

STANDARD FORM 64
REVISED 1962
GPO : WASHINGTON : 1962
O-591-761

SECRET

Official Personnel Folder

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SECRET

1. PASS. SERIAL NO.		B. BIOGRAPHIC PROFILE (PART I)			CDD: 2 Sep 1946		
2. NAME (Last, First, Middle)		3. SEX		4. DATE OF BIRTH		5. LONGEVITY COMP. DATE	
SULL, Robert Tyler		M		18 Jun 1925		8 Mar 1949	
6. MARITAL STATUS		7. DEPENDENT (Include all dependents)		8. NO. YEARS OF MARR.		9. US NATURALIZATION DETAILS	
Married		3		1927 1955 1955		NA ACQUSE NA	
10. CARRIED STATE		MEMBERSHIP		OTHER STATUS		11. LAST REG. OFF. DUAL. FOR	
D		5-1 1954		1954 1955 Prop. Reg.		1954 1955	
12. CURRENT RESERV. STATUS		13. GRADE		14. ACCESSION WITH CIA (EST.)		15. RELEASE TO MIL. SER. (EST.)	
D X						TO BE RECALLED DEFERRED (EST.)	
16. ASSESSMENT DATE		17. PROFESSIONAL TEST DATE		18. LANGUAGE APTITUDE TEST DATE			
Jul 1947		None		None			
19. DOMESTIC EMPLOYMENT 1942 FAD, Patterson Fld, Ohio - Messenger (summer) 1943-45 Military Service, US Army, Pfc - Military and Combat Intelligence 1947-48 Proctor & Gamble, Cincinnati, Ohio - Editor, Personnel Research Dept							
20. DOMESTIC EDUCATION 1943; 1945 Ohio State Univ - Engineering, Liberal Arts 1944-45 Camp Atteridge, Ill - Aerial Photos Interpret 1945-47 Univ of Arizona - El Spanish, Political Science, History 1965-66 USDA (Corresp) Mod Supv Practice (See #18 below)							
21. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Date Tested)		Spanish - R, S, U Native; W, P High (May 1960); Translate - May 1957					
22. AGENCY SPONSORED TRAINING 1948 Admin Proc 1949 CI Ops 1955 CI Ops 1971 Wpn Trng/Defensive Driving 1948 Intel Orient 1962 Photo Ops 1972 Short Range Agent Contact 1949 Photo 1966 COS Sem 1973 Senior Ops Seminar (Continued) 1949 Intel Orient 1968 Chell of W/ Com. 1973 CA Ops Seminar							
23. CIA EMPLOYMENT HISTORY SINCE 18 SEPT 1947 (Personal Account, Military Orders, and Principal Details)							
EFFECTIVE DATE	POSITION, TITLE & OCCUPATIONAL CODE	GRADE	SD	ORGANIZATION & ORG. TITLE (If App)	LOCATION		
Mar 1948	I.O. (Trainee)	0132.06	5	CSS/Trainee Pool	Hq		
May 1948	" "	0132.06	7	" "	"		
Nov 1948	Reports Off	0132.53	7	CSS/Cps	"		
Dec 1949	I.O. Reports	0132.58	7	CSS/FDT/Venezuela Sta	Caracas		
Aug 1950	I.O. (Ops)	0132.06	9				
Jun 1952	Ops Off	0136.01	11				
Apr 1954	Area Ops Off	0136.01	12				
Aug 1954	I.O. (PI)	0136.51	12	DI			
May 1956	Area Ops Off	0136.01	12	DI	DDP/WH-3/Mexico Sta/COS	Nogales	
Feb 1957	" " "	0136.01	13	DI	" " " " " "	"	
Aug 1959	Instructor Ops	1711.50	13	DI			
Dec 1961	" "	1711.50	14	D			
Jan 1963	Ops Off	0136.01	14	D	DDP/WH-3/Mexico Sta	Mexico City	
Apr 1963	" "	0136.01	14	D	DDP/WH-2/Nicaragua Sta	Managua	
Sep 1964	Chief of Station	0136.05	15	D	" " " " " "	"	
Sep 1968	Chief of Station	0136.05	15	D	DDP/WH-2/Honduras Sta/COS	Tegucigalpa	
Sep 1970	Chief of Station	0136.05	15	D	DDP/WH-2/Honduras Sta/COS	Tegucigalpa	
Oct 1972	" "	0136.01	15	D	DDP/WH/Ch, Br-2 (Cen Amer)	Hq	
Mar 1973	" "	0136.01	15	D	DDP/WH/Ch, Br-2 (Cen Amer)	"	
Dec 1973	" "	0136.01	15	D	DDP/WH/Ch Plans Staff	"	
24. DATE REVIEWED		25. PROFILE REVIEWED BY		26. SIGNATURE REVIEWED BY		27. VERIFIED BY EMPLOYEE (I)	
20 Jan 1976		hms' eul		22 Feb 1959		31 Aug 1959	

FORM 1200 (PART I) USE PREVIOUS EDITIONS.

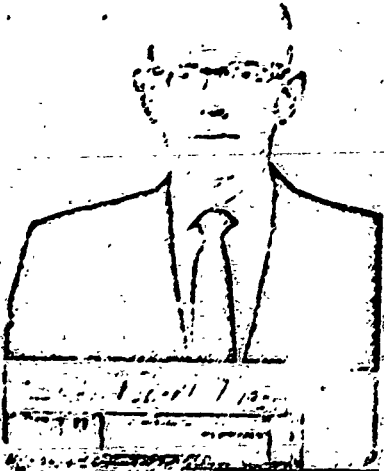
SECRET

PROFILE

141

SECRET

(When Filled In)

PERS. SERIAL NO. 055195		BIOGRAPHIC PROFILE (PART 2)	
NAME (Last-First-Middle) SILAW, Robert Tyler		DATE OF BIRTH 18 Jun 1925	
			
24. SUMMARY OF CAREER PREFERENCE OUTLINE AND/OR FIELD REASSIGNMENT QUESTIONNAIRE			
25. IDENTITY OF OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL SEE COVER HISTORY ATTACHED			
26. ADDITIONAL INFORMATION Appreciation 1953 from the US Ambassador, Mexico City for invaluable services rendered during trip to Nogales, Mexicali and Tijuana. Appreciation 1953 from R.F. Cartwright for assistance on survey trip along the California Gulf Coast. Commendation 1959 from the US Ambassador, Mexico City for outstanding performance of duty while stationed in Mexico. Award 1955 Outstanding Prepared Speaker's Trophy by the Mexican Chapter of Toastmaster International as a result of a speech entitled "Stop Kicking the Foreign Service." Award 1974 of a Quality Step Increase in recognition of Subject's sustained excellent performance since 1972.			
27. DATE REVIEWED 20 Jan 1976		28. PROFILE REVIEWED BY hmc/col	
		E 2 INFSET CL. BY 517322	

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		DATE	FILE NO.
		19 March 1973	734
X TO: (Check)	X CHIEF, CONTROL DIVISION, OP	SS NUMBER 268-28-0199	
	CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER 055495	
	X CHIEF, OPERATING COMPONENT (For action) WH	ID CARD NUMBER	
ATTN:	Chief Support Staff	OFFICIAL COVER	<input checked="" type="checkbox"/> ESTABLISHED <input type="checkbox"/> DISCONTINUED
REF:	Form 1322 dated 12 Mar 73		
SUBJECT	SHAW, Robert T.	UNIT	

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

<input checked="" type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS	CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS EFFECTIVE DATE:
<input checked="" type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE <u>EOD</u>	SUBMIT FORM 3254 <u>W-2</u> TO BE ISSUED. (HNB 20-11)
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR <u>TDY</u> OTHER (Specify)	SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)
<input checked="" type="checkbox"/> SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)	EAA: CATEGORY I <input type="checkbox"/> CATEGORY II <input type="checkbox"/>
<input checked="" type="checkbox"/> SUBMIT FORM 3254 <u>W-2</u> TO BE ISSUED. (HNB 20-11)	RETURN ALL OFFICIAL DOCUMENTATION TO CCS
<input checked="" type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (NR 240-20)	SUBMIT FORM 2688 FOR HOSPITALIZATION CARD.
<input checked="" type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (NR 240-20)	DO NOT WRITE IN THIS BLOCK
<input checked="" type="checkbox"/> EAA: CATEGORY I <input type="checkbox"/> CATEGORY II <input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> SUBMIT FORM 2688 FOR AOE HOSPITALIZATION CARD	
REMARKS AND/OR COVER MAR 48-OCT 40 OCT 49-FEB 52 FEB 52-MAY 54 MAY 52-JUL 54 JUL 54-MAY 56 17 MAY 56-MAY MAY 59-MAY 61 MAY 61-MAR 63 MAR 63-JUL 66 JUL 66-JUL 70	
DISTRIBUTION: J COPY 1 - CO OR C COPY 2 - OPERAT COPY 3 - OS/SPAC COPY 4 - OL/TFB COPY 5 - CCS-FILE	<i>[Signature]</i> CHIEF, OFFICIAL COVER, CENTRAL COVER STAFF

SECRET

OGRAFIC PRCF

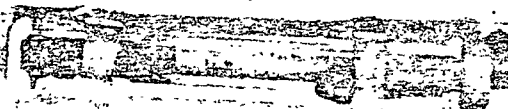
SECRET

REPRODUCTION MASTERS

BIOGRAPHIC PROFILE

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H a n d l e W i t h C a r e

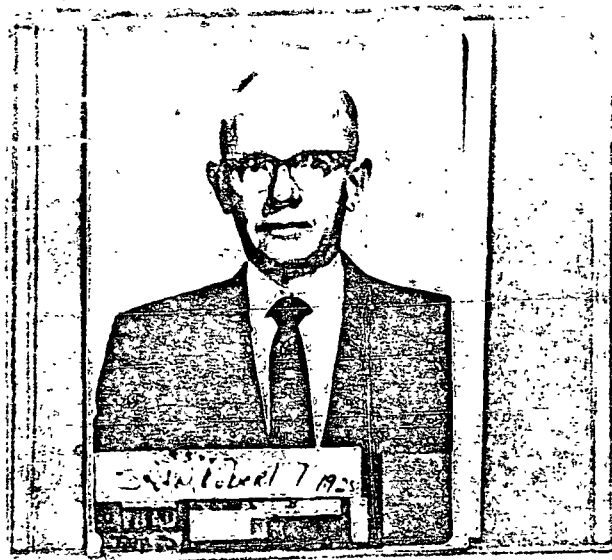


Pre
1963
Robertson

WR

left

Post 1966 Requests for
of Personnel Action
and other memos



~~Sanitized~~
bio profile and
Cover Summary

ROBERT T SHAW

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		DATE	FILE NO.
		19 March 1973	734
X TO: (CPCOB)	X CHIEF, CONTROL DIVISION, OP	AS NUMBER 269-23-7199	
	CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER 055495	
	X CHIEF, OPERATING COMPONENT (For action) VII	ID CARD NUMBER	
ATTN: Chief Support Staff		OFFICIAL COVER	<input checked="" type="checkbox"/> ESTABLISHED <input type="checkbox"/> DISCONTINUED
REF: Form 1322 dated 12 Mar 73			
SUBJECT: SHAW, Robert T.		UNIT	
NOTE: ON TOP OF FILE WHERE COVER IS EFFECT			
<input checked="" type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS		CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS EFFECTIVE DATE:	
<input checked="" type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE: EOD		SUBMIT FORM 3254 _____ W-2 TO BE ISSUED. (NHB 20-11)	
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR _____ TOY _____ OTHER (Specify)		SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (NHB 20-7)	
<input checked="" type="checkbox"/> SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (NHB 20-7)		EAA: CATEGORY I <input type="checkbox"/> CATEGORY II <input type="checkbox"/>	
<input checked="" type="checkbox"/> SUBMIT FORM 3254 _____ W-2 TO BE ISSUED. (NHB 20-11)		RETURN ALL OFFICIAL DOCUMENTATION TO CCS	
<input checked="" type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (NR 240-20)		SUBMIT FORM 2688 FOR _____ HOSPITALIZATION CARD.	
<input checked="" type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (NR 240-20)		DO NOT WRITE IN THIS BLOCK	
<input checked="" type="checkbox"/> EAA: CATEGORY I <input type="checkbox"/> CATEGORY II <input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/> SUBMIT FORM 2688 FOR <u>AGE</u> HOSPITALIZATION CARD			
<p>REMARKS AND/OR COVER HISTORY</p> <p>MAR 63-JUL 64</p>			
<p>DISTRIBUTION:</p> <p>COPY 1 - CD OF CP</p> <p>COPY 2 - OPERATING</p> <p>COPY 3 - OS/SRAC</p> <p>COPY 4 - OL/TFB</p> <p>COPY 5 - CCS-FILE</p>		<p>CHIEF, OFFICIAL COVER, CENTRAL COVER STAFF</p>	

SECRET

SECRET

FORM 101-2 (Rev. 1-59)

1. PERM. SERIAL NO.		B BIOGRAPHIC PROFILE (PART I) SCD: 2 Sep 1946			
2. NAME (Last-First-Middle)		3. SER.	4. DATE OF BIRTH	5. LONGEVITY COMP. DATE	
SMY, Robert Tyler		II	18 Jun 1925	3 Mar 1948	
6. MARITAL STATUS	7. DEPENDENT (Include ex-spouse)	8. NO. VISITING CHILDREN	9. US NATURALIZATION DATE(S)		
Married		3	1927	1955, 1955	
10. CAREER STATUS	MEMBERSHIP	OTHER STATUS	11. LAST MO. RPT. QUAL. FOR	12. US NATURALIZATION DATE(S)	
Staff	Jul 1954		Jul 1975	Prop TTY	
13. CURRENT RESERV. STATUS	NON-SERVICE	GRADE	ACTIVE DUTY WITH CIA CAT. - 1	RELEASE TO MIL. SER. CAT. - 2	
				TO BE RETIRED DEFERRED CAT. - 3	
14. ASSESSMENT DATE	15. PROFESSIONAL TEST DATE	16. LANGUAGE APTITUDE TEST DATE			
Jul 1947	None	None			
17. NON-CIA EMPLOYMENT 1942 FAD, Patterson Pld, Ohio - Messenger (summer) 1943-45 Military Service, US Army, Pfc - Military and Combat Intelligence 1947-48 Proctor & Gamble, Cincinnati, Ohio - Editor, Personnel Research Dept					
18. NON-CIA EDUCATION					
1943; 1945 Ohio State Univ - Engineering, Liberal Arts 1944-45 Camp Ritchie, Md - Aerial Photo. Interpr 1945-47 Univ of Indiana - B.S. Spanish, Political Science, History 1965-66 USDA (Corresp) Mod Supv Practice (See #18 below)					
19. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Date Tested)		Spanish - R, S, U Native; W, P High (May 1960); Translate - May 1957			
20. AGENCY ASSIGNED TRAINING					
1965-66 Mod Supv Pract/USDA 1965 COS Sem (Continued)					
21. CIA EMPLOYMENT HISTORY SINCE 30 SEPT 1947 (Personnel actions, Military Orders, and Principal Details)					
EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	30	ORGANIZATION & ORGAN. TITLE (if any)	LOCATION
Jan 1963	Ops Off 0136.01	PL	D	DPP/TFW/FI-CI Soc	Wing
Apr 1963	" " 0136.01	PL	D	DPP/WH-3/Mexico Sta	Mexico City
20. DATE REVIEWED	21. PROFILE REVIEWED BY	22. THIS PROFILE REVIEWED & VERIFIED BY EMPLOYEE		31 Aug 1959	
30 Jan 1976	hms/col	[Signature]		[Signature]	

SECRET

FORM 101-2

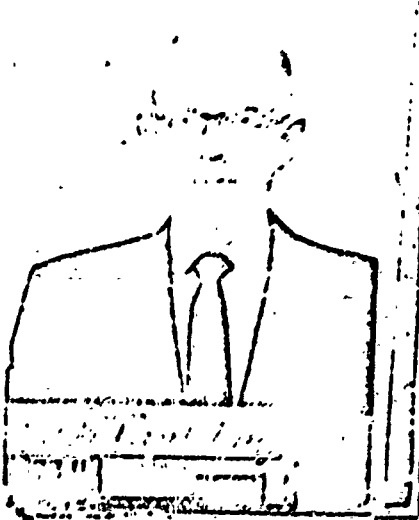
SECRET
(When Filled In)

PERM. SERIAL NO.		BIOGRAPHIC PROFILE (Continuation Sheet)		
NAME (Last-First-Middle)				DATE OF BIRTH
SHAW, Robert Tyler				18 Jun 1927
[REDACTED]				
19. CIA EMPLOYMENT HISTORY SINCE 10 SEPT. 1947 (Personnel Actions, Military Orders, and Principal Details) (Cont'd.)				
EFFEKTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	ORGANIZATION & (DDGAN) TITLE (If Any)	LOCATION
Apr 1975	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Aug 1975	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
DATE REVIEWED		PROFILE REVIEWED BY		
20 Jun 1976		[REDACTED]		

SECRET

PROF 110

SECRET
(When Filled In)

FORM NO. 1200 (PART 2)		BIOGRAPHIC PROFILE (PART 2)	
SERIAL NO. 055497		NAME (Last-First-Middle) CHAW, Robert Tyler	
		DATE OF BIRTH 18 Jun 1925	
			
24. SUMMARY OF CAREER PREFERENCE OUTLINE AND/OR FIELD REASSIGNMENT QUESTIONNAIRE			
25. IDENTITY OF OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL			
SEE COVER HISTORY ATTACHED			
26. ADDITIONAL INFORMATION			
<p>CONFIDENTIAL</p> <p>CONFIDENTIAL</p> <p>CONFIDENTIAL</p> <p>CONFIDENTIAL</p> <p>March 1945 Outstanding Prepared Spaske's Trophy by the Mexican Chapter of Toastmaster International as a result of a speech entitled "Stop Kickin' the Foreign Service."</p> <p>CONFIDENTIAL</p>			
27. DATE REVIEWED 20 Jan 1976		28. PROFILE REVIEWED BY hmc/cal	
		E 2 LHPDET CL by 007602	

Date: 1/21/71

MEMORANDUM FOR: _____, ROB
SUBJECT : Request for Estimate of Annuities

1. Please provide estimate of annuities for:

Name: ROBERT T. STRO

Grade: GS-16

Component: E

DOB: 06 18 25

SCD: 09 02 46

System: CS-2005

ETR: 11 - 1970 96 2529

11 06 25 800 19

2. Remarks: _____

HE SINCE I AM (MAYBE) WITH IT, (COULD) NOT FIND

MARK FILE

John McCarroll
Counselor, ROB/RAD

54-10

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		18 OCT 78	734
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, CONTROL DIVISION, OP	NS NUMBER 268-28-0199	
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER 055495	
	<input checked="" type="checkbox"/> CHIEF, (OPERATING COMPONENT FOR ACTION) ATTN: IG	ID CARD NUMBER	
REF.	FORM 1322 DATED 5 SEP 68	OFFICIAL COVER	ESTABLISHED <input checked="" type="checkbox"/> CANCELLED CONTINUED
STATUS	<input checked="" type="checkbox"/> STAFF	CONTRACT	
SUBJECT	SHAW, ROBERT T.	UNIT	

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

<input type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER (BLOCK RECORDS)	<input checked="" type="checkbox"/> CANCELLATION OF OFFICIAL COVER (UNBLOCK RECORDS)
<input type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE _____	<input checked="" type="checkbox"/> EFFECTIVE DATE: EOD
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR _____ TDY _____ OTHER (Specify)	<input checked="" type="checkbox"/> FORM 3254 CTA W-2 TO BE ISSUED (NMB 20-7)
SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (NMB 20-7)	<input checked="" type="checkbox"/> SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (NMB 20-7)
	<input checked="" type="checkbox"/> EAA: CATEGORY I <input checked="" type="checkbox"/> CATEGORY II
	<input checked="" type="checkbox"/> RETURN ALL OFFICIAL DOCUMENTATION TO CGS
FORM 3254 _____ W-2 TO BE ISSUED. (NMB 20-12)	<input checked="" type="checkbox"/> SUBMIT FORM 2688 FOR GEHA HOSPITALIZATION CARD.
SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (NR 240-20)	<p>DO NOT WRITE IN THIS BLOCK</p> <p>TOP OF FILE MUST REMAIN</p>
SUBMIT FORM 1323 FOR TRANSFER OF COVER RESPONSIBILITY. (NR 240-20)	
EAA, CATEGORY I <input type="checkbox"/> CATEGORY II <input type="checkbox"/>	
SUBMIT FORM 2688 FOR _____ HOSPITALIZATION CARD	

DISTRIBUTION
 COPY 1 - FD/TBB OR CPD CONTROL
 COPY 2 - OPERATING COMPONENT
 COPY 3 - OS/SND
 COPY 4 - OC/CO/TFB
 COPY 8 - CCS-FILE

Am
SM/DM

Robert [Signature]

CHIEF, OFFICIAL COVER BRANCH, CENTRAL COVER STAFF

MB

FORM 1551 USE PREVIOUS EDITION 4-77

SECRET WWSISM

E2, IMPDET CL. SY. 021964

(13-20-43)

*Not in file at time of review
by HSCA staff*

SECRET

TERMINATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP

DATE: 19 March 1973 FILE NO. 734

ORGANIZATION: CHIEF, CONTROL DIVISION, OP; CHIEF, CONTRACT PERSONNEL DIVISION, OP; CHIEF, OPERATING COMPONENT (For action) WH

AS NUMBER: 268-28-0199; EMPLOYEE NUMBER: 055495; ID CARD NUMBER

TR: Chief Support Staff; REF: Form 1322 dated 12 Mar 73; SUBJECT: SHAW, Robert T.

OFFICIAL COVER: ESTABLISHED; DISCONTINUED

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS; CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS; BASIC COVER PROVIDED EFFECTIVE DATE EOD; OPERATIONAL COVER PROVIDED FOR TDY OTHER (Specify); SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY; SUBMIT FORM 3254 State W-2 TO BE ISSUED; SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER; SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY; EAA. CATEGORY I; CATEGORY II; SUBMIT FORM 2688 FOR AGE HOSPITALIZATION CARD

REMARKS AND/OR COMMENTS: MAR 48-OC; OCT 49-EE; FEB 52-MA; MAY 52-JU; JUL 54-MA; 17 MAY 56-MA; MAY 59-MA; MAY 61-MA; MAR 63-JU; JUL 66-JU

DISTRIBUTION: COPY 1 - CC OF CC; COPY 2 - OPERATING COMPONENT 17 MAR 73-; COPY 3 - CS/SRCC; COPY 4 - SL/TFR; COPY 5 - CCS-FILE 18 MAR 73-

DO NOT WRITE IN THIS BLOCK

CHIEF, OFFICIAL COVER, CENTRAL COVER STAFF

Post 1966 Notifications
of Personnel Action

1. SERIAL NUMBER 035499		2. NAME (LAST FIRST MIDDLE) SHAW ROBERT T																						
3. NATURE OF PERSONNEL ACTION REASSIGNMENT		4. EFFECTIVE DATE 12 106	5. CATEGORY OF EMPLOYMENT REGULAR																					
6. FUNDS <table border="1"> <tr> <td>V TO V</td> <td>V TO CP</td> </tr> <tr> <td>CP TO V</td> <td>CP TO CP</td> </tr> </table>		V TO V	V TO CP	CP TO V	CP TO CP	7. COST CENTER NO. CHARGEABLE 31 104-0000	8. FTE OR OTHER LEGAL AUTHORITY 30 USC 4403																	
V TO V	V TO CP																							
CP TO V	CP TO CP																							
9. ORGANIZATIONAL DESIGNATIONS DDP/WH FOREIGN FIELD BRANCH 2 MANAGUA, NICARAGUA STATION		10. LOCATION OF OFFICIAL STATION MANAGUA, N. CARAGUA																						
11. POSITION TITLE CHIEF OF STATION		12. POSITION NUMBER 3141	13. SERVICE DESIGNATION D																					
14. CLASSIFICATION SCHEDULE (SEE LB, etc.) FSR GS	15. OCCUPATIONAL SERIES 0136.05	16. GRADE AND STEP GS 2 14 4	17. SALARY OR RATE 16391 16675																					
18. REMARKS MEXICO CITY, MEXICO																								
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																								
19. ACTION CODE 37	20. EMPLOY CODE 10	21. OFFICE CODING <table border="1"> <tr> <td>NUMERIC</td> <td>ALPHABETIC</td> </tr> <tr> <td>51650</td> <td>WH</td> </tr> </table>	NUMERIC	ALPHABETIC	51650	WH	22. STATION CODE 52073																	
NUMERIC	ALPHABETIC																							
51650	WH																							
23. INTEGRAL CODE 1		24. REG. CODE S	25. DATE OF BIRTH 06/18/25																					
26. DATE OF GRADE NO DA. YR.		27. DATE OF LET NO DA. YR.																						
28. WFE EXPIRES NO. DA. YR.		29. SPECIAL REFERENCE	30. RETIREMENT DATA <table border="1"> <tr> <td>1. CSC</td> <td>2. FICA</td> <td>3. NONE</td> </tr> </table>	1. CSC	2. FICA	3. NONE																		
1. CSC	2. FICA	3. NONE																						
31. SEPARATION DATA CODE		32. CORRECTION/CANCELEATION DATA <table border="1"> <tr> <td>TYPE</td> <td>NO. DA. YR.</td> </tr> </table>		TYPE	NO. DA. YR.																			
TYPE	NO. DA. YR.																							
33. SECURITY REG. NO.		34. SER. NO.																						
35. VET. PREFERENCE <table border="1"> <tr> <td>CODE</td> <td>0 - NONE</td> <td>1 - 5 PT.</td> <td>2 - 10 PT.</td> </tr> </table>		CODE	0 - NONE	1 - 5 PT.	2 - 10 PT.	36. SERV. COMP. DATE <table border="1"> <tr> <td>NO.</td> <td>DA.</td> <td>YR.</td> <td>NO.</td> <td>DA.</td> <td>YR.</td> </tr> </table>		NO.	DA.	YR.	NO.	DA.	YR.											
CODE	0 - NONE	1 - 5 PT.	2 - 10 PT.																					
NO.	DA.	YR.	NO.	DA.	YR.																			
37. LONG COMP. DATE		38. CAREER CATEGORY <table border="1"> <tr> <td>NO.</td> <td>DA.</td> <td>YR.</td> </tr> </table>		NO.	DA.	YR.																		
NO.	DA.	YR.																						
39. FEGLI / HEALTH INSURANCE <table border="1"> <tr> <td>CODE</td> <td>0 - WAIVER</td> <td>1 - YES</td> </tr> </table>		CODE	0 - WAIVER	1 - YES	40. SOCIAL SECURITY NO.																			
CODE	0 - WAIVER	1 - YES																						
41. PREVIOUS GOVERNMENT SERVICE DATA <table border="1"> <tr> <td>CODE</td> <td>0 - NO PREVIOUS SERVICE</td> <td>1 - NO BREAK IN SERVICE</td> <td>2 - BREAK IN SERVICE LESS THAN 3 YRS.</td> <td>3 - BREAK IN SERVICE MORE THAN 3 YRS.</td> </tr> </table>		CODE	0 - NO PREVIOUS SERVICE	1 - NO BREAK IN SERVICE	2 - BREAK IN SERVICE LESS THAN 3 YRS.	3 - BREAK IN SERVICE MORE THAN 3 YRS.	42. LEAVE CAT. CODE																	
CODE	0 - NO PREVIOUS SERVICE	1 - NO BREAK IN SERVICE	2 - BREAK IN SERVICE LESS THAN 3 YRS.	3 - BREAK IN SERVICE MORE THAN 3 YRS.																				
43. FEDERAL TAX DATA <table border="1"> <tr> <td>FORM EXECUTED</td> <td>CODE</td> <td>NO. TAX EXEMPTIONS</td> </tr> <tr> <td>1 - YES</td> <td></td> <td></td> </tr> <tr> <td>2 - NO</td> <td></td> <td></td> </tr> </table>		FORM EXECUTED	CODE	NO. TAX EXEMPTIONS	1 - YES			2 - NO			44. STATE TAX DATA <table border="1"> <tr> <td>FORM EXECUTED</td> <td>CODE</td> <td>NO. TAX EXEMPT.</td> <td>STATE CODE</td> </tr> <tr> <td>1 - YES</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2 - NO</td> <td></td> <td></td> <td></td> </tr> </table>		FORM EXECUTED	CODE	NO. TAX EXEMPT.	STATE CODE	1 - YES				2 - NO			
FORM EXECUTED	CODE	NO. TAX EXEMPTIONS																						
1 - YES																								
2 - NO																								
FORM EXECUTED	CODE	NO. TAX EXEMPT.	STATE CODE																					
1 - YES																								
2 - NO																								
SIGNATURE OR OTHER AUTHENTICATION																								
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED 68-78-668 </div>																								

FORM 1159
1-62

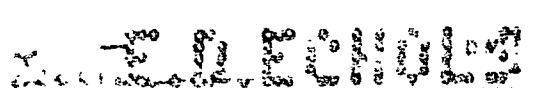
Use Previous Edition

SECRET

WHEN
 (When)

c/wh/2

G47

1. Serial No.	2. Name	3. Civil Letter Number	4. LWOP Reason
035499	SHAW ROBERT T	01 699 CF	
5. OLD SALARY RATE		6. NEW SALARY RATE	
Grade	Step	Salary	Effective Date
GS 14	4	\$16,675	12/08/64
Grade	Step	Salary	Effective Date
GS 14	5	\$17,175	12/04/64
7. TYPE ACTION			
8. REMARKS AND AUTHENTICATION			
NO EXCESS LWOP (H) PAY STATUS AT END OF WAITING PERIOD LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS AUDITED BY			
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPLIANCE			
SIGNATURE			
 PAY CHANGE NOTIFICATION			

1308

P

1 SERIAL NUMBER 055495		2 NAME (LAST FIRST MIDDLE) SHAW ROBERT T										
3 NATURE OF PERSONNEL ACTION DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM			4 EFFECTIVE DATE 07 103 66	5 CATEGORY OF EMPLOYMENT REGULAR								
6 FUNDS V TO V CF TO V		V TO CF CF TO CF	7 COST CENTER NO (CHARGEABLE) 7135 (990) (XXX)	8 CSE OR OTHER LEGAL AUTHORITY PL 88-643 SECT. 203								
9 ORGANIZATIONAL DESIGNATIONS DDP/WH			10 LOCATION OF OFFICIAL STATION MEXICO CITY, MEXICO									
11 POSITION TITLE		12 POSITION NUMBER	13 SERVICE DESIGNATION D									
14 CLASSIFICATION SCHEDULE (GS, LO, WH)		15 OCCUPATIONAL SERIES	16 GRADE AND STEP 14	17 SALARY OR RATE								
18 REMARKS EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION.												
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL												
19 ACTION CODE	20 EMPLOY CODE	21 OFFICE CODING NUMERIC ALPHABETIC		22 STATION CODE	23 INTEREST CODE	24 HIGHT CODE	25 DATE OF BIRTH MO DA YR		26 DATE OF GRADE MO DA YR		27 DATE OF LEI MO DA YR	
28 WTE EXPIRES MO DA YR		29 SPECIAL REFERENCE	30 RETIREMENT DATA 1. CDC 2. FICA 3. NONE		31 SEPARATION DATA CODE	32 CORRECTION/CANCELLATION DATA TYPE MO DA YR		33 SECURITY REG NO.		34 SEN		
35 VET. PREFERENCE CODE 0 - NONE 1 - 5 PT. 2 - 10 PT.		36 SERV. COMP. DATE MO DA YR		37 LONG COMP. DATE MO DA YR		38 CAREER CATEGORY CAR SERV PROV TEMP		39 FEGLI / HEALTH INSURANCE CODE CODE 0 - WAIVER 1 - YES HEALTH INS CODE		40 SOCIAL SECURITY NO.		
41 PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)			42 LEAVE CAT. CODE	43 FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS 1 - YES 2 - NO		44 STATE TAX DATA FORM EXECUTED CODE NO. OF STATE CODE 1 - YES 2 - NO						
SIGNATURE OF OTHER AUTHENTICATOR												
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p style="margin: 0;">POSTED</p> <p style="margin: 0;">7-14-66 <i>APB</i></p> </div>												

FORM 1150
11-64Use Previous
Edition

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-904
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,
AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 3 JULY 1966

NAME	SERIAL	ORGN.	FUNDS	GR+STEP	OLD SALARY	NEW SALARY
SHAW ROBERT T	055495	51	420	CF GS 14 4	\$10,300	\$16,870

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 49-371
 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,
 AS AMENDED, AND A-DCI POLICY DIRECTIVE DATED 4 OCTOBER 1962."
 EFFECTIVE DATE OF PAY ADJUSTMENT: 10 OCTOBER 1965

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
SHAW ROBERT T.	055495	51	620	CF GS 14 4	\$15,640	\$16,204

14

1. Serial No.		2. Name		3. Cost Center Number		4. LWOP Hours				
055495		SHAW ROBERT T		51 700 476 CF						
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	PSA	LSI	ADJ
GS 14	3	\$15,190	12/08/63	GS 14	4	\$19,640	12/06/64			
8. Remarks and Authorization										
/ / NO EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD / / LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS AUDITED BY 559										
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.										
SIGNATURE: [Signature] DATE 13 OCT 65										
PAY CHANGE NOTIFICATION										

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-797 AND DCI MEMORANDUM DATED 1 AUGUST 1960, SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 9 JANUARY 1964.

NAME	SERIAL	ORGN	FUNDS	GR-ST	OLD SALARY	NEW SALARY
SHAW ROBERT T	095499	91	700	CF GS 14 3	\$13,695	\$14,915

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-797 AND DCI MEMORANDUM DATED 1 AUGUST 1964, SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 14 OCTOBER 1962.

NAME	SERIAL	ORGN	FUNDS	GR-ST	OLD SALARY	NEW SALARY
SHAW ROBERT T	095495	26	720	V 14 1	\$12,210	\$12,885

275-204

1	Serial No.	2	Name	3	Gr & Career Status	4	LWOP Hours				
	095495		SHAW ROBERT T		26 720 V						
5	OLD SALARY RATE			6	NEW SALARY RATE			7	TYPE ACTION		
	Grade	Step	Salary	Effective Date	Grade	Step	Salary	Effective Date	PS	LS	ADJ
	GS-14	1	\$12,845	12/10/61	GS-14	3	\$13,370	12/09/62			
8											
/ / NO EXCESS LEOP / / IN PAY STATUS AT END OF WAITING PERIOD / / LEOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS <i>W</i> AUDITED BY											
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.											
SIGNATURE: <i>[Signature]</i> DATE: 8 Nov. 62											
PAY CHANGE NOTIFICATION											

OLD SALARY RATE				NEW SALARY RATE				TYPE ACTION		
Grade	Step	Salary	Level 20 Date	Grade	Step	Salary	Effective Date	PS	IS	ADJ
GS 14	2	\$13,270	12/09/62	GS 14	3	\$13,695	12/06/63			

NO EXCESS LVOP
 IN PAY STATUS AT END OF WAITING PERIOD
 LVOP STATUS AT END OF WAITING PERIOD
 CLERK'S INITIALS _____ AUDITED BY _____

I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.

SIGNATURE: _____ DATE: 29 October 63

PAY CHANGE NOTIFICATION

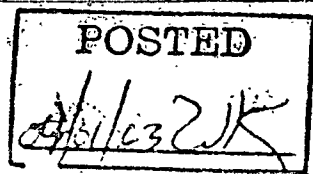
SECRET
(When Filled In)

ABM: 30 APR 63

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER:		2. NAME (LAST-FIRST-MIDDLE)									
055495		SHAW ROBERT T.									
3. NATURE OF PERSONNEL ACTION:						4. EFFECTIVE DATE:		5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT						04 30 63		REGULAR			
4. FUNDS		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY							
▶		3135 5700 1000		50 USC 403 J							
9. ORGANIZATIONAL DESIGNATION:						10. LOCATION OF OFFICIAL STATION					
DDP WH BRANCH 3 MEXICO CITY, MEXICO STATION						MEXICO CITY, MEXICO					
11. POSITION TITLE			12. POSITION NUMBER			13. SERVICE DESIGNATION					
			0340			D					
14. CLASSIFICATION SCHEDULE (GS, ES, etc.)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP			17. SALARY OR RATE		
FSR GS			0136.01			04 0 14 2			11880 13270		
18. REMARKS MEXICO CITY, MEXICO											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY CODE	21. GRADE CODE-NS	22. STATION CODE	23. CATEGORY CODE	24. STEPS	25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI	
37-	10	64703 WH	45075	1	3	06 18 25					
28. HIE EXPIRES		29. SPECIAL REFERENCE	30. ASSIGNMENT DATA		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA		33. SECURITY 820 CO		34. SEE	
								EOD DATA			
35. VET PREFERENCE		36. LEAV COMP DATE	37. LEAV COMP DATE	38. CAREER CATEGORY		39. FEELS / HEALTH INSURANCE		40. SOCIAL SECURITY NO			
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE LIT CODE	43. FEDERAL TAX DATA		44. STATE TAX DATA				
SIGNATURE OR OTHER AUTHENTICATION											
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RZR: 29 MAR 63

SECRET
(When Filled In)

OOF NOTIFICATION OF PERSONNEL ACTION																	
1. SERIAL NUMBER		2. NAME (LAST-FIRST MIDDLE)															
055495		SHAW ROBERT T															
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT											
				03 27 63		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 OF</td> </tr> <tr> <td>OF TO V</td> <td>OF TO OF</td> </tr> </table>		V TO V	V TO OF	OF TO V	OF TO OF	3135 5700 1000		50 USC 403 J									
V TO V	V TO OF																
OF TO V	OF TO OF																
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION												
DDP/WH BRANCH 3 MEXICO CITY, MEXICO STATION					MEXICO CITY, MEXICO												
11. POSITION TITLE				12. POSITION NUMBER		13. SERVICE DESIGNATION											
OPS OFFICER				0418		D											
14. CLASSIFICATION SCHEDULE (EA, EB, EC)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE										
FSR GS			0136.01		04 0 14 2		11880 13270										
18. REMARKS																	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL (TWINS)																	
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGREE CODE		24. Hdqtn. Code		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI	
55		10		64700 WH		45075		1		3		06 18 25					
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REG. NO.		34. SEE		EOD DATA			
35. VET PREFERENCE		36. SERV. COMP DATE		37. LONG COMP DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.							
CODE		NO DA YR		NO DA YR		CAD REVA PROV TEMP		CODE		O WAIVER F YES		HEALTH INS CODE					
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA							
CODE				CODE		FORM EXECUTED CODE				FORM EXECUTED CODE							
0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 1 YRS.) 3 - BREAK IN SERVICE (MORE THAN 1 YRS.)						1 - YES 2 - NO				1 - YES 2 - NO							
SIGNATURE OR OTHER AUTHENTICATION										<div style="border: 2px solid black; padding: 5px; display: inline-block;"> POSTED  </div>							

FORM 11 62 1150

Use Previous Edition

29 MAR 1963

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC
DOWNGRADING AND
DECLASSIFICATION

(When Filled In)

BAB: 15 FEB 63

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION													
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)											
055495		SHAW ROBERT T											
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE			5. CATEGORY OF EMPLOYMENT				
REASSIGNMENT AND TRANSFER TO CONFIDENTIAL FUNDS						NO. DA. YR. 02 17 63			REGULAR				
6. FUNDS		V TO V		V TO CF		7. COST-CENTER NO. CHARGEABLE			8. CSC OR OTHER LEGAL AUTHORITY				
CF TO V		CF TO CF		3135 5700 1000			50 USC 403 J						
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION							
DDP * WH BRANCH 3 MEXICO CITY, MEXICO STATION						MEXICO CITY, MEXICO							
11. POSITION TITLE				12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION							
OPS OFFICER				0418		D							
14. CLASSIFICATION SCHEDULE (GS, LS, etc.)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP		17. SALARY OR RATE					
GS			0136.01			14 2		13270					
18. REMARKS													
SUBJECT TO APPROVED MEDICAL CLEARANCE PRIOR TO BEING SENT OVERSEAS.													
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL													
19. ACTION CODE	20. EMPLOY. CODE	21. OFFICE CODING		22. STATION CODE	23. INTERCEE CODE	24. Hdqtrs Code	25. DATE OF BIRTH			26. DATE OF GRADE		27. DATE OF LEI	
20	10	NUMERIC 64700	ALPHABETIC WH	45075		3	NO. DA. YR. 06 18 25						
28. RTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA			33. SECURITY REG NO.		34. SEN.
		80						EOD DATA					
35. VET. PREFERENCE		36. SERV COM. DATE		37. LONG COM. DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE			40. SOCIAL SECURITY NO.		
CODE		NO. DA. YR.		NO. DA. YR.		CAR. DESG. CODE		CODE			NO. DA. YR.		
0 - NONE 1 - 5 PT 2 - 10 PT						PROJ. TEMP.		0 - WAIVED 1 - YES			HEALTH INS CODE		
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT. CODE		43. FEDERAL TAX DATA			44. STATE TAX DATA				
CODE				CODE		FORM EXECUTED CODE			FORM EXECUTED CODE				
0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)				1 - YES 2 - NO		NO TAX EXEMPTIONS			1 - YES 2 - NO				
SIGNATURE OR OTHER AUTHENTICATION													
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p style="margin: 0;">POSTED</p> <p style="margin: 0; font-family: cursive;">02/26/63 RK</p> </div>													

FORM 1150 4-62

Use Previous Edition

21 FEB 1963

SECRET

USE PREVIOUS EDITION (When Filled In)

16-911

LLG: 4 JAN, 63

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
055495		SHAW ROBERT T									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT						01 04 63		REGULAR			
6. FUNDS		7. TO		8. FROM		7. COST CENTER NO. CHARGABLE			8. CTR OR OTHER LEGAL AUTHORITY		
X		V TO V		V TO V		3232 1000 1000			50 USC 403 J		
9. ORGANIZATIONAL DESIGNATION						10. LOCATION OF OFFICIAL STATION					
DOP TASK FORCE W FI/GI BRANCH						WASH., D.C.					
11. POSITION TITLE						12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION			
OPS OFFICER						0678		D			
14. CLASSIFICATION SCHEDULE (GS, LN, GS)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP		17. SALARY OR RATE			
GS			0136.01			14 2		13270			
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. INTEGRAL CODE	24. HOURS CODE	25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LSI
37	10	61300 TFW		75013		1	06 18 25				
28. DATE EXPIRES		29. SPECIAL REFERENCE	30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA			33. SECURITY REG. NO.	34. SER	
						EOD DATA					
35. PFT PREFERENCE		36. SERV. COMP. DATE		37. LONG COMP. DATE		38. CAREER CATEGORY		39. FEGLI/HEALTH INSURANCE		40. SOCIAL SECURITY NO.	
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT. CODE		43. FEDERAL TAX DATA			44. STATE TAX DATA		
SIGNATURE OR OTHER AUTHENTICATION											
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>POSTED</p> <p>1/15/63 WK</p> </div>											

Pte 1963 Notification
of Personnel Action

Post 1966
Fetters Rpts

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				055495			
SECTION A GENERAL							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SO	
SHAW, Robert T.			18 Jun 1925	M	GS-14	D	
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION		
Ops Officer			DDP/WI/1		Mexico City <i>WIKL/SIT</i>		
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify)				<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify)			
11. DATE REPORT DUE IN O.A.				12. REPORTING PERIOD (From - to)			
31 May 1965				1 June 64 - 31 March 1965			
SECTION B PERFORMANCE EVALUATION							
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1 Agent handling and exploitation. The management, direction and training of existing agent assets. Attention to full operational exploitation of such assets.							RATING LETTER
							0
SPECIFIC DUTY NO. 2 Development and handling of new operations; target studies, spotting, assessment and recruitment of new agent assets and potentials.							RATING LETTER
							S
SPECIFIC DUTY NO. 3 Operational management and administration. Maintenance of project records, preparation of contact reports, memoranda, dispatches and cables as required.							RATING LETTER
							O
SPECIFIC DUTY NO. 4 General operational support. Liaison with PBSWING, servicing of third country requirements, management of safe houses, etc.							RATING LETTER
							P
SPECIFIC DUTY NO. 5 Intelligence reporting.							RATING LETTER
							O
SPECIFIC DUTY NO. 6 Supervision of personnel.							RATING LETTER
							P
OVERALL PERFORMANCE IN CURRENT POSITION							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.							RATING LETTER
16 JUN 1965							O

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

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

JUN 16 11 15 AM '65

During the past year, this officer has continued to demonstrate his dedication and highly developed professional skills.

Subject has been called upon to meet a variety of requirements. The spectrum of his activity has been so broad that it has run from the exploitation of his manual dexterity (in installing technical devices) to the most sophisticated and demanding agent handling. Throughout the year, Subject has demonstrated his awareness of the value of KUBARK funds, which he spends as needed but always conscientiously. His reporting on his activities has been especially commendable, and his mastery of tradecraft has been continually in evidence.

Subject has now become Chief of PBRUMEN operations for Station Mexico. This slot was formerly held by a GS-15 officer. It is requested that Subject be promoted to the grade of GS-15, not only because of his present assignment, but in recognition of his fine past performance.

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

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

DATE

3 June 65

SIGNATURE OF EMPLOYEE

Robert T. Shaw /s/

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

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

DATE

3 June 65

OFFICIAL TITLE OF SUPERVISOR

Operations Officer

TYPED OR PRINTED NAME AND SIGNATURE

David A. Phillips /s/

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Para 2 of covering dispatch HMT 5493 in its entirety:

"COS is in complete agreement with this excellent report on Shaw and recommends that Shaw be promoted to GS-15."

DATE

3 June 65

OFFICIAL TITLE OF REVIEWING OFFICIAL

COS

TYPED OR PRINTED NAME AND SIGNATURE

Winston M. Scott /s/

SECRET

No Reply

6 September 1966

SUBJECT: Memorandum in Lieu of Final Fitness Report on
[redacted] Robert T. Shaw

1. Robert T. Shaw [redacted] is under (PCS) transfer to the position of COS, Managua, and is scheduled to depart Mexico City on or about 17 September 1966.

2. This memorandum is to report that [redacted] Shaw has continued to perform duties assigned to him at the Mexico City Station in the same exceptional manner reported in HMMT-6516 in which he was rated as outstanding for the year April 1965-April 1966. His duties have been the same as reported in HMMT-6516 and a detailed report on his performance would be a repetition of his previous report.

3. It is again recommended that [redacted] Shaw be promoted to GS-15 in view of his performance and qualifications.

RATING OFFICER: [redacted] (6 September 1966)
Winston M. Scott/s/

EMPLOYEE: [redacted] (6 September 1966)
Robert T. Shaw /s/

Employee Number: 055495

Handwritten initials and scribbles at the bottom left of the page.

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER		
				055495		
SECTION A GENERAL						
1. NAME (Last) SHAW (First) Robert (Middle) T.		2. DATE OF BIRTH 18 Jun 1925	3. SEX M	4. GRADE GS-14	5. SD D	
6. OFFICIAL POSITION TITLE Ops Officer			7. OFF/DIV/BR OF ASSIGNMENT DDP/WH/1	8. CURRENT STATION Mexico City 1207/10		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT			
<input type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT SUPERVISOR		<input type="checkbox"/> REASSIGNMENT EMPLOYEE
<input checked="" type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL			
SPECIAL (Specify):			SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P. 31 May 1966			12. REPORTING PERIOD (From - to) 1 April 1965 - 30 April 1966			
SECTION B PERFORMANCE EVALUATION						
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>						
SPECIFIC DUTIES						
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).						
SPECIFIC DUTY NO. 1 Manage Station PBRUMEN Operations Section. Supervise 3 other staff personnel (incl one GS-14) inside and one (GS-16) staff agent and contract personnel outside. Assign work responsibilities, provide operational guidances, review intelligence production and reporting, evaluate performances, etc.						RATING LETTER S
SPECIFIC DUTY NO. 2 Agent handling and exploitation. Manage agents and other operational assets working against the PBRUMEN target with particular attention to full exploitation of such assets.						RATING LETTER O
SPECIFIC DUTY NO. 3 Planning and implementation of new operations, including technical operations, against the PBRUMEN target. Spotting, assessment, development, recruiting, training, and handling new agent assets.						RATING LETTER S
SPECIFIC DUTY NO. 4 Operational management and administration. Preparation of FIR's, dispatches (including operational progress reports), cables, memoranda, contact reports, file reviews, etc., as required.						RATING LETTER O
SPECIFIC DUTY NO. 5						RATING LETTER
SPECIFIC DUTY NO. 6						RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION						
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER O
25 MAY 1966						

SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position, keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance or recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p>			
<p>This officer possesses highly developed professional skills. He is dedicated; his work is always well done and his reports are well written.</p>			
<p>Subject has repeatedly demonstrated that he is aware of the value of government funds which he spends as necessary but always conscientiously.</p>			
<p>This officer is articulate in speech and in his writing. He has excellent Spanish, an essential in the position he has occupied.</p>			
<p>This officer is an asset to KUBARK and his family are excellent representatives abroad.</p>			
<p>Subject could assume command of a station and he would make an excellent Chief of Station in the opinion of the rating officer.</p>			
<p>It is again recommended that this officer be promoted to GS-15.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
21 April 1966	/s/ Robert T. Shaw		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
21 April 1966	Chief of Station	/s/ Winston M. Scott	
1. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>I concur generally with the assessment made of Mr. Shaw and agree that Shaw has turned in a highly commendable job and is an excellent operations officer. From here and not having the advantage of on-scene observation I would have rated Shaw with straight S' and overall rating of 'Strong' as compared to 'Outstanding.' Nevertheless, I strongly endorse the COS' recommendation for promotion for Shaw.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
10 MAR 1966	C/WR/1	W.J. Kaufman <i>[Signature]</i>	

SECRET

SECRET

Section C (Continued)

Overall, this officer is still turning in a performance of high quality under difficult conditions and is a distinct asset to the Station.

SECRET

SECRET
(When Filled In)

EV'S ONLY

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				055495			
SECTION A GENERAL							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD	
SLAW Robert T.			18 Jun 1925	M	GS-14	D	
6. OFFICIAL POSITION TITLE				7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION	
Instructor, Operations				OTR		ISOLATION, AC/CS	
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
CAREER		RESERVE	TEMPORARY	INITIAL	REASSIGNMENT SUPERVISOR		
CAREER-PROVISIONAL (See Instructions - Section C)				ANNUAL	XX	REASSIGNMENT EMPLOYEE	
SPECIAL (Specify)				SPECIAL (Specify)			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to)			
				21 July 1962 - 25 January 1963			
SECTION B PERFORMANCE EVALUATION							
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory abilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
Supervises a group of instructors as departmental chairman in the Operations Branch						S	
SPECIFIC DUTY NO. 2						RATING LETTER	
Instructs clandestine operations by lecture, seminar and practical exercises.						P	
SPECIFIC DUTY NO. 3						RATING LETTER	
Instructs by role-playing as agent or operations officer opposite student case officers						S	
SPECIFIC DUTY NO. 4						RATING LETTER	
Counsels and guides students individually.						S	
SPECIFIC DUTY NO. 5						RATING LETTER	
Participates in course planning and contributes to course substance.						S	
SPECIFIC DUTY NO. 6						RATING LETTER	
Prepares instructional presentations and materials for use in clandestine operations courses.						P	
OVERALL PERFORMANCE IN CURRENT POSITION							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER	
						S	

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

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

Mr. Shaw did an excellent job of course planning and personal supervision as a supervisor of instruction in the field of operational tradecraft. He is a first-rate spark plug and idea man, with good talent as a speaker, teacher and student counselor. His field experience, enthusiasm and loyalty have made him a particularly valuable member of the Operations Branch Staff

In addition to his duties in the Operations Branch, Mr. Shaw also participated in the training of infiltration teams for Task Force W, using the Spanish language.

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
30 January 1963	<i>R. Shaw</i>	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION		
6		
IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
28 January 1963	Chief, Operations Branch	<i>Harrington Littell</i> HARRINGTON LITTELL
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
In general I agree with Mr. Littell's evaluation of Mr. Shaw's performance. I would have given him a higher rating, however, on Specific Duty No. 2, which covers his over-all performance as an instructor. I think that Mr. Shaw has been one of our best seminar leaders and lecturers. I would, therefore, rate him as "Strong."		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
31 January 1963	Deputy for Training, ISGLATION	<i>Kenneth P. Miller</i> KENNETH P. MILLER

SECRET

Pre 1963 Fitness Rpts

Post 1966 Training
& insurance loss.



DEPARTMENT OF STATE
FOREIGN SERVICE INSTITUTE
WASHINGTON

June 28, 1966

Dear Mr. Shaw:

Friday we received your grade from the United States Department of Agriculture Graduate School in Modern Supervisory Practice.

✓ We wish to congratulate you on making an A+ in the course. To my knowledge, this is the first A+ received in any correspondence study course to be taken by Department personnel.

We trust that the course will be useful to you--and again congratulations.

Sincerely,

Evert T. Little

Evert T. Little
Chief

Extension Training Division

Mr. Robert T. Shaw
American Embassy
MEXICO

For inclusion in Robert T. Shaw's official folder.

K. W. Wambold
10/16/66

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

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

EMPLOYEE SERIAL NO.	NAME OF EMPLOYEE			OFFICE/COMPONENT
	LAST	FIRST	MIDDLE	
1-6 055495	(Print) Shaw	7-26 Robert	T.	25-26 51

INSTRUCTIONS

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

PCS DATES OF SERVICE

TYPE OF DATA	ARRIVAL				DEPARTURE			COUNTRY	OMIT
	CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1 - PCS (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39	Nicaragua	40-42
3 - CORRECTION									520
5 - CANCELLATION	1	07	20	66					

TDY DATES OF SERVICE

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

SOURCE OF RECORD DOCUMENT

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

DOCUMENT IDENTIFICATION NO. IN 94956	DOCUMENT DATE/PERIOD 9/2/66
--	---------------------------------------

REMARKS

PREPARED BY	<input checked="" type="checkbox"/> REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
C & L DIVISION	DATE 9/22/66	SIGNATURE Jackie E. Peringer
<input checked="" type="checkbox"/> C & T DIVISION		

SECRET

1. NAME (Last, First, Middle) SEAW, ROBERT T.		2. DATE OF BIRTH 27 AUGUST 1925		3. GRADE GS-14 4	
4. OFFICE, DIVISION, BRANCH (Of overseas station and existing cover if lateral assignment) DDP/WH/MEXICO CITY STATION		5. PRESENT POSITION OPS OFFICER/340		6. EMPLOYEE EXTENSION FIELD	
7. PROPOSED STATION MANAGUA, NICARAGUA		8. PROPOSED POSITION (title, number, grade) COS, OPS OFFICER/0141/GS-00			
9. TYPE OF COVER AT NEW STATION		10. ESTIMATED DATE OF DEPARTURE 1 JULY 1966		11. NO. OF DEPENDENTS TO ACCOMPANY 4	
12. NAME OF DEPENDENT TO ACCOMPANY		13. RELATIONSHIP	14. DATE OF BIRTH MONTH YEAR		15. REPORT OF MED. HIST. (SP-89) ATT. YES NO
JANET L.		WIFE	APR 27		XX
BARBARA L.		DAUG	JUL 52		XX
RICHARD W.		SON	AUG 55		XX
THOMAS R.		SON	AUG 55		XX
16. COMMENTS SUBJECT AND DEPENDENTS WILL TAKE PHYSICALS IN THE FIELD IN ACCORDANCE WITH REGULATIONS.					
17. DATE OF REQUEST 9 MAY 1966		18. SIGNATURE OF REQUESTING OFFICIAL <i>Frank A. Lane</i> Frank A. Lane WH/PERS		19. ROOM NUMBER AND BUILDING GH-56, Hqs.	20. EXTENSION 6825
21. EVALUATION AND SIGNATURE OF APPROVING OFFICIAL 8 July 66 75617 707 55 10 52 WH 1966					
REQUEST FOR PCS OVERSEAS EVALUATION					

U. S. DEPARTMENT OF AGRICULTURE
GRADUATE SCHOOL
WASHINGTON, D. C. 20250

Robert T. Shaw

Information Record

To whom it may concern: c/o American Embassy
Mexico City, Mexico

has taken the following courses in the Graduate School and has received the grades shown.

This is an information record and not an official transcript. The student was admitted on the basis of his own statement of previous education and experience, subject to the approval of the instructor.

For certification of academic credit, an official transcript should be requested. Students desiring academic credit must meet qualifications for admission to any standard college on the level of the courses for which they are registering.

COURSE NO.	COURSE TITLE	SEMESTER	GRADE	NO. CREDITS
205 c	Modern Supervisory Practice	6/7/66	A+	2

Correspondence Program

A — 80-100 EXCELLENT
B — 60-80 GOOD
C — 70-75 FAIR
D — 60-65 PASSABLE
F — BELOW 60 FAILURE
7 — AUDITOR
8 — INCOMPLETE
9 — WITHDRAWN

Helen Kempfer

Helen Kempfer, Head
Correspondence Program

AMERICAN EMBASSY
MEXICO, D. F.

June 3, 1965

EMBASSY MEMORANDUM

TO : All FBOs, FSSs and FSRs in Mexico City

FROM : Ralph Scarritt, ^{Personnel} Administrative Officer

SUBJECT: FOREIGN SERVICE INSTITUTE: Correspondence Course in Modern Supervisory Practice, Number 205C

REF. : CA-12771 dated May 28, 1965

Following is the text of the referenced communication:

The Extension Training Division of the Foreign Service Institute is offering for the first time a correspondence course MODERN SUPERVISORY PRACTICE.

The course is recommended for supervisors at all levels. It has been developed by W. R. Van Dersal, N.A. Derg and J. B. Rogers of the United States Department of Agriculture Graduate School. Dr. Van Dersal is a regular lecturer and discussion leader for management classes at the Foreign Service Institute and is highly recommended by FSI as a valued contributor to their programs and ...

The authors have conducted supervisory training all over the United States for thousands of employees. They are experienced with the Correspondence method.

The average student will devote a total of 160 hours to the course, which consists of 16 units and for which 2 credits are given. The course should be completed within twelve months of receipt of the first lesson.

The following is quoted from the course brochure, giving brief contents of each unit:

1. WORKING WITH PEOPLE. Basic Principles.
2. ORGANIZATION. The organization chart. Supervisory ratios. Span of control. Line and staff. Handling rapid expansion. Basic principles. How to judge a good organization.
3. COMMUNICATIONS I. Conferences: Planning and uses. Effective use of speech and discussion. Making one's own talk more persuasive. Problem solving. Efficient listening.

4. COMMUNICATIONS

4. COMMUNICATIONS 2. Formal and informal communication channels. The grapevine. How to read better and faster. How to write more effectively. Testing your own writing.
5. MOTIVATION. Basic principles. Drives, motives, and incentives. Selecting responses to reinforce. The pattern of successful motivation. Testing effectiveness of programs.
6. SUPERVISION--BASIC PRINCIPLES FOR LINE OPERATORS AND MANAGERS. Inducting new employees. Seven principles of supervision. The Scanlon Plan. Using authority constructively. Praise versus punishment.
7. GENERAL PRINCIPLES FOR STAFF OPERATORS. Staff functions. Line-staff relationships. Gaining acceptance. Getting the most value from staff officers. Effective consulting.
8. SUPERVISORY TECHNIQUES. Handling problem employees. What to do when personal problems affect work.
9. TRAINING. Training responsibilities of supervisors. How to plan training programs. Training new employees. The supervisor's own career development program. Handling training during rapid expansion. Justifying training time.
10. PARTICIPATION. When and how to use participation in planning and decision making. Setting guideposts and limits.
11. THE DECISION MAKING PROCESS. Eight steps to better decisions. Decisions making as a learned skill. How to train yourself to make better decisions.
12. WORKLOAD AND ITS RELATION TO STAFFING. Workload analyses. Work plans. Short and long term schedules. Work-improvement studies. Staffing patterns and workload.
13. PLANNING, SCHEDULING, ORGANIZING. Basic principles. Steps in planning. Making and using schedules. Evaluation for better time-use.
14. QUALITY AND QUANTITY CONTROL--INCLUDING INSPECTIONS. Purpose and importance. Theories. How standards control function. Constructive inspection.
15. BOOK REVIEW AND ANALYSIS. To help student integrate thinking and develop an independent approach.

16. SOLVING

16. SOLVING PROBLEM CASES. Student pulls together all he has learned in the course and uses it in solving a job problem.

The course will be offered on a first come, first served basis. It is hoped that a number of applications will be received in time for enrollment during June.

Students who fail, receive an incomplete, or withdraw from this course for other than officially approved reasons will be expected to reimburse FSI for the course cost of \$58.00. If a student fails to complete the course for official reasons, no record is sent to his Personnel File. If he fails to complete the course for other than official and approved reasons and reimburses FSI for the costs of his course, no record is sent to his Personnel File. However a record of "incomplete" or "failure" is sent to his file if he drops or fails the course for reasons not approved and fails to reimburse FSI. This record is then taken into consideration if training is requested at a later date.

All interested officers are requested to submit their applications to the Department on form DG-1131 Field Training Application in accordance with the instructions set forth in 2 FAM 551, 552.

Further information on the course may be obtained by writing to the Extension Training Division, Foreign Service Institute, Department of State, Washington, D. C. 20520.

NOTE: Application forms may be obtained in the Personnel Office.

U. S. DEPARTMENT OF AGRICULTURE
GRADUATE SCHOOL
WASHINGTON, D. C. 20250

Information Record

Robert T. Shaw

To whom it may concern: c/o American Embassy
Mexico City, Mexico

has taken the following courses in the Graduate School and has received the grades shown.

This is an information record and not an official transcript. The student was admitted on the basis of his own statement of previous education and experience, subject to the approval of the instructor.

For certification of academic credit, an official transcript should be requested. Students desiring academic credit must meet qualifications for admission to any standard college on the level of the courses for which they are registering.

COURSE NO.	COURSE TITLE	SEMESTER	GRADE	CREDITS
205 c	Modern Supervisory Practice	6/7/66	A+	2

Correspondence Program

A -- 90-100 EXCELLENT F -- BELOW 60 FAILURE
B -- 80-89 GOOD 7 -- AUDITOR
C -- 70-79 FAIR 8 -- INCOMPLETE
D -- 60-69 PASSABLE 9 -- WITHDRAWN

Helen Kempfer
Helen Kempfer, Head
Correspondence Program

AMERICAN EMBASSY
MEXICO, D. F.

June 3, 1965

EMBASSY MEMORANDUM

TO : All FSOs, FSSs and FSRs in Mexico City

FROM : Ralph Scarritt, Administrative Officer

SUBJECT: FOREIGN SERVICE INSTITUTE: Correspondence Course in Modern Supervisory Practice, Number 295C

REF. : CA-12771 dated May 28, 1965

Following is the text of the referenced communication:

The Extension Training Division of the Foreign Service Institute is offering for the first time a correspondence course MODERN SUPERVISORY PRACTICE.

The course is recommended for supervisors at all levels. It has been developed by W. R. Van Dersal, M.A. Berg and J. B. Rogers of the United States Department of Agriculture Graduate School. Dr. Van Dersal is a regular lecturer and discussion leader for management classes at the Foreign Service Institute and is highly recommended by FSI as a valued contributor to their programs and to the field.

The authors have conducted supervisory training all over the United States for thousands of employees. They are experienced with the Correspondence method.

The average student will devote a total of 160 hours to the course, which consists of 16 units and for which 2 credits are given. The course should be completed within twelve months of receipt of the first lesson.

The following is quoted from the course brochure, giving brief contents of each unit:

1. WORKING WITH PEOPLE. Basic Principles.
2. ORGANIZATION. The organization chart. Supervisory ratios. Span of control. Line and staff. Handling rapid expansion. Basic principles. How to judge a good organization.
3. COMMUNICATIONS I. Conferences: Learning and uses. Effective use of speeches and discussion. Making one's own talk more persuasive. Problem solving. Efficient listening.

4. COMMUNICATIONS

4. COMMUNICATIONS 2. Formal and informal communication channels. The grapevine. How to read better and faster. How to write more effectively. Testing your own writing.
5. MOTIVATION. Basic principles. Drives, motives, and incentives. Selecting responses to reinforce. The pattern of successful motivation. Testing effectiveness of programs.
6. SUPERVISION--BASIC PRINCIPLES FOR LINE OPERATORS AND MANAGERS. Inducting new employees. Seven principles of supervision. The Scanlon Plan. Using authority constructively. Praise versus punishment.
7. GENERAL PRINCIPLES FOR STAFF OPERATORS. Staff functions. Line-staff relationships. Gaining acceptance. Getting the most value from staff officers. Effective consulting.
8. SUPERVISORY TECHNIQUES. Handling problem employees. What to do when personal problems affect work.
9. TRAINING. Training responsibilities of supervisors. How to plan training programs. Training new employees. The supervisor's own career development program. Handling training during rapid expansion. Justifying training time.
10. PARTICIPATION. When and how to use participation in planning and decision making. Setting guideposts and limits.
11. THE DECISION MAKING PROCESS. Eight steps to better decisions. Decisions making as a learned skill. How to train yourself to make better decisions.
12. WORKLOAD AND ITS RELATION TO STAFFING. Workload analyses. Work plans. Short and long term schedules. Work-improvement studies. Staffing patterns and workload.
13. PLANNING, SCHEDULING, ORGANIZING. Basic principles. Steps in planning. Making and using schedules. Evaluation for better time-use.
14. QUALITY AND QUANTITY CONTROL--INCLUDING INSPECTIONS. Purpose and importance. Theories. How standards control function. Constructive inspection.
15. BOOK REVIEW AND ANALYSIS. To help student integrate thinking and develop an independent approach.

16. SOLVING

16. SOLVING PROBLEM CASES. Student pulls together all he has learned in the course and uses it in solving a job problem.

The course will be offered on a first come, first served basis. It is hoped that a number of applications will be received in time for enrollment during June.

Students who fail, receive an incomplete, or withdraw from this course for other than officially approved reasons will be expected to reimburse FSI for the course cost of \$58.00. If a student fails to complete the course for official reasons, no record is sent to his Personnel File. If he fails to complete the course for other than official and approved reasons and reimburses FSI for the costs of his course, no record is sent to his Personnel File. However a record of "incomplete" or "failure" is sent to his file if he drops or fails the course for reasons not approved and fails to reimburse FSI. This record is then taken into consideration if training is requested at a later date.

All interested officers are requested to submit their applications to the Department on form DS-1131 Field Training Application in accordance with the instructions set forth in 2 FAM 551, 552.

Further information on the course may be obtained by writing to the Extension Training Division, Foreign Service Institute, Department of State, Washington, D. C. 20520.

NOTE: Application forms may be obtained in the Personnel Office.

SECRET

FIELD REASSIGNMENT QUESTIONNAIRE			
DO NOT COMPLETE FOR HEADQUARTERS USE ONLY			
AUTHENTICATION OF SIGNATURES AND VERIFICATION OF ITEMS 1 THROUGH 7, BELOW:			
NAME OF EMPLOYEE (true)	DATE (from item 3.1)	NAME OF SUPERVISOR (true)	DATE (from item 3.2)
Robert Shaw	14 Aug 1964	Winston M. Scott	14 Aug 1964
NAME AND SIGNATURE OF OFFICIAL AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE SIGNATURES AND VERIFY DATA IN ITEMS NOS. 1 THROUGH 7, BELOW: <i>Murray Benthall</i>			DATE
Murray Benthall WH/PERS			2 Sept 1964
TO BE COMPLETED BY EMPLOYEE			
1. DATE OF BIRTH	2. GRADE	3. CURRENT POSITION TITLE AND GRADE	7A. DATE OF PCS ARRIVAL IN FIELD ON THIS TOUR
18 June 25	GS-14	Operations Officer GS-14	24 April 1963
4. SERVICE DESIGNATION (if known)	5. CURRENT STATION OR FIELD BASE		7B. EXPECTED DATE OF DEPARTURE FROM FIELD
D	Mexico City		On leave - Summer 65
6. OTHER DUTY STATIONS OR FIELD BASES DURING CURRENT TOUR			7C. EXPECTED DATE OF ARRIVAL AT HEADQUARTERS PCS
None			
8. WRITE A DESCRIPTION OF YOUR MAJOR DUTIES DURING THE CURRENT TOUR OF DUTY (see special note on Transmittal Form):			
<p>Conduct of operations aimed at the PERUMEN target. Acquisition and management of agents; operational and intelligence reporting.</p>			
9. PREFERENCE FOR NEXT ASSIGNMENT:			
A. WRITE A BRIEF DESCRIPTION OF THE TYPE OF WORK YOU WOULD PREFER FOR YOUR NEXT ASSIGNMENT IF IT DIFFERS FROM THAT INDICATED IN ITEM NO. 8, ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICES.			
<p>If my request for reassignment to current Station (first preference) is approved, I would expect to continue to operate primarily against the PERUMEN target in view of the priority assigned to that effort in the current RMD for Mexico. I would like to have an opportunity to do some work in other lines, however, especially in host government penetration and possibly in Soviet/Satellite penetration. If I am to be assigned elsewhere, I would prefer not to work on PERUMEN operations to the exclusion of other operations. I would prefer to retain <input type="checkbox"/> which I have been using since 1948.</p> <p>If transferred elsewhere, would prefer assignment as Chief of a field installation - have twice been COB in WHD.</p> <p>I do not wish a HQS assignment at this time. I have already had three HQS tours.</p>			
B. INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE IN ORDER TO INCREASE YOUR VALUE TO THE ORGANIZATION (refer to catalog of courses, if available):			
<p>In 1963 I completed a four-year stint as an instructor at ISOLATION -- do not believe further training is in order at this time.</p>			

SECRET

9. PREFERENCE FOR NEXT ASSIGNMENT (continued)	
C. INDICATE YOUR PREFERENCE FOR NEXT ASSIGNMENT BY INSERTING NUMBERS 1, 2 AND 3 (for 1st, 2nd and 3rd choice) IN THE BOXES BELOW:	
<input type="checkbox"/>	RETURN TO MY CURRENT STATION: THIS IS BY FAR FIRST CHOICE
<input checked="" type="checkbox"/>	BE ASSIGNED TO HEADQUARTERS FOR A TOUR OF DUTY. WITH RESPECT TO POSSIBLE ASSIGNMENT IN HEADQUARTERS, INDICATE CHOICE OF COMPONENT: 1ST. CHOICE <u>DOD/Field</u> 2ND. CHOICE <u>OTR/ISO</u> 3RD. CHOICE <u>DCI/Staff</u>
<input checked="" type="checkbox"/>	BE ASSIGNED TO ANOTHER FIELD STATION. WITH RESPECT TO POSSIBLE REASSIGNMENT TO ANOTHER FIELD STATION, INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIFIC STATION, BASED ON QUALIFICATIONS: 1ST. CHOICE <u>Barcelona (COB)</u> 2ND. CHOICE <u>Madrid (DCOS)</u> 3RD. CHOICE <u>Sao Paulo (COB)</u>
10. HOW MUCH LEAVE DO YOU DESIRE BETWEEN ASSIGNMENTS? INDICATE NUMBER OF WORK DAYS <u>45</u>	
11. INDICATE THE NUMBER AND AGE OF DEPENDENTS WHO WILL BE TRAVELLING OR MOVING WITH YOU: Wife 37 Daughter 12 Twin sons 9 Total dependents - 4	
11A. INDICATE ANY CHANGE IN YOUR PERSONAL OR FAMILY SITUATION WHICH SHOULD BE CONSIDERED IN DETERMINING YOUR NEXT ASSIGNMENT: Children are all of school age. In case of transfer, would prefer assignment to Station having good schools.	
12. SIGNATURE: COMPLETE ITEM NO. 9-1, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF ABOVE PORTION OF THIS FORM. TO BE COMPLETED BY SUPERVISOR AT FIELD STATION	
13. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE STATION, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING: It is urged that this officer be allowed to return to Mexico City Station for a second tour. He has excellent Spanish; he has many worthwhile contacts with Mexican governmental, political and business figures not known to other Station personnel. - He has excellent contacts with ODURGE (border) officials. His unique (for this Station) [redacted] enables him to meet persons of interest. He knows and likes Mexico; he is in the midst of a long-range program which can best be done by continuity.	
14. SIGNATURE: COMPLETE ITEM NO. 9-2, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF THIS PORTION OF THE FORM. TO BE COMPLETED BY APPROPRIATE CAREER SERVICE OFFICER OR PERSONNEL OFFICER AT HEADQUARTERS	
15. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE COMPONENT TO WHICH HE IS CURRENTLY ASSIGNED, INDICATE YOUR RECOMMENDATIONS FOR HIS NEXT ASSIGNMENT AND TRAINING: WH Division recommends that Mr. Shaw return for a second tour of duty in Mexico City following home leave in the summer of 1965.	
16. NAME OF CAREER SERVICE OFFICER OR PERSONNEL OFFICER ROBERT D. CASHMAN C/WH/PERS DATE	SIGNATURE <i>Robert D. Cashman</i>
FOR USE OF CAREER SERVICE	
17. EMPLOYEE <input type="checkbox"/> HAS <input type="checkbox"/> HAS NOT BEEN NOTIFIED OF PLANNED REASSIGNMENT	18. REFERENCE DISPATCH NO. <u>900053259</u> CABLE NO. _____
19. TYPED OR PRINTED NAME <u>RONALD GAGE</u>	20. SIGNATURE <i>Ronald Gage</i>
21. TITLE <u>Officer A1 CSPO</u>	22. DATE <u>16/16/65</u>
23. COMMENTS <i>New Tour after home leave in summer 65 D. Hall</i>	

SECRET

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

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

EMPLOYEE SERIAL NO. 1-6	NAME OF EMPLOYEE			OFFICE/COMPONENT 28-26
	LAST (Print)	FIRST	MIDDLE	
55495	SHAW	ROBERT	T.	51

INSTRUCTIONS

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

PCS DATES OF SERVICE

TYPE OF DATA	CODE	ARRIVAL			DEPARTURE			COUNTRY	CWIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1 - PCS (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-99	MEXICO	40-62
2 - CORRECTION									
3 - CANCELLATION	1	04	23	63				MEXICO	450

TDY DATES OF SERVICE

TYPE OF DATA	CODE	DEPARTURE			RETURN			AREA(S)	CWIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
2 - TDY (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-99		45-62
4 - CORRECTION									
5 - CANCELLATION									

SOURCE OF RECORD DOCUMENT

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

DOCUMENT IDENTIFICATION NO. HMRT - 3681	DOCUMENT DATE/PERIOD 4/25/63
---	--

REMARKS

PREPARED BY 1. NAME DIVISION 2. GRADE DIVISION	REPORT APPROVED BY SOURCE DOCUMENT	DATE 5/11/63	SIGNATURE	ABOVE DATA VERIFIED CORRECT BASED UPON SOURCE DOCUMENT CITED
--	---------------------------------------	-----------------	-----------	--

SECRET

VERIFIED RECORD OF OVERSEAS SERVICE

35:233 JAN 25 63

TO:

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

EMPLOYEE SERIAL NO. I. O.	NAME OF EMPLOYEE			OFFICE/COMPONENT
	LAST (Print)	FIRST	MIDDLE	
55495	Shaw	Robert	T	51 51

INSTRUCTIONS

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

PCS DATES OF SERVICE

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

TDY DATES OF SERVICE

TYPE OF DATA	CODE	DEPARTURE			RETURN			AREA(S)	OMIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
2 - TDY (Basic)	26	27-28	29-30	31-32	33-34	35-36	37-38		39-41
4 - CORRECTION									
6 - CANCELLATION									
	2	11 09	62	12 19	62			60 #	811

SOURCE OF RECORD DOCUMENT

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

DOCUMENT IDENTIFICATION NO.	DOCUMENT DATE/PERIOD
-----------------------------	----------------------

REMARKS

PREPARED BY	<input checked="" type="checkbox"/> REPORT ASSOCIATED WITH SOURCE DOCUMENT	<input type="checkbox"/> ABOVE DATA VERIFIED CORRECT. DATE & SOURCE DOCUMENT CITED
FISCAL DIVISION	DATE	SIGNATURE
FINANCE DIVISION		<i>John D. [Signature]</i>

FORM 1451a

SECRET

16-101

CONFIDENTIAL
(when filled in)

I M P O R T A N T

Central Processing Branch has been charged with responsibility (OPM 20-6-1 dated 12 October 1961) for ensuring that all employees processing PCS to the field have reviewed the field version of the Employee Conduct Handbook. You will not be checked out for your proposed travel until you sign the following statement and return it to CPB. Your Personnel Officer can provide you with a copy of the handbook.

M E M O R A N D U M O F U N D E R S T A N D I N G

I hereby acknowledge that I have read and understand the contents of Field Handbook 20-4, Employee Conduct, dated 30 July 1962.

 R. Shaw
Signature

 14 February 1963
Date

ROBERT SHAW

12
CONFIDENTIAL

Complete in duplicate. The data recorded on this form is essential in determining travel expenses allowable in connection with leave of government expense, overseas duty, return to residence upon separation, and for providing current residence and dependency information required in the event of an employee emergency. The original of this form will be filed in the employee's official personnel folder.

NAME OF EMPLOYEE (Last) (First) (Middle) SOCIAL SECURITY NUMBER
 SHAW ROBERT TYLER

1. RESIDENCE DATA
 PLACE OF RESIDENCE WHEN INITIALLY APPOINTED FT. THOMAS, KENTUCKY
 LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)
 PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE ~~FALLS CHURCH, VA.~~ TUCSON, ARIZONA
 HOME LEAVE RESIDENCE FALLS CHURCH, VIRGINIA

2. MARITAL STATUS (Check one)
 SINGLE MARRIED SEPARATED DIVORCED WIDOWED ANNULLED
 IF MARRIED, PLACE OF MARRIAGE TUCSON, ARIZONA DATE OF MARRIAGE 2 SEP 1946
 IF DIVORCED, PLACE OF DIVORCE DECREE DATE OF DECREE
 IF WIDOWED, PLACE SPOUSE DIED DATE SPOUSE DIED

IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)

3. MEMBERS OF FAMILY
 NAME OF SPOUSE JANET LEE SHAW ADDRESS (No., Street, City, Zone, State) FALLS CHURCH TELEPHONE NO.
 NAMES OF CHILDREN BARBARA RICHARD THOMAS ADDRESS SAME SEX F DATE OF BIRTH 27 JUL 1922 M 10 SEP 1925 M 10 SEP 1925
 NAME OF FATHER (Or male guardian) GEN. F. P. SHAW ADDRESS 415 LINDEN LANE, FALLS CHURCH TELEPHONE NO. JE 2-0199
 NAME OF MOTHER (Or female guardian) INEZ S. SHAW ADDRESS SAME TELEPHONE NO.

WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY? FATHER

4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY
 NAME (Mr., Mrs., Miss) (Last-First-Middle) MAT. GEN FRANKLIN P. SHAW RELATIONSHIP FATHER
 HOME ADDRESS (No., Street, City, Zone, State) 415 LINDEN LANE, FALLS CHURCH, VA. HOME TELEPHONE NUMBER JE 2-0199
 BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE RETIRED BUSINESS TELEPHONE & EXTENSION

IS THE INDIVIDUAL NAMED ABOVE WITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you work for.) YES NO
 IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.) YES NO
 DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 6.) YES NO

The persons named in item 3 above may also be notified in case of emergency. If such notification is not desirable because of health or other reasons, please so state in item 6 on the reverse side of this form.

CONTINUED ON REVERSE SIDE

CURRENT RESIDENCE AND DEPENDENCY REPORT

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(When Filled In)

3. VOLUNTARY ENTRIES		
<p>Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.</p>		
<p>INDICATE NAME AND ADDRESS OF THE BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.</p>		
<p>AMERICAN SECURITY & TRUST CO., WASH 13, D.C. — ROBERT T. & JANET LEE SHAW ACCT. # 606-10-247</p>		
<p>HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. (If "Yes" where is document located?)</p>		
<p>AMONG PERSONAL EFFECTS</p>		
<p>HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. (If "Yes" give name(s) and address)</p>		
<p>HAVE YOU EXECUTED A POWER OF ATTORNEY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. (If "Yes", who possess the power of attorney?)</p>		
6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS		
SIGNED AT	DATE	SIGNATURE
NPS.	14 Feb 1963	R. Shaw

CONFIDENTIAL

SECRET

ASD

Supplement to Staff Employee Personnel

Action Robert T. Shaw

Effective 27 March 1963

The purpose of this memorandum is to call your attention to existing policies which are particularly material to you while you are and to set forth certain rights and obligations which are incident to your status as an appointed employee. It is hereby agreed and understood that:

1. As an employee of this organization, at the present grade and salary of GS-14 \$13,270. per annum, you will accept employment with another instrumentality of the Government (hereinafter referred to as) effective as of 27 March 1963. You will, insofar as consistent with your basic responsibility to this organization, abide by all the rules, regulations, practices and policies of your in order to appear as a conventional member of that establishment. Your appointment to your is being effected at and salary of \$11,800. per annum. You are prohibited, except as specifically authorized herein, from retaining emoluments paid .

2. It is understood and agreed that the minimum period of your overseas tour of duty is governed by and coincident with the prescribed tour of duty of your organization. Currently, your prescribed tour consists of a period of Two Years from the date of your arrival at your overseas post of duty. Your assignment may be terminated earlier for the convenience of this organization and the length of your tour of duty, as currently specified, may be unilaterally changed by this organization in order to conform with subsequent changes in the prescribed tour of your . If you request termination of your overseas assignment solely for your own convenience, unless it is for circumstances that are considered by this organization to be beyond your control or if you are terminated for cause under the regulations of this organization before you have completed the minimum period of service prescribed above from the date of arrival at your overseas post of duty, you will not be entitled to return travel or transportation for yourself or your dependents to the United States at Government expense. If you request termination of your overseas assignment solely for your own convenience, unless it is for circumstances that are considered by this organization to be beyond your control or if you are terminated for cause under the regulations of this organization before you have completed one (1) year of service from the date of your arrival at your overseas post of duty, you will be required to reimburse the Government for all of its expenses for your travel and transportation, and that of your dependents, from the continental United States to such overseas post of duty.

SECRET

3. Travel to your post of duty overseas and your return travel to the United States, as well as travel performed overseas which is consistent with your cover designation, will normally be at the direction of your cover facility. Such travel will be accomplished in conformance with applicable regulations of your [redacted] except when you are directed for operational reasons to perform travel in accordance with the regulations of this organization.

4. Salary and (except as provided in paragraph three (3) above) allowances paid by your [redacted] shall be retained by you to the extent that they are less than or equal to the salary and allowance payments due on the basis of your grade level with this organization. If such cover payments are less than the amount due, the difference will be credited to your payroll account with this organization. If such payments exceed the amount due, the overage will be remitted to this organization at designated intervals, presently [redacted] NA. Computations hereunder will be made on the basis of the aggregate gross due and received provided, however, that in computing remittances for overage Federal and, if applicable, District of Columbia income taxes withheld by [redacted] against the overage may be deducted. To assure timely accuracy in your payroll account with this organization you are expected to immediately report [redacted] payroll changes.

5. Your status as an employee of this organization will continue in full force and effect during your period of duty with your [redacted] and you will continue to be entitled to all rights, benefits and emoluments of such status. Certain variations in procedure will be required, however, to preserve the security of your [redacted]

a. Upon [redacted] into your [redacted] you will continue to be covered by the provisions of the Civil Service Retirement Act, as amended, and at your personal expense you will be subject to payroll deductions for retirement purposes (now six and one-half per cent) on the basis of your cover salary or your salary from this organization, whichever is the greater.

b. If you receive taxable income from both your [redacted] and this organization, necessary adjustments for Federal, and if applicable, District of Columbia income tax purposes will be made in conformance with instructions received from this organization.

c. Consistent with [redacted] you will continue to be responsible for compliance with the rules and regulations of this organization.

d. You are not assured upon the completion of your period of duty with your [redacted] of any status with your cover based on your services performed with that organization at the request of this organization.

SECRET

5. All annual and sick leave which is accrued to your credit at the time of [redacted] will be transferred to your [redacted]. While [redacted] you will be permitted annual leave, sick leave, home leave, and leave without pay in accordance with the regulations of your [redacted] in lieu of the leave benefits of this organization. Upon completion of your [redacted] your accrued annual and sick leave will be transferred to your credit with this organization. If security conditions require that your [redacted] make a lump-sum payment for accrued annual leave, you will be required to pay the gross amount thereof to this organization including any income taxes withheld by your [redacted].

6. You will be required to keep forever secret this agreement and all other information which you may obtain by reason hereof, unless you are released in writing by this organization from this obligation. Violation of such secrecy may subject you to criminal prosecution under the Espionage Laws, dated 25 June 1948, as amended, and other applicable laws and regulations. The termination of your employment with this organization will not release you from the obligation of any security oath you may be required to take.

UNITED STATES GOVERNMENT

BY *Rose Marie Corrado*
Personnel Office

ACCEPTED:

Robert T. Shaw
Robert T. Shaw

Pre 1963 Training &
related docs.

Medical clearances

Præ 1963 (Reservations
(Application of same,
awards, FHS supplements)

TELEPHONE REQUEST FOR RECORDS OR INFORMATION
 NATIONAL PERSONNEL RECORDS CENTER, TCPE
 111 Minnebago Street
 St. Louis, MO 63118

DATE OF REQUEST: 6-9-78
 EMPLOYEE'S INITIALS: [Handwritten initials]

CAUTION: Complete all items

Former Federal Employee informed of Privacy Act compliance requirements per instructions in NPRC-1007.45.

MONTH: 6 DAY: 18 YEAR: 25
 SOCIAL SECURITY NUMBER: [Redacted]

CURRENT NAME (Last, first, middle): SHAW, ROBERT T.

NAME UNDER WHICH FORMERLY EMPLOYED FEDERALLY (if different than current): [Redacted]

PREVIOUS FEDERAL EMPLOYMENT			
AGENCY AND BUREAU	LOCATION	FROM	TO
WAR DEPT	PATTERSON AFB	Summer	8-6-42 ✓
STATE DEPT		1952	3-17-73 ✓

RECORDS OR INFORMATION REQUESTED

OFFICIAL PERSONNEL FOLDER

- Forward to requesting agency.
- Deliver to information desk for review by Federal Agent.
- Deliver to the appropriate Correspondence Unit Supervisor for review by employee.

STATEMENT OF SERVICE

- Mail to requester.
- Deliver to information desk.

FEDERAL EMPLOYEES GROUP LIFE INSURANCE

- Prepare and furnish duplicate original SF-56.
- Furnish SF-56.

CALL BACK (Specify information wanted below).

RECORDS OR INFORMATION SENT

Folder enclosed. 6-13-78 [Handwritten initials]

- Folder was sent to your agency on
- Folder forwarded in place of information requested. Retain if person is rehired.
- Folder not received. Suggest you contact last employing office.
- Folder not located. Suggest further search in your agency. If still unlocated, verify correctness of name, and furnish date forwarded and several names of other folders in same shipment.
- Folder believed in custody of following agency. Original of your request sent to that agency for action.

TELEPHONE: ST COMMERCIAL/HOME 351-6144

NAME OF CALLER: MR. HENDRICKS

REMARKS:

CIA
 PERSONNEL OFFICE
 WASHINGTON, D.C.
 20505

← Enter complete address to which folder or reply is to be mailed. Include ZIP Code.

SHAW, ROBERT T. 06-18-25

Date: 1/23/79

MEMORANDUM FOR: Chief, Ops, ROB

SUBJECT: Request for Estimate of Annuities

JB
SE

1. Please provide estimate of annuities for:

Name: ROBERT T SHAW

Grade: GS-16

Component: IG

DOB: 06 18 25

SCD: 09 02 46

System: CDWOS

ETR: 11 JAN 1958

2. Remarks: OP FILE ATTACHED REVERSE

COULD NOT FIND CDWOS FILE

SMITH McCOMB
Counselor, ROB/RAD

CONFIDENTIAL (when filled in)

NOTIFICATION OF PERSONNEL ACTION

JOURNAL NUMBER

SERVICE
FS

1 NAME (LAST, FIRST, MIDDLE) SHAW ROBERT T		MR	2 EMPLOYEE NO & SER 539700 M	3 BIRTH DATE (MM-DD-YY) 06-18-25	4 SOCIAL SECURITY NO
5 REGULARITY 2	6 PAY PLAN (3)	7 GRADE 06	8 SERVICE CLASS DATE 02-28-48	9 PAY PLAN AND GRADE 00	
10 DEPARTMENT 1		11 PAY PLAN AND GRADE 05-65		12 NATURE OF ACTION 317 RESIGNATION	
13 EFFECTIVE DATE 03-17-73		14 CIVIL SERVICE OR OTHER LEGAL AUTHORITY			
15 FROM POSITION TITLE AND NUMBER S-00000-00 REASSIGNMENT DE -		16 PAY PLAN AND CLASSIFICATION CODE FR-97072	17 GRADE 03	18 SALARY PA\$29,462.00	
19 NAME AND LOCATION OF EMPLOYING OFFICE DEPARTMENT OF STATE, WASHINGTON, D. C. 20520					
20 MISCELLANEOUS ASSIGNMENTS					

20 TO POSITION TITLE AND NUMBER	21 PAY PLAN AND CLASSIFICATION CODE	22 GRADE	23 SALARY	24 OTHER SCHEDULE
24 NAME AND LOCATION OF EMPLOYING OFFICE DEPARTMENT OF STATE, WASHINGTON, D. C. 20520				

25 CITY AND STATE WASHINGTON DC	26 LOCATION CODE 110010001
27 ZIP CODE 0113.0-1097-298600-000	28 APPOINTMENT VOUCHER FORM 2
	29 STATE AZ

30 REMARKS

A. SUBJECT TO COMPLETION OF...
B. SERVICE CREDITING...
C. DURING PROBATION...
D. FROM EMPLOYMENT FOR A MONTH OR LESS...

This action is subject to all applicable laws, regulations, policies and may be subject to review and approval by the United States Civil Service Commission or the Department. This action may be suspended or canceled if not in accordance with applicable laws.

REASON: PERSONAL - NO OTHER INFORMATION AVAILABLE
FINAL PAYMENT TO BE MADE BY THE DEPARTMENT
FGLI COVERAGE-REGULAR ONLY

MR. ROBERT T. SHAW

31 DATE OF APPOINTMENT APPROVAL	32 OFFICE NUMBER AND PERSONNEL FILE NO	33 CODE EMPLOYING DEPARTMENT OR AGENCY ST00	34 DATE 03-21-73	DIRECTOR GENERAL SUBMITTING OFFICE NO 2951
---------------------------------	--	---	----------------------------	---

2 PERSONNEL VOUCHERS

REQUEST FOR PERSONNEL ACTION

1105

FR/PS
APR 10 1973

PART I. REQUESTING OFFICE (fill in every space above in heavy lines)

A. DATE OF REQUEST 3/14/73		B. PROPOSED EFFECTIVE DATE		C. REQUEST NUMBER		D. SERVICE FUNCTION FS	E. PAY PLAN MGT/PS/TRANS MGT/PS/TRANS	F. POSITION MGT/PS/TRANS	
1. NAME (Last First Middle) SHAW, ROBERT T. MR.			MR. MISS MRS.			2. EMPLOYEE NUMBER 539700 M	3. BIRTH DATE	4. SOCIAL SECURITY NO.	
7. KIND OF ACTION REQUESTED (1) PERSONNEL (Specify appropriate management designation in 1)						RIF CODE		9. POSITION SKILL CODES	
12. POSITION (Specify position name selected in 1)						14. POSITION VACATED 1. Reason (number) 2. (number) 3. (number)			
5. VETERAN PREFERENCE 1. NO 2. 5 PT 3. 10 PT DWARD 4. 10 PT COMB 5. 10 PT OTHER		6. TENURE CODE		7. SERVICE COMP DATE		8. PHYSICAL HANDICAP CODE			
9. FEELT 1. COVERED 2. INCLUDE 3. WAIVED		10. RETIREMENT 1. CS 2. PEA		11. PS 1. NONE 2. OTHER		10A. MO & YR OF GRADE		11. (For CH. part)	
12. NATURE OF ACTION 317 RESIGNATION CCAA				13. EFFECTIVE DATE (M/D/Y) 03-17-73		14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY			

15. FROM POS NO. S-00000-00		POSITION TITLE FOREIGN SERVICE RESERVE OFFICER		16. PAY PLAN AND OCCUPATION CODE FR-7072		17. GRADE OR LEVEL 03		18. SALARY pa\$ 27400	
19. ORGANIZATION DESIGNATION MISCELLANEOUS ASSIGNMENTS									

20. TO POS NO.		POSITION TITLE		21. PAY PLAN AND OCCUPATION CODE		22. GRADE		STEP		23. SALARY		WORK SCHEDULE
24. ORGANIZATION DESIGNATION												

25. DUTY STATION (if any stated) WASHINGTON, D. C.						26. LOCATION CODE					
27. APPROPRIATION CODE 0113.0-1097-298600-000				28. POSITION OCCUPIED 1. COMPETITIVE SERVICE 2. EXCEPTED SERVICE		29. APPLICATIONED POSITION FROM TO STATE 1. PROMOTED 1 2. WAIVED 2					

REASON: PERSONAL - No additional information available.

ADDRESS: [Redacted]

8/14
83.0

March 17, 1973

3. REQUESTED BY SIGNATURE: Barbara B. Prather TITLE: CA/FS/EUR - Barbara B. Prather				4. REQUEST APPROVED BY SIGNATURE: Charles R. Stout TITLE: CA/FS/EUR - Charles R. Stout, Chief			
---	--	--	--	---	--	--	--

PART II. TO BE COMPLETED BY PERSONNEL OFFICE (fill in inside heavy lines in PART I above step to be completed)

1. CLEARANCE		INITIALS OR SIGNATURE		DATE		5. INTRANSIT PERFORMANCE RATING SATISFACTORY		6. IA		NEW		VICE		REPLACED	
12. CELL OR POS CONTR.		13. CLASSIFICATION		14. EMPLOYMENT		15. APPROVED BY		<input type="checkbox"/> SUBJECT TO COMPLETION <input type="checkbox"/> 1 YEAR PROBATIONARY PERIOD COMMENCING <input type="checkbox"/> SERVICE COUNTING TOWARD CAREER TENURE FROM <input type="checkbox"/> SUCCESSOR POS. THIS EMPLOYEE RETAINED IN THE COMPETITIVE SERVICE SEPARATE CDS SHOW REASON BELOW CHECK IF APPLICABLE <input type="checkbox"/> 2000 PROBATION <input type="checkbox"/> 1000 2000							

PART III. TO BE COMPLETED BY EMPLOYEE

RESIGNATION EMPLOYEE SHALL BE EMPLOYED FOR PERIOD OF TIME AS INDICATED IN THIS FORM. (If no date is indicated, resignation is effective immediately.)

RESIGN FOR THE FOLLOWING REASONS

RECEIVED

15 MAR 1973 PM 8.49



RESIGNED BY: ROBERT T. SHAW

FOR THE REASON OF: NO OCCASIONING OF EMPLOYMENT

THE EFFECTIVE DATE OF MY RESIGNATION WILL BE 3/17/73

(Signature)

PART IV. SEPARATION DATA

FORWARD COMMUNICATIONS INCLUDING SALARY CHECKS AND BONDS TO THE FOLLOWING ADDRESS

(Name)

(City)

(State)

(Zip)

PART I. (Continued)

REMARKS OF RESIGNING OFFICE

3/19/73

~~SHAW~~

SHAW, ROBERT T

RESIGNATION COB 3/17/73; FINAL SALARY PAYMENT BY THE DEPARTMENT.

NOT ENROLLED IN HEALTH BENEFITS PLAN

ADDRESS:



E. Kathryn Mallow
E. Kathryn Mallow
Chief, Retirement Branch
Personnel Services Division

TKM

152 773 2 1 03



DEPARTMENT OF STATE

Washington, D.C. 20520

March 9, 1973

The Honorable William P. Rogers
The Secretary of State
Department of State
Washington, D.C. 20520

Dear Mr. Secretary:

It is with regret that I find it necessary to submit my resignation from the Foreign Service effective March 17, 1973.

I have enjoyed my years with the Foreign Service and hope that it will be possible for me to serve again in the future should circumstances permit.

Sincerely,

A handwritten signature in cursive script that reads "Robert T. Shaw".

Robert T. Shaw

**ELECTION, DECLINATION, OR WAIVER
OF LIFE INSURANCE COVERAGE**
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

**IMPORTANT
AGENCY INSTRUCTIONS
ON BACK OF ORIGINAL**

TO COMPLETE THIS FORM—

- 1 FOLLOW THESE GENERAL INSTRUCTIONS:**
- Read the back of the "Duplicate" carefully before you fill in the form.
 - Fill in BOTH COPIES of the form. Type or use ink.
 - Do not detach any part.

2 FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):

NAME (last)	(first)	(middle)	DATE OF BIRTH (month, day, year)	SOCIAL SECURITY NUMBER
SHAW	ROBERT	TYLER	JUNE 18, 25	
EMPLOYING DEPARTMENT OR AGENCY			LOCATION (City, State, ZIP Code)	
STATE - FOREIGN SERVICE			EMBASSY, MANAGUA	

3 MARK AN "X" IN ONE OF THE BOXES BELOW (do NOT mark more than one):

Mark here if you **WANT BOTH** optional and regular insurance



ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE

I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

Mark here if you **DO NOT WANT** OPTIONAL but do want regular insurance



DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE

I decline the \$10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.

Mark here if you **WANT NEITHER** regular nor optional insurance



WAIVER OF LIFE INSURANCE COVERAGE

I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the \$10,000 additional optional insurance unless I have the regular insurance.

4 SIGN AND DATE. IF YOU MARKED BOX "A" OR "C", COMPLETE THE "STATISTICAL STUB." THEN RETURN THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.

SIGNATURE (do not print)

Robert Shaw

DATE

February 9, 1968

FOR EMPLOYING OFFICE USE ONLY

(official receiving date stamp)

February 9, 1968

James J. Young
James J. Young, Actg. Admin. Officer
American Embassy
Managua, Nicaragua

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

STANDARD FORM NO. 170-1
MAY 1962 EDITION
GSA GEN. REG. NO. 27
5010-108

HEALTH BENEFITS REGISTRATION FORM

9 FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959

6438716

Standard Form No. 2985
CHAPTER 13, F.P.M.
5 (1-6-63)

TO EMPLOYING OFFICE: SHOW OLD CARRIER NUMBER ON ONLY IF REGISTRATION IS TO CANCEL ENROLLMENT OR TO CHANGE OPTION OR TYPE OF ENROLLMENT IN THE SAME PLAN.

Old Carrier's Control No.

PART A ALL WHO REGISTER MUST FILE IN THIS PART.	1. NAME (LAST)	(FIRST)	(MIDDLE INITIAL)	2. DATE OF BIRTH (Use numbers)	3. ARE YOU NOW MARRIED?
	SHAW	ROBERT	T.	MONTH: 6, DAY: 18, YEAR: 25	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
4. YOUR MAILING ADDRESS (STREET AND STREET ADDRESS)				CITY AND ZIP CODE (CITY)	5. SEX
					MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>

IMPORTANT

IT IS HELD FOR AN EMPLOYEE OR A MEMBER OF HIS FAMILY TO BE COVERED UNDER MORE THAN ONE ENROLLMENT. IF YOU ARE ALREADY COVERED THROUGH THE ENROLLMENT OF ANOTHER FEDERAL OR DISTRICT OF COLUMBIA EMPLOYEE OR ANTIPOART YOU MUST ENROLL IN THE OTHER OR THE OTHER ENROLLMENT MUST BE CANCELED. SIMILARLY IF A FAMILY MEMBER LISTED BY YOU IN PART B IS COVERED THROUGH HIS OR HER OWN ENROLLMENT YOU CANNOT LIST A FAMILY ENROLLMENT UNLESS THE FAMILY MEMBER CANCELS HIS OR HER ENROLLMENT.

PART B FILL IN THIS PART IF YOU WISH TO ENROLL OR CHANGE YOUR ENROLLMENT IN A HEALTH BENEFITS PLAN.	1. I wish to enroll in a health benefits plan as shown below. I authorize deductions from my salary, compensation or annuity to cover my share of the cost of the enrollment. (Fill in the information requested below from inside cover of booklet of the plan you select.)																								
	NAME OF PLAN	OPTION (HIGH OR LOW)																							
2. To cover basic life of eligible family members without exception, you may opt to become a member. Also your unmarried children under age 19 (or under age 25 if dependent children and dependent on and financially assisted who live with you in a regular household) and dependent on and financially assisted child over age 19 who become disabled before age 19 and who, because of the disability, is incapable of self support. Attach a doctor's certificate for a disabled child age 19 or over, if one is not already on file.																									
<table border="1"> <thead> <tr> <th>NAMES OF FAMILY MEMBERS</th> <th>DATE OF BIRTH (Month, Day, Year)</th> <th>RELATIONSHIP TO YOU</th> <th>DATE OF BIRTH (Month, Day, Year)</th> </tr> </thead> <tbody> <tr> <td>Wife or Husband</td> <td></td> <td>1</td> <td>6</td> </tr> <tr> <td></td> <td></td> <td>2</td> <td>7</td> </tr> <tr> <td></td> <td></td> <td>3</td> <td>8</td> </tr> <tr> <td></td> <td></td> <td>4</td> <td>9</td> </tr> <tr> <td></td> <td></td> <td>5</td> <td>10</td> </tr> </tbody> </table>		NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)	RELATIONSHIP TO YOU	DATE OF BIRTH (Month, Day, Year)	Wife or Husband		1	6			2	7			3	8			4	9			5	10
NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)	RELATIONSHIP TO YOU	DATE OF BIRTH (Month, Day, Year)																						
Wife or Husband		1	6																						
		2	7																						
		3	8																						
		4	9																						
		5	10																						
3. If you are a female certificate of annuitant, does the annuity fund which includes a covered who is incapable of self support by reason of mental or physical disability which can be reported to annuity for more than 12 months (12 months if the annuity is for a spouse or child) certificate, if one is not already on file?																									
YES <input type="checkbox"/> NO <input type="checkbox"/>																									

PART C FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CANCEL YOUR ENROLLMENT.	PLEASE AN "X" IN ITEM 1 OR 2 WHO IS YOUR OPTION?	3. I WANT TO CHANGE MY PRESENT ENROLLMENT UNDER THE SAME NUMBER SHOWN BELOW
	1. I WANT NOT TO ENROLL IN A PLAN UNDER THIS PLAN	2. I WANT TO CHANGE MY PRESENT ENROLLMENT UNDER THE SAME NUMBER SHOWN BELOW

PART D FILL IN THIS PART, AS WELL AS PART 3, TO CHANGE YOUR ENROLLMENT.	1. I WANT TO CHANGE MY PRESENT ENROLLMENT UNDER THE SAME NUMBER SHOWN BELOW	2. I WANT TO CHANGE MY PRESENT ENROLLMENT UNDER THE SAME NUMBER SHOWN BELOW	3. DATE OF EVENT WHICH TRIGGERED CHANGE
			MONTH: DAY: YEAR:

PART E ALL WHO REGISTER MUST FILE IN THIS PART.	4. SIGNATURE OF EMPLOYEE	5. DATE OF SIGNATURE
	Robert Shaw	Mar 27, 1963

PART F TO BE COMPLETED BY AGENCY.	6. DATE OF AGENCY ACTION	7. DATE OF LAST REGISTRATION
	3/28/63	3/31/63

REMARKS: *See 2-27-63*
new enrollee
Shaw, Robert T.

19-00-0001

Standard Form No. 64
 Revised April 1954
 U. S. Civil Service Commission
 F. P. M. Chapter XI
 64 100

DESIGNATION OF BENEFICIAR^Y
FEDERAL EMPLOYEES' GROUP LIFE
INSURANCE ACT OF 1954

IMPORTANT
 Read instructions
 on back of duplicate
 before filling in this form

INFORMATION CONCERNING THE INSURED:

NAME (Last) (First) (Middle) DATE OF BIRTH (Month, day, year)
 SHAW ROBERT TYLER JUNE 10, 1925

PLACE AN "X" IN THE APPROPRIATE BOX BELOW TO SHOW WHETHER YOU ARE:

AN EMPLOYEE RETIRED OR AN APPLICANT FOR RETIREMENT RECEIVING FEDERAL EMPLOYEES' COMPENSATION BENEFITS OR AN APPLICANT FOR SUCH BENEFITS

IF YOU ARE RETIRED OR RECEIVING FEDERAL EMPLOYEES' COMPENSATION BENEFITS OR AN APPLICANT FOR SUCH BENEFITS GIVE YOUR "CSA," "CSL," or "X" NUMBER

(CSA or CSL or X number)

DEPARTMENT OR AGENCY IN WHICH LAST EMPLOYED (If retired, former department or agency):

(Department or agency) (Bureau) (Division) (Location—City and State)
 WASH 25, D.C.

I, the individual identified above, canceling any and all previous Designations of Beneficiary under the Federal Employees' Group Life Insurance Act heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any amount of GROUP LIFE INSURANCE and GROUP ACCIDENTAL DEATH INSURANCE due and payable at my death. I understand that this Designation of Beneficiary will remain in full force and effect, with respect to any amount payable, unless or until canceled by me in writing, or until such time as it is automatically canceled (see regulation "f" on reverse side of duplicate copy).

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
JANET LEE SHAW		WIFE	ALL

I hereby direct, unless otherwise indicated above, that, if more than one beneficiary is named, the share of any deceased beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.

I hereby specifically reserve the right to cancel or change any Designation of Beneficiary at any time without knowledge or consent of the beneficiary.

Mar 27, 1963
 (Date of execution—month, day, year)

Robert T Shaw
 (Signature of insured)

WITNESSES TO SIGNATURE (A witness is ineligible to receive payment as a beneficiary):

(Signature of witness) (Number and street) (City, zone number, and State)
 (Signature of witness) (Number and street) (City, zone number, and State)

PRINT OR TYPE NAME AND ADDRESS OF INSURED:

Robert T Shaw

THIS SPACE RESERVED FOR RECEIVING AGENCY

PER/EMD

MAR 27 1963

(Indicate date and by whom received)

SEE REVERSE SIDE OF DUPLICATE COPY FOR INSTRUCTIONS ON WHEN TO FILE THESE FORMS.
 DO NOT FILE WITH YOU OFFICE OF FEDERAL EMPLOYEES' GROUP LIFE INSURANCE.

IMPORTANT.—The filing of this form will completely cancel any Designation of Beneficiary under the Federal Employees' Group Life Insurance Act you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any group life and accidental death insurance payable under that act at your death.

EXAMPLES OF DESIGNATIONS

HOW TO DESIGNATE ONE BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Mary E. Brown*	214 Central Avenue, Muncie, Ind.	Niece	All

HOW TO DESIGNATE MORE THAN ONE BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Alice M. Long	609 Canal Street, Red Bank, N. J.	Aunt	One-fourth
Joseph P. Brady	360 Williams Street, Red Bank, N. J.	Nephew	One-fourth
Catherine L. Rowe	792 Broadway, Whiting, Ind.	Mother	One-half

HOW TO DESIGNATE A CONTINGENT BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
John M. Parrish, if living	810 West 180th Street, New York, N. Y.	Father	All
Otherwise to: Susan A. Parrish	810 West 180th Street, New York, N. Y.	Sister	All

HOW TO CANCEL A DESIGNATION OF BENEFICIARY SO THAT AMOUNT DUE WILL BE PAYABLE AS PROVIDED IN THE LAW

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Cancel prior designations			

*Do not write name to Mr. E. Brown or to Mrs. John M. Brown.
 **Be sure that the shares to be paid to the several beneficiaries add up to 100 percent.

DESIGNATION OF BENEFICIARY

**UNPAID COMPENSATION OF
 DECEASED CIVILIAN EMPLOYEE**

IMPORTANT

Read instructions
 on back of duplicate
 before filling in this form

INFORMATION CONCERNING THE EMPLOYEE

NAME— (Last)	(First)	(Middle)	Date of Birth (Month, day, year)
SHAW	Robert	Tyler	6-18-25

DEPARTMENT OR AGENCY IN WHICH EMPLOYED

[Empty box for Department or Agency]

I, the employee identified above, canceling any and all previous Designations of Beneficiary heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any UNPAID COMPENSATION due and payable under existing law after my death. I understand that this Designation of Beneficiary relates solely to Unpaid Compensation as defined in section 2 of the act of August 2, 1950, Public Law 630, and in no wise will affect the disposition of any benefit which may become payable under the Retirement Act applicable to my Government service. I further understand that this Designation of Beneficiary will remain in full force and effect, unless or until canceled by me in writing, so long as I am continuously employed in the above department or agency.

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
JANET LEE SHAW		WIFE	ALL

I hereby direct, unless otherwise indicated above, that, if more than one beneficiary is named, the share of any deceased beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.

I hereby specifically reserve the right to cancel or change any designation of beneficiary at any time in the manner and form prescribed by the Comptroller General of the United States, and without knowledge or consent of the beneficiary.

3-27-53

(Date of execution: month, day, year)

Robert T. Shaw

(Signature of employee)

WITNESSES TO SIGNATURE:

Madeline Little

(Signature of witness)

1117 Ellen Ave.

(Number and street)

Kells Church, Va

(City, zone number, and State)

Upton B. Shier

(Signature of witness)

205 E. 57 St.

(Number and street)

West 70c

(City, zone number, and State)

PRINT OR TYPE NAME AND ADDRESS OF EMPLOYEE

Robert T. Shaw

[Empty box for Employee Address]

THIS SPACE RESERVED FOR RECEIVING DATA OF EMPLOYING AGENCY

PER/EMD

MAR 27 1953

(Indicate date and by whom received)

IMPORTANT—The filing of this form will completely cancel any designation you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any unpaid compensation payable at your death.

EXAMPLES OF DESIGNATIONS

HOW TO DESIGNATE ONE BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Catherine M. Jackson*	2808 Southern Avenue, Williams, Ind.	Sister	All

HOW TO DESIGNATE MORE THAN ONE BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Susan L. Brown**	110 Prince Street, Anniston, N. Y.	Aunt	One-fourth
Mary Joe Carson	230 Duke Street, Anniston, N. Y.	Niece	One-fourth
Elizabeth H. Howard	2301 State Street, Weaver, Ohio	Mother	One-half

HOW TO DESIGNATE A CONTINGENT BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
William J. Johnson, if living	214 South Ann Street, Olney, Ga.	Father	All
Otherwise to: Sarah L. Johnson	244 South Ann Street, Olney, Ga.	Sister	All

HOW TO CANCEL A DESIGNATION OF BENEFICIARY SO THAT AMOUNT DUE WILL BE PAYABLE AS PROVIDED IN THE LAW

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Cancel prior designations			

*Do not write names as C. M. Jackson or as Mrs. John H. Jackson.

**Be sure that the share to be paid to the named beneficiary does not exceed 100 percent.

Standard Form No. 2809
CHAPTER I-11 PM
6 GAO 1969

HEALTH BENEFITS REGISTRATION FORM

FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959
(Print name on back of last page. Use only Department of Health, Education and Welfare forms.)

CASE NO. (OPTIONAL NO.)
153281

PART A
ALL WHO REGISTER MUST FILL IN THIS PART.

1. NAME (LAST) (FIRST) (MIDDLE INITIAL) **SHAW ROBERT T.**

2. DATE OF BIRTH (Use numbers)
MONTH **6** DAY **19** YEAR **25**

3. Are you now married?
YES (1)
NO (2)

4. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)

5. Are you covered by, or is any family member covered by or enrolling in, a plan under the Federal Employees Health Benefits Act of 1959 (through the enrollment of another United States or District of Columbia Government employee or annuitant)?
YES NO (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)

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

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

NAME OF PLAN _____ COSTS (HIGH OR LOW) _____ BENEFIT (BEST OR SECOND BEST) _____

2. In space below list all eligible family members without exception. List your wife or husband first. If you have unmarried children under age 19, including legally adopted children, and dependents, include each one with you in a separate part of the enrollment slip. Include also any unmarried child over 19 who became disabled before age 19 and who, because of the disability, is incapable of self-support. (Attach a doctor's certificate for a disabled child age 19 or over.)

1. NAMES OF FAMILY MEMBERS	2. DATE OF BIRTH (Month, Day, Year)	3. NAMES OF FAMILY MEMBERS	4. DATE OF BIRTH (Month, Day, Year)
Wife or Husband	[]		[]
	[]		[]
	[]		[]
	[]		[]
	[]		[]

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

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

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

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

3. The reason for my election is (Place an "X" in proper box):
(a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent.
(b) I am covered by a health insurance plan which is not under the Health Benefits Act.
(c) Any other reason _____

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

1. Enrollment code number of present plan _____ 2. Name of health plan to which you wish to change _____

3. Date of enrollment change (Month, Day, Year)
MONTH _____ DAY _____ YEAR _____

PART E
ALL WHO REGISTER MUST FILL IN THIS PART.

Signature: **Robert T. Shaw June 20, 1969**

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

PART F
TO BE COMPLETED BY AGENCY.

1. NAME AND ADDRESS OF EMPLOYER'S OFFICE _____

2. DATE RECEIVED BY EMPLOYER'S OFFICE _____

3. EFFECTIVE DATE OF ELECTION _____

4. PAYROLL OFFICE NO. _____

5. PAYROLL OFFICER (PRINT NAME AND DATE) _____

6. SIGNATURE OF AGENCY (TO BE COMPLETED BY AGENCY) _____

REMARKS
FOR USE ONLY BY ANNUITANTS AND AGENCY.

**DESIGNATION OF BENEFICIARY
FEDERAL EMPLOYEES' GROUP LIFE
INSURANCE ACT OF 1954**

IMPORTANT
Read instructions
on back of duplicate
before filling in this form

INFORMATION CONCERNING THE INSURED:

NAME (Last) (First) (Middle) DATE OF BIRTH (Month, day, year)

SHAW ROBERT TYLER JUNE 18, 1925

DEPARTMENT OR AGENCY IN WHICH EMPLOYED (If retired, so state and give "CSA" or "CSI" number):

PER/POD

(Department or agency) (Bureau) (Division)

I, the employe or annuitant identified above, canceling any and all previous Designations of Beneficiary under the Federal Employees' Group Life Insurance Act heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any amount of GROUP LIFE INSURANCE and GROUP ACCIDENTAL DEATH INSURANCE due and payable at my death. I understand that this Designation of Beneficiary will remain in full force and effect, with respect to any amount payable, unless or until canceled by me in writing, or until such time as I become insured in a department or agency other than the above, or until such time as I become insured as a retired employe, in which event this Designation of Beneficiary shall terminate.

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:

Name or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
JANET LEE RUGGLES SHAW		WIFE	100%

I hereby direct, unless otherwise indicated above, that, if more than one beneficiary is named, the share of any deceased beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.

I hereby specifically reserve the right to cancel or change any Designation of Beneficiary at any time without knowledge or consent of the beneficiary.

MAY 17, 1956
(Date of execution) (Month, day, year)

Robert Shaw
(Signature of insured)

WITNESSES TO SIGNATURE (1 witness is ineligible to receive payment as a beneficiary):

James B. [unclear] 823 22nd St NW Wash DC
(Signature of witness) (Number and street) (City, zone number, and State)

Michael A. [unclear] 2150 Penn Ave NW DC 7
(Signature of witness) (Number and street) (City, zone number, and State)

PRINT OR TYPE NAME AND ADDRESS OF INSURED

ROBERT T. SHAW
3000 N. OAKLAND ST.
ARLINGTON 7, VA.

(THIS SPACE IS RESERVED FOR RECEIVING AGENCY)

5-17-56

PER/POD
(Indicate date and by whom received)

IF EMPLOYED BY THE FEDERAL GOVERNMENT, DELIVER BOTH COPIES TO THE PROPER OFFICE OF YOUR AGENCY. INDICATE WHY BE NOTED AND RETURNED. 16-70919-1
IF EMPLOYED AS AN ANNUITY, SEND BOTH COPIES TO THE CIVIL SERVICE COMMISSION, WASHINGTON, D. C.—DUPLICATE WILL BE NOTED AND RETURNED.

IMPORTANT—The filing of this form will completely cancel any Designation of Beneficiary under the Federal Employees' Group Life Insurance Act you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any group life and accidental death insurance payable under that act at your death.

EXAMPLES OF DESIGNATIONS

HOW TO DESIGNATE ONE BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Mary E. Brown*	214 Central Avenue, Muncie, Ind.	Niece	All

HOW TO DESIGNATE MORE THAN ONE BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Alice M. Long	509 Canal Street, Red Bank, N. J.	Aunt	One-fourth**
Joseph P. Brady	360 Williams Street, Red Bank, N. J.	Nephew	One-fourth
Catherine L. Rowe	792 Broadway, Whiting, Ind.	Mother	One-half

HOW TO DESIGNATE A CONTINGENT BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
John M. Parrish, if living	810 West 180th Street, New York, N. Y.	Father	All
Otherwise to: Susan A. Parrish	810 West 180th Street, New York, N. Y.	Sister	All

HOW TO CANCEL A DESIGNATION OF BENEFICIARY SO THAT AMOUNT DUE WILL BE PAYABLE AS PROVIDED IN THE LAW

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Cancel prior designations			

*Do not write name as M. E. Brown or as Mrs. John H. Brown.
 **Be sure that the shares to be paid to the several beneficiaries add up to 100 percent.



DEPARTMENT OF STATE
PERSONNEL ACTION
AND
AUTHORIZATION OF OFFICIAL TRAVEL
Applicable Regulations: 6 FAM 100 & FAM 510.4

You are hereby authorized to perform official travel of Government business as indicated herein. Unless otherwise noted, all expenses and the maximum per diem under the regulations are authorized. Unless otherwise noted, shipment of effects is authorized from station of origin to station of destination if allowances are shown in Item 15.

1. NAME, ADDRESS AND DIPLOMATIC TITLE SHAW, ROBERT T AMERICAN EMBASSY TEGUCIGALPA, HONDURAS		7. EMPLOYEE NUMBER 533700	8. AUTHORIZATION NUMBER 3-60799
9. NEW POSITION TITLE, NUMBER AND OCCUPATION CODE FOREIGN SERVICE RESERVE OFFICER		5. AUTHORIZATION DATE JULY 18, 1972	6. DO NOT SIGN TRAVEL PRIOR TO P-03 7072 () S-00000-02(P)
10. ACCOUNTING CLASSIFICATION: The coding A through E must be shown on all documents issued under this authority and must appear on all vouchers, invoices, etc.			
A. FUND 1930113	B. ALLOTMENT 2025	C. OBLIGATION NUMBER 360799	D. ORGANIZATION CODE 298000
E. FUNCTION 52-23	11. OBJECT 2099		12. AMOUNT
13. STATION OF ORIGIN TEGUCIGALPA, HONDURAS		14. STATION OF DESTINATION WASHINGTON, D.C. (CA)	15. AMOUNT
16. QUARTERS AVAILABLE 2		17. ALLOWANCES FOR SHIPMENT AND/OR STORAGE OF HOUSEHOLD EFFECTS, TOL WEIGHT A. SHIPPED SHIPMENT 00000 B. TOTAL ALLOWANCE 13000	
18. FOREIGN MOTOR VEHICLE A. SHIPMENT AUTHORIZED 2		B. MEETS CRITERIA OF 6 FAM 165 B, SUBSECTION 1 YES 2 NO	
19. NUMBER OF DEPENDENTS A. ADULTS 4 B. CHILDREN 0		20. TOTAL NUMBER OF MONTHS TRAVEL DAYS AUTHORIZED BY THIS AUTHORIZATION AND AMENDMENTS A. CONSULTATION (MONTHS) 00 B. WAITING (CALENDAR DAYS) 000 C. TOTAL (CALENDAR DAYS) 000	

THIS SECTION FOR PERSONNEL ACTION ONLY. When completed for permanent change of station, this document constitutes a valid personnel action for transfer between posts. DO NOT USE FOR R. T., HOME LEAVE OR FIELD AMENDMENTS.

21. SALARY PA \$ 28,022	22. SALARY APPROPRIATION AND ALLOTMENT 0113.01027	23. EFFECTIVE DATE 728 10-15-72	24. DR. CODE DE
-----------------------------------	---	---	---------------------------

25. DUTY STATION, SPECIAL INSTRUCTIONS, SPECIAL AUTHORIZATION, AND REMARKS
1070XXXX

I HAVE 17 CONSECUTIVE YEARS AT TUCSON, ARIZONA AND TRANSFER. THE PERSONAL AND HOUSEHOLD EFFECTS OF THIS EMPLOYEE AND MEMBERS OF HIS FAMILY ARE ELIGIBLE FOR DUTY-FREE ENTRY UNDER ITEM 317.00 OF THE TARIFF SCHEDULE OF THE U. S. REMOVAL OF EFFECTS FROM STORAGE AT BALTIMORE, MARYLAND WHERE STORED UNDER T.A. 2-19303-3252 AND SHIPMENT TO WASHINGTON, D.C. AUTHORIZED. REMOVAL OF EFFECTS FROM STORAGE AT MEXICO CITY, MEXICO WHERE STORED UNDER T.A. 2-95952-0011 AND SHIPMENT TO WASHINGTON, D.C. AUTHORIZED. AUTHORITY FOR STORAGE OF EFFECTS AT GOVERNMENT EXPENSE ISSUED PRIOR TO THE DATE OF THIS AUTHORIZATION WILL TERMINATE THREE MONTHS AFTER YOUR ARRIVAL AT STATION OF DESTINATION. TOUR OF DUTY OF FOUR YEARS (SUBJECT TO THE NEEDS OF SERVICE). DEPENDENTS: W/JANET; D/BARBARA 7/27/52; S/RICHARD 9/10/55; S/THOMAS 9/10/55

26. EFFECTIVE DATE 08/72	27. AUTHORIZING OFFICER 10/72
28. AUTHORITY FOR TRAVEL FROM THIS STATION TEGUCIGALPA/TUCSON, ARIZONA/ WASHINGTON, D.C.	
29. TRAVEL AND LODGING BY CA/ES/EUR	30. STAFF CRSOUT/RE BRATHER 07/17/72 GCS

PAGE 469

FED-EMP-ACT OF 1970, PL 92-210, DEC. 22, 1971, EX. OR 11637 EFF 1-9-72

RECORDED BY 01/10/72
DATA AS OF 01/09/72

NEW NAME	SIC SEC NUMBER	N PP	N CR	PSI	OLD SALARY	NEW SALARY
					1003300	1058300
					1914100	1597300
					693900	731900
					1835300	1936200
					3259300	3430700
					1247200	1315900
					1776100	1873700
					1291300	1362200
					1140400	1203100
					1086700	1146400
SUAN ROBERT T					2696300	2802200
					772700	819300
					1287400	1393900
					874000	922100
					827600	867900
					2131100	2248700
					2817900	2967800
					2434900	2568800
					1081900	1141400
					552400	582800
					2587500	2724400

DEPARTMENT OF STATE
PAY ROLL CHANGE SLIP

528820199

FC...	ORG. CODE	POSITION NO.	ACTIVITY & PURPOSE	EFFECTIVE DATE	DATE OF LAST EQUIV. INCREASE
110001010A	3126		31131 3101	07-01-71	
EMPLOYEE'S NAME	EMPLOYEE NO.	CATS. & CLASS. SERV. & GRADE	NEW SALARY RATE	OLD SALARY RATE	PERCENTAGE STEP-INCREASE
SHAW ROBERT T	539700		24,561	22,825	7.5%

LWOP DATA (fill in appropriate spaces covering LWOP during full periods)

No excess LWOP. TOTAL EXCESS LWOP _____
(Check applicable box in case of excess LWOP)

IN PAY STATUS AT END OF WAITING PERIOD.

IN LWOP STATUS AT END OF WAITING PERIOD.

REMARKS

Performance rating is satisfactory or better.

JOHN H BURNS

(Signature or other authentication)

PERSONNEL COPY

PAGE 8894

FEDERAL PAY COMPATABILITY ACT OF 1970, PL 91-656

PREPARED ON 02/05/71
DATA AS OF 01/31/71

NAME	EMPLOYEE NUMBER	SEC. NUMBER	PAY PLAN	GRADE	NEXT PSI	OLD SALARY	NEW SALARY
SHAW ROBERT T	539700		FR	03	001	24368	25825
						24368	25825

RECORD COUNT = 1

APPOINTMENT AFFIDAVITS

IMPORTANT.—Before swearing or affirming to these appointment affidavits, you should read and understand the attached information for appointee

First Secretary and Consul _____ November 20, 1970 _____
(Position to which appointed) (Date of appointment)
Department of State Foreign Service of the U. S. Tegucigalpa, Honduras _____
(Department or agency) (Bureau or Division) (Place of employment)

I, Robert T. Shaw _____, do solemnly swear (or affirm) that—

A. OATH OF OFFICE

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

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

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

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

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

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

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

Robert T. Shaw
(Signature of appointee)

Subscribed and sworn (or affirmed) before me this 12th day of May _____ A.D. 1971.,

at Tegucigalpa _____ Honduras _____
(City) (State)

[SEAL]

Allan F. McLean, Jr.
(Signature of officer)

Consul of the United States of America _____
(Title)

Commission expires _____
(If by a Notary Public, the date of expiration of his Commission should be shown)

NOTE.—The oath of office must be administered by a person specified in 5 U.S.C. 2903. The words "SO HELP ME GOD" in the oath and the word "swear" wherever it appears above should be stricken out when the appointee elects to affirm rather than swear to the affidavits; only these words may be attached and only when the appointee elects to affirm the affidavits.

NOTIFICATION OF PERSONNEL ACTION

SERVICE

FB

1 NAME (LAST, FIRST, MIDDLE) SHAW, ROBERT T. MR.	MR MISC USE	2 EMPLOYEE NUMBER 539700M	3 BIRTH DATE (MM-DD-YY) 06-18-25	4 SOCIAL SECURITY NO
5 REPORT CLASS	6 REPORT CODE	7 GRADE (3) 06	8 EMPLOYMENT DATE 08-28-48	9
10 REG	11	12	13	14
A		1	05-65	

15 FROM POSTAL FILE AND NUMBER			
--------------------------------	--	--	--

16 PAY PLAN AND OCCUPATION CODE	17 GRADE	18 SALARY
---------------------------------	----------	-----------

19 NAME AND ADDRESS OF EMPLOYING OFFICE DEPARTMENT OF STATE, WASHINGTON, D. C. 20520
--

20 GRADE 03 001	21 SALARY (pa \$24,368) P
---------------------------	-------------------------------------

22 NAME AND ADDRESS OF EMPLOYING OFFICE DEPARTMENT OF STATE, WASHINGTON, D. C. 20520
--

23 CITY AND STATE TEGUCIGALPA, HONDURAS	24 OCCUPATION CODE 918000430
---	--

25 IDENTIFICATION NUMBER 0113.0-2081-312601-000	26 IDENTIFICATION NUMBER 09720972	27 POSITION GROUP 2	28 APPOINTMENT DATE 08-28-48	29 APPOINTMENT DATE 08-28-48	30 STATE
---	---	-------------------------------	--	--	----------

31 REMARKS

32

PEGLI COVERAGE REGULAR AND OPTIONAL.

EXECUTE BY 61.

33 DATE OF APPOINTMENT	34	35 AND TITLE
------------------------	----	--------------

36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

51	52	53	54	55	56	57	58	59	60
----	----	----	----	----	----	----	----	----	----

SUBMITTING OFFICE NO 2951

2 PERSONNEL FOLDER

Mr. Tolson
 Mr. Boardman
 Mr. Nichols
 Mr. Belmont
 Mr. Ladd
 Mr. Clegg
 Mr. Glavin
 Mr. Harbo
 Mr. Rosen
 Mr. Tracy
 Mr. Egan
 Mr. Gurnea
 Mr. Hendon
 Mr. Pennington
 Mr. Quinn
 Mr. Nease
 Mr. Gandy

(Exception to 47 U.S.C. approved by
C.M. and R. of P. July 1967)

REQUEST FOR PERSONNEL ACTION

PART I. REQUESTING OFFICE (Fill in items except those on heavy lines)

PAS/PC 11-24-70, 8/25/70

A. DATE OF REQUEST 6/22/70	B. REQUEST EFFECTIVE DATE	C. REQUEST NUMBER	D. SERVICE (1-3 or LAF) FS	E. DIVISION ARA	F. TRANSFER TRANS
1. NAME (Last, First, Middle) SHAW, ROBERT T.		UP. MRS. MR. MR.	2. EMPLOYEE NO. & GRADE 539700 M	3. BIRTH DATE (Mo. Da. Yr.) 06/18/25	4. SOCIAL SECURITY NO.
7. KIND OF ACTION REQUESTED (Specify appointment, reassignment, reclassification, etc.)			8. POSITION FACILITY		
12. POSITION (Specify establish, reclass, abolish, etc.)			13. POSITION FACILITY		

5. VETERAN PREFERENCE 1-NO 2-5 PT. (1)	6-10 PT. DISAB. 6-10 PT. COMP.	6-10 PT. OTHER	8. TENURE CODE	7. SERVICE CAMP DATE	9. PHYSICAL HANDICAP CODE
10. RIGHTS 1-COVERED 2-ELIGIBLE 3-WAIVED	11. RETIREMENT 1-ES 2-PCA	12. FB 1-NONE 2-OTHER	10A. MO. & YR. OF GRADE	11 (If on CSC use)	

15. FROM POS. NO. 2-035	GRADE OR LEVEL	18. SALARY \$22,332
-----------------------------------	----------------	-------------------------------

19. ORGANIZATION DESIGNATION:
CENT

24. ORGANIZATION DESIGNATION: TEGUCIGALPA	25. DUTY STATION (City/State) TEGUCIGALPA, HONDURAS	26. POSITION AUTHORITY 1. COVERING PERIOD FROM TO STATE 2 0113.0 2081-312601-CCO	27. APPROVED BY 918000430
---	---	---	-------------------------------------

28. REMARKS (Show if applicable, any known additional modified reasons for request)
04720972

EFFECTIVE DATE OF TRANSFER: 9/6/70

APPROVED BY: SIGNATURE MEAShe, ARA:LA:POD	REQUEST APPROVED BY: SIGNATURE JCLARK
--	--

PART II. TO BE COMPLETED BY PERSONNEL OFFICE (Use in inside heavy lines on PART I above, also to be completed)

1. CLEARANCES	INITIALS OR SIGNATURE	DATE	2. REASON FOR REQUEST
(1)			<input type="checkbox"/> UNUSUAL - PROMOTION & RATING DISCREPANCY
(2) CENL OR POS. CONTROL			<input type="checkbox"/> SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY PERIOD (Specify)
(3) CLASSIFICATION			<input type="checkbox"/> SERVICE CREDITING TOWARD CAREER TENURE (Specify)
(4) EMPLOYMENT			<input type="checkbox"/> SIX MONTH PROBATION - EMPLOYEE RETAINED IN THE SINGLE TITLE SERVICE
(5)			<input type="checkbox"/> SITUATION THIS PERSON WITHIN GRADE (Specify)
16. APPROVED BY	TITLE & RANK - BLGROVES Sig 6/24/70		
	ARA:LA:POD:MEAShe 6/22/70		



DEPARTMENT OF STATE
PERSONNEL ACTION
AND
AUTHORIZATION OF OFFICIAL TRAVEL
Applicable Regulations: 6 FAM 100 & FM-1 510.4

You are hereby authorized to perform official travel of Government expense as indicated herein. Unless otherwise noted, all expenses and the maximum per diem under the regulations are authorized. Unless otherwise noted, shipment of effects is authorized from station of origin to station of destination if allowances are shown in item 15.

1. NAME, ADDRESS AND DIPLOMATIC TITLE SHAW, ROBERT T. AMERICAN EMBASSY MANAGUA, NICARAGUA		2. EMPLOYEE NUMBER 539700	3. AUTHORIZATION NUMBER 0-64968
4. SOCIAL SECURITY NUMBER		5. CLASS R-03	
6. AUTHORIZATION DATE JUN. 24, 1970		7. DO NOT START TRAVEL PRIOR TO: JUL. 9, 1970	
8. ACCOUNTING CLASSIFICATION: The coding (A through E) must be shown on all documents issued under this authority and must appear on all vouchers, invoices, TR's, OB/L's, etc.		9. CLASSIFICATION: The coding (A through E) must be shown on all documents issued under this authority and must appear on all vouchers, invoices, TR's, OB/L's, etc.	
A. FUND 1900113	B. ALLOTMENT 2025	C. OBLIGATION NUMBER 064968	D. ORGANIZATION CODE 312601
E. FUNCTION 51-24		10A. STATION OF ORIGIN MANAGUA, NICARAGUA	
10B. LOCATION CODE 313001		11. OBJECT 2099	
12. STATION OF DESTINATION TEGUCIGALPA, HONDURAS		13. AMOUNT	
14. QUARTERS AVAILABILITY 1. UNKNOWN 2. UNFURNISHED 3. FURNISHED 1		15. ALLOWANCES FOR SHIPMENT AND/OR STORAGE OF HOUSEHOLD EFFECTS - NET WEIGHT A. LIMITED SHIPMENT 04500 B. TOTAL ALLOWANCE 13000	
16. FOREIGN MOTOR VEHICLE A. SHIPMENT AUTHORIZED 2 1. YES 2. NO		B. MEETS CRITERIA OF 6 FAM 165A, SUBSECTION	
17. NUMBER OF DEPENDENTS A. ADULTS 4 B. 2 to 12 0 C. Under 2 0		18. EXCESS BAGGAGE (If or over travel) 000	
19. TOTAL NUMBER OF NON TRAVEL DAYS AUTHORIZED BELOW, INCLUDING THOSE WITHOUT PER DIEM UNDER THIS AUTHORIZATION (AND AMENDMENTS) A. CONSULTATION (WORKDAYS) 05 B. TRAINING (CALENDAR DAYS) 000 C. TDY (CALENDAR DAYS) 000		THIS SECTION FOR PERSONNEL ACTION ONLY. When completed for permanent change of station, this document constitutes a valid personnel action for transfer between Posts. DO NOT USE FOR R. T. HOME LEAVE OR FIELD AMENDMENTS.	
20. SALARY pa \$ 24,368		21. SALARY APPROPRIATION AND ALLOTMENT 0113.0-2081	
22. NATURE OF ACTION AND EFFECTIVE DATE 727 09/06/70		23. DPL CODE DA	
24. ITINERARY, SPECIAL INSTRUCTIONS, SPECIAL AUTHORIZATION AND REMARKS		09/20972 06250	

[Redacted area]

DEPENDENTS: WIFE-JANET 07/27/52
 DAU -BARBARA LEE 09/10/55
 SON -RICHARD W. 09/10/55
 SON -THOMAS R. 09/10/55

25. ITD (Old post)	26. ETA (New post) 09/70	27. AUTHORIZING OFFICER
28. AUTHORIZED ITINERARY FOR DEPENDENTS MANAGUA/TUCSON/TEGUCIGALPA		[Signature]
29. TRAVEL REQUESTED BY A. OFFICE ARA/LA/PCD B. EMPLOYEE NEASHE GARVSE		

FORM DS-1042
3-5-69

DEPARTMENT OF STATE
PAY ROLL CHANGE SIIP

5268200199

POST	ORG CODE	POSITION ID.	ALLOT. & ACTIVITY & PURPOSE	EFFECTIVE DATE	DATE OF LAST EQUIV. INCREASE
MADAGUA	3339		0133 3-81	07-01-70	

EMPLOYEE'S NAME	EMPLOYEE NO.	CATG & CLASS SERV. & GRADE	NEW SALARY RATE	OLD SALARY RATE	
SHAW ROBERT T	939700	FSR 03	\$24,368	\$23,072	<input checked="" type="checkbox"/> Periodic Step-Increase

LWOP DATA (fill in appropriate spaces covering LWOP during following period(s))

NO EXCESS LWOP. TOTAL EXCESS LWOP _____

IN PAY STATUS AT END OF WAITING PERIOD.

IN LWOP STATUS AT END OF WAITING PERIOD.

Initials of Clerk _____

Other Step-Increase _____

Pay Adjustment _____

REMARKS

Performance rating is satisfactory or better.

JOHN M BURNS

(Signature or other authentication)

PERSONNEL COPY

PREPARED BY 05/01/70
DATA AS OF 04/25/70

NAME	EMPLOYEE NUMBER	SOC SEC NUMBER	PAY PLAN	GRADE	AGY	PSI	OLD SALARY	NEW SALARY
						052	12103	12840
						190	7094	7519
						051	10744	11432
						252	8739	8774
						131	13103	13890
						051	10785	11432
						000	27354	28595
						000	14132	14980
						161	11186	11955
						170	6568	6961
						170	9388	9651
						CCC	29841	31632
						001	31705	33609
						CCC	5522	5853
						170	9104	9649
SHAW ROBERT T	536700					000	22332	23672
						163	11419	12104
						029	6865	7276
						210	6865	7276
						000	18447	19555
						000	20361	21584
						160	7894	8368
						110	7552	8005
						071	20385	21608
						041	10469	11096
						041	11316	11995

PERSONNEL TRANSACTION REGISTER

EMPLOYEE

SHAW ROBERT T

[REDACTED]

PREPARED ON 07/23/69
PERIOD ENDING 07/18/69

ACTION

DATA NAME

DATA ELEMENTS

SECTION 01

EMPLOYEE NUMBER 935700
SSN IC CODE 5
SCC SEC NUMBER [REDACTED]
NEW PAY PLAN FR
NEW GRACE C3
NEW SALARY 22332
PSI PAY PERIOD C00
FORM CTL CODE
NAT ACTION CODE 902

• ERROR

PUBLIC LAW PAY INCREASE

EFFECTIVE DATE 07/13/69

FORM DS-1042
7-15-60

DEPARTMENT OF STATE
PAY ROLL CHANGE SLIP

POST MARRIQUA	ORG CODE 3130	POSITION NO.	ALLOT. & ACTIVITY & PURPOSE 11130 2081	EFFECTIVE DATE 7-1-68	DATE OF LAST EQUIV. INCREASE
EMPLOYEE'S NAME SPAN ALBERT T	EMPLOYEE NO. 939700	CATS & CLASS SERV. & GRADE FSM 03	NEW SALARY RATE 122233	OLD SALARY RATE 119232	<input checked="" type="checkbox"/> Periodic Step Increase

LWOP DATA (fill in appropriate spaces covering LWOP during following periods):

NO EXCESS LWOP. TOTAL EXCESS LWOP _____

IN PAY STATUS AT END OF WAITING PERIOD.

IN LWOP STATUS AT END OF WAITING PERIOD.

Other Step Increase _____

Pay Adjustment _____

REMARKS

Performance rating is satisfactory or better.

JOHN H STEEVES

(Signature of other authorization)

PERSONNEL COPY

FORM DS-1042
7-15-60

DEPARTMENT OF STATE
PAY ROLL CHANGE SLIP

POST MARRIQUA	ORG CODE 3130	POSITION NO.	ALLOT. & ACTIVITY & PURPOSE 11130 2081	EFFECTIVE DATE 7-01-68	DATE OF LAST EQUIV. INCREASE
EMPLOYEE'S NAME SPAN ALBERT T	EMPLOYEE NO. 939700	CATS & CLASS SERV. & GRADE FSM 03	NEW SALARY RATE 118270	OLD SALARY RATE 115270	<input checked="" type="checkbox"/> Periodic Step Increase

LWOP DATA (fill in appropriate spaces covering LWOP during following periods):

NO EXCESS LWOP. TOTAL EXCESS LWOP _____

IN PAY STATUS AT END OF WAITING PERIOD.

IN LWOP STATUS AT END OF WAITING PERIOD.

Other Step Increase _____

Pay Adjustment _____

REMARKS

Performance rating is satisfactory or better.

JOHN H STEEVES

(Signature of other authorization)

PERSONNEL COPY

FEDERAL EMPLOYEES SALARY ACT OF 1967

PUB. LAW 90-206

JULY 14 1968

5397CO SHAW ROBERT T

FR 03-04 \$18,278 \$19,737 313001

NOTIFICATION OF PERSONNEL ACTION

COPIES
78

1 NAME (LAST, FIRST, MIDDLE) SHAW, ROBERT T. MR.		2 EMPLOYEE NO. OR SER. 539700M	3 BIRTH DATE (MM-DD-YY) 06-18-25	4 SOCIAL SECURITY NO. [REDACTED]
5 VETERAN PREVIOUSLY 1 NO 2 YES	6 TYPE OF SERVICE 1 MILITARY 2 NAVAL 3 AIR FORCE 4 MARINE CORPS 5 OTHER	7 SERVICE NO. (3) 06	8 SERVICE COMP. DATE 08-28-48	9 FEDERAL HONORARY APPOINTMENT 0
10 REGULAR 1 CONTINUED 2 INCLUSIVE 3 BANNED	11 RETIREMENT 1 YES 2 NO	12 EFFECTIVE DATE 03-27-68	13 PAY PLAN AND OCCUPATION CODE 03 138	14 GRADE 03
15 FROM POSTION TITLE AND NUMBER		16 FROM SERVICE OR OTHER LEGAL AUTHORITY SEC. 522.3, P.L. 724 79TH CONGRESS AS AMENDED		
17 NAME AND LOCATION OF EMPLOYING OFFICE [REDACTED] WASHINGTON, D. C. 20520				

18 TO POSTION TITLE AND NUMBER 1-067	19 PAY PLAN AND OCCUPATION CODE ()	20 GRADE 03	21 SALARY (pa\$17,724) 1
22 NAME AND LOCATION OF EMPLOYING OFFICE DEPARTMENT OF STATE, WASHINGTON, D. C. 20520			

23 CITY (Country, if foreign) MANAGUA, NICARAGUA	24 LOCATION CODE 917000665
25 APPOINTMENT 0113.0-2081-313001-000.10700768	26 POSITION OCCUPIED 1 COMPLETE 2 ACCEPTED SERVICE
27 APPOINTED POSITION FROM TO STATE	

28 REMARKS
 A SUBJECT TO COMPLETION OF 1 READ INFORMATION FOR FEDERAL EMPLOYMENT
 B SERVICE COUNCIL MAKING CAREER FOR PERMANENT TENURE FROM

29 REASON FOR SEPARATION, AS REQUIRED. CHECK IF APPLICABLE
 C DURING PROBATION D TERM APPOINTMENT OF 6 MONTHS OR LESS

30 STATE OF SERVICE (If applicable, state the date of entry into service and the date of last service in the United States Civil Service Commission or the Civil Service of the United States Government, and the date of last service in the United States Civil Service Commission or the Civil Service of the United States Government.)

LIMITED APPOINTMENT EFFECTIVE 3-27-63 IS HEREBY EXTENDED FOR A PERIOD NOT TO EXCEED FIVE YEARS OR NEEDS OF EMPLOYER, SERVICE, WHICHEVER IS LESS. WFE 3-26-73.

31 DATE OF APPOINTMENT (MM-DD-YY)	32 SIGNATURE (Typed name, position, and title)
33 OFFICE EMPLOYING PERSONNEL OFFICER (Typed name, position, and title)	34 DATE
35 OFFICE EMPLOYING PERSONNEL OFFICER (Typed name, position, and title)	36 DATE

MI 3-5
P
2 PERSONNEL FOLDER
SUBMITTING OFFICE NO 2051

REQUEST FOR PERSONNEL ACTION

PART I. REQUESTING OFFICE (Fill in items except those in heavy lines)

A. DATE OF REQUEST 2/23/68		B. POSITION EFFECTIVE DATE		C. REQUEST NUMBER		D. SERVICE FS		E. DRASTIC ARA 1. PM/PS 2/26/68 2. LEAVE & RET 3/27		F. TRANS		G. APPROVED [Signature]	
1. NAME (CAPS) Last First Middle SHAW, ROBERT T.				MR. MISS MRS MR.		2. EMPLOYEE NO. & SEA 539700 M		3. BIRTH DATE (M./D./Y.) 6/18/25		4. SOCIAL SECURITY NO.			
7. KIND OF ACTION REQUESTED (1) PERSONNEL (Specify department, functional organization, etc.)						RIF CODE		6. POSITION SKILL CODES					
12. POSITION (Specify position title, grade, etc.)						H. POSITION VACATED 1. Retired 2. Died 3. Absent							
5. VETERAN PREFERENCE 1. NO 2. 5 PT 3. 10 PT 4. 10 PT COMP		6. TENURE CODE		7. SERVICE COMP DATE		8. PHYSICAL HANDICAP CODE		9. FEELI 1. COVERED 2. INELIGIBLE 3. WAIVED		10. RETIREMENT 1. CS 2. PCA		11. (For C.R.C. use)	
12. NATURE OF ACTION EXTENSION FOR LIMITED APPOINTMENT				13. EFFECTIVE DATE (M./D./Y.) 3/27/68		14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY Sec. 522.3, P.L. 724-794 Congress as amended							
15. FROM POS NO 1-067		POSITION TITLE		16. PAY PLAN AND OCCUPATION CODE		17. GRADE OR LEVEL 03		18. SALARY \$16,941		19. ORGANIZATION DESIGNATION MAHAGUA			

20. TO POS NO 1-067		POSITION TITLE		21. PAY PLAN AND OCCUPATION CODE		22. GRADE 03		23. SALARY \$17,724		WORK SCHED	
24. ORGANIZATION DESIGNATION MAHAGUA				Level 3		138		F. B. LEAVE & RETIREMENT			

25. DUTY STATION (City and State) MAHAGUA, Nicaragua		26. POSITION OFFER FEB 25 1968 117000665	
27. APPLICATION G113.0 - 2021 - 313001		RECEIVED	

Limited appointment effective 3-27-68 is hereby extended for a period not to exceed five years or needs of employees whichever is less. NTE 3-26-73.

APPOINTMENT NTE FIVE YEARS OR NEEDS WHICHEVER IS LESS. NTE 3/26/73.

CTIVE 3/27/68

SIGNATURE MEASH, ARA:MGT:SOP		SIGNATURE ROBERTIN, ARA:MGT:SOP	
PART II. TO BE COMPLETED BY PERSONNEL OFFICE (Specify in heavy lines those items to be completed)			
1. CLEARANCES		INITIALS FOR SIGNATURE	
2. CLASSIFICATION		DATE	
3. EMPLOYMENT		4. APPROVED BY	
5. SUBJECT TO COMPLETION		6. NEW	
7. SUCCESSOR POSITION		8. EMPLOYEE RETAINED IN THE COMPETITIVE SERVICE	

ARA:MGT:SOP:MEASH 2/23/68

FEDERAL EMPLOYEES SALARY ACT OF 1967

PUB. LAW 90-206

SEPTEMBER 6 1967

539700 SHAW ROBERT T

FR 03-03 \$16,941 \$17,724 \$18,001

FEDERAL EMPLOYEES SALARY ACT OF 1966

PUB. LAW 89-504

1 JULY 1966

539700 SHAW ROBERT T

FR 03-02 \$18,929 \$18,391 \$12801

FORM 05-1042
7-15-60

DEPARTMENT OF STATE
PAY ROLL CHANGE SLIP

POST	ORG. CODE	POSITION NO.	ALLOT. & ACTIVITY & PURPOSE	EFFECTIVE DATE	DATE OF LAST EQUIV. INCREASE
MANAGUA	3130		01130 2081	7-01-67	
EMPLOYEE'S NAME	EMPLOYEE NO.	CATG. & CLASS SERV. & GRADE RATE	NEW SALARY	OLD SALARY RATE	
SHAW ROBERT T	539700	FR 03	\$16,941	\$16,391	<input checked="" type="checkbox"/> Periodic Step-Increase
LWOP DATA (fill in appropriate spaces covering LWOP during following periods): TOTAL EXCESS LWOP _____ (Check applicable box in case of excess LWOP) <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD.			<input type="checkbox"/> Other Step Increase _____ <input type="checkbox"/> Pay Adjustment _____		
REMARKS			Initials of Clerk		

JOHN M. STEEVES

(Signature of other authorized officer)



DEPARTMENT OF STATE
PERSONNEL ACTION
AND
AUTHORIZATION OF OFFICIAL TRAVEL
Applicable Regulations: 6 FAM 100 & FM-1 310.4

You are hereby authorized to perform official travel at Government expense as indicated herein. Unless otherwise noted, all expenses and the maximum per diem under the regulations are authorized. Unless otherwise noted, shipment of effects is authorized from station of origin to station of destination if allowances are shown in Item 15.

1. NAME, ADDRESS AND DOMESTIC TITLE SHAW, ROBERT M.		2. EMPLOYEE NUMBER 539700	3. AUTHORIZATION NUMBER 7-60514
		A. SOCIAL SECURITY NUMBER	
		5. CLASS R-03	6. AUTHORIZATION DATE JULY 6, 1966
7. NEW POSITION TITLE, NUMBER AND OCCUPATION CODE		1011	8. DO NOT START TRAVEL PRIOR TO 1-067(P)
9. ACCOUNTING CLASSIFICATION: The coding 'A' through 'E' must be shown on all documents issued under this authority and must appear on all vouchers, invoices, TRs, CBs, etc.			
A. FUND 1970113	B. ALLOTMENT 2025	C. OBLIGATION NUMBER 760514	D. ORGANIZATION CODE 313001
E. FUNCTION 50-05			
10A. STATION OF ORIGIN MEXICO, D.F., MEXICO		10B. LOCATION CODE 312001	11. OBJECT 2099
12. STATION OF DESTINATION MANAGUA, NICARAGUA		13. AMOUNT	
14. QUARTERS AVAILABILITY		15. ALLOWANCES FOR SHIPMENT AND/OR STORAGE OF HOUSEHOLD EFFECTS - NET WEIGHT	
1. UNKNOWN 2. UNFURNISHED 3. FURNISHED 1		A. LIMITED SHIPMENT 03900	B. TOTAL ALLOWANCE 13000
		16. FOREIGN MOTOR VEHICLE	
		A. SHIPMENT AUTHORIZED 2	B. MEETS CRITERIA OF 6 FAM 103.4 SUBSECTION: 1. YES 2. NO
17. NUMBER OF DEPENDENTS		19. TOTAL NUMBER OF NONTRAVEL DAYS AUTHORIZED BELOW, INCLUDING THOSE WITHOUT PER DIEM UNDER THIS AUTHORIZATION (AND AMENDMENTS)	
A. ADULTS	B. CHILDREN	A. CONSULTATION (WORKDAYS)	B. TRAINING (CALENDAR DAYS)
2	2 0	000	000
C. UNDER 2		C. TDY (CALENDAR DAYS)	000
THIS SECTION FOR PERSONNEL ACTION ONLY. When completed for permanent change of station, this document constitutes a valid personnel action for transfer between Posts. DO NOT USE FOR R. T. HOME LEAVE OR FIELD AMENDMENTS.			
20. SALARY pa \$ 16,391	21. SALARY APPROPRIATION AND ALLOTMENT 01130 2081	22. PAY PERIOD BEGINNING AND EFFECTIVE DATE 727 07-17-66	23. DPL CODE Q
24. ITINERARY, SPECIAL INSTRUCTIONS, SPECIAL AUTHORIZATION AND REMARKS		10700700 02036	
Transfer. Tour of duty of four years with home leave after two years (Subject to the needs of the Service).			
25. EID (Old post)	26. EIA (New post)	27. AUTHORIZING OFFICER	
28. AUTHORIZED ITINERARY FOR DEPENDENTS MEXICO/MANAGUA		JOHN M. STEEVES 6	
29. TRAVEL REQUESTED BY			
A. OFFICE ARA/EX	B. OFFICER JONES		

REQUEST FOR PERSONNEL ACTION

PART I. REQUESTING OFFICE (Fill in items except those in heavy lines)							
A. DATE OF REQUEST 7/5/66		B. PROPOSED EFFECTIVE DATE		C. REQUEST NUMBER		D. SERVICE CLASSIFICATION E-5	
E. ROUTING 1. SUPERVISOR 2. SUPERVISOR 3. CS/CS 4. 7/11/66 5. 7/5/66		6. SOCIAL SECURITY NO.		7. EMPLOYEE NO. & SEX XALS 539700		8. BIRTH DATE 06/18/25	
1. NAME (CAPS) Last First Middle SHAW, Robert T.				MR. MISS MRS Mr.		4. SOCIAL SECURITY NO.	
7. KIND OF ACTION REQUESTED (1) PERSONNEL (2) DEPARTMENT (3) MANAGEMENT (4) OTHER				RIF CODE		G. POSITION SKILL CODES	
(2) POSITION (Specify number, name, grade, etc.)				H. POSITION VACATED 1. From/Grade 2. From/Grade 3. Other			
5. VETERAN PREFERENCE 1-NO 2-5 PT 3-10 PT (DSAB) 4-10 PT (COMP) 5-10 PT (OTHER)		6. TENURE CODE		7. SERVICE COMP DATE		8. PHYSICAL HANDICAP CODE	
9. FEGLI 1-COVERED 2-INELIGIBLE 3-PAID		10. RETIREMENT 1-CS 2-PCA		3-FS 4-NONE 5-OTHER		11. MO & YR OF GRADE	
12. NATURE OF ACTION 727 Transfer		13. EFFECTIVE DATE (M/D/Y) 7/17/66		14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY			
15. FROM POS NO 3-229		16. PAY PLAN AND OCCUPATION CODE FR-3011		17. GRADE OR LEVEL 03		18. SALARY pa 15,395 16,391	
19. ORGANIZATION DESIGNATION Mexico, D.F. Mexico							
20. TO POS NO 1-067		POSITION-TITLE		21. PAY PLAN AND OCCUPATION CODE		22. GRADE 03	
DPL CODE Q						23. SALARY 16,391 pa 15,395 NEXT PDU DUE 15,727	
24. ORGANIZATION DESIGNATION Mex. Gov. (V. PATTON) 1070 0768							
25. DUTY STATION (City/State) Managua, Nicaragua				26. LOCATION CODE			
27. APPROPRIATION CODE 0-2081		313001		28. POSITION OCCUPIED 1-COMPETITIVE SERVICE 2-RECEIVED SERVICE		29. APPOINTMENT POSITION FROM TO STATE	

Tour of duty four years with home leave after two years (subject to the needs of the Service).

ETA: 7/15/66.

J. REQUESTED BY SIGNATURE: [Signature] TITLE: SAC: SOPS: [Name]			K. REQUEST APPROVED BY SIGNATURE: [Signature] TITLE: SAC: SOPS: [Name]		
PART II. TO BE COMPLETED BY PERSONNEL OFFICE (Items in heavy lines of PART I above shall be completed)					
L. CLEARANCES		INITIALS OR SIGNATURE		DATE	
M. OFFICE OR POS CONTROL					
N. CLASSIFICATION					
O. EMPLOYMENT					
P. PROVIDED BY S. Gould		M. Gould		7/5/66	
ENTRANCE TEST FINANCE RATING SATISFACTORY		A		NEW	
SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY PERIOD COMMENCING					
SERVICE COUNCIL, TOWARD CAREER TENURE FROM					
SUCCESSOR HAS PAID EMPLOYEE RETAINED IN THE COMPETITIVE SERVICE					
SEPARATIVE SHOW REASON BELOW CHECK IF APPLICABLE		DUAL PROPERTY		1973 20 LAB	

FORM DS-1042
7-15-60

DEPARTMENT OF STATE
PAY ROLL CHANGE SLIP

POST	ORG CODE	POSITION NO.	ALLOT & ACTIVITY & PURPOSE	EFFECTIVE DATE	DATE OF LAST EQUIV. INCREASE
MEXICO D.P.	312A		01130 70A1	7-01-66	
EMPLOYEE'S NAME	EMPLOYEE NO.	CATG. & CLASS SERV. & GRADE	NEW SALARY RATE	OLD SALARY RATE	<input type="checkbox"/> Periodic Step-Increase
EMAR ROBERT T	839700	FSR 03	\$15,989	\$15,399	<input checked="" type="checkbox"/>
LWOP DATA (Fill in appropriate spaces covering LWOP during following periods):			<input type="checkbox"/> Other Step-Increase _____		
Period(s):			<input type="checkbox"/> Pay Adjustment _____		
<input type="checkbox"/> NO EXCESS LWOP. TOTAL EXCESS LWOP _____			Initials of Clerk _____		
<input type="checkbox"/> Check applicable box in case of excess LWOP					
<input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD.					
<input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD.					

REMARKS

Performance rating is satisfactory or better.

JAMES E. MOOPNAGLE

(Signature of other authentication)

PERSONNEL COPY

FEDERAL EMPLOYEES SALARY ACT OF 1965

PUB. LAW 89-301

15 NOVEMBER 1965

539700 SHAW ROBERT T

FR 03-01 \$14,860 \$15,395 312801

OS 1032

JOURNAL NUMBER

NOTIFICATION OF PERSONNEL ACTION

SERVICE
FS

1 NAME (LAST, FIRST, MIDDLE) SHAW, ROBERT T. MR.		4 EMPLOYEE NO. & SER. 539700M	3 BIRTH DATE (MM-DD-YY) 06-18-25	6 SOCIAL SECURITY NO.
2 VETERAN PREFERENCE 1-NO 2-5 PER 3-10 PER DISAB 4-10 PER COMP 5-10 PER OTHER	7 SERVICE COMP DATE 08-28-48	8 PHYSICAL HANDICAP CODE 0		
9 FEQU 1- COVERED 2- INELIGIBLE 3- WAIVED	10 RETIREMENT 1- YES 2- NO 3- OTHER	11 GRADE 05-65		
12 NATURE OF ACTION 702 PROMOTION		13 EFFECTIVE DATE 05-26-65	18 CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
15 FROM POSITION TITLE AND NUMBER		16 PLAN AND OCCUPATION CODE FR-	17 GRADE 04	18 SALARY (pa\$13,335)
19 NAME AND LOCATION OF EMPLOYING OFFICE DEPARTMENT OF STATE, WASHINGTON, D. C. 20520				
20 TO POSITION 3-229		21 PLAN AND OCCUPATION CODE (FR-03011)	22 GRADE 03	23 SALARY (pa\$14,860) 1
24 NAME AND LOCATION OF EMPLOYING OFFICE DEPARTMENT OF STATE, WASHINGTON, D. C. 20520				
25 DISTRICT STATION MEXICO, D.F., MEXICO		26 LOCATION CODE 915300595		
27 APPROPRIATION 0113.0-2081-312801-000 08680965		28 POSITION OCCUPIED 1- EXCEPTED SERVICE 2- WAIVED 2		
29 APPORTIONED POSITION FROM TO STATE				
30 REMARKS A. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY (CENTRAL PERSONNEL COMMUNITY) B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TENURE FROM				
31 DATE OF APPOINTMENT AFFIDAVIT				
32 OFFICE MAINTAINING PERSONNEL RECORD				
33 OFFICE EMPLOYING DEPARTMENT OR AGENCY ST 01 DEPARTMENT OF STATE				
34 SIGNATURE OF OFFICIAL AND TITLE				
35 DATE				
SUBMITTING OFFICE NO 2951				

JL

2

PERSONNEL FOLDER

RECEIVED
MAY 28 1965
MAY 28 1965
MAY 28 1965

RAY INC. FFF. 7-9-64 PL. RR-226

NAME
 PAY PLAN CLASS FROM SALARY TO SALARY STEP ORGAN
 SHAW ROBERT T F R 4 12,850 13,335 4 312801

DEPARTMENT OF STATE
 PAY ROLL CHANGE SLIP

FORM 05-1042
 7-13-60

CITY	ORG CODE	POSITION NO.	ALLOT & ACTIVITY & PURPOSE	EFFECTIVE DATE	DATE OF LAST EQUITY INCREASE
MEXICO CITY	AJ 3128		NO CHANGE	7-01-64	
EMPLOYER'S NAME	EMPLOYEE NO.	CATG & CLASS SERV & GRADE RATE	NEW SALARY	OLD SALARY RATE	
SHAW ROBERT T	030700	FSR 4	\$ 12,850	\$ 12,490	<input checked="" type="checkbox"/> Periodic Step-Increase

LWOP DATA (fill in appropriate spaces covering LWOP during following periods):

NO EXCESS LWOP TOTAL EXCESS LWOP _____

IN PAY STATUS AT END OF WAITING PERIOD

IN LWOP STATUS AT END OF WAITING PERIOD

Remarks: _____

Performance rating is satisfactory or better

EARL D. SOMM

(Signature of Chief Administrator)

PERSONNEL COPY

NAME PAY PLAN CLASS FROM TO SALARY SALARY STEP ORGN

SHAW ROBERT T FR 04 \$ 11,880 \$ 12,495 03 312R01

STANDARD FORM NO. 618
REVISED JUNE 1962
APPROVED BY:
COMP. GEN. U. S.
MARCH 17, 1963
U. S. CIVIL SERVICE COMMISSION
F. P. M. CHAPTER 40

**CIVIL OFFICER
APPOINTMENT AFFIDAVITS**
(As defined in 5 USC 21a and 21b)

United Mexican States
Federal District
City of Mexico
Embassy of the United
States of America

SS:

SFR file

I, Robert T. Shaw Arizona
(Name in full) (State)

do solemnly swear (or affirm) that

A. OATH OF OFFICE

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

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

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

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

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

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

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

Robert T. Shaw
(Type name of appointee)

Robert T. Shaw
(Signature of appointee)

Subscribed and sworn before me this 15th day of October, A. D. 1963,

at Mexico, D. F., Mexico
(City) (State)

[SEAL]

E. L. BEVELS
Consul of the United States of America
(Title)

Department of State
(Department or agency)

Foreign Service of the U.S.
(Bureau or division)

Mexico D.F., Mexico
(Place of employment)

Consul
(Position to which appointed)

September 10, 1963
(Date of expiration on duty)

NOTE.—The oath of office must be administered by a person specified in 5 U. S. C. 18, or by a person designated to administer oaths under Section 206, Act of June 26, 1943, 5 U. S. C. 16a. If by a Notary Public, the date of expiration of his commission should be shown.

FORM 05-1022
1-63

INTERNAL NUMBER

NOTIFICATION OF PERSONNEL ACTION

SERVICE FS			
1 NAME (LAST, FIRST, MIDDLE) SHAW, ROBERT T. MR.		2 EMPLOYEE NO. (SEE 539700M)	3 BIRTH DATE (MM, DD, YYYY) 06-18-25
4 SOCIAL SECURITY NO. [REDACTED]		5 VETERAN PREFERENCES 1 NO 2 5 PT 3 10 PT 4 15 PT 5 20 PT OTHER	6 TENURE (YEAR) (3)
7 SERVICE START DATE 08-28-48		8 SOCIAL SECURITY NO. 0	
9 FEGLI 1 COVERED 2 NON-COVERED 3 WAIVED		10 RETIREMENT 1 YES 2 NO 3 OTHER	11 GRADE OR PAY RATE 03-63
12 NATURE OF ACTION 980		13 EFFECTIVE DATE 09-10-63	14 CIVIL SERVICE OR OTHER LEGAL AUTHORITY
15 FROM POSITION TITLE AND NUMBER [REDACTED]		16 PAY PLAN AND OCCUPATION CODE	17 GRADE
18 SALARY		19 NAME AND LOCATION OF EMPLOYING OFFICE DEPARTMENT OF STATE, WASHINGTON 25, D.C.	

20 TO POSITION 3-229	21 PAY PLAN AND OCCUPATION CODE (FR-3011) FO	22 GRADE STEP (04) 06	23 SALARY (pa\$11,880) 15
24 NAME AND LOCATION OF EMPLOYING OFFICE DEPARTMENT OF STATE, WASHINGTON 25, D.C.		25 DUTY STATION (City, State) MEXICO CITY, D.F., MEXICO	
26 LOCATION CODE 915300595		27 APPROPRIATION AJ -A-2081- 312801-32 A78	
28 POSITION OCCUPIED 1. COMMENSURATE 2		29 APPROPRIATE POSITION 1. PROMOTED 2. TRANSFERRED 3. REASSIGNED 4. REINSTATED 5. REAPPOINTED 6. RECLASSIFIED 7. WAIVED 8. OTHER	

30 REMARKS		31 SIGNATURE OF SUPERVISOR AND TITLE	
[REDACTED]		[REDACTED]	

This action is subject to the applicable laws, rules and regulations and may be subject to investigation and approval by the United States Civil Service Commission or the Department of State. It is not valid until it is confirmed by the Civil Service Commission with all requirements. The grade of the position to which you are officially assigned may be reviewed and corrected by the Department or by the Civil Service Commission.

NOMINATED: **08-26-63.**
 CONFIRMED: **09-09-63.**
 ATTESTED: **09-10-63.**

EXECUTE SF-61A.
 APPOINTED BY THE PRESIDENT: [REDACTED]

32 DATE OF APPOINTMENT EFFECTIVE	33 SIGNATURE OF SUPERVISOR AND TITLE
[REDACTED]	[REDACTED]
34 DATE	SUBMITTING OFFICE NO. 2951
[REDACTED]	[REDACTED]

CHP **2** PERSONNEL FOLDER

REQUEST FOR PERSONNEL ACTION

pc-5

PART I. REQUESTING OFFICE (fill in name and date on both forms)		D SERVICE		F RESULTS		13 POSITION		14 PAY PLAN AND OCCUPATION CODE	
A DATE OF REQUEST	B POSITION REQUESTED	C EMPLOYEE NO. A	PO	PERIOD	7/4	ARA	PERIOD	7/10	7/10
2/26/63	ASAP			POD:TR		AAAB			
1 NAME (Last, First, Middle)		MR. MRS. MISS		2 EMPLOYEE NO. A		3 BIRTH DATE		4 SOCIAL SECURITY NO.	
SHAW, ROBERT T.		MR.		539700M		06/18/25			
5 KIND OF ACTION REQUESTED (PERSONNEL)						6 POSITION		7 GRADE	
12 POSITION						14 POSITION VACATED			

5 VETERAN PREFERENCE		6 TENURE CODE		7 SPECIAL PAY		8 PHYSICAL HANDICAP CODE	
2	1 NO	3 10 PT	4 10 PT	3	G	08-28-48	
9 FEEL		10 RETIREMENT		11 PAY PLAN AND OCCUPATION CODE		12 NATURE OF ACTION	
1	2	3	4	5	6	7	8
COVERED	INELIGIBLE	WAIVED	CS	FEA	FS	WIP	OTHER
12 NATURE OF ACTION		13 EFFECTIVE DATE (MM/YY)		14 CIVIL SERVICE POSITION LEGAL AUTHORITY		15	
980		09-10-63		Section 522		721	
CODE				74th Congress amended			

15 FROM POS NO		16 PAY PLAN AND OCCUPATION CODE		17 GRADE OR LEVEL		18 SALARY	
19 ORGANIZATION DESIGNATION							

20 TO POS NO		21 PAY PLAN AND OCCUPATION CODE		22 GRADE		23 SALARY		24 ORGANIZATION DESIGNATION	
3-229		FBR 3011		04		(p.a. \$11,000)			
V		FO		06		15			
24 ORGANIZATION DESIGNATION									

25 CITY STATION		26 PAY PLAN AND OCCUPATION CODE		27 APPROPRIATION		28 POSITION OCCUPIED		29 APPORTIONED POSITION	
D-P		915.300595		A-2081		2			
Mexico City, Mexico				PROGRAM					
312801-721									
CODE		DATE		STATE		DATE		DATE	
1/3		3/28/63		070					

Presidential Commission required.

APPOINTED BY THE PRESIDENT

NOMINATED: 08-26-63
 CONFIRMED: 09-09-63
 ATTESTED: 09-10-63

EXECUTE SF 61a

APPOINTED BY THE PRESIDENT

NOTIFICATION OF PERSONNEL ACTION

Continuation of Form DS-1021
ANNUAL NUMBER

1 NAME (LAST, FIRST, MIDDLE) SHAW, ROBERT T. MR.		MR. MRS. MRS.	2 EMPLOYEE NO. & SEA 539700M	3 BIRTH DATE (M. D. Y.) 06-18-25	4 SOCIAL SECURITY NO.
2	5 VETERAN PREFERENCE 1. NO 2. 5 PT 3. 10 PT DVA 4. 10 PT COMP	6 FINANCIAL AA (3) 0	7 SOCIAL SECURITY CODE 00-00-00	8 SOCIAL SECURITY NO. 0	
9 FEGLI 1 COVERED 2 - INELIGIBLE 3 - WAIVED			10 RETIREMENT 1. YES 2. NO	11 GRADE & YR OF GRADE 03-63	12 NATURE OF ACTION 171 LIMITED APPOINTMENT
13 EFFECTIVE DATE 03-27-63			14 CIVIL SERVICE OR OTHER LEGAL AUTHORITY SEC. 522.1 PL 724-79TH AS AMENDED		
15 FROM POSITION TITLE AND NUMBER			16 PAY PLAN AND OCCUPATION CODE	17 GRADE	18 SALARY pa\$
19 NAME AND LOCATION OF EMPLOYING OFFICE DEPARTMENT OF STATE, WASHINGTON 25, D. C.					

20 TO POSITION 3-229	21 PAY PLAN AND OCCUPATION CODE (FR-3011) FO	22 GRADE (04) 06	23 SALARY (pa\$11,880) 1
24 NAME AND LOCATION OF EMPLOYING OFFICE DEPARTMENT OF STATE, WASHINGTON 25, D. C.	25 DUTY STATION (Last, First, Middle) MEXICO D.F., MEXICO		

26 LOCATION CODE 915300595	27 APPROPRIATION AJ -A-2081-3128-32 12801 A78	28 POSITION OCCUPIED - COMMITTEE 2	29 APPORTIONED POSITION FROM: 1. PROJEC 1 2. AA FED-2
--------------------------------------	---	--	---

30 REMARKS
A. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY FOR FULL PERIOD EMPLOYING
B. SERVICE COUNTING TOWARD CAREER FOR PERMANENT TENURE FROM

SEPARATIONS: SHOW REASON BELOW, AS REQUIRED. CHECK IF APPLICABLE. C. FROM APPOINTMENT OF 6 MONTHS OR LESS

APPOINTMENT LIMITED TO FIVE YEARS OR NEED FOR EMPLOYEE'S SERVICES, WHICHEVER IS LESS.

TOUR OF DUTY OF FIVE YEARS WITH HOME LEAVE AFTER THREE YEARS SUBJECT TO THE NEEDS OF THE SERVICE).

31 DATE OF APPOINTMENT APPROVED	32 OFFICE MAINTAINING PERSONNEL CONTROL
33 OFFICE	34 OFFICE

2 PERSONNEL OFFICE

REQUEST FOR PERSONNEL ACTION

PART I. REQUESTING OFFICE (Fill in items except those in boxes listed)

A DATE OF REQUEST 2/26/63	B PROMISED EMP. TIME DATE ASAP	C REQUEST NUMBER	D SERVICE TYPE FS	E POSITION TITLE PERSONNEL OFFICER	F REQUESTING OFFICER [Signature]
1 NAME (CAPS) Last First Middle SHAW, ROBERT T.		MR MISS MRS MR.	11 EMPLOYEE NO. (CAPS) 559700	12 BIRTH DATE (MM/DD) 06/18/25	13 SOCIAL SECURITY NO.
14 KIND OF ACTION REQUESTED (PERSONNEL)			15 PAY CODE	16 POSITION	17 SKILL CODES
18 POSITION (Specify number, name, grade, etc.)			19 POSITION VACATED		

2 VETERAN PREFERENCE 1-NO 2-5 PT 3-10 PT DSAB 4-10 PT COMP 5-10 PT OTHER	6 TENURE CODE 3	7 SERVICE TYPE G	8 PHYSICAL HANDICAP CODE 0
9 FEEL 1-COVERED 2-UNELIGIBLE 3-WAIVED	10 RETIREMENT 1-CS 2-FCA	11 FEEL 1-YES 2-NO	12 MO & YR OF GRADE 03-63
12 NATURE OF CODE 171	13 EFFECTIVE DATE (MM/DD) 3-27-63	14 CIVIL SERVICE OR OTHER LEGAL AUTHORITY Section 522.1 - P. L. 724 - 79th Congress as amended	

15 FROM POS NO	POSITION TITLE	16 PAY PLAN AND OCCUPATION CODE	17 GRADE OR LEVEL	18 SALARY
19 ORGANIZATION DESIGNATION				

20 TO POS NO 3-229	POSITION TITLE	21 PAY PLAN AND OCCUPATION CODE FR-3011 F6	22 GRADE 04 6-6	23 STEP 15	24 SALARY (p.a. \$11,880) 1
25 ORGANIZATION DESIGNATION vice: Stewart					

25 DUTY STATION Mexico City, Mexico	26 ACTION CODE 915300595
27 PROGRAM A-2091	28 APT 13901 3128-32 APT

Authorize travel of appointee and dependents from Falls Church, Virginia to Mexico City. Authorize shipment of effects from Falls Church, Virginia and Williamsburg, Virginia to Mexico City. Authorize shipment of unaccompanied baggage from Falls Church, Virginia and/or Williamsburg, Virginia to Mexico City. Appointment limited to 5 years, or need of employee's services, whichever is less. Also separate DA 1031 for Granting of Consular Title.

Tour of duty (a)

Requested by: Pierre N. Graham, Chief
 Requested by: David C. Jelinek

PART II. TO BE COMPLETED BY PERSONNEL OFFICE

1. [Signature]
 2. [Signature]
 3. [Signature]

NOTIFICATION OF SECURITY CLEARANCE UNDER E. O. 10450

TO: Director, Office of Personnel
Attn: Mr. John Ordway

DATE: February 1, 1963

SUBJECT: SHAW, Robert Tyler
(DOB: 6/18/25)

APPLICANT. If subject is not appointed within 90 days of the date of this notification, this clearance must be revalidated by the Office of Security.

EMPLOYEE.

The case of above-named person has been reviewed in the Office of Security.

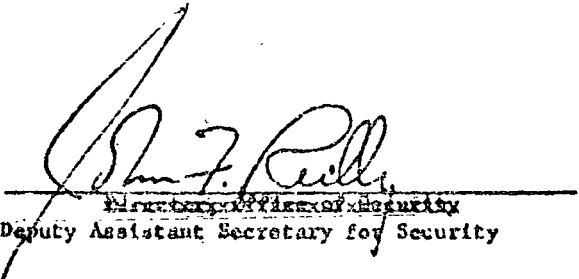
Investigative requirements of Executive Order 10450 have been complied with.

It has been determined that the employment or retention in employment of subject is clearly consistent with the interests of national security.

On the basis of this determination clearance is hereby granted. This clearance shall remain in effect for all purposes until further notice except that prior approval must continue to be requested from the Office of Security in the event of marriage to an alien, Presidential appointment, any appointment requiring Senate confirmation, and transfers or assignments to the Office of Security, R Area Special Projects Staff, and cryptographic duties. (This determination shall not eliminate or modify any other determination on security which may be required by law).

REMARKS:

Investigative reports are attached. Please return these reports to the Office of Security within 10 days together with the names of the individuals who have reviewed them listed on the extra copy of this form herewith furnished.


Director, Office of Security
Deputy Assistant Secretary for Security

ATTACHMENTS

O/SY:JFR:ec

This memorandum may be considered as CONFIDENTIAL until removal of attachments.

UNCLASSIFIED/Mexico City

STANDARD FORM 144
REVISED 11-15-62
U.S. CIVIL SERVICE COMMISSION
FORM CHAPTERS 11, 12, AND 13

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

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

PART I—EMPLOYEE'S STATEMENT										PART II—THIS COLUMN IS FOR PERSONNEL OFFICE USE		
1. NAME (Last, first, middle initial) SHAW, Robert T.					2. DATE OF BIRTH 6-28-25					3. RETENTION GROUP		
3. LIST THE FOLLOWING INFORMATION CONCERNING ALL FEDERAL AND DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD PRIOR TO YOUR PRESENT APPOINTMENT (Do not include military service.)										10. A. CSC STATUS <input type="checkbox"/> YES <input type="checkbox"/> NO B. TYPE OF PRESENT APPOINTMENT		
NAME AND LOCATION OF AGENCY	FROM—			TO—			TYPE OF APPOINTMENT OR SERVICE	11. SERVICE				
	YEAR	MONTH	DAY	YEAR	MONTH	DAY		YEAR	MONTH	DAY		
FOREIGN SERVICE DEPT OF STATE	49	10		52	2							
DEPT OF DEFENSE FOREIGN SERVICE DEPT OF STATE	52	5		54	7							
	54	7		56	5							
	56	6		61	5							
	61	5		63	3							
4. LIST PERIODS OF ACTIVE SERVICE IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES IF YOU HAD NO ACTIVE MILITARY SERVICE, WRITE "NONE"												
BRANCH	FROM—			TO—			DISCHARGE (How or Dishon P)					
	YEAR	MONTH	DAY	YEAR	MONTH	DAY		YEAR	MONTH	DAY		
ARMY	43	9	11	45	3	8	HON.					
5. DURING PERIODS OF EMPLOYMENT SHOWN IN ITEM 3, DID YOU HAVE A TOTAL OF MORE THAN 6 MONTHS ABSENCE WITHOUT PAY, INCLUDING PERIODS OF MERCHANT MARINE SERVICE, DURING ANY ONE CALENDAR YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF ANSWER IS "YES," LIST FOLLOWING INFORMATION.										12. TOTAL SERVICE		
TYPE IF KNOWN (LW OP, Full, Susp, AWOL, Mer Mer)	FROM—			TO—			TOTAL			13. NONCREDITABLE SERVICE (Leave purposes only)		
	YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEARS	MONTHS	DAYS			
6. DURING THE FEDERAL SERVICE LISTED IN ITEM 3, DID YOU ACQUIRE A PERMANENT COMPETITIVE CIVIL SERVICE STATUS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										14. NONCREDITABLE SERVICE (RIF purposes only)		
7. ARE YOU: A. THE WIFE OF A DEPARTED EMPLOYE? <input type="checkbox"/> YES <input type="checkbox"/> NO B. THE WIFE OF A DECEASED OR DISABLED VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO C. THE UNEMPLOYED WIFE OF A VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO										15. REEMPLOYMENT RIGHTS		
										16. REEMPLOYMENT RIGHTS		
										17. REEMPLOYMENT RIGHTS		
8. TO BE EXECUTED BEFORE A NOTARY PUBLIC OR OTHER PERSONS AUTHORIZED TO ADMINISTER OATHS I swear (or affirm) that the above statements are true to the best of my knowledge and belief.										17. EXPIRATION DATE OF SENIORITY RIGHTS		
<p>8DD 3-27-63 (DATE)</p> <p style="text-align: right;">Robert T. Shaw (SIGNATURE)</p> <p>Submitted and sworn to before me on this 27th day of March, 1963 at Washington, D. C.</p> <p style="text-align: center;">D. E. A. L.</p> <p style="text-align: right;">Ronald C. Smith (SIGNATURE)</p>												
NOTE: If oath is taken before a Notary Public, the date, time, and place of oath should be shown.												
INSTRUCTIONS: File this form on the personnel file of the employee; official personnel folder immediately before or after the personnel action involved.												

(OVER)

FORM DSP-34
9-1-53

DEPARTMENT OF STATE

SUPPLEMENT TO STANDARD FORM 57

If more space is required, use additional sheets of paper. Write on each sheet your name, address and date of birth. Identify each item, and attach to this application.

Budget Bureau No. 47-8071.4
Approval Expires June 30, 1955

a. NAME (Print)

Robert Tyler Shaw

b. ADDRESS

2. USE OF APPLICATION - CHECK BELOW TO INDICATE TYPE OF EMPLOYMENT FOR WHICH YOU WISH TO BE CONSIDERED:

Foreign Service only Departmental only Foreign service and departmental

3. PERMANENT ADDRESS (Place from which you will expect transportation of self and household effects, if any, if appointed to the Foreign Service)

[Redacted]

4. IF BORN OUTSIDE THE UNITED STATES, HOW WAS CITIZENSHIP ACQUIRED? IF A NATURALIZED CITIZEN, GIVE PLACE, DATE, AND NUMBER OF NATURALIZATION CERTIFICATE. (Section 11 on Form 57)

5. a. ARE YOU NOW INVOLVED IN ANY LITIGATION OR SEPARATION AGREEMENT? YES NO
 b. DO YOU KNOW OF ANY PROSPECTIVE LITIGATION IN WHICH YOU MAY BE INVOLVED? YES NO
 (Give details, if answer is yes to a. or b.)
 c. IF DIVORCED GIVE NAME OF COURT, LOCATION, AND DECREE.

6. IF APPLYING FOR OVERSEAS EMPLOYMENT WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? (Exclusive of overseas allowances)

\$ _____ Per Year

7. IF OFFERED APPOINTMENT IN THE FOREIGN SERVICE WHAT RESTRICTIONS ARE THERE ON YOUR AVAILABILITY FOR DUTY IN ANY PART OF THE WORLD?

None

8. a. FULL NAME OF SPOUSE (If wife, give maiden name)

Janet Lee Ruggles Shaw

b. DATE OF BIRTH

12 April 1927

c. PLACE OF BIRTH (City, State or Province, and Country)

[Redacted]

9. a. IF BORN OUTSIDE THE UNITED STATES, HOW WAS CITIZENSHIP ACQUIRED? b. IF NATURALIZED, GIVE PLACE, DATE, AND NO. OF NATURALIZATION CERTIFICATE

NAME OF DEPENDENT	RELATIONSHIP	DATE OF BIRTH	WILL RESIDE WITH YOU OVERSEAS?	
			YES	NO
Janet Lee Ruggles Shaw	Wife	12 April 1927	X	
Barbara Lee Shaw	Daughter	27 July 1952	X	
Richard Wilson Shaw	Son	10 September 1955	X	
Thomas Ruggles Shaw	Son	10 September 1955	X	

10. a. FATHER'S NAME

Shaw

b. PRESENT ADDRESS

[Redacted]

c. PLACE OF BIRTH

[Redacted]

11. a. MOTHER'S NAME

Shaw

b. PRESENT ADDRESS

[Redacted]

c. PLACE OF BIRTH

Elizabethtown, Ky.

12. IF PARENTS BORN OUTSIDE THE UNITED STATES, DID THEY EVER OBTAIN UNITED STATES CITIZENSHIP? (Check below)

FATHER: YES NO MOTHER: YES NO

13. HAVE YOU EVER APPLIED FOR A POSITION WITH THE DEPARTMENT OF STATE OR TAKEN AN EXAMINATION FOR A POSITION WITH THE DEPARTMENT OF STATE?

YES NO

If "YES" give date, nature of position applied for, and kind of examination taken, if any.

Asst. Attaché, PMS-9, Caracas, Venezuela, 1949-52
Vice Consul, PMS-9, Guayaquil, Ecuador, 1952-54.

14. RELATIVES BY BLOOD OR MARRIAGE NOW RESIDING IN FOREIGN COUNTRIES

NAME	RELATIONSHIP	ADDRESS

15. LIST PRESENT OR FORMER FOREIGN CONNECTIONS:

- A. BUSINESS
- B. EMPLOYMENT

16. DOES YOUR FINANCIAL POSITION PERMIT DISCHARGE OF ALL DEBTS INCURRED? YES NO
IF "NO," STATE INFORMATION REQUESTED BELOW:

NAMES OF CREDITORS	AMOUNTS DUE	DATES ON WHICH OBLIGATIONS WERE CONTRACTED

17a. HAVE YOU EVER BEEN MEDICALLY DISCHARGED FROM THE ARMED SERVICES? YES NO
b. HAVE YOU EVER BEEN UNDER TREATMENT FOR A MENTAL OR EMOTIONAL DISORDER? YES NO
IF "YES," GIVE DETAILS IN ITEM 39 OF FORM 57.

18. PRESENT MILITARY STATUS

- a. ARE YOU REGISTERED WITH A SELECTIVE SERVICE BOARD? YES NO IF "YES," STATE BELOW THE NUMBER AND ADDRESS OF THE BOARD, AND YOUR CLASSIFICATION:
- b. DO YOU HAVE A MILITARY RESERVE STATUS? YES NO IF "YES," STATE BELOW, THE BRANCH OF SERVICE, YOUR SERIAL NUMBER, YOUR ORGANIZATION UNIT AND HEADQUARTERS:

LIST DECORATIONS (Exclusive of service ribbons), CITATIONS, AND OFFICIAL LETTERS OF COMMENDATION RECEIVED FOR SERVICE IN THE ARMED FORCES:

19. LIST OTHER NAMES, IF ANY, BY WHICH YOU HAVE BEEN KNOWN INCLUDING MARRIED NAMES, IF MARRIED MORE THAN ONCE, GIVE DATES DURING WHICH NAMES WERE USED.

20. REFERENCES: LIST FIVE PERSONS, EXCLUSIVE OF SUPERVISORS, LIVING IN THE UNITED STATES WHO ARE NOT RELATED TO YOU AND WHO HAVE DEFINITIVE KNOWLEDGE OF YOUR QUALIFICATIONS AND FITNESS FOR THE POSITION FOR WHICH YOU ARE APPLYING. (Repeat names listed in Item 24, Form 57 and add two additional references.)

FULL NAME	PRESENT BUSINESS OR HOME ADDRESS (Give complete current address, including street and number)	BUSINESS OR OCCUPATION
Norman Armour	c/o Dept. of State	Retired, FSO
Paul C. Hutton	c/p Dept. of State	FSO/Dept.
Raymond G. Luddy	c/o Dept. of State	FSO/Dept.
Gen. Douglas MacArthur	Remington Rand, N.Y.C.	Corp. President
Maj. Gen. R. C. Harmon	Dept. of Air Force	Judge Advocate

21. HAVE YOU EVER BEEN UNDER THE CIVIL SERVICE RETIREMENT SYSTEM? Yes

23. SOCIAL SECURITY NUMBER, IF ANY:

22. If you believe the information you have supplied on this application does not fully show your qualifications for Departmental or Foreign Service Employment, state in Item 33 of Form 57 or on a separate sheet, any additional appropriate data that you wish to be considered.

DATE: 10 February 1956

SIGNATURE: Robert Shaw

PLEASE BE SURE TO READ ATTACHED INSTRUCTIONS BEFORE COMPLETING ITEM 19

19. EXPERIENCE (Start with your PRESENT position and work back)

May inquiry be made of your present employer regarding your character, qualifications, and record of employment? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
1	Dates of employment (month, year) From May 1961 To present time	Exact title of position Political Officer	Number and kind of employees you supervise 8 - 10
Salary or earnings Starting \$12,210 per yr Present \$13,270 per yr		Classification Grade (If in Federal service) GS-14	Place of employment (City & State) Washington, D. C. Kind of business or organization (Manufacturing, accounting, insurance, etc.) U.S. Govt
Name and address of employer (firm, organization, etc.) Department of State		Name, title, and present address of immediate supervisor Thomas Linthicum	
Reason for leaving Desire to re-enter Foreign Service			
Description of work Analysis of political and economic reporting from Embassies and Consulates in Latin American countries; preparation of special studies based on these reports; conduct of official business with representatives of Latin American Governments in Washington.			
2	Dates of employment (month, year) From June 1958 to May 1961	Exact title of position Vice Consul & Consul	Number and kind of employees you supervised 1 (Secretary)
Salary or earnings Starting \$7490 per annum Final \$9900 per annum		Classification Grade (If in Federal service) FSR-4	Place of employment (City & State) Nogales, Mexico & Dept of State Kind of business or organization (Manufacturing, accounting, insurance, etc.) U.S. Govt
Name and address of employer (firm, organization, etc.) Dept of State, Washington, D.C.		Name, title, and present address of immediate supervisor Consul Gen Robert Martindale Consul Gen Terrence Leonhardy	
Reason for leaving Accept employment in the Department			
Description of work General duties of a Foreign Service Reserve Officer at the American Consulate in Nogales. Handled a considerable number of protection cases, maintained extensive contacts in the state and national governments, handled political reporting for the consulate. Transferred to Department in July 1959.			
3	Dates of employment (month, year) From July 1954 to May 1956	Exact title of position Foreign Affairs Ofcer	Number and kind of employees you supervised 2 (Secretary & Clerk)
Salary or earnings Starting \$ 7785 per annum Final \$7785 per annum		Classification Grade (If in Federal service) GS-12	Place of employment (City & State) Washington, D.C. Kind of business or organization (Manufacturing, accounting, insurance, etc.) U.S. Govt
Name and address of employer (firm, organization, etc.) Dept of Defense Joint Chiefs of Staff		Name, title, and present address of immediate supervisor Oliver W. Anthony	
Reason for leaving Re-enter Foreign Service			
Description of work Preparation of studies and reports for the military departments and the Joint Chiefs of Staff on Inter-American Defense matters.			

IF YOU NEED ADDITIONAL EXPERIENCE BLOCKS USE STANDARD FORM 57-A OR BLANK SHEETS
SEE INSTRUCTION SHEET

CONTINUATION SHEET FOR STANDARD FORM 57
"Application for Federal Employment"

INSTRUCTIONS.—Fill out this form only when necessary for completion of Item 16, "EXPERIENCE," on Standard Form 57. Enclose with your application. Type or write clearly in dark ink.

1. NAME (First, Middle, Maiden (if any), Last) ROBERT TYLER SHAW	2. DATE OF BIRTH (month, day, year) JUNE 18, 1925
3. KIND OF SERVICE APPLIED FOR OR BASIS OF RECOMENDATION FOREIGN SERVICE	4. DATE OF THIS CONTINUATION SHEET

DATES OF EMPLOYMENT (month, year) <input type="radio"/> FROM May 1952 TO July 1954		EXACT TITLE OF YOUR POSITION Vice Consul	
SALARY OR EARNINGS STARTING \$ PER FINAL \$ PER		CLASSIFICATION GRADE (if in Federal Service) FSS-9	KIND OF BUSINESS OR ORGANIZATION (manufacturing, accounting, insurance, etc.) U.S. Govt
NAME AND ADDRESS OF EMPLOYER (firm, organization, etc.) Dept of State		CITY Guayaquil,	STATE Ecuador
		NAME AND TITLE OF IMMEDIATE SUPERVISOR Consul Gen Paul W. Meyer	

REASON FOR LEAVING: **Position with Dept of Defense**
DESCRIPTION OF WORK: **General duties of a Foreign Service Staff Officer in the Economic and commercial section of the consulate general in Guayaquil. Also performed political reporting functions and assisted in visa and citizenship matters.**

DATES OF EMPLOYMENT (month, year) <input type="radio"/> FROM Oct 1949 TO Feb 1952		EXACT TITLE OF YOUR POSITION Asst Attache	
SALARY OR EARNINGS STARTING \$ FSS-10 PER FINAL \$ FSS-9 PER		CLASSIFICATION GRADE (if in Federal Service) FSS-9	KIND OF BUSINESS OR ORGANIZATION (manufacturing, accounting, insurance, etc.) Government
NAME AND ADDRESS OF EMPLOYER (firm, organization, etc.) Dept of State		CITY Washington & Caracas, Ven	STATE Government
		NAME AND TITLE OF IMMEDIATE SUPERVISOR Ambassadors Donnally, Sparks, Armour	

REASON FOR LEAVING:
DESCRIPTION OF WORK: **General duties of a Foreign Service Staff officer in the Political Section, Embassy Caracas. Preparation of reports for the Department and memoranda for the Ambassador, consultation with officials of the local government and American companies (esp of the petroleum industry operating in Venezuela). Assistance in the Consular Section with visa affairs**

DATES OF EMPLOYMENT (month, year) <input type="radio"/> FROM Nov 1947 TO Oct 1949		EXACT TITLE OF YOUR POSITION Editor	
SALARY OR EARNINGS STARTING \$ 2400 PER SEMMUM FINAL \$ 3600 PER		CLASSIFICATION GRADE (if in Federal Service)	KIND OF BUSINESS OR ORGANIZATION (manufacturing, accounting, insurance, etc.) Soap & Chemical manufacture
NAME AND ADDRESS OF EMPLOYER (firm, organization, etc.) Procter & Gamble		CITY Cincinnati	STATE Ohio
		NAME AND TITLE OF IMMEDIATE SUPERVISOR Carl Prantz Chief, Personnel Relations	

REASON FOR LEAVING: **Desire for Foreign Service**
DESCRIPTION OF WORK: **Supervision of preparation (compilation through final printing & finding) of sales manuals for entire company sales force. Preparation of aptitude tests and general qualifications questionnaires used by company in recruitment of salesman and administrative employees. Preparation of material for company house magazine. Maintenance of close liaison with other personnel dept. Work with company print shop and private printing establishments.**

ATTACH SUPPLEMENTAL SHEETS OR FORMS HERE

• ANSWER ALL QUESTIONS CORRECTLY AND FULLY

20. SPECIAL QUALIFICATIONS AND SKILLS

A. Kind of license or certificate (For example, pilot, teacher, registered nurse, lawyer, radio operator, U.P.A., etc.)	B. State or other licensing authority	C. Year of first license or certificate	D. Year of latest license or certificate
Private Pilot (Blue Seal, Sel)	FAA	1958	Current
E. Special skills you possess and machines and equipment you can use. (For example, short wave radio, multibank, comptometer, key punch, turret lathe, transcribing machine, scientific or professional devices)		F. Approximate number of words per minute:	
		Typing	Shorthand
G. Special qualifications not covered in application. (For example, your most important publications (do not submit copies unless requested); your patents or inventions; public speaking and publications experience; membership in professional or scientific societies; and honors and fellowships received)			
Writing - Occasional articles on sporting & aviation subjects. Honors - PHI BETA KAPPA (1948)			

21. EDUCATION

A. Place "X" in column indicating highest grade completed												B. If you graduated from high school, give date		C. Name and location of last high school attended			
1	2	3	4	5	6	7	8	9	10	11	12	1943		Bath High School Fairborn, Ohio			
D. Name and location of college or university					Dates attended		Years completed		Credit hours		Degree received	Year received					
					From	To	Day	Night	Semester	Quarter							
The Ohio State Univ					1943	1943	2/3										
The Ohio State Univ					1945	1945	2/3		49								
University of Arizona					1945	1947	3		132		BA	1947					
E. Chief undergraduate college subjects				Semester Hours Credit	Quarter Hours Credit	F. Chief graduate college subjects				Semester Hours Credit	Quarter Hours Credit						
Spanish				35													
History & Poli Sci				26													
G. State major field of study at highest level of college work																	
Spanish																	
H. Other schools or training (for example, trade, vocational, Armed Forces, or business). Give for each the name and location of school, dates attended, subjects studied, certificates, and any other pertinent data.																	
Jan - May 1944, Camp Callan, Calif. Basic anti-aircraft schooling in fire control, specialization in anti-armor use of AA weapons																	

22. FOREIGN TRAVEL

Have you lived or traveled in any foreign countries?

Yes No

If Yes, give in Item 33 names of countries, dates and length of time spent there and reason or purpose (military service, business, education, or recreation)

23. FOREIGN LANGUAGES

List foreign language and indicate your knowledge of each by placing "X" in proper column	Reading		Speaking		Understanding		Writing	
	Exc	Good	Exc	Good	Exc	Good	Exc	Good
Spanish	X		X		X		X	
Portuguese	X						X	X
French			X					

24. REFERENCES

List three persons living in the United States or territories of the United States who are NOT RELATED TO YOU AND WHO HAVE DEFINITE KNOWLEDGE of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Item 19

FULL NAME	PRESENT BUSINESS OR HOME ADDRESS (Number, Street, City, Zone, and State)	BUSINESS OR OCCUPATION
Robert C. Hill	Littleton, Vermont 825 5th Ave	Former Ambassador to Mexico
Norman Armour	New York 21, N.Y. Deatus Estates	Former Ambassador to Venezuela
Chester H. Kimrey	Nogales, Arizona	Former Consul at Nogales

ANSWER ALL QUESTIONS BY PLACING "X" IN PROPER COLUMN		YES	NO
25. Are you a citizen of the United States of America? If "No," give country of which you are a citizen?		X	
26. Are you now, or have you ever been, a member of the Communist Party, U.S.A., the Communist Political Association, the Young Communist League, or any Communist organization?			X
27. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group, or combination of persons which is totalitarian, fascist, Communist, or subversive, or which has adopted, or shows, a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means? <i>If your answer to 26 and/or 27 above is "Yes," state on a separate sheet attached to and made a part of this application the names of all such organizations, associations, movements, groups or combination of persons and dates of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities. (See Instruction Sheet)</i>			X
28. Have you any physical handicap, chronic disease, or other disability?			X
29. Have you ever had a nervous breakdown?			X
30. Have you ever had tuberculosis? <i>If your answer to 28, 29, or 30 above is "Yes," give details in Item 39.</i>			X
31. Have you ever been barred by the U.S. Civil Service Commission from taking examinations or accepting civil service appointment? <i>If your answer is "Yes," give dates of and reasons for such debarment in Item 49.</i>			X
32. Does the United States Government employ in a civilian capacity any relative of yours (by blood or marriage) with whom you live or have lived within the past 24 months? <i>If your answer is "Yes," give in Item 49 for EACH such relative (1) full name; (2) present address; (3) relationship; (4) department or agency by which employed, and (5) kind of appointment.</i>			X
33. Do you receive or have you applied for an annuity from the United States or District of Columbia Government under any retirement act or any pension, or other compensation for military or naval service? <i>If your answer is "Yes," give details in Item 49.</i>			X
34. Are you an official or employee of any State, territory, county, or municipality? <i>If your answer is "Yes," give details in Item 39.</i>			X
35. Have you ever been discharged (fired) from employment for any reason?			X
36. Have you ever resigned (quit) after being informed that your employer intended to discharge (fire) you for any reason? <i>If your answer to 35 or 36 above is "Yes," give details in Item 39. Show the name and address of employer, approximate date, and reason, in each case. This information should agree with statements made in Item 19—Experience.</i>			X
37. Have you ever been arrested, taken into custody, held for investigation or questioning, or charged by any law enforcement authority? (You may omit: (1) Traffic violations for which you paid a fine of \$30.00 or less, and (2) anything that happened before your 16th birthday. All other incidents must be included, even though they were dismissed or you merely forfeited collateral.)			X
38. While in the military service were you ever arrested for an offense which resulted in a trial by deck court or by summary, special, or general court martial? <i>If your answer to 37 or 38 is "Yes," give details in Item 39, showing for each incident, (1) date, (2) charge, (3) place, (4) law enforcing authority or type of court or court-martial, and (5) action taken.</i>			X

39. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS. Indicate item numbers to which answers apply.

Item No.	Answers	Item No.	Answers
22	China - Reside w/parents 1931-34		Venezuela/Asst Att/1949-52
	Mexico - Travel since 45, vice consul & consul at Nogales 1956-59		Ecuador/Vice Consul/Cuayaquil/1952-54
			Visits to Colombia, Panama, Trinidad, Barbados, Brazil, Hawaii, Philippines, Hong Kong

If more space is required, use full sheets of paper approximately the same size as this page. Write on each sheet your name, date of birth, and exact position title. Attach on inside of this application.

ATTENTION: READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING THIS APPLICATION

A false or dishonest answer to any question in this application may be grounds for rating you ineligible for Federal employment, or for dismissing you after appointment, and may be punishable by fine or imprisonment (U.S. Code, Title 18, Sec. 1001). All statements made in the application are subject to investigation, including a check of your fingerprints, police records, and former employers. All information will be considered in determining your present fitness for Federal employment.

CERTIFICATION

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

Signature of applicant: Robert Shaw Date: 11/20/63

FORM DS-1032 (Exception to SF 50 approved by CSC and E. of B. April 22, 1960)		NOTIFICATION OF PERSONNEL ACTION			JOURNAL NUMBER 16	
NAME MR. ROBERT T. SHAW SHAW ROBERT T		539700	EMPL NUMBER	X	DATE	05-25-61
3. DATE OF BIRTH 06-18-25	4. DATE APPT. ALLG. 04-28-48	5. SOCIAL SECURITY NO. 05-28-52	6. LEGAL RESIDENCE BU VA	7. STATE OF BIRTH AT D.C.	8. MODE ENTRY PNO B 20 20	9. STATUS IMV
10. MARRIAGE 2 MARRIED		11. CHILDREN 02 ADULTS 1	12. MILITARY 1	13. HRP 009	14. 25	
THIS IS AN OFFICIAL NOTICE OF THE PERSONNEL ACTION DESCRIBED BELOW, WHICH AFFECTS YOUR EMPLOYMENT						
17. NATURE OF ACTION (USE STANDARD FORM NO. 10)			18. EFFECTIVE DATE	19. NA CODE	20. APPORTIONED POSITION	
RESIGNATION FOR PERSONAL REASONS WITHOUT PREJUDICE COB			OF ACTION MONTH DAY YEAR 05-12-61	82	1 - YES 2 - NO 3 - WAIVED	
21. LEGAL AUTHORITY						
FROM -						
FOREIGN SERVICE RESERVE OFFICER			22. POSITION TITLE	23. FULL-STAFFING	24. POSITION IS IN THE	25. CODE
2333			26. DPL-CONS TITLE	27. PAYROLL CODE	28. DATE ASSIGNED	PAY BASIS
FSR-04-44-\$10,945-0-0000-000			29. SCHEDULE - SERIES - GRADE - SALARY - POSITION NUMBER	30. ORGANIZATION	31. POS. VACATED (1-REMOVE, 2-REMAINS)	
DEPARTMENT GROUP I-C			32. ORG. POST CODE	33. TENURE		
34. CTO & CLASS	35. MO. YR. GRADE	36. ALLOTMENT	37. RETIREMENT	38. ACCEPTED SCHED.	39. PNO	40. CITY
02-59	AQ	-1A-7026	I	2	12	5
42. DATE ASSIGNED.		43. CTO & CLASS	44. P.S. SALARY \$	45. MONTH AND YR OF GRADE		
TO -						
22. POSITION TITLE						
26. DPL-CONS TITLE						
27. PAYROLL CODE						
29. SCHEDULE - SERIES - GRADE - SALARY - POSITION NUMBER						
30. ORGANIZATION						
32. ORG. POST CODE						
33. TENURE						
34. CTO & CLASS						
35. MO. YR. GRADE						
36. ALLOTMENT						
37. RETIREMENT						
38. ACCEPTED SCHED.						
39. PNO						
40. CITY						
41. PNR / PNO						
42. DATE ASSIGNED						
43. CTO & CLASS						
44. P.S. SALARY \$						
45. MONTH AND YR OF GRADE						
This action is subject to all applicable laws, rules and regulations and may be subject to investigation and approval by the United States Civil Service Commission or the Department. This action may be corrected or canceled if not in accordance with all requirements. The grade of the position to which you are officially assigned may be reviewed and corrected by the Department or by the Civil Service Commission.						
<input type="checkbox"/> a. Subject to completion of 1 year probationary (or trial) period commencing <input type="checkbox"/> b. Service being toward career or permanent status						
REASON - TO ACCEPT OTHER EMPLOYMENT.						
NO LUMP SUM PAYMENT AUTHORIZED FOR LEAVE.						
ADDRESS: c/o FOREIGN SERVICE MAIL ROOM, WASHINGTON, D. C.						
DEPARTMENT OF STATE OFFICE OF PERSONNEL - WASHINGTON 25, D. C. PERSONNEL FOLDER						

FORM DS-1031 (Exception to SF-32 approved by CSC and B of B April 27, 1940)		REQUEST NO	SERVICE	ROUTING	1	2	3	4	5
DEPARTMENT OF STATE REQUEST FOR PERSONNEL ACTION		DATE OF REQUEST 04/21/61	EX FS	LV	WF	LV			
1 NAME Mr. Robert T. SHAW		2 EMPLOYEE NUMBER 539700	3 E.O.D. DATE	4 SOCIAL SECURITY NO.	5 STATE OF BIRTH	6 SEX	7 RACE	8 MARITAL STATUS	9 STATUS PRICE
9 DATE OF BIRTH 06-18-25		10 A.P.P. DATE 04-22-50	11 SOCIAL SECURITY NO. 04-22-50	12 LEGAL RESIDENCE FLA VA	13 STATE OF BIRTH ATL GA	14 SEX	15 RACE	16 MARITAL STATUS	17 STATUS PRICE
17 NATURE OF ACTION Resignation for Personal Reasons Without Prejudice C.O.B.		18 EFFECTIVE DATE OF ACTION MONTH DAY-YEAR 05-12-61	19 N.A. CODE S	20 APPOINTMENT POSITION	21 FULL-STAFFING	22 POSITION IS IN THE	23 CODE		
21 LEGAL AUTHORITY FROM - Foreign Service Reserve Officer 2333 FSR-04-44-10,945-0-0000-000 Department - Group I-C		22 POSITION TITLE	23 FULL-STAFFING	24 POSITION IS IN THE	25 CODE	26 DPL. CONS. TITLE	27 A TITLE CODE	28 EXCEPTED SERVICE	29 PAY BASIS
27 PAYROLL CODE		28 DATE ASSIGNED 05-12-61	29 SCHEDULE - SERIES - GRADE - SALARY - POSITION NUMBER	30 ORGANIZATION	31 POS. VACATED - 1-REMOVE, 2-REMAINS	32 ORG. POST CODE	33 TENURE		
34 CITY & CLASS		35 MO. YR. GRADE	36 ALLOTMENT	37 RETIREMENT	38 EXCEPTED SCHED.	39 POS. CODE	40 CITY	41 FSR - FSS	42 CATEGORY
42 DATE ASSIGNED		43 C.B.C. CODE	44 P.S. SALARY	45 MONTH & YEAR OF GRADE	46 VICE	47 ADD	48 NO CHANGE	49 RIF CODE	50 SAIL CODES
51 REQUESTED BY E. Richey, Chief, POD/WFS		52 REQUEST APPROVED J. Jova, Chief, FER/POD		53 CLEARANCES		54 CLEARANCES		55 CLEARANCES	
56 TRAVEL REQUEST		57 FUNDS AVAILABLE		58 TOTAL COST		59 TO NO			
60 DEPENDENTS		61 SIGNATURE		62 DATE		63			
Ref: Letter of resignation dated 4/20/61 attached. Reasons: EXHIBIT To accept other employment.									
No travel requested									
PER:PCD:WFS:bth									

Robert T. Shaw

Resignation COB 5/12/61

No lump sum payment authorized for leave.

E. Kathryn Mallow
E. Kathryn Mallow, Chief
Leave and Retirement Section

Jib

Address:
c/o Foreign Service Mail Room,
Washington 25, D. C.

OFFICIAL USE ONLY

15333

FORWARD CORRESPONDENCE INCLUDING CHECKS AND BONDS TO THE FOLLOWING ADDRESS:

SEPARATION DATA

BY LAST WORKING DAY WILL BE THE RESPONSIBILITY OF THE EMPLOYEE

SECTION FOR THE FOLLOWING OFFICE:

RESIGNATION

Washington, D.C.
April 20, 1961

The Honorable
The Secretary of State
Washington, D.C.

Dear Mr. Secretary:

It is with great regret that I submit my resignation from
The Foreign Service to accept other employment.

I have enjoyed my years with the Service and the fine
people comprising it and hope that at some future time I may
be able to return to the Service.

Respectfully,

RT Shaw

Robert T. Shaw
Foreign Service Reserve Officer

5-12-61

A1950 SHAW ROBERT T

FSR- 4 FROM 10175 TO 10965 PAY RAISE 63% 10400 PL508

DEPARTMENT OF STATE
PAY ROLL CHANGE SLIP

POST	ORG. CODE	POSITION NO.	APPR. & ALLOT.	EFFECTIVE DATE	DATE OF LAST SALV. INCREASE
DEPARTMENT	0013		1A-7075	7-1-69	2-59
EMPLOYEE'S NAME	EMPLOYEE NO.	CATS. & CLASS SERV. & GRADE	NEW SALARY RATE	OLD SALARY RATE	
SHAW ROBERT T	A1950	FSR-4	10,175	5,750.00	
LWOP DATA (fill in appropriate box in case of LWOP being followed by...)			<input type="checkbox"/> Other Step-Increase <input type="checkbox"/> Pay Adjustment		
<input type="checkbox"/> NO SPECIAL LWOP - TOTAL EXCESS LTRC <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD			Signature of Officer Submitting: <i>J. J. [unclear]</i>		

REMARKS
Performance rating: satisfactory or better

DUPLICATE COPY

Form DB-1031 Exception to SF-33
Approved by the Bureau of the Budget
May 1954
DEPARTMENT OF STATE
REQUEST FOR PERSONNEL ACTION

ROUTING: 1. WROS 1. X6, 2. ARA 1. X6, 3. AAB 1. X6, 4. TRAMS 1. X6, 5. 3, 6. TRAMS, 7. 10, 8. 11

1. NAME (Mr.-Miss-Mrs.-One given name, initial (s), and surname)
Mr. Robert T. SHAW

2. DATE OF BIRTH
6-18-25

3. REQUEST NO.

4. DATE OF REQUEST
3-26-59

5. NATURE OF ACTION REQUESTED
A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)
Direct Transfer to the Department (DT-#11)
B. POSITION (Specify whether establish, change grade or title, etc.)

6. EFFECTIVE DATE
A. PROPOSED: **FDR**
B. APPROVED: **7-26-59**

7. C.B. OR OTHER LEGAL AUTHORITY

8. POSITION TITLE AND NUMBER
Diplomatic or Consular Title

9. SCHEDULE, SERIES NO., GRADE, SALARY
FSR-4 \$9900

10. ORGANIZATIONAL DESIGNATIONS
Post Department

11. HEADQUARTERS

12. OS CATEGORY
PSS Category

13. VETERAN PREVIOUS SERVICE
NONE 9-PT. 10-PT. DISAB OTHER

14. FULL STAFFING ALLOTMENT
 YES NO FROM: **DT** TO:

15A. POSITION CLASSIFICATION ACTION
 NEW VICE I.A. REAL **Group I-e**

16. SER **M**

17. RETIREMENT COVERAGE
 EXEC PS FICA HOME

18. DATE OF APPOINTMENT AFFIDAVIT (Accessions only)

19. LEGAL RESIDENCE
 CLAIMED PROVED STATE:

20. RESERVE STATUS
 ACTIVE INACTIVE

21. MARITAL STATUS
 MARRIED SINGLE WIDOWED WIDOW DIVORCED SEPARATED

22. REQUESTED BY (Name and title)
T. Judd, Chief, WROS - (77) [Signature]

23. REQUEST APPROVED BY (Signature and title)
[Signature], Asst. Chief, PER/POD

24. CLEARANCES

INITIAL OR SIGNATURE	DATE	CLEARANCE	INITIAL OR SIGNATURE	DATE

25. D. REPLACEMENT OR EMPL

26. APPROVED BY
AAE 3/31/59

REMARKS

33

TRAVEL AUTHORIZATION

EFFECT CLASS	ESTIMATED COST	PER/TG ENCUMBRANCE FUNDS AVAILABLE	NAME(S) OF DEPENDENTS AND DATES OF BIRTH OF CHILDREN UNDER 21	FROM	TO
		APPR.	W: Janet	Hogales	Washington, DC
		ALLOT.	D: Barbara 7/52		DETAILS ENCLOSED
		GRAT. NO.	B: Richard 9/55		
		DATE	S: Thomas 9/55		
		SIGNATURE			
TOTAL					
T. O. DATE		T. O. NO.		SHIPMENT OF EFFECTS FROM: Hogales TO: Washington, DC	

REMARKS
Authorize travel and full shipment of effects as indicated.

ETD **5/30**
ROD **4/10/59**

PER: PCD: WROS: [Signature]

TJH

17

Form DS-1032
 Exception to SF-50
 Approved by the
 Bureau of the Budget
 May 1954

DEPARTMENT OF STATE
 WASHINGTON 25, D. C.

NOTIFICATION OF PERSONNEL ACTION

SERIAL

A1950

FS DFTL

1. NAME (Mr., Mrs., Miss, etc. give name, initials and surname) Mr. Robert T. Shaw	2. DATE OF BIRTH 6-18-25	3. JOURNAL OR ACTION NO. FS -107	4. DATE 2-19-59
--	------------------------------------	--	---------------------------

This is to notify you of the following action affecting your employment:

5. NATURE OF ACTION (Use standard terminology) Promotion	6. EFFECTIVE DATE 2-22-59	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
--	-------------------------------------	---

FROM:		TO:	
FSR-5	\$8965	\$9900	
8. POSITION TITLE <i>Diplomatic or Consular Title</i>			
9. SCHEDULE, SERIES NO., GRADE, SALARY			
10. ORGANIZATIONAL DESIGNATIONS <i>Post</i>		Nogales	
11. HEADQUARTERS			
12. DS CATEGORY <i>FS Category</i>			
<input type="checkbox"/> FIELD <input type="checkbox"/> Regular	<input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Resident	<input type="checkbox"/> FIELD <input type="checkbox"/> Regular	<input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Resident
<input type="checkbox"/> Non-US		<input type="checkbox"/> Non-US	

13. VETERAN'S PREFERENCE				14. POSITION CLASSIFICATION ACTION			
NONE	SPT	TO-POINT Disab. Other		NEW	VICE	T. A.	REAL

15. SEX M	16. APPROPRIATION FROM TO 9A-4011	17. RETIREMENT COVERAGE CSG <input type="checkbox"/> FS <input type="checkbox"/> FICA <input type="checkbox"/> NONE	18. DATE OF APPOINTMENT AFFIDAVITS (Accessions Only)	19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
---------------------	---	--	--	---

20. This action is subject to all applicable laws, rules and regulations and may be subject to investigation and approval by the United States Civil Service Commission or the Department.

RECEIVED
 FEB 23 1959
 DEPARTMENT OF STATE

ENTRANCE PERFORMANCE RATING

Signature of Official

Form DE-1031 Exception to SF-53
Approved by the Bureau of the Budget
May 1954

DEPARTMENT OF STATE
REQUEST FOR PERSONNEL ACTION

ROUTING	4	5	6
1 - WROS	3	8	
2 - ARA	7	10	
3 - AAB	11		

SERVICE
 EX-
 OPTL

1. NAME (Mr.-Mrs.-One given name, initial (s), and surname) Mr. Robert T. SHAW	2. DATE OF BIRTH 6-18-25	3. REQUEST NO.	4. DATE OF REQUEST 3-26-59
5. NATURE OF ACTION REQUESTED A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Direct Transfer to the Department (DT-#11) B. POSITION (Specify whether establish, change grade or title, etc.)		6. EFFECTIVE DATE A. PROPOSED TDR B. APPROVED 7-26-59	7. C.S. OR OTHER LEGAL AUTHORITY

PRO: [Redacted] DS-1031 Nogales Date: <u>2/29/59</u> <input checked="" type="checkbox"/> FIELD <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> RESIDENT	6. POSITION TITLE AND NUMBER Diplomatic or Consular Title 7. SCHEDULE, GRADE, PAY, AND BOUNTY FSR-4 \$9900 10. ORGANIZATIONAL DESIGNATIONS Post 11. HEADQUARTERS Department 12. DE CATEGORY FSS-Category	TO: [Redacted] <input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> REGULAR <input type="checkbox"/> RESIDENT
---	--	--

13. VETERAN PREFERENCE NONE <input type="checkbox"/> 5-PT. <input type="checkbox"/> 10-PT. <input type="checkbox"/> OTHER <input type="checkbox"/>	14. FULL STAFFING ALLOTMENT <input type="checkbox"/> YES FROM: [Redacted] TO: [Redacted] <input checked="" type="checkbox"/> NO	15A. POSITION CLASSIFICATION/ACTION <input type="checkbox"/> NEW <input type="checkbox"/> VICE <input type="checkbox"/> REAL <input type="checkbox"/> I.A. <input type="checkbox"/> REAL Group I-c
---	---	--

18. ONE M	18. APPROPRIATION FROM: 9A-4011 TO: 9A-3025	17. RETIREMENT COVERAGES <input checked="" type="checkbox"/> DC <input type="checkbox"/> FE <input type="checkbox"/> FICA <input type="checkbox"/> NONE	19. DATE OF APPOINTMENT AFFIDAVIT (Accessions only)	19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
---------------------	---	---	---	--

20. RESERVE STATUS <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE	21. MARITAL STATUS <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> WIDOW <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED
---	---

22. REQUESTED BY (Name and title) TJudd, Chief, WROS - T M Judd	23. REQUEST APPROVED BY Signature and title: [Signature] DEPDOWN, Asst. Chief, PER/POD
---	--

24. CLEARANCES	INITIAL OR SIGNATURE	DATE	CLEARANCES	INITIAL OR SIGNATURE	DATE
A.			D. REPLACEMENT OR EMPL		
B. CELL OR POS. CONTROL			E.		
C. CLASSIFICATION			F. APPROVED BY	AAB	3/31/59

REMARKS

351 REQUEST FOR TRAVEL AUTHORIZATION	OBJECT CLASS	ESTIMATED COST	PER/FC ENCUMBRANCE FUNDS AVAILABLE	SERIES OF DEPENDENTS AND DATES OF BIRTH OF CHILDREN UNDER 21	FROM Nogales	TO Washington, DC	
			APPR.	W:Janet	VIA	DETAILS ENROUTE	
			ALLOT.	D:Barbara 7/52	NO. LBS. EXCESS BAGGAGE AUTH.		
			OLIG. NO.	S:Richard 9/55			
			DATE	S:Thomas 9/55			
		SIGNATURE		SHIPMENT OF EFFECTS			
	TOTAL			FROM: Nogales			
	T. O. DATE	T. O. NO.		TO: Washington, DC			

REMARKS **Authorize travel and full shipment of effects as indicated.**

ETD 5/30
EOD [Signature]

PER: POD: WROS: [Redacted]

WASHINGTON 25, D. C.

NOTIFICATION OF PERSONNEL ACTION

A1950

SERVICE

FS DPTL

1. NAME (Mr., Mrs., Miss, One given name, initial(s) and surname) Mr. Robert T. Shaw		2. DATE OF BIRTH 6-18-25	3. JOURNAL OR ACTION NO. FS -107	4. DATE 2-19-59
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (Use standard terminology) Promotion		6. EFFECTIVE DATE 2-22-59	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
FROM:		TO:		
FSR-5 \$8965 <input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Regular <input type="checkbox"/> Resident <input type="checkbox"/> Non-US		Diplomatic or Consular Title FSR-4 \$9900 Nogales <input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Regular <input type="checkbox"/> Resident <input type="checkbox"/> Non-US		
8. POSITION TITLE		9. SCHEDULE, SERIES NO., GRADE, SALARY		
10. ORGANIZATIONAL DESIGNATIONS		11. HEADQUARTERS		
12. DS CATEGORY		13. VETERAN'S PREFERENCE		
FS Category		NONE <input type="checkbox"/> 5-PT <input type="checkbox"/> 10-POINT <input type="checkbox"/> Disab. Other		
14. POSITION CLASSIFICATION ACTION		15. SEX		
NEW VICE I. A. REAL		<input checked="" type="checkbox"/> M <input type="checkbox"/> F		
16. APPROPRIATION		17. RETIREMENT COVERAGE		
FROM 9A-4011 TO		<input checked="" type="checkbox"/> CS <input type="checkbox"/> FS <input type="checkbox"/> NONE <input type="checkbox"/> FICA <input type="checkbox"/> NONE		
18. DATE OF APPOINTMENT AFFIDAVIT (Accessions Only)		19. LEGAL RESIDENCE		
		<input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVEN STATE:		
20. This action is subject to all applicable laws, rules and regulations and may be subject to investigation and approval by the United States Civil Service Commission or the Department.				

NOTED

DEPARTMENT OF STATE Organization Code Pay Roll Period Block No. Exp. No.

NOGALES *AL-50*

Employee's Name **SHAW ROBERT T** Grade and Salary **FOR 5 2005** Prepared Audited by

PAY ROLL CHANGE DATA

	A. Base Non-Fica	C. Prom. Non-Fica	B. Base Fica	D. Prom. Fica	F. C.S.R.	U. F.S.R.	T. F.S.V. Tax	G. Fed. Tax	BOND H. Ded. J. Ret.	P. State Tax	E. Fica	V. Other	I. Life Insurance	Not Pay
P. M.														
N. N.														
P. P.														
App.														
Alt.														

REMARKS:

Periodic step-increase Pay adjustment Other step-increase

Effective date	Date last equivalent increase	Old salary rate	New salary rate	Performance rating or satisfactory pay adjustment
7-1-33	7-27	2690	3985	WILLIAMS

LWOP data (fill in appropriate spaces covering LWOP during following periods):

No excess LWOP. Total excess LWOP _____

(Check applicable box in case of excess LWOP)

In pay status at end of waiting period.

In LWOP status at end of waiting period.

Initials of Clerk _____

DS-1042a PAY ROLL CHANGE SLIP—PERSONNEL COPY

Form approved by Comp. Gen., U.S., June 29, 1954

SHAW ROBERT T
 PAY RAISE 85TH CONGRESS FOR 5 FROM 2000 TO 3000

STANDARD FORM NO 61a
REVISED MARCH 1956
APPROVED BY
COMP GEN U S
FEB 18, 1956
U S CIVIL SERVICE COMMISSION
F P M CHAPTER 46

**CIVIL OFFICER
APPOINTMENT AFFIDAVITS**
(As defined in 5 USC 31a and 31b)

PERDILES

I, Robert Tyler Shaw (Name in full) (Arizona) Virginia (State)

do solemnly swear (or affirm) that

A. OATH OF OFFICE

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

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

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

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

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

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

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

Robert Tyler Shaw
(Type name of applicant)

[Signature]
(Signature of appointing officer)

Subscribed and sworn before me this 19th day of AUGUST, A. D. 1957.

at Nogales, Sonora, Mexico.

Service No. 22863
Item No. 58
Fee: Nil
[SHAW]

[Signature]
(Signature of officer)

Chester H. Kiersey

American Consul

Consul of the United States of America

Department of State
(Place of applicant)

Foreign Service of the U.S., Nogales, Sonora, Mexico
(Place of applicant)

Foreign Service of the U.S., Nogales, Sonora, Mexico
(Place of applicant)

Consul of the United States of America
(Place of applicant)

August 5, 1957
(Date of appointment)

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

Form DS-1032
Exception to SF-50
Approved by the
Bureau of the Budget
May 1954

WASHINGTON 25, D. C.

NOTIFICATION OF PERSONNEL ACTION

SERVICE

FS DTTL

1. NAME (Mr., Miss, Mrs., One given name, initial(s) and surname) Mr. Robert T. Shaw	2. DATE OF BIRTH 6-28-25	3. JOURNAL OR ACTION NO. FS -49	4. DATE 8-12-57
--	------------------------------------	---	---------------------------

This is to notify you of the following action affecting your employment:

5. NATURE OF ACTION (Use standard terminology) Change of	6. EFFECTIVE DATE 8-5-57	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
--	------------------------------------	---

FROM:		TO:	
8. POSITION TITLE <i>Diplomatic or Consular Title</i>		9. SCHEDULE, SERIES AND GRADE, SALARY FSR-5 \$7900 8925	
10. ORGANIZATIONAL DESIGNATIONS Post		11. HEADQUARTERS Regales	
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> Regular	<input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Resident <input type="checkbox"/> Non-US	<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> Regular	<input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Resident <input type="checkbox"/> Non-US
12. DS CATEGORY <i>PS Category</i>		13. VETERAN'S PREFERENCE	

13. VETERAN'S PREFERENCE		14. POSITIVE CLASSIFICATION ACTION	
None	10. POINTS	NEW	VICE
	Back Other	L	A
15. EX. 16. APPROPRIATION		17. STATEMENT OF CLASS	
FROM TO BA-2011		<input checked="" type="checkbox"/> ESC <input type="checkbox"/> IS	
		<input type="checkbox"/> FIELD <input type="checkbox"/> DISTRICT	
		18. DATE OF IMPARTIAL HEAR AFFIDAVIT (Applicable Only)	
		19. LEGAL OPINION <input type="checkbox"/> LARGED <input type="checkbox"/> PROVED	
		STATE Va.	

This action is subject to all applicable laws, rules and regulations and may be subject to investigation and approval by the United States Civil Service Commission or the Department.

Notified: 7-7-57
Confirmed: 8-5-57
Attested: 8-5-57

Execute SF-51a & [] in accordance with 1 CFR-17.124.

L. L. COMLES

PERSONNEL INFORMATION SYSTEM

PERSONNEL FOLDER

STANDARD FORM 718
BUREAU OF THE BUDGET
FORM APPROVED BY THE COMP. GEN. U.S.
JUNE 15, 1950
U. S. CIVIL SERVICE COMMISSION
P. P. M. CHAPTER 46

CIVIL OFFICER
APPOINTMENT AFFIDAVITS
(As defined in 5 U.S.C. 31a and 31b)
RECEIVED

1. ROBERT TYLER SHAW WASHINGTON D.C.
(Name in full) (State)

1950 AUG 21 AM 10 25

do solemnly swear (or affirm) that

A. OATH OF OFFICE

PERSONNEL FILES

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

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

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

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States, and that I will not, while a Government employee, become a member of such an organization.

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

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

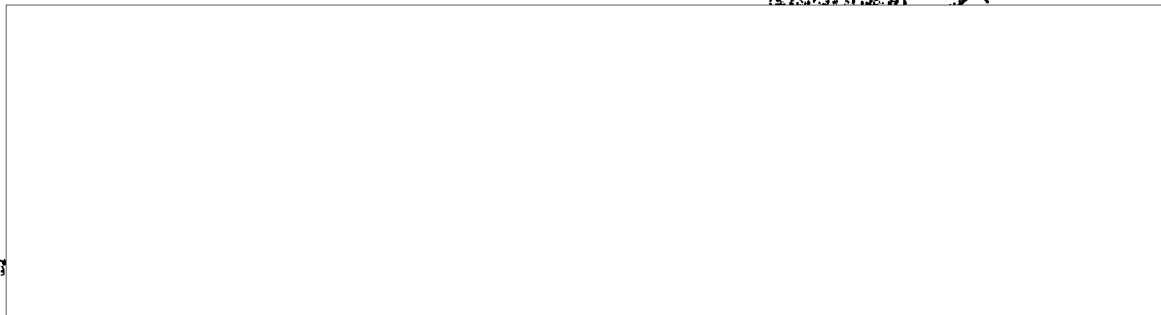
Robert Tyler Shaw
(Print name of appointee)

R. Shaw
(Signature of appointee)

Subscribed and sworn before me this 14th day of August, A. D. 1950.

at Merida, Yucatan, Mexico
(City) (State)

Chester H. ...
(Signature of official)



Form DS-153-1 (Supplement to SF 52)
Approved by the Bureau of the Budget
May 1954

DEPARTMENT OF STATE
REQUEST FOR PERSONNEL ACTION

POST: PER/DA 7/22
ARA 4/30
PER-Green
AAB-5-31
TRANS

SERVICE: XII XVI

1. NAME (Mr. Mrs. Miss Mrs. Use given name, initials, and surname)
Mr. Robert T. SHAW

2. DATE OF BIRTH
6-18-25

3. REQUEST NO.

4. DATE OF REQUEST
7-27-56

5. BASIS OF ACTION REQUESTED:
A. PURPOSES (Specify whether appointment, promotion, separation, etc.)
Granting of

6. EFFECTIVE DATE
A. PROPOSED:
B. ASAP:
7-21-56

7. CL. OR OTHER LEGAL AUTHORITY

8. POSITION (Specify whether vacant, etc.)

9. SCHEDULE, SERIES NO., GRADE, SALARY
FSR-4 \$7490

10. ORGANIZATIONAL DESIGNATIONS
Post
11. HEADQUARTERS
12. OS CATEGORY
FSS Category

13. FIELD DEPARTMENTAL RESIDENT RESIDENT

14. VETERAN PREFERENCE
NONE SPT 50% 75% 100% Yes

15. SEX
M

16. APPROPRIATION FROM:
3-301B

17. RETIREMENT COVERAGE
 CIVIC FS MILA NONE

18. DATE OF APPOINTMENT AFFIDAVIT (Accessions only)

19. LEGAL RESIDENCE
 CLAIMED PROVED
STATE: **Va.**

20. MARITAL STATUS
 MARRIED SINGLE WIDOWED WIDOW DIVORCED SEPARATED

21. REQUEST APPROVED BY
Signature and title
Charles W. Bass
PER/EM Charles W. Bass

22. CLEARANCES
INITIAL OR SIGNATURE DATE

23. PLACEMENT OR EXPL.

24. APPROVED BY
PER/TH - M. B. Mason 5/1/56

REMARKS:
Submitted 7-17-56
Approved 7-21-56
7-21-56
Presidential Commission Necessary.

EXEMPT FROM SF-61 as accordance with 1 F.S.M. - 124 as Vice Consul of the USA

REQUEST FOR TRAVEL AUTHORIZATION	SHIPMENT CLASS	EST. MAIL NO.	PLA. OR FREIGHTS & FUNDS AVAILABLE	STATUS OF DEPENDENTS AND DATES OF BIRTH OF CHILDREN UNDER 21	FROM
		APPD.			VIA
		ALLOT			NO. LBS. EXCESS BAGGAGE AUTH.
		CALIS. NO.			SHIPMENT OF EFFECTS
	DATE			FROM:	
	SIGNATURE			TO:	
	POSTAL				
	F. O. CODE	F. O. NO.			

REMARKS
No travel involved.

PERSONNEL FILES
OFFICE OF PERSONNEL RECEIVED
44-4053

DS-1032 Journalized
Date **7-22-56**
By **[Signature]**

CIVIL OFFICER
APPOINTMENT AFFIDAVITS
(As defined in 5 USC 31a and 31b)

I, Robert T. Shaw, Virginia
(Name in full) (State)

do solemnly swear (or affirm) that

A. OATH OF OFFICE

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

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

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

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States; and that I will not, while a Government employee, become a member of such an organization.

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

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

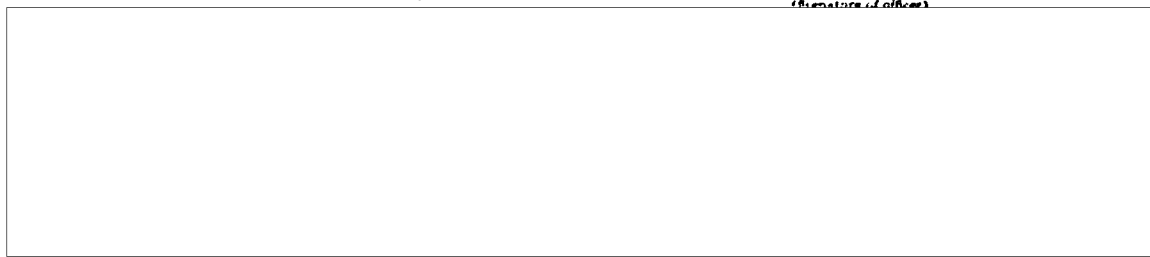
Robert T. Shaw
(Type name of appointee)

Robert T. Shaw
(Signature of appointee)

Subscribed and sworn before me this 17th day of May, A. D. 1956.

at Washington, D. C.
(City) (State)

Earl C. Fuller
(Signature of officer)



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

Form DS-1052
 Excluded to SF-50
 Approved by the
 Bureau of the Budget
 May 1954

WASHINGTON 25, D. C.

NOTIFICATION OF PERSONNEL ACTION

SERVA'E

FS DEPT

1. NAME (Mr., Miss, Mrs., One given name, initial(s) and surname) Mr. Robert T. Shaw		2. DATE OF BIRTH 6-18-25	3. JOURNAL OR ACTION NO. PSA 9	4. DATE 5-3-56
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (Use standard terminology) Limited Appointment		6. EFFECTIVE DATE 5/17/56	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY Section 522.1 PL 724a-79th	
FROM:		TO:		
8. POSITION TITLE <i>Diplomatic or Consular Title</i>		9. SCHEDULE, SERIES NO., GRADE, SALARY FSR-4 \$7490		
10. ORGANIZATIONAL DESIGNATIONS <i>Post</i>		Nogales		
11. HEADQUARTERS		12. DS CATEGORY		
<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Regular <input type="checkbox"/> Resident <input type="checkbox"/> Non-US		<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Regular <input type="checkbox"/> Resident <input type="checkbox"/> Non-US		
13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION		
NONE <input type="checkbox"/> 5-PT <input type="checkbox"/> 10-POINT X <input checked="" type="checkbox"/> Disch. <input type="checkbox"/> Other <input type="checkbox"/>		NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input type="checkbox"/> REAL <input type="checkbox"/> 1-1011-009		
15. SEX M	16. APPROPRIATION FROM 6A-8011 TO	17. RETIREMENT COV-ERAGE XXXXC <input type="checkbox"/> PS <input type="checkbox"/> <input type="checkbox"/> FICA <input type="checkbox"/> NONE	18. DATE OF APPOINT- MENT AFFIDAVIT (Accessions Only) 5/17/56	19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: Va.
20. This action is subject to all applicable laws, rules and regulations and may be subject to investigation and approval by the United States Civil Service Commission or the Department.				
Execute SF-61a				
Marital status - Married - Three				
Reserve status - None				
ENTRANCE PERFORMANCE RATING				
21. SIGNATURE OR OTHER AUTHENTICATION				

PERSONNEL FOLDER

OSPD-2094-23429

Form DS-1031 Exception to SF-52
Approved by the Bureau of the Budget
May 1954

DEPARTMENT OF STATE
REQUEST FOR PERSONNEL ACTION

SERVICE
 PS. DPTL

PER/EM 7/2
ARA 4/30
PER Green 5/4
AAB 5-3
TRANS

1. NAME (Mr., Miss, Mrs., One given name, initial(s), and surname)
Mr. Robert T. SHAW

2. DATE OF BIRTH
6-18-25

3. REQUEST NO.

4. DATE OF REQUEST
4-27-56

5. NATURE OF ACTION REQUESTED:
A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)
Limited Appointment Section 522.1

B. POSITION (Specify whether establish, change grade or title, etc.)

6. EFFECTIVE DATE
ASAP APPROVED

7. C.S. OR OTHER LEGAL AUTHORITY

8. POSITION TITLE AND NUMBER
Diplomatic or Consular Title

9. SCHEDULE, SERIES NO., GRADE, SALARY
FSR-4 \$7490

10. ORGANIZATIONAL DESIGNATIONS
NOGALES

11. HEADQUARTERS
 FIELD DEPARTMENTAL

12. DS CATEGORY
PSS Category

13. VETERAN PREFERENCE
NONE 5-PT 10-PT DISAB OTHER YES

14. POSITION CLASSIFICATION ACTION
NEW VICE I. A. REAL NO 1-1011-009

15. SEX
M

16. INC. APPROPRIATION FROM:
TO: 6A-8011

17. RETIREMENT COVERAGE
 CSC FS FICA NONE

18. DATE OF APPOINTMENT AFFIDAVITS (Accessions only)

19. LEGAL RESIDENCE STATE:
 CLAIMED PROVED **Va.**

20. RESERVE STATUS
 NONE ACTIVE INACTIVE

21. MARITAL STATUS
 MARRIED SINGLE WIDOWED DIVORCED SEPARATED

22. REQUEST APPROVED BY
Charles W. Bass
Signature and title **PER/EM Charles W. Bass**

23. REQUESTED BY
AS Miller, Acting Reg. Sec. Off.

24. CLEARANCES
INITIAL OR SIGNATURE **AS**

25. CLEARANCES
INITIAL OR SIGNATURE

26. PLACEMENT OR EMPL.

27. PER/TR
PER/TR

28. APPROVED BY
M.B. Green 5/1/56
PER/EM 5-1-56

29. CEIL. OR POS. CONTROL

30. CLASSIFICATION
Entered 5/1/56

REMARKS:
*** See separate DS-1031 for Commissioning for Vice Consul - med. - wife**

REQUEST FOR TRAVEL AUTHORIZATION	OBJECT CLASS	ESTIMATE & COST	PER TO ENCUMBRANCE FUNDS AVAILABLE	NAME OF DEPENDENT AND DATE OF BIRTH OR COLLEGE INDEX #	FROM	TO
			APPR.		W-Janet L.	Arlington, Va.
		ALLOT.		D-Barbara L.		DETAILS ENROUTE
		ORIG. NO.		7-27-52		
		DATE		S-Richard W.		
		SIGNATURE		9-10-55		
	TOTAL			S-Thomas R.	FROM: Arlington, Va.	
	T. O. DATE	T. O. NO.		9-10-55	TO: Nogales	

REMARKS:
Authorize travel of appointee and dependents from Arlington, Va. to Nogales, Mexico.

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

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

PART I.—EMPLOYEE'S STATEMENT								PART II—THIS COLUMN IS FOR PERSONNEL OFFICE USE		
1. NAME (Last, first, middle initial)					2. DATE OF BIRTH			9. RETENTION GROUP		
Shaw, Robert T.					6/18/25					
3. LIST THE FOLLOWING INFORMATION CONCERNING ALL FEDERAL AND DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD PRIOR TO YOUR PRESENT APPOINTMENT (Do not include military service.)								10. A. CSC STATUS <input type="checkbox"/> YES <input type="checkbox"/> NO B. TYPE OF PRESENT APPOINTMENT		
NAME AND LOCATION OF AGENCY	FROM—			TO—			TYPE OF APPOINTMENT IF KNOWN	11. SERVICE		
	YEAR	MONTH	DAY	YEAR	MONTH	DAY		YEAR	MONTH	DAY
FOREIGN SERVICE	49	OCT	19	52	FEB	6		2	3	18
FOREIGN SERVICE	52	MAY	28	54	JULY	30		2	2	3
DEPT. OF DEFENSE, WASH.	54	JUL	31	56	APR	6		1	8	6
NO SICK OR ANNUAL LEAVE TO BE PICKED UP.										
4. LIST PERIODS OF ACTIVE SERVICE IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES. IF YOU HAD NO ACTIVE MILITARY SERVICE, WRITE "NONE"										
BRANCH	FROM—			TO—			DISCHARGE (Hon. or dishon?)			
	YEAR	MONTH	DAY	YEAR	MONTH	DAY				
U.S. ARMY	43	SEP	11	45	MAR	8	HON.	1	5	28
5. DURING PERIODS OF EMPLOYMENT SHOWN IN ITEM 3, DID YOU HAVE A TOTAL OF MORE THAN 6 MONTHS ABSENCE WITHOUT PAY, INCLUDING PERIODS OF MERCHANT MARINE SERVICE, DURING ANY ONE CALENDAR YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF ANSWER IS "YES," LIST FOLLOWING INFORMATION.								12. TOTAL SERVICE 7 25		
TYPE IF KNOWN (LWOP, Full, Susp, AWOL, Mor Mar)	FROM—			TO—			TOTAL			
	YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEARS	MONTHS	DAYS	
6. DURING THE FEDERAL SERVICE LISTED IN ITEM 3, DID YOU ACQUIRE A PERMANENT COMPETITIVE CIVIL SERVICE STATUS? <input type="checkbox"/> YES <input type="checkbox"/> NO (If answer is "Yes," in what agency were you employed at the time status was acquired?)								13. NONCREDITABLE SERVICE (Leave purposes only):		
								14. NONCREDITABLE SERVICE (RIF purposes only):		
								15. REEMPLOYMENT RIGHTS <input type="checkbox"/> YES <input type="checkbox"/> NO		
								16. RETENTION RIGHTS <input type="checkbox"/> YES <input type="checkbox"/> NO		
7. ARE YOU A. THE WIFE OF A DISABLED VETERAN <input type="checkbox"/> YES <input type="checkbox"/> NO B. THE MOTHER OF A DECEASED OR DISABLED VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO C. THE UNMARRIED WIDOW OF A VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO								17. EXPIRATION DATE OF RETENTION RIGHTS		
8. TO BE EXCUSED BEFORE A NOTARY PUBLIC OR OTHER PERSONS AUTHORIZED TO ADMINISTER OATHS. I swear (or affirm) that the above statements are true to the best of my knowledge and belief. EOD May 17, 1956 (DATE) R. Shaw (SIGNATURE) Subscribed and sworn to before me on this 17th day of May 1956 at Washington, D.C. (CITY) (STATE) S R A L E. C. Fuller (SIGNATURE) NOTE: If oath is taken before a Notary Public, the date of expiration of his Commission should be shown. INSTRUCTIONS: File this form on the personnel side of the employee's official personnel folder immediately before or after the personnel action involved.										

(OVER)

NOTIFICATION OF SECURITY CLEARANCE UNDER E. O. 10450

TO: Director, Office of Personnel
Attention: Mr. Howard P. Mace

DATE: May 7, 1956

SUBJECT: SHAW, Robert Tyler
(DOB 6/18/25)

APPLICANT. If subject is not appointed within 90 days of the date of this notification, this clearance must be revalidated by the Office of Security.

EMPLOYEE.

The case of above-named person has been reviewed in the Office of Security.

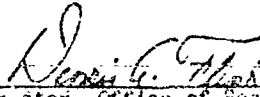
Investigative requirements of Executive Order 10450 have been complied with.

It has been determined that the employment or retention in employment of subject is clearly consistent with the interests of national security.

On the basis of this determination clearance is hereby granted. This clearance shall remain in effect for all purposes until further notice except that prior approval must continue to be requested from the Office of Security in the event of marriage to an alien, Presidential appointment, any appointment requiring Senate confirmation, and transfers or assignments to the Office of Security, R Area Special Projects Staff, and cryptographic duties. (This determination shall not eliminate or modify any other determination on security which may be required by law).

REMARKS:

Investigative reports are attached. Please return these reports to the Office of Security within 10 days together with the names of the individuals who have reviewed them listed on the extra copy of this form herewith furnished.



Director, Office of Security
Dennis A. Flinn

ATTACHMENTS

SCA:SY:WBds:Oreca:atw

UNCLASSIFIED
Authorized by William O. Hall
Director General of the

This memorandum may be considered as CONFIDENTIAL - SECURITY INFORMATION if it contains any of the information of attachments.

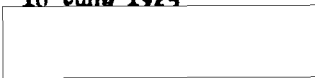
APPLICATION FOR FEDERAL EMPLOYMENT

CWB 4-27-56

<p>1. Kind of position applied for or name of examination</p> <p>2. Option (b) (if mentioned in examination announcement)</p> <p>3. Place of employment applied for (city and State) Foreign Service</p> <p>4. Name (First name) (Middle) (Maiden, if any) (Last) Robert Tyler Shaw</p> <p>5. Street and City or post</p> <p>6. Place of birth City Washington State or foreign country D.C.</p> <p>7. Date of birth (month, day, year) 18 June 1925</p> <p>8. Height without shoes 5 feet 7 inches</p> <p>9. Weight 140 pounds</p> <p>10. <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single</p>	<p style="text-align: center;">DO NOT WRITE IN THIS BLOCK For Use of Civil Service Commission Only</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Approved</td> <td style="width: 33%;"><input type="checkbox"/> Material Submitted</td> <td style="width: 33%;"><input type="checkbox"/> Entered Register</td> </tr> <tr> <td><input type="checkbox"/> Not approved</td> <td><input type="checkbox"/> Returned</td> <td></td> </tr> <tr> <td colspan="2">Notations</td> <td>App. Reviews</td> </tr> <tr> <td colspan="3" style="text-align: center;">Approved:</td> </tr> <tr> <td style="text-align: center;">Option</td> <td style="text-align: center;">Grade</td> <td style="text-align: center;">Favored Rating</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;"> <input type="checkbox"/> 5 Points (Cont.) <input type="checkbox"/> 10 Point Comp. Dis. <input type="checkbox"/> Other 10 Point <input type="checkbox"/> Disal. <input type="checkbox"/> Being Investigated </td> </tr> <tr> <td colspan="3" style="text-align: center;">Augm. Rating</td> </tr> <tr> <td colspan="3" style="text-align: center;">Initials and Date</td> </tr> </table>	<input type="checkbox"/> Approved	<input type="checkbox"/> Material Submitted	<input type="checkbox"/> Entered Register	<input type="checkbox"/> Not approved	<input type="checkbox"/> Returned		Notations		App. Reviews	Approved:			Option	Grade	Favored Rating			<input type="checkbox"/> 5 Points (Cont.) <input type="checkbox"/> 10 Point Comp. Dis. <input type="checkbox"/> Other 10 Point <input type="checkbox"/> Disal. <input type="checkbox"/> Being Investigated	Augm. Rating			Initials and Date		
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Augm. Rating																									
Initials and Date																									
<p>11. Home phone JA 2-1586</p> <p>12. Legal or voting residence (State) Virginia</p> <p>13. If you have ever been employed by the Federal Government, indicate last grade GS-12 Dates of service in that grade From July 1954 To present</p>																									
<p>14. AVAILABILITY INFORMATION. A. Indicate the lowest salary you will accept \$ _____ per month. You will not be considered for any position with a lower minimum salary.</p> <p>B. If you are now a Federal employee, indicate the lowest grade you will accept</p> <p>C. Will you accept appointment for <input type="checkbox"/> 1 to 3 months? <input type="checkbox"/> 3 to 6 months? <input type="checkbox"/> 6 to 12 months? Acceptance or refusal of a short term appointment will not affect your consideration for another appointment.</p> <p>D. Are you willing to travel <input type="checkbox"/> Occasionally? <input checked="" type="checkbox"/> Frequently? <input type="checkbox"/> Constantly?</p> <p>E. Will you accept appointment <input type="checkbox"/> In Washington, D. C.? <input type="checkbox"/> Anywhere in United States? <input checked="" type="checkbox"/> Outside U. S.?</p> <p>F. If you will accept appointment only in certain locations, list them.</p>																									
<p>15. MILITARY EXPERIENCE. A. If you claim 4-point preference based on war or military service, indicate:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Period of most recent service September 1943</td> <td style="width: 33%;">Date(s) of separation March 1945</td> <td style="width: 33%;">Branch of service (Army, Navy, Air Force, etc.) Army</td> </tr> <tr> <td colspan="2"></td> <td>Serial number. If not a, give grade or other identifying number</td> </tr> </table> <p>B. Do you claim 4-point preference as a peacetime campaign veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>C. Do you claim 3-point preference? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>D. Have you ever been granted 10-point veteran preference or 5-point preference as a peacetime campaign veteran by the U. S. Civil Service Commission? <input type="checkbox"/> Yes <input type="checkbox"/> No. If so, indicate below the office which granted this preference to you. Attach your name of preference certificate if available. It will be returned to you.</p> <p>Name of U. S. Civil Service Commission office or name of Board of U. S. Civil Service Examiners: _____ Address of Commission office or Board of Examiners: _____ City: _____ State: _____</p>		Period of most recent service September 1943	Date(s) of separation March 1945	Branch of service (Army, Navy, Air Force, etc.) Army			Serial number. If not a, give grade or other identifying number																		
Period of most recent service September 1943	Date(s) of separation March 1945	Branch of service (Army, Navy, Air Force, etc.) Army																							
		Serial number. If not a, give grade or other identifying number																							
<p>THIS SPACE IS FOR THE ACCOUNTING OFFICER ONLY. The applicant on the card is subject to questions and has been certified with the following conditions:</p> <p>Signed: _____ Agency: _____</p> <p>18b</p>																									

16. EXPERIENCE (Start with your present position and work back)			
⑤ Dates of employment (month, year) From July 1954 To present time		Exact title of your position Foreign Affairs Officer	
Salary or earnings Starting \$ 7785 per annum Final \$ 7785 per annum		Place of employment City Washington State D.C.	
Name and address of employer (firm, organization, etc.) Dept. of Defense, Joint Chiefs of Staff		Kind of business or organization (manufacturing, accounting, retail, etc., etc.) U.S. Government	
Reason for leaving to leave Re-enter Foreign Service		Name and title of immediate supervisor Oliver W. Anthony	
Description of work Preparation of studies and reports for the military departments and the Joint Chiefs of Staff on Inter-American Defense matters.			
⑥ Dates of employment (month, year) From May 1952 To July 1954		Exact title of your position Vice Consul	
Salary or earnings Starting \$ 7785 per annum Final \$ 7785 per annum		Place of employment City Guayaquil State Ecuador	
Name and address of employer (firm, organization, etc.) Dept. of State		Kind of business or organization (manufacturing, accounting, retail, etc., etc.) Government	
Reason for leaving Position with Dept. of Defense		Name and title of immediate supervisor Consul General Paul W. Meyer	
Description of work General duties of a Foreign Service Staff Officer in the Economic and Commercial Section of the Consulate General in Guayaquil. Also performed political reporting functions and assisted in visa and citizenship matters.			
⑦ Dates of employment (month, year) From October 1949 To February 1952		Exact title of your position Asst. Attache	
Salary or earnings Starting \$ 7785-10 per annum Final \$ 7785-9 per annum		Place of employment City Washington & Caracas, Venez.	
Name and address of employer (firm, organization, etc.) Department of State		Kind of business or organization (manufacturing, accounting, retail, etc., etc.) Government	
Reason for leaving Accompany wife to U.S. for medical attention		Name and title of immediate supervisor Ambassadors Donnelly, Sparks	
Description of work General duties of a Foreign Service Staff Officer in the Political Section, Embassy Caracas. Preparation of reports for the Department and memoranda for the Ambassador, consultation with officials of the local government and American companies (esp. of the petroleum industry operating in Venezuela. Assistance in the Consular Section with visa affairs.			

Robert T. Shaw
18 June 1925



STANDARD FORM 57 - continuation
#16
5.

September 1943 - March 1945
Pfc
U. S. Army
United States
Honorable Discharge

Anti-Aircraft

ATTACH SUPPLEMENTAL SHEETS OR FORMS HERE

Dates of employment (month, year) From November 1947 To October 1949		Exact title of your position Editor		
Salary or earnings Salary \$ 2400 per year Total \$ 3600 per year		Classification Grade (if in Federal service)	Place of employment City Cincinnati State Ohio	Kind of business or organization (manufacturing, distribution, service, etc.) Exp and chemical manufacture
Name and address of employer (firm, organization, etc.) Proctor & Gamble		Name and title of immediate supervisor Carl Frantz, Chief		
Reason for leaving Desire for Foreign Service				
Description of work Supervision of preparation (compilation through final printing and binding) of sales manuals for entire company sales force. Preparation of aptitude tests and general qualifications questionnaires used by company in recruitment of salesman and administrative employees. Preparation of material for Company "house magazine". Maintenance of close liaison with other personnel departments. Work with company print shop and private printing establishments.				
If you had additional experience blocks, use supplemental sheets. SEE INSTRUCTION SHEET.				
17. SPECIAL QUALIFICATIONS AND SKILLS.				
(A) Licenses and Certificates: List the kind of license or certificate and the State or other issuing authority which granted it. For example, pilot, mechanic, electrician, lawyer, sales representative, C. P. A., etc.		(B) List any special qualifications not covered elsewhere in this report, such as:		
Kind of license: _____ Issuing Authority: _____		(1) Your more important publications. (Do not record repeats unless significant) (2) Your patents or inventions. (3) Public speaking and public relations experience. (4) Membership in professional or scientific societies, etc. (5) Honors and fellowships received.		
(C) List any special skills you possess and machines and equipment you can use, such as short wave radio, mechanical calculators, key-punch, turret lathes, records or professional devices.		(5) Phi Beta Kappa		
(D) Approximate number of words per minute in:				
Typing _____ Speed _____				
18. EDUCATION.				
A. Give the highest elementary or high-school grade completed 12		B. Name and location of the high school attended:		
If you completed high school, give date 1943				
C. Name and location of college or university		Dates attended		
The Ohio State University		Mar 43 - Oct 43		
The Ohio State University		Mar 45 - Sept 45		
University of Arizona		Sep 45 - Oct 45		
D. List the following in the order in which you studied them		E. Check the appropriate subject		
Spanish Political Science		Credit hours received in this course		
F. Give a brief description of such training as annual, annual factors or intensive. Give the name and location of school, dates attended, courses studied, results, etc. in brief particular form.				
Jan. - May '44 (Camp Callan, California): Basic anti-aircraft schooling in fire control, specialization in anti-air use of AA weapons.				
G. Have you had instruction in foreign languages?				
Spanish _____ French _____		Yes or No _____ Yes or No _____		

21. REFERENCES - List three persons living in the United States or Territories of the United States who are best qualified to vouch for you and who have sufficient knowledge of your qualifications and down for the position for which you are applying. Do not repeat names of references listed under Item 9, EXPERIENCE.

FULL NAME	PRESENT BUSINESS HOME ADDRESS (Give complete current address)	BUSINESS OR OCCUPATION
1. Norman Armour	c/o Dept. of State	Former Ambassador to Venezuela
2. P. C. Patton	c/o Dept. of State	FSO
3. R. G. Liddy	c/o Dept. of State	FSO

INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO	INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
22. (a) Are you a citizen of the United States of America, or (b) as a native of America, do you have the right of citizenship in the United States of America?	X		28. Has inquiry be made of your present employer regarding your character, qualifications, etc.?		X
23. Are you now, or have you ever been, a member of the Communist Party, U. S. A., or any Communist organization?	X		29. Do you receive or have you applied for an annuity from the United States or District of Columbia Government under any retirement act or any portion of such compensation for military or naval service?		
24. Are you now, or have you ever been, a member of a Fascist organization?	X		If your answer is "Yes," also details in Item 34.		X
25. Are you now or have you ever been a member of any foreign or domestic organization, association, institution, society, or combination of persons which is organized in the United States or subject to the laws of the United States and which is known to deny other persons their rights under the laws of the United States or which seeks to deny the laws of government of the United States by various means?	X		30. Are you an official or employee of any State, Territory, county, or municipality?		X
If your answer to question 25, or 26, above is "Yes," file on a separate sheet or be attached to and made a part of this application the names of such organizations, associations, institutions, societies, or combinations of persons and dates of membership. Give complete details of your official position and make any explanation you desire regarding your membership as indicated. (See instruction sheet)			If your answer is "Yes," also details in Item 34.		
26. Does the United States Government employ in a civilian capacity any person of whom the blood of marriage with whom you live or have lived within the past 14 years? If your answer is "Yes," give in Item 34 the I. C. H. and relative (1) the name, (2) present address, (3) relationship, (4) department or agency by which employed, and (5) kind of appointment.	X		31. Have you ever been barred by the U. S. Civil Service Commission from taking employment or receiving civil service appointments?		X
27. A. Have you ever physical handicap, chronic disease, or other disability? B. Have you ever had a nervous breakdown? C. Have you ever had tuberculosis?	X		If your answer is "Yes," give dates of and reasons for each delinquent on Item 31.		X
If your answer to A, B, or C is "Yes," give details in Item 34.			32. A. Have you ever been discharged from employment because: (1) Your conduct was not satisfactory? (2) Your work was not satisfactory? B. Have you ever resigned after official notification that: (1) Your conduct was not satisfactory? (2) Your work was not satisfactory? C. Have you ever been discharged from the Armed Services under other than honorable conditions?	X	X
			If your answer to A, B, or C is "Yes," give details in Item 34 as details as you can remember, including the name and address of employer, approximate date, and reasons in each case.		X
			33. Have you ever been arrested, charged, or held by Federal, State, or other law enforcement agencies for any violation of any Federal law, State law, county or municipal law, or regulation or ordinance? Do not include anything that happened before you were 18 years of age. Do not include anything for which a fine of \$50 or less was imposed. An actual charge must be made, even if it was dismissed. If your answer is "Yes," give in Item 34 for each case (1) approximate date, (2) charge, (3) State, (4) disposition.		X

34. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS. Indicate which questions to which answers apply.

Item No.	Details
19	China, 1931-32: working with family. Venezuela, 1949-52: Foreign Service. Ecuador, 1952-54: Foreign Service

If there space is required, use pencil the same size as this page. Write on each sheet your name, date, and address on the back of the sheet.

ATTENTION: Do not write on this form. Do not use red ink or other colors. Do not use correction fluid. Do not use staples. Do not use paper clips. Do not use glue. Do not use tape. Do not use any other fasteners. Do not use any other materials. Do not use any other methods. Do not use any other means. Do not use any other ways. Do not use any other devices. Do not use any other instruments. Do not use any other tools. Do not use any other equipment. Do not use any other machinery. Do not use any other apparatus. Do not use any other fixtures. Do not use any other fittings. Do not use any other accessories. Do not use any other components. Do not use any other parts. Do not use any other pieces. Do not use any other items. Do not use any other objects. Do not use any other things. Do not use any other materials. Do not use any other substances. Do not use any other elements. Do not use any other compounds. Do not use any other mixtures. Do not use any other solutions. Do not use any other suspensions. Do not use any other emulsions. Do not use any other dispersions. Do not use any other colloids. Do not use any other gels. Do not use any other foams. Do not use any other solids. Do not use any other liquids. Do not use any other gases. Do not use any other vapors. Do not use any other fumes. Do not use any other mists. Do not use any other aerosols. Do not use any other sprays. Do not use any other coatings. Do not use any other finishes. Do not use any other treatments. Do not use any other processes. Do not use any other methods. Do not use any other techniques. Do not use any other procedures. Do not use any other protocols. Do not use any other standards. Do not use any other criteria. Do not use any other benchmarks. Do not use any other measures. Do not use any other indicators. Do not use any other markers. Do not use any other signs. Do not use any other symbols. Do not use any other icons. Do not use any other images. Do not use any other graphics. Do not use any other diagrams. Do not use any other charts. Do not use any other tables. Do not use any other forms. Do not use any other documents. Do not use any other records. Do not use any other files. Do not use any other folders. Do not use any other boxes. Do not use any other containers. Do not use any other vessels. Do not use any other receptacles. Do not use any other instruments. Do not use any other tools. Do not use any other equipment. Do not use any other machinery. Do not use any other apparatus. Do not use any other fixtures. Do not use any other fittings. Do not use any other accessories. Do not use any other components. Do not use any other parts. Do not use any other pieces. Do not use any other items. Do not use any other objects. Do not use any other things. Do not use any other materials. Do not use any other substances. Do not use any other elements. Do not use any other compounds. Do not use any other mixtures. Do not use any other solutions. Do not use any other suspensions. Do not use any other emulsions. Do not use any other dispersions. Do not use any other colloids. Do not use any other gels. Do not use any other foams. Do not use any other solids. Do not use any other liquids. Do not use any other gases. Do not use any other vapors. Do not use any other fumes. Do not use any other mists. Do not use any other aerosols. Do not use any other sprays. Do not use any other coatings. Do not use any other finishes. Do not use any other treatments. Do not use any other processes. Do not use any other methods. Do not use any other techniques. Do not use any other procedures. Do not use any other protocols. Do not use any other standards. Do not use any other criteria. Do not use any other benchmarks. Do not use any other measures. Do not use any other indicators. Do not use any other markers. Do not use any other signs. Do not use any other symbols. Do not use any other icons. Do not use any other images. Do not use any other graphics. Do not use any other diagrams. Do not use any other charts. Do not use any other tables. Do not use any other forms. Do not use any other documents. Do not use any other records. Do not use any other files. Do not use any other folders. Do not use any other boxes. Do not use any other containers. Do not use any other vessels. Do not use any other receptacles.

1. USE PENCIL. This sheet is to be made by one of the applicant or his representative, and placed on the back of the application and bound into the book to give form.

Date 10 February 1956

Robert T. Slaw

F. F. Form 50-1054
 Exception to SF-50
 Approved by the
 Bureau of the Budget
 May 1954

DEPARTMENT OF STATE
 WASHINGTON 25, D. C.

NOTIFICATION OF PERSONNEL ACTION

SERIAL
 FS DPTL

1. NAME (Mr., Mrs., Miss (give name, initials) and surname) Mr. Robert T. SMITH	2. DATE OF BIRTH 6/18/25	3. JOURNAL OR ACTION NO. 20	4. DATE 12/9/54
---	------------------------------------	---------------------------------------	---------------------------

This is to notify you of the following action affecting your employment:

5. NATURE OF ACTION (Use standard terminology) Resignation for Personal Reasons without Prejudice	6. EFFECTIVE DATE OCB 7/30/54	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
---	---	---

FROM:	TO:
PSS-9 85079	
Quayaquil	
<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Regular <input type="checkbox"/> Resident <input type="checkbox"/> Non-US	<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Regular <input type="checkbox"/> Resident <input type="checkbox"/> Non-US

23. VETERAN'S PREFERENCE	24. POSITION CLASSIFICATION ACTION														
<table border="1"> <tr> <th>GRADE</th> <th>S-PT</th> <th>10-POINT</th> </tr> <tr> <td></td> <td></td> <td>Disab Other</td> </tr> </table>	GRADE	S-PT	10-POINT			Disab Other	<table border="1"> <tr> <th>GEN</th> <th>VICE</th> <th>I. A.</th> <th>RECAL</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	GEN	VICE	I. A.	RECAL				
GRADE	S-PT	10-POINT													
		Disab Other													
GEN	VICE	I. A.	RECAL												

15. SER M	16. APPROPRIATION FROM 5A-4011 TO	17. RETIREMENT COV-ERAGE <input checked="" type="checkbox"/> CMC <input type="checkbox"/> FB <input type="checkbox"/> FICA <input type="checkbox"/> NONE	18. DATE OF APPOINTMENT AFFIDAVIT (Assessments Only)	19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
---------------------	--	--	--	---

20. This action is subject to all applicable laws, rules and regulations and may be subject to investigation and approval by the United States Civil Service Commission or the Department.

Employment status-Indefinite

All leave transferred.

Address: Robert T. Smith
 [Redacted Address Box]

12/9/54
 [Handwritten notes and stamps]

PERSONNEL FOLDER

PERSONNEL FOLDER

694

PERSONNEL ACTION WORK SHEET		DATE OF REQUEST		ACTION CONTROL		
		NO.	ROUTING	DATE		
		7-20-54				
		EFFECTIVE DATE				
		PROPOSED	ACTUAL			
			7/30/54			
NAME		DATE OF BIRTH	SEX			
SHAW Robert T.		6-18-25	E			
NATURE OF ACTION		PREJUDICE				
ALLEGATIONS - REGISTRY SWEEPSTAKE - REGISTRATION WITHOUT						
PRESENT STATUS (From)		RECOMMENDED STATUS (To)				
						7/28
FUNCTIONAL TITLE				STATE OF LEGAL RESIDENCE		
DIP. CONS. OR OTHER TITLE				RETIREMENT DEDUCTIONS		
POST		Quayaquil		<input type="checkbox"/> CSC <input type="checkbox"/> SOC. SEC.		
CLASS AND SALARY		FSS-9 \$4899 <i>upgraded (5079)</i>		<input type="checkbox"/> VETERAN <input type="checkbox"/> NON-VETERAN		
APPROPRIATION ALLOTMENT		5A-4011		RESERVE STATUS		
POSITION NUMBER		G-11		<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE		
NATURE OF EMPLOYMENT		<input checked="" type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		BRANCH OF SERVICE (Specify)		
NATURE OF POSITION (Check applicable box)		STATE LIMITATION		SERIAL NO.		
<input type="checkbox"/> NEW <input type="checkbox"/> COMPLEMENT REPLACEMENT (Named) <input type="checkbox"/> VICE				PRESENT MARITAL STATUS		
CONCURRENCE BY (Initials)		APPOINTED TO		<input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED		
REGIONAL BUREAUX OTHER AGENCIES OTHER OFFICES		<input checked="" type="checkbox"/> REGULAR STAFF <input type="checkbox"/> RESIDENT U.S. STAFF <input type="checkbox"/> LOCAL NON-U.S.		<input type="checkbox"/> WIDOW <input type="checkbox"/> WIDOWER <input type="checkbox"/> SEPARATED		
				DATE AAB APPROVED		
				LOYALTY FORMS SUBMITTED		
				<input type="checkbox"/> SF 85 <input type="checkbox"/> SF 87		
				CLEARED UNDER P.L. NO.		
ADDITIONAL INFORMATION AND INSTRUCTIONS (Subject to A, B, C, D, E, F, G, H, I, J and K)						
Please accept Mr. Shaw's resignation in accordance with his letter of 7-19-54 (attached). Reasons: Continue post-graduate studies. EUSA 5-26-52 Arrival at post: 6-19-52						
SIGNATURE AND TITLE OF REQUESTING OFFICER			SIGNATURE AND TITLE OF APPROVING OFFICER			
[Signature]			[Signature]			
REQUEST FOR TRAVEL AUTHORIZATION						
OBJECT CLASS	ESTIMATED COST	PER/PTC ENCUMBRANCE FUNDS AVAILABLE	NAMES OF DEPENDENTS AND DATES OF BIRTH OF CHILDREN UNDER 21	FROM	TO	
0206	1500	APPR.		Quayaquil	Arlington, Va.	
		ALLOT. 583025		VIA	DETAIL ENROUTE approx 5 days' cons w/per dies	
		OLD IG. NO.		NO EXCESS BAGGAGE AUTH.		
		STATE SIGNATURE		SHIPMENT OF EFFECTS FROM	Quayaquil to Arlington, Va.	
DATE	TRAVEL ORDER NUMBER	REMARKS				
		CS/T: Mr. Shaw has completed 5 days commutation in the Department and is now taking leave in Arlington, Va. Please cancel that part of TO 4-2123 dated June 11, 1954 which authorized transportation from Wash. to Tucson, Arizona and thence to Quayaquil. Authorize instead shipment of effects from Quayaquil to Arlington, Va. (place of residence on service separation listed on Inst. 4-16 dated 4-1-54).				
Also cancel O/S 1223						

Wanda

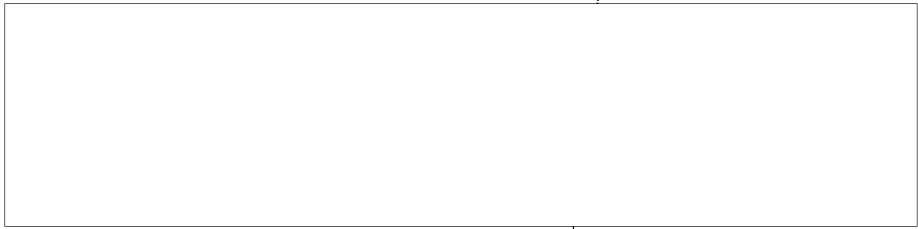
All leave transferred. 1150 forwarded. COB 7/30/54

E. Kattley, Mallow
E. Kattley, Mallow, Chief
Leave and Retirement Section

Robert T Shaw
~~COB 7/30/54~~ *are gl*
Presented to



SEP 1 1954
U.S. DEPARTMENT OF THE ARMY
WASHINGTON, D.C.



Washington, D.C.
July 19, 1954

Division of Personnel Operations

Washington 25, D.C.

Attn: Mr. Leap

Gentlemen:

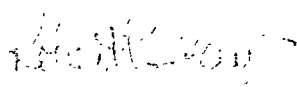
I hereby submit [redacted]
[redacted] in which I hold the grade of Foreign Service
[redacted] This resignation is submitted in order
that I may devote full time to post-graduate studies.

It is requested that this resignation take effect as of
the close of business July 19, 1954.

It is also requested that the Administrative Officer at
my former post of duty, [redacted] be authorized to
ship a lift van containing furnishings and personal effects
to the Security Storage Company, Washington, D.C.

It has been a great pleasure serving with the [redacted]
[redacted] and I shall always remember with pleasure my association
with the many fine officers and clerical personnel of both
the Service and the Department.

Yours very truly,


Robert T. Shaw

NOTIFICATION OF SECURITY CLEARANCE UNDER E. O. 10450

TO: Director, Office of Personnel
Attention: Mr. Robert Ryan

DATE: 6 July 1954

SUBJECT: SHAW, Robert Tyler
Date of Birth: June 18, 1925

APPLICANT. If subject is not appointed within 90 days of the date of this notification, this clearance must be revalidated by the Office of Security.

EMPLOYEE.

The case of above-named person has been reviewed in the Office of Security.

Investigative requirements of Executive Order 10450 have been complied with.

It has been determined that the employment or retention in employment of subject is clearly consistent with the interests of national security.

On the basis of this determination clearance is hereby granted. This clearance shall remain in effect for all purposes until further notice except that prior approval must continue to be requested from the Office of Security in the event of marriage to an alien, Presidential appointment, any appointment requiring Senate confirmation, and transfers or assignments to the Office of Security, R Area Special Projects Staff, and cryptographic duties. (This determination shall not eliminate or modify any other determination on security which may be required by law).

REMARKS:

Investigative reports are attached. Please return these reports to the Office of Security within 10 days together with the names of the individuals who have reviewed them listed on the extra copy of this form herewith furnished.

William C. Sullivan

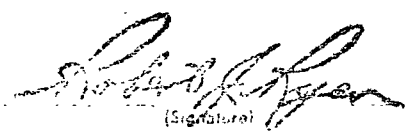
Director, Office of Security

ATTACHMENTS

BY: W. L. FRANKLIN

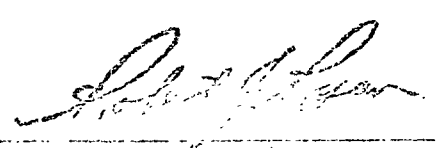
This memorandum may be considered as OFFICIAL USE ONLY upon removal of attachments.

RTV

PERSONNEL ACTION					DATE June 5, 1953 JOURNAL NO. 147				
NAME Shaw Robert P.					DATE OF BIRTH				
LEGAL AUTHORITY					SERVICE F88				
This is to notify you of the following action concerning your employment					DATE OF OATH				
NATURE OF ACTION PERIODIC STEP INCREASE					EFFECTIVE DATE June 7, 1953				
FROM					TO				
FUNCTIONAL TITLE									
DIP., CONSULAR OR OTHER TITLE					same				
POST					Guayaquil				
CLASS AND SALARY F88-9 \$4719					F88-9 \$4899				
APPROPRIATION LOTMENT					3A 2011				
POSITION NUMBER					same				
NATURE OF EMPLOYMENT		PERMA-NENT	TEMPO-RARY	OTHER	FULL PART	PERMA-NENT	TEMPO-RARY	OTHER	FULL PART
RETIREMENT DEDUCTIONS		YES	REGULAR STAFF			NATURE OF POSITION			
		NO	LOCAL STAFF			NEW	VICE (name)		
VETERAN NON-VETERAN		NON-US			ADDITIONAL REALLOCATION				
SEX		MARITAL STATUS, CHILDREN, AND DEPENDENTS			LEGAL RESIDENCE				
Conditions and requirements: Above action and continuance of status effected thereby are subject to such conditions and requirements listed on reverse of this page as are cited herewith.									
REMARKS:									
<p style="text-align: center;">Last salary increase May 23, 1952.</p> <p style="text-align: center;">Performance rating meets required standards.</p>									
					 (Signature)				
					TITLE				

2

FOLDER

		78		DATE Dec. 5, 1952						
PERSONNEL ACTION				JOURNAL NO. 21						
(Last) SHAW		(First) Robert		(Middle) T.						
NAME		DATE OF BIRTH		LEGAL AUTHORITY						
		Apr. 12, 1927								
This is to notify you of the following action concerning your employment				SERVICE P3S						
NATURE OF ACTION		EFFECTIVE DATE		DATE OF OATH						
Change in Title		Dec. 5, 1952								
		FROM		TO						
FUNCTIONAL TITLE										
DIP. CONSULAR OR OTHER TITLE										
POST		Guayaquil		Guayaquil						
CLASS AND SALARY										
APPROPRIATION ALLOTMENT										
POSITION NUMBER										
NATURE OF EMPLOYMENT		PERMA-NENT	TEMPO-RARY	OTHER Indef	FULL PART	<input checked="" type="checkbox"/> PERMA-NENT	TEMPO-RARY	OTHER Indef	FULL PART	<input checked="" type="checkbox"/>
RETIREMENT DEDUCTIONS		YES <input checked="" type="checkbox"/>	REGULAR STAFF		NATURE OF POSITION					
		NO			NEW		VICE (none)			
VETERAN NON-VETERAN		LOCAL STAFF		ADDITIONAL		REALLOCATION				
		NON-US								
SEX Male		MARITAL STATUS, CHILDREN, AND DEPENDENTS Married-1				LEGAL RESIDENCE				
<p>Conditions and requirements: Above action and continuance of status affected thereby are subject to such conditions and requirements listed on reverse of this page as are cited herewith.</p> <p>REMARKS:</p>										
 _____ (Signature)										
TITLE _____										

Request for Personnel Action and Travel Authorization			1 - Post
			2 - Date Nov. 21, 1952
3 - Name (last) (first) (initial)	4 - Date of Birth		5 - Civil Service or Other Legal Authority
SHAW Robert T	June 18, 1925		
THE FOLLOWING PERSONNEL ACTION IS REQUESTED			6 - Service
		8 - Effective Date* <input type="checkbox"/> Proposed, or <input type="checkbox"/> Actual	9 - Effective Date Approved by Department
			FOR DEPT. USE ONLY
Position Title			
Grade and Salary			
Post	12 A Guayaquil, Ecuador	12 B Guayaquil, Ecuador	
Basic Salary			
Amount of Temporary Increase	14 A --	14 B --	
Salary Appropriation			349 deleted 12/5/52 J.S.
Position Number			
Permanent or Temporary	17 A Permanent	17 B Permanent	
Full or Part Time	18 A Full	18 B Full	
19 - Marital Status Married - 1 c	20 - Dates of Birth of Children Under 21 4 months old		
21 - Special Instructions or Explanation:- PA & SA reallocated position Economic Officer on November 26, 1952. XXXXXXXXXX XXXXXXXXXX #Position number prior to recent reallocation was C-2.			
		23 - Signature of Requesting Officer <i>Paul W. Meyer</i> Paul W. Meyer	
REQUEST FOR TRAVEL AUTHORIZATION (To be filled out only by Division of Foreign Service Personnel in Washington)			
FROM		TO	
Via		Special Instructions NO TRAVEL INVOLVED	
FISCAL DATA		OBJECT CLASS COST (ESTIMATED)	Via Washington For Consideration In Route
Transportation Foreign Service	023		Via Any Feas. Route & Means Incl. Aircraft
Foreign Service (Auxiliary) N. O.	029		Wire Transfer To Post in USA
Allotment Number	030		Excess Passage Funds
Total			Air Exp. Shipment Funds
		Proceed Upon Arrival of	<input type="checkbox"/> Proceed as Soon as Possible
		Signature of Officer FP:	J. B. Bonins, Regional Operations Officer, American Republics Area.
		Date	Authorization No. (To be Inserted by DEPT)

*If Actual Effective Date, explain under "Special Instructions"

VNW

				DATE May 19, 1952	
PERSONNEL ACTION				JOURNAL NO 18	
(last)		(first)		(middle)	
NAME		Bhav, Robert T.		DATE OF BIRTH June 18, 1925	
LEGAL AUTHORITY PL 724 79th				SERVICE	
This is to notify you of the following action concerning your employment 21 May 1952 CMA 240121400				EFFECTIVE DATE 5/28/52	
NATURE OF ACTION Indefinite Appointment EO 10180				DATE OF OATH 5/28/52	
FROM				TO	
FUNCTIONAL TITLE					
DIP., CONSULAR OR OTHER TITLE					
POST					
CLASS AND SALARY					
APPROPRIATION ALLOTMENT					
POSITION NUMBER					
NATURE OF EMPLOYMENT		PERMA-NENT		TEMPO-RARY	
		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
		OTHER		FULL PART	
				<input checked="" type="checkbox"/>	
RETIREMENT DEDUCTIONS		YES <input checked="" type="checkbox"/>		NO	
		REGULAR STAFF		LOCAL STAFF	
		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
VETERAN NON-VETERAN		ARMY		NON-ARMY	
		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
SEX		Male		LEGAL RESIDENCE	
		MARRIED		Arizona	
Conditions and requirements: Above action and continuance of status effected thereby 'and' subject to such conditions and requirements listed on reverse of this page as are cited herewith.					
REMARKS: Items: a, b, c, d, e, 1(619) m. No military reserve status. Forms 85 and 87 submitted to BY. Position description requested from Post in quadruplicate within 30 days after employee reports at Post. 93/2: Authorize travel of appointee from Arlington, Va. via Washington, D.C. _____ Tucson, Wife: From Arlington, Va. _____ and/Arizona Shipment of effects: From Arlington, Va. and/Arizona Janet Lee Ruggles-wife.					
2				Signature	
				TITLE	

CIVIL OFFICER
APPOINTMENT AFFIDAVITS
(As defined in 5 USC 21a and 21b)

I, Robert T. Shaw Arizona
(Name in full) (State)
do solemnly swear (or affirm) that

A. OATH OF OFFICE

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

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

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

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States, and that I will not, while a Government employee, become a member of such an organization.

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

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

Robert T. Shaw Robert T. Shaw
(Type name of appointee) (Signature of appointee)

Subscribed and sworn before me this 28th day of May, A. D. 1952,

at Washington, D.C.
(City) (State)

Marius Wilhel

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

STATEMENT OF PRIOR FEDERAL AND MILITARY SERVICE

IMPORTANT: The information on this form will be used in determining creditable service for leave purposes and retention credits for reduction in force. The employee should complete Part I and the Personnel Office should complete Parts II through IV.

PART I.—EMPLOYEE'S STATEMENT										PART II.—THIS COLUMN IS FOR PERSONNEL OFFICE USE		
1. NAME (Last, first, middle initial)					2. DATE OF BIRTH					9. RETENTION GROUP		
SHAW, ROBERT T.					18 JUNE 25							
3. LIST THE FOLLOWING INFORMATION CONCERNING ALL FEDERAL AND DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD PRIOR TO YOUR PRESENT APPOINTMENTS (Do not include military service.)										10. CSC STATUS (For permanent employee only) <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME AND LOCATION OF AGENCY	FROM—			TO—			TYPE OF APPOINTMENT IF KNOWN	11. SERVICE				
	YEAR	MONTH	DAY	YEAR	MONTH	DAY		YEAR	MONTH	DAY		
4. LIST PERIODS OF SERVICE IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES. IF YOU HAD NO MILITARY SERVICE, WRITE "NONE."												
BRANCH	FROM—			TO—			DISCHARGE (Hon. or dishon.?)	1 5 27				
	YEAR	MONTH	DAY	YEAR	MONTH	DAY						
U.S. ARMY	43	9	11	45	3	8	HON					
5. DURING PERIODS OF EMPLOYMENT CHOSEN IN ITEM 3, DID YOU HAVE A TOTAL OF MORE THAN 6 MONTHS ABSENCE WITHOUT PAY, INCLUDING PERIODS OF MERCHANT MARINE SERVICE, DURING ANY ONE CALENDAR YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF ANSWER IS "YES," LIST FOLLOWING INFORMATION.												
TYPE IF KNOWN (LWOP, Paid, Susp., AWO, Mer Mer)	FROM—			TO—			TOTAL			13. NONCREDITABLE SERVICE (Leave purposes only):		
	YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEARS	MONTHS	DAYS	14. NONCREDITABLE SERVICE (Not purposes only):		
										15. REEMPLOYMENT RIGHTS <input type="checkbox"/> YES <input type="checkbox"/> NO		
6. DURING THE FEDERAL SERVICE LISTED IN ITEM 3, DID YOU ACQUIRE A PERMANENT COMPETITIVE CIVIL SERVICE STATUS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If answer is "Yes," in what agency were you employed at the time status was acquired?)										16. RETENTION RIGHTS <input type="checkbox"/> YES <input type="checkbox"/> NO		
7. ARE YOU: A. THE WIFE OF A DISABLED VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO B. THE MOTHER OF A DECEASED OR DISABLED VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO C. THE UNREMARKED WIDOW OF A VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO										17. EXPIRATION DATE OF RETENTION RIGHTS		
8. TO BE EXECUTED BEFORE A NOTARY PUBLIC OR OTHER PERSONS AUTHORIZED TO ADMINISTER OATHS I swear (or affirm) that the above statements are true to the best of my knowledge and belief.												
Sept 28, 1954 (DATE)					Robert T. Shaw (SIGNATURE)							
Submitted and sworn to before me on this _____ day of _____, 1954 at _____ (MONTH) (CITY) (STATE)												
SEAL										M. Kathryn Maloney		
NOTE: If oath is taken before a Notary Public, the date of expiration of his Commission should be shown.												

Office Memorandum • UNITED STATES GOVERNMENT

TO : FP - Mr. Howard Mace

DATE: April 29, 1952

FROM : SY - Mr. Donald L. Nicholson *D/L*

SUBJECT: SHAW, Robert Tyler

Investigation of subject has been conducted with results as indicated below.

SECURITY:

- Security clearance is given for appointment or continued employment.
- Security clearance of subject is not given.
- This is an ALIEN CASE. The usual restrictions are applicable.

REMARKS:

- Investigation reveals personnel information which you may desire to review prior to appointment.
- Investigation discloses that the subject has been cleared under E. O. 9835.
- Investigation has verified subject's satisfactory service with armed forces.
- Investigation has been completed as required by Public Law _____, Congress.
- Investigation does not include FBI check. If an unfavorable report should be received at a later date from the FBI which would necessitate cancelling of this security clearance, you will be so advised.
- Please return the attached file to this office upon the completion of personnel action.

ATTACHMENTS:

CC: SY: NFM: Innesman: cfs

1
 GET BUREAU NO. 47-8021.3
 APPROVAL EXPIRES August 31, 1928

1. a. NAME (Print)
 Robert Tyler SHAW



8. b. FULL NAME OF SPOUSE (if wife, give maiden name) Janet Lee Ruggles SHAW (wife)		9. DATE OF BIRTH 12 April 1927																		
d. IF BORN OUTSIDE THE UNITED STATES, HOW WAS CITIZENSHIP ACQUIRED?		e. IF NATURALIZED, GIVE PLACE, DATE, AND NO. OF NATURALIZATION CERTIFICATE.																		
<table border="1"> <thead> <tr> <th rowspan="2">10. NAMES OF DEPENDENTS</th> <th rowspan="2">RELATIONSHIP</th> <th rowspan="2">DATE OF BIRTH</th> <th colspan="2">11. WILL BE LIVED WITH BY THIS</th> </tr> <tr> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>Janet Lee Ruggles SHAW</td> <td>wife</td> <td>12 April 1927</td> <td>X</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				10. NAMES OF DEPENDENTS	RELATIONSHIP	DATE OF BIRTH	11. WILL BE LIVED WITH BY THIS		YES	NO	Janet Lee Ruggles SHAW	wife	12 April 1927	X						
10. NAMES OF DEPENDENTS	RELATIONSHIP	DATE OF BIRTH	11. WILL BE LIVED WITH BY THIS																	
			YES	NO																
Janet Lee Ruggles SHAW	wife	12 April 1927	X																	
10. a. FATHER'S NAME Maj. Gen. Franklin E. Shaw		d. PRESENT ADDRESS Dept. of Defense, Wash.																		
11. a. MOTHER'S NAME (maiden) Mary Ina Shea Shaw		e. PRESENT ADDRESS 1714 Juntington, Arlington, Virginia																		
		c. PLACE OF BIRTH Newport, Ky.																		
		c. PLACE OF BIRTH Elisabethtown, Ky.																		
12. IF PARENTS BORN OUTSIDE THE UNITED STATES, DID THEY EVER OBTAIN A UNITED STATES CITIZENSHIP? (Yes or No) FATHER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO MOTHER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																				
13. HAVE YOU EVER APPLIED FOR A POSITION WITH THE DEPARTMENT OF STATE OR TAKEN AN EXAMINATION FOR A POSITION WITH THE DEPARTMENT OF STATE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "Yes" give date, nature of position applied for, and kind of examination taken, if any.																				

PAGE 2

14. RELATIVES NOW RESIDING IN FOREIGN COUNTRIES

NAME	RELATIONSHIP	ADDRESS
NONE		

15. FOREIGN LANGUAGES (Replace item 14 on Form 57)
List and indicate the extent of your competence, i.e. Excellent, Good, Fair

A. LANGUAGE	B. READ	C. WRITE	D. SPEAK	E. UNDERSTAND
Spanish	Ex	Ex	Ex	Ex
French	Good			Fair
Russian	Slight			

16. LIST PRESENT OR FORMER FOREIGN CONNECTIONS:

A. BUSINESS
 B. EMPLOYMENT
 C. MILITARY

17. DATES AND PLACES OF RESIDENCE FOR LAST 10 YEARS

DATES	STREET AND NUMBER	CITY	STATE OR COUNTRY

18. DOES YOUR FINANCIAL POSITION PERMIT DISCHARGE OF ALL DEBTS INCURRED? YES NO
 IF "NO," STATE INFORMATION REQUESTED BELOW:

NAMES OF CREDITORS	AMOUNTS DUE	DATES ON WHICH OBLIGATIONS WERE CONTRACTED

19. HAVE YOU EVER BEEN MEDICALLY DISCHARGED FROM THE ARMED SERVICES? YES NO
 IF "YES," GIVE DETAILS IN ITEM 39 OF FORM 57.

20. PRESENT MILITARY STATUS

A. ARE YOU REGISTERED WITH A SELECTIVE SERVICE BOARD? YES NO IF "YES," STATE BELOW THE NUMBER AND ADDRESS OF THE BOARD, AND YOUR CLASSIFICATION:

B. DO YOU HAVE A MILITARY RESERVE STATUS? YES NO IF "YES," STATE BELOW THE BRANCH OF SERVICE, YOUR SERIAL NUMBER, YOUR ORGANIZATION UNIT AND HEADQUARTERS.

21. LIST OTHER NAMES, IF ANY, BY WHICH YOU HAVE BEEN KNOWN INCLUDING MARRIED NAMES, IF MARRIED MORE THAN ONCE, GIVING DATE DURING WHICH NAMES WERE USED. DO NOT DUPLICATE INFORMATION SUPPLIED IN ITEM 16 ON FORM 57.

22. HAVE YOU EVER BEEN UNDER THE CIVIL SERVICE RETIREMENT SYSTEM (21) SOCIAL SECURITY NUMBER, IF ANY.
 Yes

24. If you believe the information you have supplied on this application does not fully show your qualifications for Foreign Service Employment, state in Item 24 of Form 57 or on a separate sheet, any additional appropriate data that you wish to have considered.

DATE _____ SIGNATURE: *Robert G. ...*

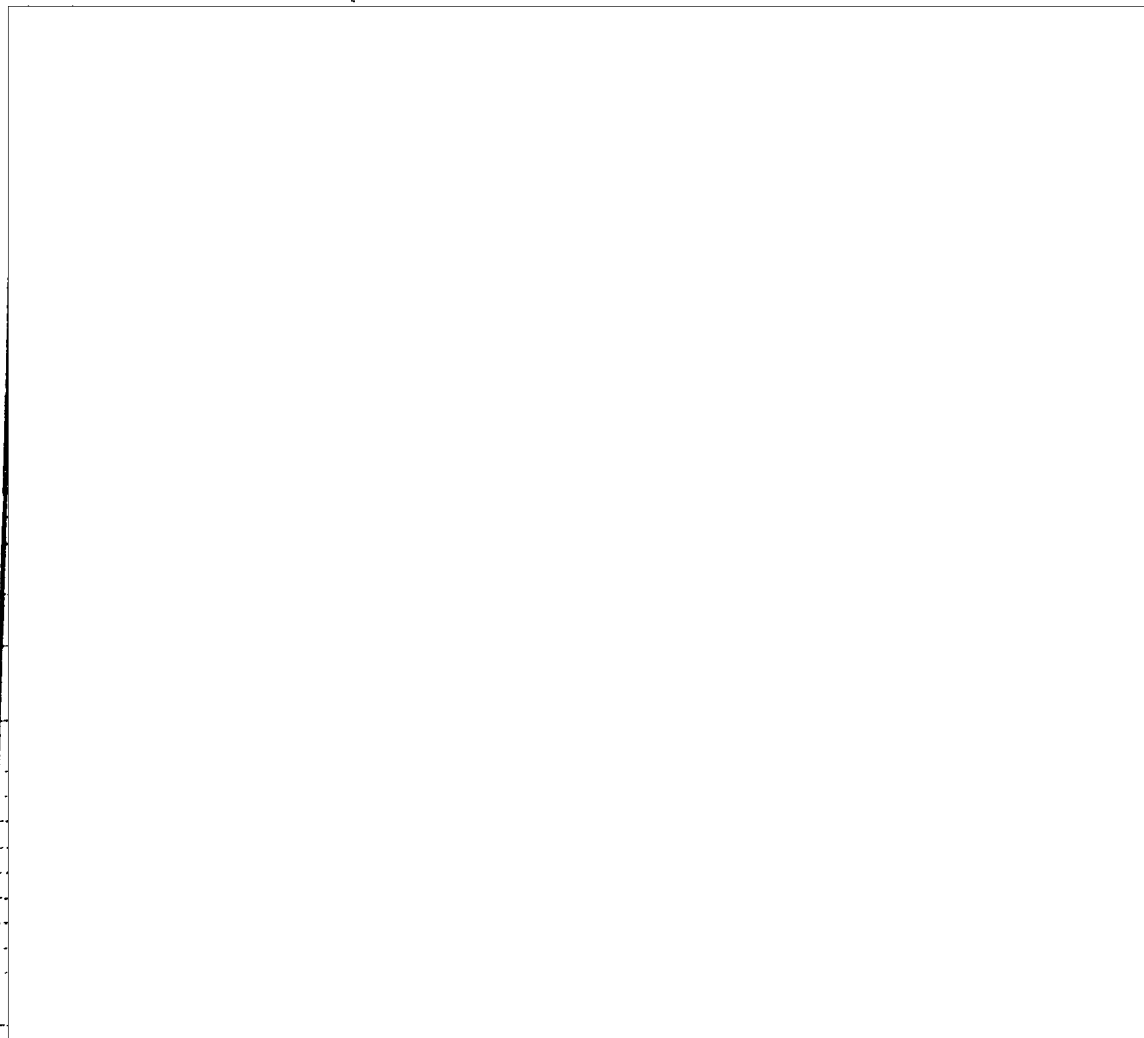
STANDARD FORM 57 NOV 1947
U.S. CIVIL SERVICE COMMISSION

APPLICATION FOR FEDERAL EMPLOY. JT

INSTRUCTIONS: In order to prevent delay in consideration of your application, answer every question on this form clearly and completely. Type or write in print in INK. In applying for a specific United States Civil Service examination, read the examination announcement carefully and follow all directions. If you are applying for a WRITTEN examination, follow the instructions on the admission card regarding disposition of this application. If you are applying for an UNWRITTEN examination, mail this application to the office named in the announcement. Be sure to mail to the same office any other forms required by the announcement. Notify the office with which you file this application of any change in your address.

APPLICATION NO.	1. NAME OF EXAMINATION OR NAME OF POSITION APPLIED FOR	DO NOT WRITE IN THIS BLOCK For Use of Civil Service Commission Only	
	2. OFFICE (if mentioned in examination announcement)	<input type="checkbox"/> APPROVED	<input type="checkbox"/> MATERIAL
ANNOUNCEMENT	3. PLACE OF EMPLOYMENT WANTED FOR (City and State)	<input type="checkbox"/> NON-APPROVED	<input type="checkbox"/> SUBMITTED
	4. DATE OF THIS APPLICATION	INTERNAL REGISTER	
5. NAME (First name) (Middle) (Last)		NOTATIONS	
6. (a) STREET ADDRESS		APP. REVIEW	
7. LEGAL OR POLITICAL PARTY		APPROVED:	
8. DATE OF BIRTH (month, day, year)		<input type="checkbox"/> 5 POINTS (TEST)	<input type="checkbox"/> 10 POINTS
9. PLACE OF BIRTH (City and State, if born outside U.S., name city and country)		<input type="checkbox"/> WIFE OR WIDOW	<input type="checkbox"/> DISAB.
10. <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE		BEING INVESTIGATED	
11. (a) SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		INITIALS AND DATE	
12. (a) HEIGHT <input type="checkbox"/> FEET <input type="checkbox"/> INCHES		13. WEIGHT <input type="checkbox"/> POUNDS	
14. (a) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
(b) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE			
15. (a) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? \$ PER YEAR		(c) CHECK IF YOU WILL ACCEPT APPOINTMENT IF OFFERED.	
You will not be considered for any position with a lower entrance salary.		<input type="checkbox"/> IN WASHINGTON, D. C. <input type="checkbox"/> ANYWHERE IN THE UNITED STATES	
(b) CHECK IF YOU WILL ACCEPT SHORT TERM APPOINTMENT IF OFFERED, FOR		<input checked="" type="checkbox"/> OUTSIDE THE UNITED STATES	
<input type="checkbox"/> 1 TO 3 MONTHS <input type="checkbox"/> 3 TO 6 MONTHS <input type="checkbox"/> 6 TO 12 MONTHS		(d) IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, GIVE ACCEPTABLE LOCATIONS.	
NOTE: Acceptance of refusal of a temporary short-term appointment will not affect your opportunity to obtain a permanent appointment.			
(c) IF YOU ARE WILLING TO TRAVEL SPECIFY			
<input type="checkbox"/> OCCASIONALLY <input checked="" type="checkbox"/> FREQUENTLY <input type="checkbox"/> CONSTANTLY			
16. EXPERIENCE It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the appointing officers of agencies to give you full credit in determining your qualifications. Use a separate block for each position. Start with your present position and work back, explaining briefly the principal facts which you present in each block. Do not include details of unimportant duties. Do not include more than 13 years of experience unless you are applying for a position which requires more than 13 years of experience. Do not include more than 13 years of experience unless you are applying for a position which requires more than 13 years of experience. Do not include more than 13 years of experience unless you are applying for a position which requires more than 13 years of experience.		religious, civic, welfare, or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Additive experience should be denoted in the spaces below in its proper sequence.	
(a) IF YOU WERE EVER EMPLOYED IN ANY POSITION UNDER A NAME DIFFERENT FROM THAT WHICH YOU USE ON THIS APPLICATION, GIVE UNDER "Description of your work" the name of the position, the name of the employer, and the dates of employment.		(b) IF YOU HAVE EVER BEEN EMPLOYED BY A FEDERAL AGENCY, INDICATE THAT FACT IN THE "Description of your work" block.	
PRESENT POSITION			
DATE OF EMPLOYMENT (month, year)		CLASSIFICATION GRADE (if in Federal Service)	
NAME AND TITLE OF YOUR PRESENT POSITION		SALARY OR EARNINGS (starting or present)	
PLACE OF EMPLOYMENT (City and State)		NAME AND TITLE OF EMPLOYER (Name of business or organization, e.g., wholesale firm, insurance agency, manufacture of locks, etc.)	
NAME AND ADDRESS OF EMPLOYER (Firm, organization, or person, if Federal, name department, bureau or establishment, or division)		REASON FOR LEAVING TO CHANGE EMPLOYMENT	
NUMBER AND KIND OF EMPLOYED EMPLOYED PERIODS			
DESCRIPTION OF YOUR WORK			

(CONTINUED ON NEXT PAGE)



TO OFFICE OF EMPLOYMENT (City and State)	OFFICE OF EMPLOYMENT (City and State)
NAME AND ADDRESS OF EMPLOYER (Army, Navy, Air Force, or Federal, State, or Local Government, Bureau or Establishment, and Division)	NAME AND ADDRESS OF EMPLOYEE (e.g., Washington 255, Telephone address, Street address, etc.)
NUMBER AND KIND OF EMPLOYEE SUPERVISED BY YOU	SEX AND AGE
DESCRIPTION OF YOUR WORK	

STANDARD FORM 57 - NOV 1947 U.S. CIVIL SERVICE COMMISSION		APPLICATION FOR FEDERAL EMPLOYMENT						
<p>INSTRUCTIONS: In order to present your application for consideration of your application, answer every question on this form clearly and completely. Type or print in INK. In applying for a specific United States Civil Service examination, read the examination announcement carefully and follow all directions. If you are applying for a WRITTEN examination, follow the</p>		<p>instructions for the admission card prepared by disposition of your application. If you are applying for an UNWRITTEN examination, mail this application to the office named in the announcement. Be sure to mail to the same office any other forms required by the announcement. Notify the office with which you file this application of any change in your address.</p>						
1. NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR		<p>DO NOT WRITE IN THIS BLOCK For Use of Civil Service Commission Only</p> <table border="1"> <tr> <td><input type="checkbox"/> APPROV.</td> <td><input type="checkbox"/> SUBMITTED</td> <td rowspan="2">ENTERED REGISTER</td> </tr> <tr> <td><input type="checkbox"/> NON APPROV.</td> <td><input type="checkbox"/> RETURNED</td> </tr> </table>		<input type="checkbox"/> APPROV.	<input type="checkbox"/> SUBMITTED	ENTERED REGISTER	<input type="checkbox"/> NON APPROV.	<input type="checkbox"/> RETURNED
<input type="checkbox"/> APPROV.	<input type="checkbox"/> SUBMITTED			ENTERED REGISTER				
<input type="checkbox"/> NON APPROV.	<input type="checkbox"/> RETURNED							
2. POSITION (if mentioned in examination announcement)		<p>3. CITY AND STATE</p>						
3. DATE OF THIS APPLICATION		<p>4. DATE OF THIS APPLICATION</p>						
<p>5. NAME (First name) (Middle) (Maiden, if any) (Last)</p>		<p>6. SIGNATURE</p>						
<p>7. ADDRESS</p>		<p>8. REFERENCES</p>						
<p>9. APPROPRIATE AGENCY</p>		<p>10. APP. REVIEW</p>						
<p>Robert Tyler</p>		<p>SHAW</p>						

(CONTINUED ON NEXT PAGE)

14-00000

5 DATES OF EMPLOYMENT (month, year) FROM _____ TO _____		EXACT TITLE OF YOUR POSITION _____	CASH (if special service) _____	SPECIAL TRAINING STARTING _____ FINAL _____ PER _____
PLACE OF EMPLOYMENT (city and State) _____		NAME AND TITLE OF IMMEDIATE SUPERVISOR _____		
NAME AND ADDRESS OF EMPLOYER (Army, organization, or person, if Federal, name department, bureau or establishment, and division) _____		KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.) _____		
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU _____		REASON FOR LEAVING _____		
DESCRIPTION OF YOUR WORK _____ _____ _____ _____ _____ _____ _____ _____ _____ _____				
If more space is required, use a continuation sheet (Standard Form No. 58) or a sheet of paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to back of the application.				
17. MILITARY TRAINING. In the space below, describe any training received in the Armed Services (not already listed under Item 16) that would assist opposing officers in placing you most effectively. Indicate actual amount of training received, such as hours per week. Detailed information regarding any special service schools you attended is especially important. (Extra pages may be used to give full descriptions.)				
DATES _____	LOCATION _____	DESCRIPTION OF TRAINING _____		

Spanish _____ Political Science and History _____			
16. NON-MILITARY TRAINING (such as vocational, business, school, etc., given through the Armed Forces Institute of Technical Training, or in service training or during previous employment) _____		HOURS TRAINED _____	DATES ATTENDED FROM _____ TO _____
		YEARS COMPLETED _____	DEGREE _____
18. INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES:		22. ARE YOU NOW OR HAVE YOU EVER BEEN EMPLOYED BY THE GOVERNMENT OF ANY COUNTRY OR BY THE GOVERNMENT OF ANY STATE?	
Spanish _____	Reading _____ Speaking _____ Understanding _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
French _____	Reading _____ Speaking _____ Understanding _____	23. ARE YOU NOW OR HAVE YOU EVER BEEN EMPLOYED BY THE GOVERNMENT OF ANY COUNTRY OR BY THE GOVERNMENT OF ANY STATE?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Phi Beta Kappa

24. REFERENCE: List three persons living in the United States or Territories of the United States who are NOT related to you and who have definite knowledge of your job skills and fitness for the position for which you are applying. Do not give address of supervisor listed under Item 16 (EXPERIENCE)

FULL NAME		(Give complete current address, including street and number)	BUSINESS OR OCCUPATION
1.	Norman Armour	o/o Dept. of State, Washington	Diplomat - former Amb. in Caracas
2.	Edward Sparks	o/o Dept. of State, Washington	Diplomat - assigned Amb. in La Paz
3.	William S. Rice	130 E. 56th St., New York, N.Y.	Businessman - Procter & Gamble

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN

YES	NO	INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>	25. HAS INDUSTRY OR WORK OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER QUALITIES BEEN FICTITIOUS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	26. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	27. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY U.S.A. OR ANY COMMUNIST ORGANIZATION?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	28. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	29. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT, OR OF AN ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH HAS ATTEMPTED A PLOT OF ADVANCING OR APPROVING THE OVERTHROW OF OUR FORM OF GOVERNMENT, OR OF AN ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH HAS ATTEMPTED TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><i>If your answer to question 27, 28, or 29 above is "yes," state in Item 30 the names of all such organizations, associations, movements, groups, or combinations of persons and dates of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities therein.</i></p>				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	30. SINCE YOUR 18TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, INDICTED, OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED, FINED, OR IMPRISONED OR PLACED ON PROBATION OR HAVE YOU EVER BEEN ORDERED TO PAY BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, REGULATION OR ORDINANCE, INCLUDING MINOR TRAFFIC VIOLATIONS, WHICH A FINE OR FORFEITURE OF \$5 OR LESS WAS IMPOSED?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><i>If your answer is "Yes," list all such cases under Item 30 below. Give in each case (1) the date, (2) the nature of the offense or violation, (3) the name and location of the court, (4) the penalty imposed, if any, or other disposition of the case. If appointed, your fingerprints will be taken.</i></p>				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	31. HAVE YOU EVER BEEN RESEARCHED OR FORCED TO RESIGN, FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><i>If your answer is "Yes," give in Item 31 the name and address of employer, date, and reason in each case.</i></p>				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	32. HAVE YOU EVER BEEN CENSURED BY THE U.S. CIVIL SERVICE COMMISSION FROM TAKING LEAVE FROM OR ACCEPTING OTHER SERVICE APPOINTMENTS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><i>If your answer is "Yes," give dates of and reasons for such disbarment in Item 32.</i></p>				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	33. HAVE YOU EVER BEEN HANDICAPED, DISEASED, OR OTHER DEBILITY WHICH WOULD BE A DISQUALIFYING DEFECT TO WORK?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><i>If your answer is "Yes," give in Item 33 the date of onset of the disability, its nature, and your physical fitness for work.</i></p>				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	34. DO YOU HAVE ANY OTHER DEFECTS OR DEFICIENCIES WHICH WOULD BE A DISQUALIFYING DEFECT TO WORK?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><i>If your answer is "Yes," give complete details in Item 34.</i></p>				
<p>35. SPACE FOR USE OF APPOINTING OFFICER ONLY. Indicate item numbers to which answers apply.</p>				

37. (A) WERE YOU EVER IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING TIME OF WAR?

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

(B) IS THE WORD "HONORABLE" OR THE WORD "SATISFACTORY" USED IN YOUR DISCHARGE OR SEPARATION PAPERS TO SHOW THE TYPE OF YOUR DISCHARGE OR SEPARATION?

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

(C) WAS SERVICE PERFORMED ON AN ACTIVE FULL TIME BASIS, WITH FULL MILITARY PAY AND ALLOWANCES?

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

(D) DATE OF ENTRY OR ENTRIES INTO SERVICE: **September 1943** DATE OF SEPARATION OR SEPARATIONS: **March 1945**

BRANCH OF SERVICE (Army, Navy, Marine Corps, Coast Guard, etc.): **Army** SERIAL NO. (if none, give grade or rating at time of separation): **35228658**

38. (A) IF YOU SERVED IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING PLACE TIME ONLY, DID YOU PARTICIPATE IN A CAMPAIGN OR EXPEDITION AND RECEIVE A CAMPAIGN BADGE OR SERVICE RIBBON?

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

(B) ARE YOU A DISABLED VETERAN?

If an answer you have not based your disability in answer to Item 33, explain in Item 39 below.

(C) ARE YOU A VETERAN'S WIDOW WHO HAS NOT REMARRIED?

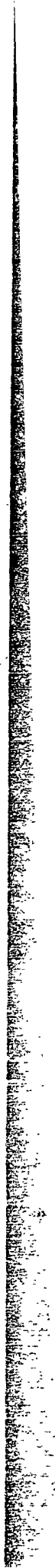
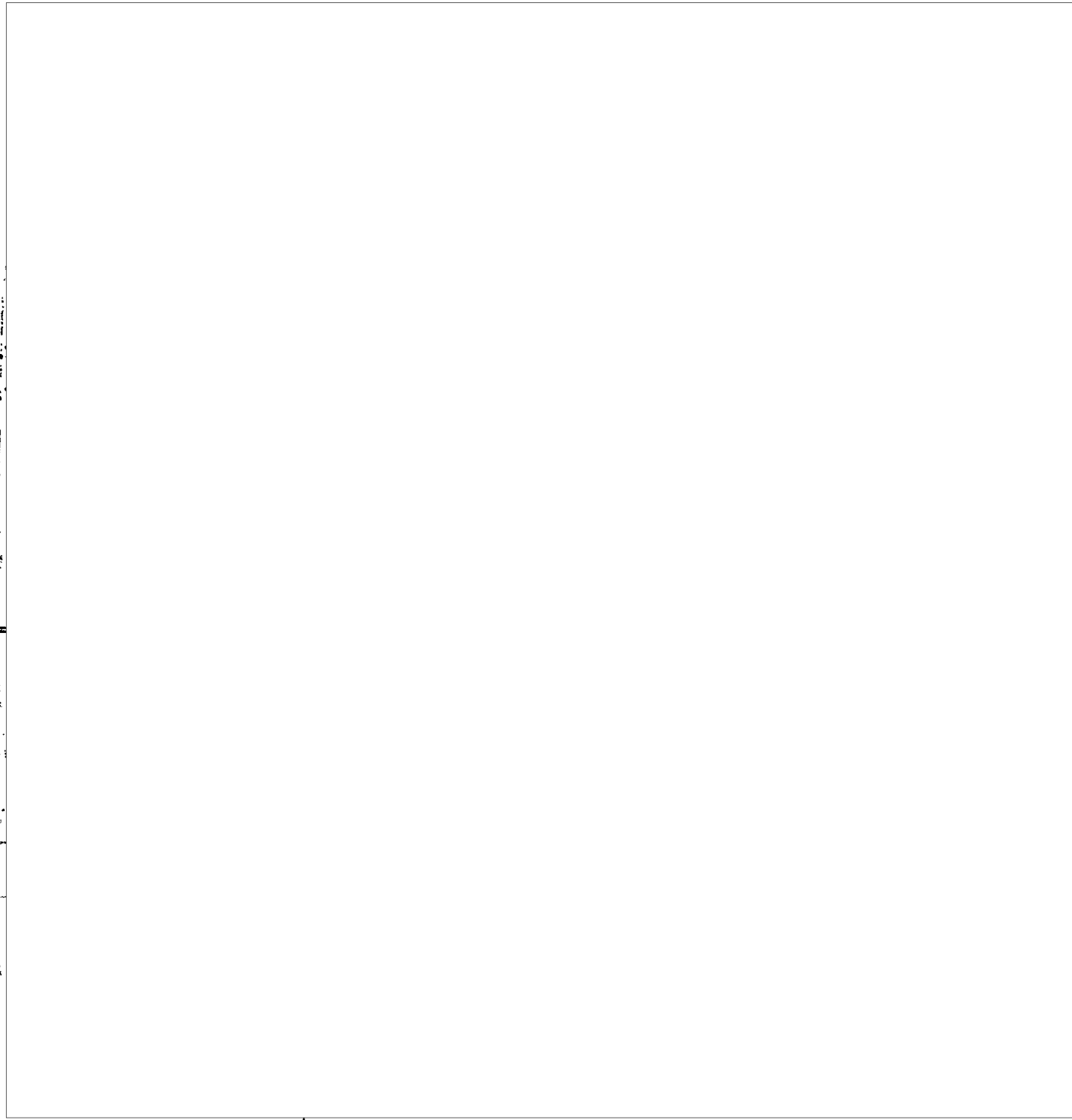
(D) ARE YOU THE WIFE OF A VETERAN WHO HAS A SERVICE CONNECTED DEBILITY WHICH QUALIFIES HIM FOR CIVIL SERVICE APPOINTMENT?

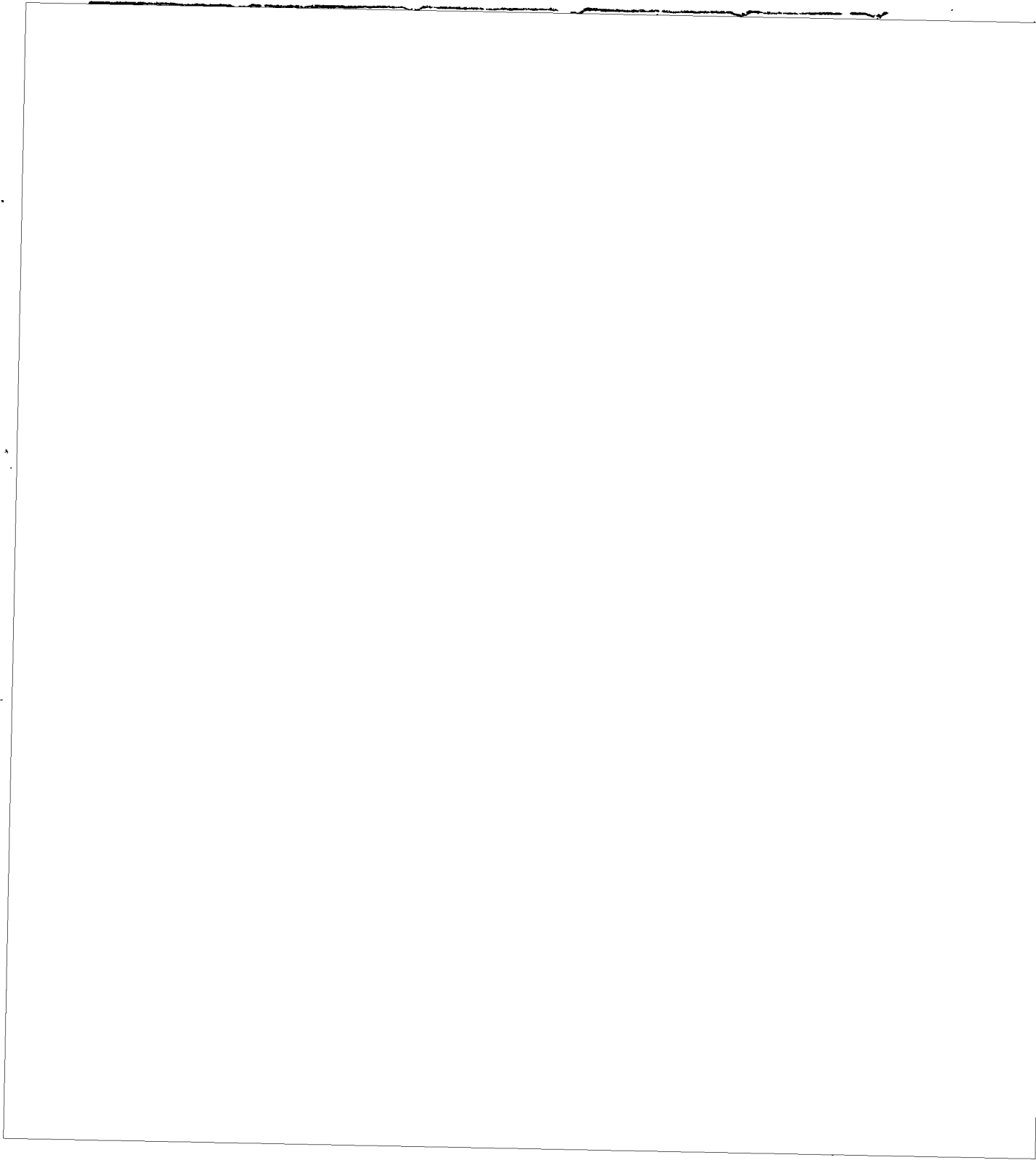
THIS SPACE FOR USE OF APPOINTING OFFICER ONLY

The information contained in this application is true and correct to the best of my knowledge and belief, and I am not aware of any facts which would disqualify me for appointment to the position for which I am applying.

Signature: **Robert T. Slaw** Title: _____

Before signing this application check back over it to make sure that you have answered ALL questions correctly. I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. False statements on this application is punishable by Law (U.S. Code, Title 18, Section 493).





FIM/cb

