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14-00000

Personnel Actions
After Mexico City Assignment

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 11 SEPTEMBER 1963					
1. SERIAL NUMBER 009274		2. NAME (Last-First-Middle) CARTY, F. R.									
3. NATURE OF PERSONNEL ACTION REASSIGNMENT				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 09 15 63		5. CATEGORY OF EMPLOYMENT REGULAR					
6. FUNDS V TO V CF TO V XX		V TO CF CF TO CF		7. COST CENTER NO. CHARGE-ABLE 4135-5700-1000		8. LEGAL AUTHORITY (Completed by Office of Personnel)					
9. ORGANIZATIONAL DESIGNATIONS DDP NH BRANCH 3 MEXICO, MEXICO STATION CITY				10. LOCATION OF OFFICIAL STATION MEXICO, MEXICO							
11. POSITION TITLE OPS OFFICER				12. POSITION NUMBER 418		13. CAREER SERVICE DESIGNATION D					
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 12		17. SALARY OR RATE 9790					
18. REMARKS FROM: DDP/NH/400/MEXICO STATION											
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Recorded by CSPD <i>Lhr</i> </div>											
18A. SIGNATURE OF REQUESTING OFFICIAL <i>Robert D. Cashman</i> ROBERT D. CASHMAN, C/W/PERS			DATE SIGNED 9/12/63		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>Dwight M. Collins</i> Dwight M. Collins		DATE SIGNED 13 Sep 63				
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY. CODE	21. OFFICE CODING NUMERIC ALPHABETIC		22. STATION CODE	23. INTER-STATE CODE	24. N. Y. S. CODE		25. DATE OF BIRTH MO. DA. YR.	26. DATE OF GRAY MO. DA. YR.	27. DATE OF LEI MO. DA. YR.	
37	10	100/WH		45075		3		01/06/12			
28. NTE EXPIRES MO. DA. YR.		29. SPECIAL REFERENCE	30. RETIREMENT DATA 1 - CSE 2 - FICA 3 - NONE		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA FORM NO. DA. YR.		EOD DATA →		33. SECURITY REQ. NO.	34. SER
35. VET. PREFERENCE CODE 0 - NONE 1 - 5 YR. 2 - 10 YR.	36. SERV. COMP. DATE MO. DA. YR.		37. LONG. COMP. DATE MO. DA. YR.		38. CAREER CATEGORY CAR/RESV CODE PROB/TEMP	39. FECA / HEALTH INSURANCE CODE 0 - WAIVED 1 - YES		40. SOCIAL SECURITY NO.			
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)				42. LEAVE CAT CODE	43. FEDERAL TAX DATA FORM EXECUTED CODE 1 - YES 2 - NO		44. STATE TAX DATA FORM EXECUTED CODE 1 - YES 2 - NO		45. TAX EXEMPTIONS CODE 1 - YES 2 - NO		46. STATE CODE CODE (LUMP)
45. POSITION CONTROL CERTIFICATION <i>W. Kearney</i> 9/18/63					46. O.P. APPROVAL <i>Robert B. Lopez</i>			DATE APPROVED 17 Sep 63			

SECRET
(When Filled In)

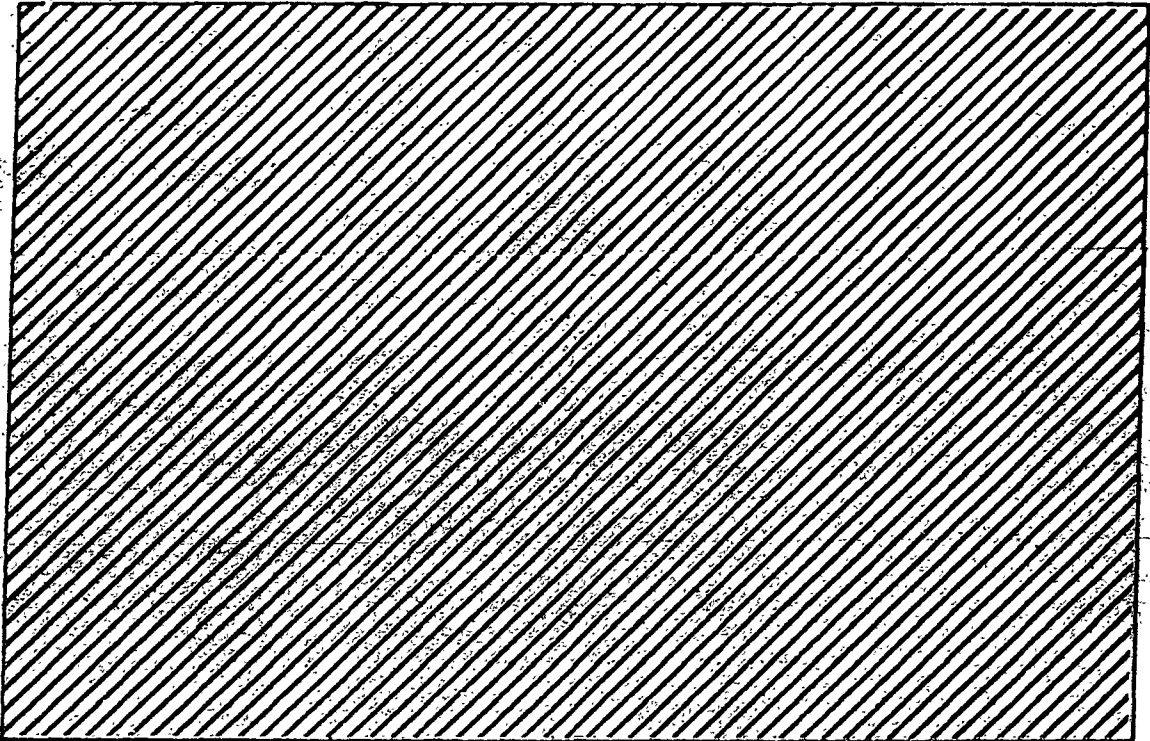
77B

XXB REQUEST FOR PERSONNEL ACTION					DATE PREPARED 17 JULY 1963						
1. SERIAL NUMBER 009274		2. NAME (Last-First-Middle) ██████████ CARTY, F. R.			4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 06 10 63			9. CATEGORY OF EMPLOYMENT REGULAR			
3. NATURE OF PERSONNEL ACTION REASSIGNMENT		6. FUNDS		7. COST CENTER NO. CHARGEABLE 4135-5700-1000		8. LEGAL AUTHORITY (Completed by Office of Personnel)					
9. ORGANIZATIONAL DESIGNATIONS DDP WH BRANCH 3 MEXICO, MEXICO STATION City		10. LOCATION OF OFFICE STATION City MEXICO, MEXICO			11. POSITION TITLE OPS OFFICER		12. POSITION NUMBER 400		13. CAREER SERVICE DESIGNATION D		
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 12 2		17. SALARY OR RATE \$ 9790					
18. REMARKS FROM: DDP/FE/2120/BANGKOK STATION/OPERATIONS BRANCH Tray 27 1 COPY TO FINANCE DIVISION AND OFFICE OF SECURITY Recorded by CSPD EJP											
18A. SIGNATURE OF REQUESTING OFFICIAL ROBERT D. CASHMAN, C/WH/PERS				DATE SIGNED 7/8/63		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER Jim Collins				DATE SIGNED 23 July 63	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE 37	20. EMPLOY CODE 10	21. OFFICE CODING SUPERVISOR SUBSIDIARY 64700 WH		22. STATION CODE 45015	23. INTL/OFF CODE	24. AGENCY CODE 3	25. DATE OF BIRTH MO. DA. YR. 01 10 12	26. NO. OF DEPT.	27. DATE OF LEI		
28. NET. EXPIRES MO. DA. YR.	29. SPEC. A. REFERENCE	30. REASSIGNMENT DATA 1 - CSC 2 - FICA 5 - NONE		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE MO. DA. YR.		33. SECURITY REG. NO.		34. SER		
35. NET. PREFERENCES CODE 0 - NONE 1 - 3 YR 2 - 10 YR		36. DEPT. COMP. DATE MO. DA. YR.	37. LEAD. COMP. DATE MO. DA. YR.	38. CAREER CATEGORY CAREERSY CODE PROV/TEMP		39. REGTY / HEALTH INSURANCE CODE 0 - WAIVER 1 - YES		40. SOCIAL SECURITY NO.			
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - 60 DAYS IN SERVICE 2 - MORE IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)			42. LEAVE CAT. CODE	43. FED. TAX DATA FORM PREVIOUS CODE 1 - YES 2 - NO		44. STATE TAX DATA FORM PREVIOUS CODE 1 - YES 2 - NO		45. SOCIAL SECURITY NO.			
46. POSITION CONTROL CERTIFICATION Kearney 07/25/63					47. O.P. APPROVAL Joseph B. Kagan			DATE APPROVED 23 July 63			

g. l. m.

Fin

SECRET
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
<i>Korty, Florian</i>	<i>Wife - German</i>	<i>63-097</i>

There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on *23 Nov 62*. *ruptured muscles*

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

DATE OF NOTICE <i>3 MAY 1963</i>	SIGNATURE OF BSO REPRESENTATIVE <i>B. Detelice</i>
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NOTICE OF OFFICIAL DISABILITY CLAIM FILE

Personnel Actions
prior to Mexico City
Assignment

SECRET

REPRODUCTION MASTERS

BIOGRAPHIC PROFILE

SECRET

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

CONFIDENTIAL

(When Filled In)

NOTICE OF CREDITABLE SERVICE

[FOR LEAVE PURPOSES]

PREPARE IN ORIGINAL FROM STANDARD FORM NO. 344 AND FORWARD TO FINANCE OFFICE.

NAME (Last, First, Middle)

~~XXXXXXXXXX~~ (P)

OFFICE (and Division)

File & mark
PROMOTION
Gr 4b

EDF/WH

SERVICE COMPUTATION DATE:

26 Dec 1948

2 March 1954

SIGNATURE DA

JOHN L. BISCHOFF, Chief/SCAPS

CHIEF, TRANSACTIONS AND RE. BRANCH

FORM NO. 37-157
1 MAR 54

CONFIDENTIAL

(4)

ORIGINAL BIOGRAPHIC PROFILE

(sanitized version in file)

Personnel Actions After
Mexico City Assignment

DLS: 13
KX SEPT 63

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION														
NCB														
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)												
009274		KARTY, FLORYAN R.												
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE			5. CATEGORY OF EMPLOYMENT					
REASSIGNMENT						09 15 63			REGULAR					
6. FUNDS		V TO V		V TO CP		7. COST CENTER NO. (CHARGEABLE)			8. CSC OR OTHER LEGAL AUTHORITY					
CP TO V		X		CP TO CP		4135 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. SERVICE DESIGNATION					
OPS OFFICER						0418			D					
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE						
GS				0136.01		12 2		9790						
18. REMARKS														
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED ON 07-45 1963 </div>														
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL														
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. MONTHS			25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI	
37	10	NUMERIC	ALPHABETIC	45075	3	MO	DA	YR	MO	DA	YR	MO	DA	YR
51400	WH	45075	3	01	06	12								
29. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA			33. SECURITY REG NO.		34. SEX	
NO DA YR				1. CSC 2. PICA 3. NONE		CODE		TYPE MO DA YR			EOD DATA			
35. VET PREFERENCE		36. SERV. COMP. DATE		37. LONG COMP. DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE			40. SOCIAL SECURITY NO.			
CODE		MO DA YR		MO DA YR		CAN RESV PROV TEMP		CODE CODE 0 - WAIVER 1 - YES			HEALTH INS CODE			
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT.		43. FEDERAL TAX DATA			44. STATE TAX DATA					
CODE				CODE		FORM EXECUTED CODE NO TAX EXEMPTIONS			FORM EXECUTED CODE NO TAX EXEMPTIONS					
0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)						1 - YES 2 - NO			1 - YES 2 - NO					
SIGNATURE OR OTHER AUTHENTICATION														
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED 07/24/63 WK </div>														

MHC: 31 JULY 63

SECRET
(When Filled In)

OCCASIONAL										NOTIFICATION OF PERSONNEL ACTION														
1. SERIAL NUMBER 009274					2. NAME (LAST FIRST MIDDLE) XXXXXXXXXXXX KATHY, FLECKMAN R					3. NATURE OF PERSONNEL ACTION REASSIGNMENT					EFFECTIVE DATE 06 09 63					4. CATEGORY OF EMPLOYMENT REGULAR				
6. FUNDS		V TO V		CF TO V		V TO CF		CF TO CF		7. COST CENTER NO. CHARGEABLE 4135 5700 1000					8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J									
9. ORGANIZATIONAL DESIGNATIONS DDP WH BRANCH 3 MEXICO CITY, MEXICO STATION										10. LOCATION OF OFFICIAL STATION MEXICO CITY, MEXICO														
11. POSITION TITLE OPS OFFICER										12. POSITION NUMBER 0400					13. SERVICE DESIGNATION D									
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS					15. OCCUPATIONAL SERIES 0136.01					16. GRADE AND STEP 12 2					17. SALARY OR RATE 9790									
18. REMARKS																								
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. IN/DEGREE CODE		24. MGRY CODE		25. DATE OF BIRTH			26. DATE OF GRADE			27. DATE OF LEI				
37		10		64700 WH				45075		3		01 06 12												
28. NTE EXPIRES			29. SPECIAL REFERENCE			30. RETIREMENT DATA			31. SEPARATION DATA CODE			32. CORRECTION/CANCELLATION DATA			33. SECURITY REG NO.			34. SEX						
															EOD DATA									
35. VET. PREFERENCE		36. SERV. COMP. DATE				37. LONG COMP. DATE				38. CAREER CATEGORY				39. FEGLI / HEALTH INSURANCE				40. SOCIAL SECURITY NO.						
CODE		NO DA YR				NO DA YR				CODE				CODE				CODE						
0 - NONE 1 - 5 PT 2 - 10 PT										CAE RESV -NONE TEMP				0 - WRITER 1 - YES				HEALTH INS CODE						
41. PREVIOUS GOVERNMENT SERVICE DATA						42. LEAVE CAT CODE				43. FEDERAL TAX DATA						44. STATE TAX DATA								
CODE						CODE				CODE						CODE								
0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)										FORM EXECUTED 1 - YES 2 - NO						FORM EXECUTED 1 - YES 2 - NO								
SIGNATURE OF OTHER AUTHENTICATION																								
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p style="margin: 0;">POSTED</p> <p style="margin: 0;">08/02/63 [Signature]</p> </div>																								

FORM 1150 11 62

Use Previous Edition

SECRET

31 JUL 63

FORM 1150 11 62 (When Filled In)

A. Fitness Reports covering period after
Mexico City Assignment

B. Personnel Actions for period prior
to Mexico City Assignment

SECRET

(When Filled In)

FITNESS REPORT

EMPLOYEE SERIAL NUMBER

009274

SECTION A GENERAL							
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH		3. SEX	4. GRADE		5. SD
[REDACTED] <i>CAROLYN FLECK</i>		1912		M	GS-12		D
6. OFFICIAL POSITION TITLE				7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION	
Ops Officer				DDP/WH/1		Mexico City	
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> SPECIAL (Specify)	<input type="checkbox"/> INITIAL	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT SUPERVISOR	<input checked="" type="checkbox"/> REASSIGNMENT EMPLOYEE
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From To)			
December 1964				1 Jan 1964 - 22 November 1964			

SECTION B PERFORMANCE EVALUATION	
W - Weak	Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.
A - Adequate	Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.
P - Proficient	Performance is more than satisfactory. Desired results are being produced in a proficient manner.
S - Strong	Performance is characterized by exceptional proficiency.
O - Outstanding	Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

SPECIFIC DUTIES

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

SPECIFIC DUTY NO. 1	Case Officer for Soviet access agents.	RATING LETTER	P
SPECIFIC DUTY NO. 2	Analyst work, preparing Soviet personality reports. ✓	RATING LETTER	S
SPECIFIC DUTY NO. 3	Transcription into English of Russian technical product, and preparation of interpretative renditions of same when necessary.	RATING LETTER	O
SPECIFIC DUTY NO. 4		RATING LETTER	
SPECIFIC DUTY NO. 5		RATING LETTER	
SPECIFIC DUTY NO. 6		RATING LETTER	

POSTED ON
[Signature]

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.

7 JAN 1965

RATING LETTER
S ✓

SECRET
(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable. As explained in the previous fitness report, Subject was assigned to the Station for the purpose of taking charge of the Station's joint telephone tap center, a position for which he was and is eminently qualified by reason of extensive experience and outstanding language qualifications. However, this position did not materialize because of circumstances beyond the control of Subject and the Station.</p> <p>It was therefore subsequently decided to train Subject locally, and have him gradually assume case officer and analyst responsibilities in certain simpler aspects of the Station's Soviet program.</p> <p>Given the circumstances that Subject had not had prior case officer or analytical experience (or even any substantial past exposure to operations to give him vicarious experience) he progressed more than adequately in absorbing the training offered, in assuming responsibility for two Soviet operations and in the preparation of analytical studies on the Soviet complement. Given the further circumstances that the Station did not have the time to train him more than superficially, and that the operations he handled were basically uncomplicated, it must be stated that Subject cannot now be considered to be a case officer.</p> <p>This conscientious and intelligent officer has high interest and enthusiasm for operations, but it is believed that his forte and future lies in the management of technical operations. This has been recognized also by Headquarters in the assignment presently planned for him.</p> <p>As a staff agent [redacted] he and his family adapted themselves remarkably well to the [redacted] situation and to all other environmental factors.</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		
23 November 1964	[redacted]		
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	
23 November 1964	Ops Officer	s/ Herbert Manell	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
23 November 1964	COS	s/ Winston K. Scott	

SECRET

SECRET
(When Filled In)

98

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				009274			
SECTION A <i>PARTY, LLOYD R.</i> GENERAL							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD	
[REDACTED]			6 Jan 1912	M	GS-12	D	
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION		
Operations Officer			DDP WH 3		Mexico City		
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY		<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT SUPERVISOR		
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)				<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT EMPLOYEE		
<input type="checkbox"/> SPECIAL (Specify)				<input type="checkbox"/> SPECIAL (Specify)			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to)			
28 February 1964				6 August 1963 - 31 December 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 responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
Translation of Russian and Spanish materials.						S	
SPECIFIC DUTY NO. 2						RATING LETTER	
SPECIFIC DUTY NO. 3						RATING LETTER	
SPECIFIC DUTY NO. 4						RATING LETTER	
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	
14 FEB 1964						S	

POSTED ON
17 Feb 64

SECRET

(When Filled In)

SECTION C NARRATIVE COMMENTS OFFICE OF OPERATIONS

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.

FEB 19 1 26 PM '64

From the time of Subject's arrival in Mexico and through all December 1963, he was utilized principally in translation work and was held on tap for the position of heading up the Station's joint telephone tap center. Circumstances beyond the control of the Station and Subject are responsible for the fact that the incumbent in charge of the center will continue these duties and Subject will be given other responsibilities.

Primarily, Subject will be trained to handle analyst and case officer responsibilities in the Soviet field. The level and range of the responsibilities will depend on the progress Subject makes in handling these duties in a manner satisfactory to the Station.

Subject is most conscientious and effective in every assignment given him to date, and the Station is extremely pleased to have him available as an outside Station asset. He is enthusiastic about all his work, including certain part-time routine and arduous duties, and he looks forward with confidence to the prospect of becoming a case officer. Although it is premature to state positively that Subject will succeed as a case officer, the supervisor believes that Subject will undoubtedly progress adequately.

Subject and his family have acclimated themselves excellently to the [redacted] situation, faster than most of the Station's other staff agents, and certainly with fewer problems and requests for guidance from the Station's staff.

SECTION D CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

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

DATE 29 January 1964 SIGNATURE OF EMPLOYEE [redacted]

2. BY SUPERVISOR

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

DATE 29 January 1964 OFFICIAL TITLE OF SUPERVISOR Operations Officer TYPED OR PRINTED NAME AND SIGNATURE /S/ Herbert Lanell

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

DATE 29 January 1964 OFFICIAL TITLE OF REVIEWING OFFICIAL Chief of Station TYPED OR PRINTED NAME AND SIGNATURE /S/ Winston M. Scott

SECRET

Pre 1961 Fitness Reports
and other personnel
documents