. SEX              |  |
| NO DA YR   |                 |                             |  | 1. CAL<br>2. FICA<br>3. NONE |                   |                                      |                                  | EOD DATA                         |  |                                |                      |                         |                      |  |
| 35. VET PREFERENCE   |                 | 36. SERV COMP DATE          |  | 37. LONG. COMP DATE          |                   | 38. MIL. SERV. CREDIT/LCO            |                                  | 39. FEGLI / HEALTH INSURANCE     |  |                                |                      | 40. SOCIAL SECURITY NO. |                      |  |
| CODE<br>0 - NONE<br>1 - 5 YR<br>2 - 10 YR  |                 | MO DA YR                    |  | MO DA YR                     |                   | 1 - YES<br>2 - NO                    |                                  | CODE CODE 0 - WAIVER 1 - YES     |  |                                |                      |                         |                      |  |
| 41. PREVIOUS GOVERNMENT SERVICE DATA   |                 |                             |  | 42. LEAVE CAT CODE           |                   | 43. FEDERAL TAX DATA                 |                                  |                                  | 44. STATE TAX DATA                         |                                |                      |                         |                      |  |
| CODE<br>0 - NO PREVIOUS SERVICE<br>1 - NO BREAK IN SERVICE<br>2 - BREAK IN SERVICE (LESS THAN 12 MOS)<br>3 - BREAK IN SERVICE (MORE THAN 12 MOS)               |                 |                             |  | 1 - YES<br>2 - NO            |                   | FORM EXECUTED CODE NO TAX EXEMPTIONS |                                  |                                  | FORM EXECUTED CODE NO TAX EXEMP STATE CODE |                                |                      |                         |                      |  |
| SIGNATURE OR OTHER AUTHENTICATION  |                 |                             |  |                              |                   |                                      |                                  |                                  |  |                                |                      |                         |                      |  |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;">           POSTED<br/> <i>[Signature]</i><br/>           11/20/60-61         </div> |                 |                             |  |                              |                   |                                      |                                  |                                  |  |                                |                      |                         |                      |  |

**SECRET**  
(When Filled In)

**NOTIFICATION OF PERSONNEL ACTION**

AES: 17 APRIL 1959

|               |               |                             |  |                                 |  |                      |                             |      |               |             |               |             |                    |  |  |
|---------------|---------------|-----------------------------|--|---------------------------------|--|----------------------|-----------------------------|------|---------------|-------------|---------------|-------------|--------------------|--|--|
| 1. Serial No. |               | 2. Name (Last-First-Middle) |  |                                 |  | 3. Date Of Birth     |                             |      | 4. Vac. Pref. |             | 5. Sex        |             | 6. CS - FOD        |  |  |
| 522592        |               | ZAMBERNARDI ROBERT          |  |                                 |  | Mo. Da. Yr.          | None-0<br>5 Pr-1<br>10 Pr-2 | Coda |               | M 1         |               | Mo. Da. Yr. | 07 30 56           |  |  |
| 7. SCD        |               | 8. CSC Retmt.               |  | 9. CSC Or Other Legal Authority |  | 10. Apmt. Affid. Yr. |                             |      | 11. FEGLI     |             | 12. TCD       |             | 13. Ann. Serv. Cte |  |  |
| Mo. Da. Yr.   | Yes-1<br>No-2 | Code                        |  | 50 USCA 403 J                   |  | Mo. Da. Yr.          | Yes-1<br>No-2               | Code |               | Mo. Da. Yr. | Yes-1<br>No-2 | Code        |                    |  |  |
| 08 02 54      | 1             | 1                           |  |                                 |  |                      | 1                           | 1    |               | 07 30 56    |               | 2           |                    |  |  |

**PREVIOUS ASSIGNMENT**

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

**ACTION**

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

**PRESENT ASSIGNMENT**

|  |      |                    |              |        |  |                                  |             |               |    |                          |         |  |
|--|------|--------------------|--------------|--------|--|----------------------------------|-------------|---------------|----|--------------------------|---------|--|
| 31. Organizational Designations                    |      |                    |              | Code   |  | 32. Location Of Official Station |             |               |    | Station Code             |         |  |
| DDP TSS FOREIGN FIELD<br>WESTERN HEMISPHERE MEXICO |      |                    |              | 4455   |  | MEXICO                           |             |               |    | 45000                    |         |  |
| 33. Dept. - Field                                  |      | 34. Position Title |              |        |  | 35. Position Flr.                |             | 36. Serv.     |    | 37. Occup. Series        |         |  |
| Dept - 1<br>USfld - 3<br>Frgn - 5                  | Coda |                    | 10 TECH AIDS |        |  |                                  | 0575        |               | GS |                          | 0136.63 |  |
| 38. Grade & Step                                   |      | 39. Salary Or Rate |              | 40. SD |  | 41. Date Of Grade                |             | 42. Pst. Due  |    | 43. Appropriation Number |         |  |
| 07 1   |      | \$ 4980            |              | DT     |  | Mo. Da. Yr.                      | Mo. Da. Yr. | 9 2500 75 007 |    |                          |         |  |
|  |      |                    |              |        |  | 12 28 58                         | 12 27 59    |               |    |                          |         |  |

44. Remarks

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

**POSTED**

24 APR 1959

RW

NOV 1961

**SECRET**  
(When Filled In)

EMPLOYEE SERIAL NUMBER  
22592

**FITNESS REPORT**

**SECTION A GENERAL**

1. NAME (Last) (First) (Middle): **ZAMBERNARDI, Robert M.**  
 2. DATE OF BIRTH: **9 May 1935**  
 3. SER: **M**  
 4. GRADE: **GS-8**  
 5. SERVICE DESIGNATION: **KURIOT**  
 6. OFFICIAL POSITION TITLE: **IO TECH AIDS**  
 7. OFF/DIV/BR OF ASSIGNMENT: **WH/III/MEXI**  
 8. CAREER STAFF STATUS:  MEMBER  
 9. TYPE OF REPORT:  ANNUAL  
 10. DATE REPORT DUE IN O.P.: **31 AUGUST 1961**  
 11. REPORTING PERIOD: **7/1/60 - 6/30/61**

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

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

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

| RATING NO. | SPECIFIC DUTY NO. 6 | RATING NO. |
|------------|---------------------|------------|
| 6          |                     | 5          |
| 5          |                     | 5          |
| 6          |                     |            |

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

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

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

RATING NO. **5**

**SECTION D DESCRIPTION OF THE EMPLOYEE**

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

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

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

SEE SECTION "E" ON REVERSE SIDE.



SECRET  
(When Filled In)

OFFICE OF PERSONNEL

SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

State 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. Provide the basis for determining future personnel actions.

2017H'61

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

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

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

SECTION F CERTIFICATION AND COMMENTS

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

DATE 13 September 1961 SIGNATURE OF EMPLOYEE /s/ Robert M. Zambernardi

2. BY SUPERVISOR  
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 12 months  
IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

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

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

DATE 13 September 1961 OFFICIAL TITLE OF SUPERVISOR Deputy Chief of Station TYPED OR PRINTED NAME AND SIGNATURE /s/ in pseudo

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

COMMENTS OF REVIEWING OFFICIAL

DATE 13 September 1961 OFFICIAL TITLE OF REVIEWING OFFICIAL Chief of Station TYPED OR PRINTED NAME AND SIGNATURE /s/ in pseudo

SECRET

Press Reports for period 1942, 1943  
Personnel Notes for period prior to  
President Roosevelt Mexico City

**SECRET**  
(When Filled In)

29 PPS  
1965

**FITNESS REPORT**

EMPLOYEE SERIAL NUMBER

22592

**SECTION A GENERAL**

|  |   |                                       |   |  |
|--|---|---------------------------------------|---|--|
| 1. NAME (Last) <b>ZAMBERNARDI</b> (First) <b>Robert</b> (Middle) |   | 2. DATE OF BIRTH<br><b>9 May 1935</b> | 3. SEX<br><b>N</b>                                  | 4. GRADE<br><b>GS-7</b>                          |
| 5. SERVICE DESIGNATION<br><b>KURIOT</b>                          | 6. OFFICIAL POSITION TITLE<br><b>IO TECH AIDS</b> |                                       | 7. OFF/DIV/BR OF ASSIGNMENT<br><b>KURIOT/Mexico</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.                                      | 11. REPORTING PERIOD<br>From To                   |                                       | 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 Duties levied upon KURIOT by Station CO's in support of their ops and info. This constitutes using concealment devices, talophoto lens. |                     | RATING NO. 5   | SPECIFIC DUTY NO. 4 S/W (two systems). Writing S/W for CO's. Rec'g messages for development.                                      |               | RATING NO. 4 |                 |
| SPECIFIC DUTY NO. 2 Routine lab work. Micro-filming docs, printing docs, reprod. photos, maintenance of Photo Lab.  |                     | RATING NO. 6   | SPECIFIC DUTY NO. 5 Stake out surveillance, agent mtgs and other duties that may be requested.                                    |               | RATING NO. 4 |                 |
| SPECIFIC DUTY NO. 3 Opening, photographing and resealing operational mail of Station CO's.  |                     | RATING NO. 5   | SPECIFIC DUTY NO. 6 Purchasing all photo supplies which can be procured on local market. Supplying some basehouses with supplies. |               | RATING NO. 6 |                 |

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

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

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

RATING NO.  
**4**

**SECTION D DESCRIPTION OF THE EMPLOYEE**

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

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

SEE SECTION "E" ON REVERSE SIDE

19601/229

SECRET

(When Filled In)

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

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

This young officer is conscientious and willing. He is an excellent photographer and fulfills duties related to photography (which is his principal duty) in completely satisfactory fashion. Dec 29 11 04 AM '60  
MAIL ROOM

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

**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

27 Oct 1960

SIGNATURE OF EMPLOYEE

Subject signed form 45a in pseudo.

**2. BY SUPERVISOR**

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

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

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

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE

27 Oct 1960

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

Winston Scott

**3. BY REVIEWING OFFICIAL**

I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

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

COMMENTS OF REVIEWING OFFICIAL

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

SECRET

**SECRET**  
(When Filled In)

12/15/59  
13 AUG 1959  
11

|                       |   |
|-----------------------|---|
| <b>FITNESS REPORT</b> | EMPLOYEE SERIAL NUMBER<br><b>122592</b> |
|-----------------------|---|

| SECTION A GENERAL                                  |                                   |  |  |
|--|-----------------------------------|--|--|
| 1. NAME<br><b>ZAMBERNARDI Robert M.</b>            | (Last) (First) (Middle)           | 2. DATE OF BIRTH<br><b>9 May 1935</b>                | 3. SEX<br><b>M</b>                         |
| 4. GRADE<br><b>GS-7</b>                            |                                   | 5. SERVICE DESIGNATION<br><b>DT</b>                  |  |
| 6. OFFICIAL POSITION TITLE<br><b>PHOTOG GEN</b>    |                                   | 7. OFF/DIV/BR OF ASSIGNMENT<br><b>DDP/TSS/TA/PSD</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 checked="" type="checkbox"/> PENDING        | <input type="checkbox"/> DECLINED | <input type="checkbox"/> DENIED                      | <input checked="" type="checkbox"/> ANNUAL |
| 10. DATE REPORT DUE IN O.P.<br><b>30 June 1959</b> |                                   | 11. REPORTING PERIOD<br><b>Dec 1958 to Jun 1959</b>  |  |

| SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES  |                        |   |                        |
|---|------------------------|---|------------------------|
| <p>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).</p> |                        |   |                        |
| 1 - Unsatisfactory  | 2 - Barely adequate    | 3 - Acceptable  | 4 - Competent          |
| 5 - Excellent   | 6 - Superior           | 7 - Outstanding   |                        |
| SPECIFIC DUTY NO. 1 USING ENLARGERS, CONTACT PRINTERS AND RELATED EQUIPMENT TO MAKE PHOTOGRAPHIC PRINTS.  | RATING NO.<br><b>3</b> | SPECIFIC DUTY NO. 4 MIXING ALL STANDARD CHEMICALS & SPECIAL FORMULAE FOR THE PROPER DEVELOPMENT OF VARIOUS FILM AND PAPERS - FOREIGN & DOMESTIC | RATING NO.<br><b>4</b> |
| SPECIFIC DUTY NO. 2 PROCESSING OF BLACK & WHITE AND COLOR FILM, BOTH FOREIGN AND DOMESTIC, RANGING FROM 35MM TO 20" x 24"   | RATING NO.<br><b>4</b> | SPECIFIC DUTY NO. 3 WASHING, DRYING AND SORTING OF PHOTOGRAPHIC PRINTS  | RATING NO.<br><b>5</b> |
| SPECIFIC DUTY NO. 3 DOCUMENT PHOTOGRAPHY USING 20" x 24" PROCESS CAMERA, MOD. D AND E RECORDAKS AND VARIOUS PORTABLE COPYING EQUIPMENT  | RATING NO.<br><b>4</b> | SPECIFIC DUTY NO. 4 USES STILL AND NP CAMERAS RANGING FROM 35MM SUB-MINIATURE TO 8 x 10.  | RATING NO.<br><b>3</b> |

| SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION   |   |            |          |
|---|---|------------|----------|
| <p>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.</p> |   |            |          |
| <p>1 - Performance in many important respects fails to meet requirements.<br/>2 - Performance meets most requirements but is deficient in one or more important respects.<br/>3 - Performance clearly meets basic requirements.<br/>4 - Performance clearly exceeds basic requirements.<br/>5 - Performance in every important respect is superior.<br/>6 - Performance in every respect is outstanding.</p>  | <table border="1" style="width:50px; height:50px; margin:auto;"> <tr><td align="center">RATING NO.</td></tr> <tr><td 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  | 4  | 5 |  |
| GETS THINGS DONE   |                    |                   |                          |                        |        |   | XX |    |   |  |
| RESOURCEFUL  |                    |                   |                          |                        |        |   | XX |    |   |  |
| ACCEPTS RESPONSIBILITIES   |                    |                   |                          |                        |        |   |    | XX |   |  |
| CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES   |                    |                   |                          |                        |        |   | XX |    |   |  |
| DOES HIS JOB WITHOUT STRONG SUPPORT  |                    |                   |                          |                        |        |   | XX |    |   |  |
| FACILITATES SMOOTH OPERATION OF HIS OFFICE   |                    |                   |                          |                        |        |   | XX |    |   |  |
| WRITES EFFECTIVELY   |                    |                   | XX                       |                        |        |   |    |    |   |  |
| SECURITY CONSCIOUS   |                    |                   |                          |                        |        |   |    | XX |   |  |
| THINKS CLEARLY   |                    |                   |                          |                        |        |   |    | XX |   |  |
| DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS                                      |                    |                   | XX                       |                        |        |   |    |    |   |  |
| OTHER (Specify):   |                    |                   |                          |                        |        |   |    |    |   |  |

SEE SECTION "E" ON REVERSE SIDE

SECRET

(When Filled In)

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

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

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

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

**SECTION F CERTIFICATION AND COMMENTS**

**1. BY EMPLOYEE**

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

DATE SIGNATURE OF EMPLOYEE

**2. BY SUPERVISOR**

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

12

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

SUBJECT LEFT PCS, MEXICO CITY JUNE 20, 1959.

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

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

25 JUNE 1959

C/TSS/PSD/OSL

Harold M. Sprague  
HAROLD M. SPRAGUE

**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

25 JUNE 1959

I. O. TECH. AIDS

Ralph W. Harris  
RALPH W. HARRIS

SECRET

**SECRET**  
(When Filled In)

|  |                                   |   |  |   |                         |
|--|-----------------------------------|---|--|---|-------------------------|
| <b>FITNESS REPORT</b>  |                                   |   |  | EMPLOYEE SERIAL NUMBER<br><b>122592</b>             |                         |
| <b>SECTION A GENERAL</b>   |                                   |   |  |   |                         |
| 1. NAME (Last) (First) (Middle)<br><b>ZAMBERNARDI Robert</b>   |                                   | 2. DATE OF BIRTH<br><b>5 Sept 1935</b>              |  | 3. SEX<br><b>M</b>                                  | 4. GRADE<br><b>GS-5</b> |
| 5. SERVICE DESIGNATION<br><b>DT</b>  |                                   | 6. OFFICIAL POSITION TITLE<br><b>PHOTO GEN</b>      |  | 7. OFF/DIV/BR OF ASSIGNMENT<br><b>DDP/TSS/TA/PD</b> |                         |
| 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.<br><b>December 1958</b>  |                                   | 11. REPORTING PERIOD<br><b>Dec 1957 to Dec 1958</b> |  | SPECIAL (Specify)<br><b>Also Promotion</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 employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).   |                                   |   |  |   |                         |
| 1 - Unsatisfactory   | 2 - Barely adequate               | 3 - Acceptable                                      | 4 - Competent  | 5 - Excellent                                       | 6 - Superior            |
| 7 - Outstanding  | RATING NO.                        | SPECIFIC DUTY NO. 4                                 | RATING NO.   | SPECIFIC DUTY NO. 5                                 | RATING NO.              |
| SPECIFIC DUTY NO. 1 PHOTOGRAPHIC DARKROOM TECHNICIAN. USE ENLARGERS, CONTACT PRINTERS AND RELATED EQUIPMENT TO MAKE PHOTOGRAPHIC PRINTS.   |                                   | <b>3</b>  | SPECIFIC DUTY NO. 4 MIXING OF PHOTOGRAPHIC SOLUTIONS FROM BULK AND PREPARED CHEMICALS. |   | <b>4</b>                |
| SPECIFIC DUTY NO. 2 DOCUMENT PHOTOGRAPHY - USING CONSOLIDATED PROCESS CAMERA, "E" & "D" RECORDAK, AND OTHER 35MM CAMERAS   |                                   | <b>4</b>  | SPECIFIC DUTY NO. 5 WASHING, DRYING AND SORTING PRINTS.                                |   | <b>4</b>                |
| SPECIFIC DUTY NO. 3 FILM PROCESSING, BOTH BLACK & WHITE AND COLOR.   |                                   | <b>3</b>  | SPECIFIC DUTY NO. 6  |   | RATING NO.              |
| <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.<br>2 - Performance meets most requirements but is deficient in one or more important respects.<br>3 - Performance clearly meets basic requirements.<br>4 - Performance clearly exceeds basic requirements.<br>5 - Performance in every important respect is superior.<br>6 - Performance in every respect is outstanding.   |                                   |   |  |   | RATING NO.<br><b>4</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   |                                   |   |  |   | X                       |
| RESOURCEFUL  |                                   |   |  |   | X                       |
| ACCEPTS RESPONSIBILITIES   |                                   |   |  |   | X                       |
| CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES   |                                   |   |  |   | X                       |
| DOES HIS JOB WITHOUT STRONG SUPPORT  |                                   |   |  |   | X                       |
| FACILITATES SMOOTH OPERATION OF HIS OFFICE   |                                   |   |  |   | X                       |
| WRITES EFFECTIVELY   |                                   |   | X  |   |                         |
| SECURITY CONSCIOUS   |                                   |   |  |   | X                       |
| THINKS CLEARLY   |                                   |   |  |   | X                       |
| DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS  |                                   |   | X  |   |                         |
| OTHER (Specify):   |                                   |   |  |   |                         |
| SEE SECTION "E" ON REVERSE SIDE  |                                   |   |  |   |                         |

SECRET

(When Filled In)

SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

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

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

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

SECTION F CERTIFICATION AND COMMENTS

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

DATE SIGNATURE OF EMPLOYEE

2. BY SUPERVISOR

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

8 Subject on leave, will be shown to him later

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

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE OFFICIAL TITLE OF SUPERVISOR TYPED OR PRINTED NAME AND SIGNATURE

23/12/58 DC/TSS/PSD/OSC HAROLD M. SPRAGUE

3. BY REVIEWING OFFICIAL

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

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

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

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

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

23 DECEMBER 1958 DC/TSS/PSD JOHN D. MARCO

SECRET



Fitness Reports and other  
Personnel Documents Dorian provided  
prior his assignment to Mexico City