

1280-1000, BY 1  
Federal Personnel Manual (FPMR) Ch. 209

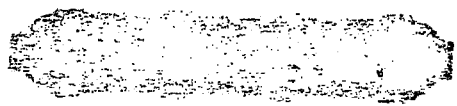
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**Official Personnel Folder**

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H a n d l e   W i t h   C a r e

14-00000

Fox, JEROME  
PO Box 593514 AMF  
M. AMI, FL 33159

Ret. in 75

23 February 1977

Mr. Jerome Fox  
P.O. Box 593514 AMF  
Miami, Florida 33159

Dear Mr. Fox:

Enclosed is correspondence received in the Agency to be forwarded to you. Pursuant to the Privacy Act of 1974, we have made no response. In accordance with our policy, the request is mailed to you for any personal attention you wish to give it.

Sincerely,

/s/

Abraham Schwartz  
Chief, Control Division

Dist.  
Orig. - Adsp.  
1 - TBS  
1 - OFF/FOX, Jerome  
OF/IRB/PCS/GS-1111a(22Feb77)

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### ROUTING AND RECORD SHEET

SUBJECT: (Optional)

FROM:	EXTENSION	NO.
Glenn D. Smith <i>gds</i>	5695	
		DATE
		02/22/77

TO: (Officer designation, room number, and building)	DATE		OFFICER'S INITIALS	COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)
	RECEIVED	FORWARDED		

1.				<p>Mr. Jerome Fox P. O. Box 593514-AMP Miami, FL 33159</p> <p>Dear Mr. Fox:</p> <p>Enclosed is correspondence received in the Agency to be forwarded to you. Pursuant to the Privacy Act of 1974, we have made no response. In accordance with our policy, the request is mailed to you for any personal attention you wish to give it.</p> <p>Sincerely,</p>
2.				
3.				
4.				
5.				
6.				
7.				
8.				
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10.				
11.				
12.				
13.				
14.				
15.				

310     SECRET     CONFIDENTIAL     INTERNAL USE ONLY     UNCLASSIFIED

21 JUN 1975

Mr. Jerome Fox



Dear Mr. Fox:

I am happy to send to you, under separate cover, your Agency Retirement Medallion. The Medallion is a tangible form of recognition and appreciation of your service to the Agency. It should serve as a lasting reminder of an honorable career, rewarding associations and the knowledge that you played your part in a vital activity.

Let me, therefore, add my congratulations and wish you the very best for the future.

Sincerely,

F. W. C. Jarney  
Director of Personnel







SECRET

REQUEST FOR PERSONNEL ACTION		DATE PREPARED 2 MAY 1975																	
1. SERIAL NUMBER 017974	2. NAME (Last-First-Middle) FOX, JEROME																		
3. NATURE OF PERSONNEL ACTION RETIREMENT - DISABILITY - CIARDS FROM EXTENDED SICK LEAVE		4. EFFECTIVE DATE REQUESTED 05   14   75	5. CATEGORY OF EMPLOYMENT REGULAR																
6. FUND X V TO V O TO O	7. FAR AND NSCA 5237-1392-0000	8. MGMT. AUTHORITY (Completed by Office of Public Law 88-643, Section 231)																	
9. ORGANIZATIONAL DESIGNATION DDO/EA DIVISION DEVELOPMENT COMPLEMENT		10. LOCATION OF OFFICIAL STATION WASHINGTON, D.C.																	
11. POSITION TITLE OPS OFFICER	12. POSITION NUMBER DCOF	13. CAREER SERVICE DESIGNATION DMG																	
14. CLASSIFICATION SYMBOL (GS, FS, etc.) GS	15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 13/6	17. SALARY OR RATE \$ 25,451																
18. REMARKS LWD: 6 SEPTEMBER 1974 Co-ordinated with Frank Driscoll/ROB 22 May 1975. CMG/MSB: <i>[Signature]</i> ROB: _____ <i>[Signature]</i> MSB/RS																			
19A. SIGNATURE OF REQUESTING OFFICER <i>[Signature]</i> MICHAEL PAVLYK, CIARS/RS		DATE SIGNED 5/20/75	19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>[Signature]</i>																
DATE SIGNED 6/1/75																			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																			
<table border="1"> <tr> <td>20. ACTION CODE</td> <td>21. EFFECTIVE DATE</td> <td>22. DATE OF REVIEW</td> <td>23. DATE OF REVIEW</td> </tr> <tr> <td>24. ACTION CODE</td> <td>25. EFFECTIVE DATE</td> <td>26. DATE OF REVIEW</td> <td>27. DATE OF REVIEW</td> </tr> <tr> <td>28. ACTION CODE</td> <td>29. EFFECTIVE DATE</td> <td>30. DATE OF REVIEW</td> <td>31. DATE OF REVIEW</td> </tr> <tr> <td>32. ACTION CODE</td> <td>33. EFFECTIVE DATE</td> <td>34. DATE OF REVIEW</td> <td>35. DATE OF REVIEW</td> </tr> </table>				20. ACTION CODE	21. EFFECTIVE DATE	22. DATE OF REVIEW	23. DATE OF REVIEW	24. ACTION CODE	25. EFFECTIVE DATE	26. DATE OF REVIEW	27. DATE OF REVIEW	28. ACTION CODE	29. EFFECTIVE DATE	30. DATE OF REVIEW	31. DATE OF REVIEW	32. ACTION CODE	33. EFFECTIVE DATE	34. DATE OF REVIEW	35. DATE OF REVIEW
20. ACTION CODE	21. EFFECTIVE DATE	22. DATE OF REVIEW	23. DATE OF REVIEW																
24. ACTION CODE	25. EFFECTIVE DATE	26. DATE OF REVIEW	27. DATE OF REVIEW																
28. ACTION CODE	29. EFFECTIVE DATE	30. DATE OF REVIEW	31. DATE OF REVIEW																
32. ACTION CODE	33. EFFECTIVE DATE	34. DATE OF REVIEW	35. DATE OF REVIEW																
<p>28. ACTION CODE</p> <p>29. EFFECTIVE DATE</p> <p>30. DATE OF REVIEW</p> <p>31. DATE OF REVIEW</p> <p>32. ACTION CODE</p> <p>33. EFFECTIVE DATE</p> <p>34. DATE OF REVIEW</p> <p>35. DATE OF REVIEW</p>																			

1117

SECRET

13 OCT 1975



SUMMARY OF AGENCY EMPLOYMENT

Mr. Jerome Fox

1955-1962: Economic Analyst - Conducted research and analysis including statistical studies of Sino-Soviet Bloc production of military equipment and related materials. Duties included the collection of economic intelligence information; briefings and debriefings; training of human sources in Latin America and Asia; the preparation of inter-departmental studies and the development of technical devices to aid in the collection of economic intelligence.

1963-1974: Intelligence Operations Officer - Served in various staff, supervisory and liaison capacities on U.S. and Asian area assignments. Was primarily concerned with the collection, evaluation and reporting of high priority intelligence of national interest including economic, political, social and military aspects of nations where assigned. Conducted liaison with foreign government officials, law enforcement officers, senior military officers, influential businessmen and an array of socio-political and religious leaders who had knowledge of interest to the U.S. Government and some of whom were in a position to influence their governments and mold public opinion in support of U.S. foreign policy objectives.

14-00000

Supervised a staff of as many as 10 Americans and foreign nationals and provided guidance and assistance to colleagues involved in similar activities. At various times was responsible for the staffing, budgeting and management of major programs and projects.

SECRET  
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)				9 September 1974	
017974		Fox, Jerome					
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE REQUESTED		5. CATEGORY OF EMPLOYMENT	
Reassignment				MONTHS DAY YEAR 09 05 74		Regular	
6. FUNDS		7. FAN AND NSCA		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
X V TO V O TO V		V TO O O TO O		5237-1392 0000			
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION			
DDO/EA Division Development Complement				Washington, D.C.			
11. POSITION TITLE		12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION			
Ops Officer		9997		DMG			
14. CLASSIFICATION SCHEDULE (GS, FS, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE	
GS		0136-01		13 6		24,122	
18. REMARKS							
<p style="text-align: right;">* HB:EA</p> <p>Reassigned from: DDO/EA/JK/K Position #4408</p> <p>Pending Disability Retirement</p> <p>* OTHER</p>							
19A. SIGNATURE OF REQUESTING OFFICIAL				DATE SIGNED		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER	
Robert E. Bowen Michael Pavlyak				09/10/74		Janet A. ... CMG/MID	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODE	22. STATION CODE	23. BRANCH CODE	24. POINTS	25. DATE OF BIRTH	26. DATE OF GRADE
37	18	45717 EA	75013	1	10/09/38		
27. RETIREMENT DATA	28. SPECIAL PAYMENTS	29. SEPARATION DATA	30. CORRECTION/CALCULATION DATA	31. SECURITY REG. NO.	32. LER	EOD DATA	
33. PRE-REFERENCE	34. SERV. COMP. DATA	35. LEAVE CAT.	36. LABEL CATEGORY	37. HEALTH/HEALTH INSURANCE	38. SOCIAL SECURITY NO.		
39. PREVIOUS CIVILIAN GOVERNMENT SERVICE	40. LEAVE CAT.	41. FEDERAL EMP. DATA	42. STATE EMP. DATA				
43. POSITION CONTROL CERTIFICATION				44. OFF. APPROVAL		DATE APPROVED	
OK 9/10/74				Cork Harrison		9/12/74	

FORM 1152 1-77

USE PREVIOUS EDITION

SECRET

CLASSIFIED BY 01-0332

FORM 1152

ADMINISTRATIVE  
RESPONSE FILE

6 SEP 1974

**MEMORANDUM FOR :** Mr. Jerome Fox

**THROUGH :** Head of D Career Service

**SUBJECT :** Notification of Approval of Disability Retirement

1. This is to inform you that the Director of Personnel has approved your request for disability retirement under the CIA Retirement and Disability System. On the basis of medical evidence, the Director of Personnel has determined that your disability is of a permanent nature; therefore, no further medical review of your case will be required.

2. Your retirement will become effective 14 May 1975, the expiration date of your accrued sick leave. You may be assured that every effort will be made to expedite delivery of your first check following completion of the administrative details required to effect your retirement.

Ronald Gage  
Chief  
Retirement Affairs Division

- Distribution:
- 0 - Addressee
  - 1 - D Career Service
  - 1 - OMS
  - 1 - CPF
  - 1 - ROB Soft File
  - 1 - ROB Reader

OP/RAD/ROB/WFMadigan:jat/3257 (5 September 1974)

ADMINISTRATIVE  
MEMORANDUM

2 JUL 1974

**MEMORANDUM FOR :** Chairman, Board of Medical Examiners

**SUBJECT :** Request for Medical Evaluation -  
Mr. Jerome Fox

1. Subject, a participant in the CIA Retirement and Disability System, has applied for disability retirement under the provisions of Section 231 of Public Law 88-643, Central Intelligence Agency Retirement Act of 1964 for Certain Employees. It is requested that a medical examination be arranged for Subject and that a written report of the Board of Medical Examiners as prescribed in paragraph f.(4) of HR 20-50 be submitted to the Director of Personnel.

2. Attached are copies of the Supervisor's Statement and the Application for Disability Retirement. The Office of Personnel has been advised by the Office of Medical Services that a private physician's statement has been forwarded directly to them.

3. Mr. Fox will remain on duty pending a decision on his application for retirement.

*R. L. Austin, Jr.*  
Deputy Director of Personnel  
for Special Programs

**Attachments:**

- a. Supervisor's Statement
- b. Application

**Distribution:**

- 0 & 1 - Addressee
- 1 - D/Pers
- 1 - OPF
- 1 - ROB Soft File
- 1 - ROB F nder

ADMINISTRATIVE  
INTERNAL USE ONLY

OP/RAD/ROB/WFMadigan:jat/3257 (28 June 1974)

SECRET  
(When Filled In)

<b>REQUEST FOR PERSONNEL ACTION</b>		DATE PREPARED <b>3 JANUARY 1974</b>	
1. SERIAL NUMBER <b>017974</b>		2. NAME (Last-First-Middle) <b>FOX, JEROME</b>	
3. NATURE OF PERSONNEL ACTION <b>REASSIGNMENT</b>		4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR <b>01 20 74</b>	
5. FUNDS <input checked="" type="checkbox"/> X V TO V <input type="checkbox"/> C TO V		6. LEGAL AUTHORITY (Completed by Office of Personnel)	
7. FINANCIAL ANALYSIS NO. (Chargeable) <b>4237-1374-0000</b>		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS <b>DDO/EAST ASIA DIVISION JAPAN AND KOREA BRANCH KOREA SECTION</b>		10. LOCATION OF OFFICIAL STATION <b>WASHINGTON, D.C.</b>	
11. POSITION TITLE <b>OPS OFFICER</b>		12. POSITION NUMBER <b>4400</b>	
13. CLASSIFICATION SCHEDULE (GS, LB, etc.) <b>GS</b>		14. OCCUPATIONAL SERIES <b>0136.01</b>	
15. GRADE AND STEP <b>13 6</b>		16. SALARY OR RATE <b>\$24,122</b>	
17. REMARKS <b>FROM: EA/PMI #4024</b>			
18A. SIGNATURE OF REQUESTING OFFICIAL <i>Ernest L. Hardt</i> <b>ERNEST L. HARDT, CEA/PERS</b>		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>Paul ...</i> <b>Paul ...</b>	
DATE SIGNED <b>1/14/74</b>		DATE SIGNED <b>7 Jan 74</b>	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE <b>3710</b>	20. EMPLOY CODE <b>4500 EA</b>	21. OFFICE CODING NUMERIC ALPHABETIC <b>75013</b>	22. STATION CODE <b>75013</b>
23. INTEGRITY CODE	24. POSTS CODE	25. DATE OF BIRTH MO DA YR <b>1 10 09 28</b>	26. DATE OF GRADE MO DA YR
27. DATE OF LEI MO DA YR	28. BTE EMPRES MO DA YR	29. SPECIAL REFERENCE 1-FC 2-UPGR 3-FILE 4-REPL	30. RETIREMENT DATA CODE
31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE MO DA YR	33. SECURITY REQ. NO.	34. SER
35. VET. PREFERENCE CODE 0-None 1-5 YR 2-10 YR	36. SSV (COMP. DATE) MO DA YR	37. LONS (COMP. DATE) MO DA YR	38. CAREER CATEGORY CODE
39. FEAT/HEALTH INSURANCE CODE 0-None 1-FFB 2-BB/OPF 3-INS/USFSA	40. SOCIAL SECURITY NO.	41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NO PREVIOUS SERVICE 1-NO DATE OF SERVICE 2-DATE OF SERVICE (LESS THAN 3 YEARS) 3-DATE OF SERVICE (MORE THAN 3 YEARS)	42. LEAVE CAT. CODE
43. FEDERAL TAB DATA FORM EXECUTED CODE NO. TAX EXEMPTIONS	44. STATE TAB DATA FORM EXECUTED CODE NO. TAX STATE CODE	45. POSITION CONTROL CERTIFICATION <b>11/13/74</b>	46. CP APPROVAL <i>William ...</i> <b>1-9-74</b>
DATE APPROVED		DATE APPROVED	



SECRET  
(When Filled In)

# REQUEST FOR PERSONNEL ACTION

DATE PREPARED

2 OCTOBER

1. SERIAL NUMBER: 017974  
2. NAME (Last-First-Middle): FOX, JEROME

F  
S

3. NATURE OF PERSONNEL ACTION: REASSIGNMENT AND TRANSFER TO VOUCHERED FUNDS  
4. EFFECTIVE DATE REQUESTED: MONTH 10, DAY 14, YEAR 73  
5. CATEGORY OF EMPLOYMENT: REGULAR

6. FUNDS: XX  
7. PAY AND NSCA: 4237-1374-0000  
8. LEGAL AUTHORITY (Completed by Office of Personnel)

9. ORGANIZATIONAL DESIGNATION: DDO/EA DIVISION, P. I., MALAYSIA, INDONESIA BRANCH, PHILIPPINE SECTION  
10. LOCATION OF OFFICIAL STATION: WASH., D.C.

11. POSITION TITLE: OPS OFFICER (D-13)  
12. POSITION NUMBER: 4024  
13. CAREER SERVICE DESIGNATION: D

14. CLASSIFICATION SCHEDULE (GS, LB, etc.): GS  
15. OCCUPATIONAL SERIES: 0136.01  
16. GRADE AND STEP: 13 6A  
17. SALARY OR RATE: 24,122  
18. OTHER: 229AS

18. REMARKS: FROM: DDO/EA/PMI/MS/#4939/MANILA, P. I.

19A. SIGNATURE OF REQUESTING OFFICIAL: Ernest L. Hardt, C/EA/PERS  
DATE SIGNED: 10/2/73  
19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER: [Signature]  
DATE SIGNED: 10-4-73

### SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING	22. STATION CODE	23. INTELLIGENCE CODE	24. ROTARY CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI
10	10	4510 EA	7003			10/09/28		
28. VET. PREFERENCE	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA	32. COLLECTION/CANCELLATION DATA	33. SECURITY REG. NO.	34. SEX	EOD DATA	
35. VET. PREFERENCE CODE	36. SERV. COMP. DATE	37. LONG. COMP. DATE	38. CAREER CATEGORY	39. FEGLI/HEALTH INSURANCE	40. SOCIAL SECURITY NO.			
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE	42. LEAVE CAT. CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA					
45. POSITION CONTROL CERTIFICATION				46. OP. APPROVAL	DATE APPROVED			
[Signature]				[Signature]	982773			

FORM 1152 8-72

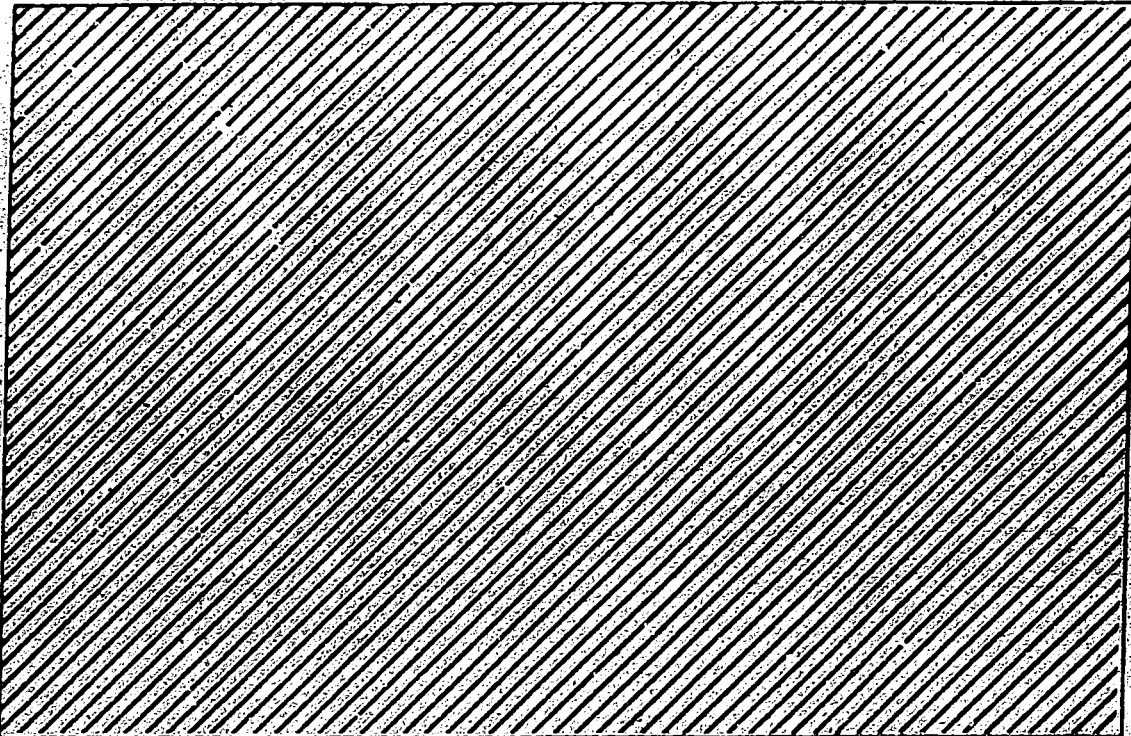
USE PREVIOUS EDITION

SECRET CLASSIFIED BY 01-0333

01-2 APCB

141

ADMINISTRATIVE - INTERNAL USE ONLY



NAME OF EMPLOYEE (Last-First-Middle) FOX, Jerome	NAME AND RELATIONSHIP OF DEPENDENT W-Mary A.	CLAIM NUMBER 74-0194
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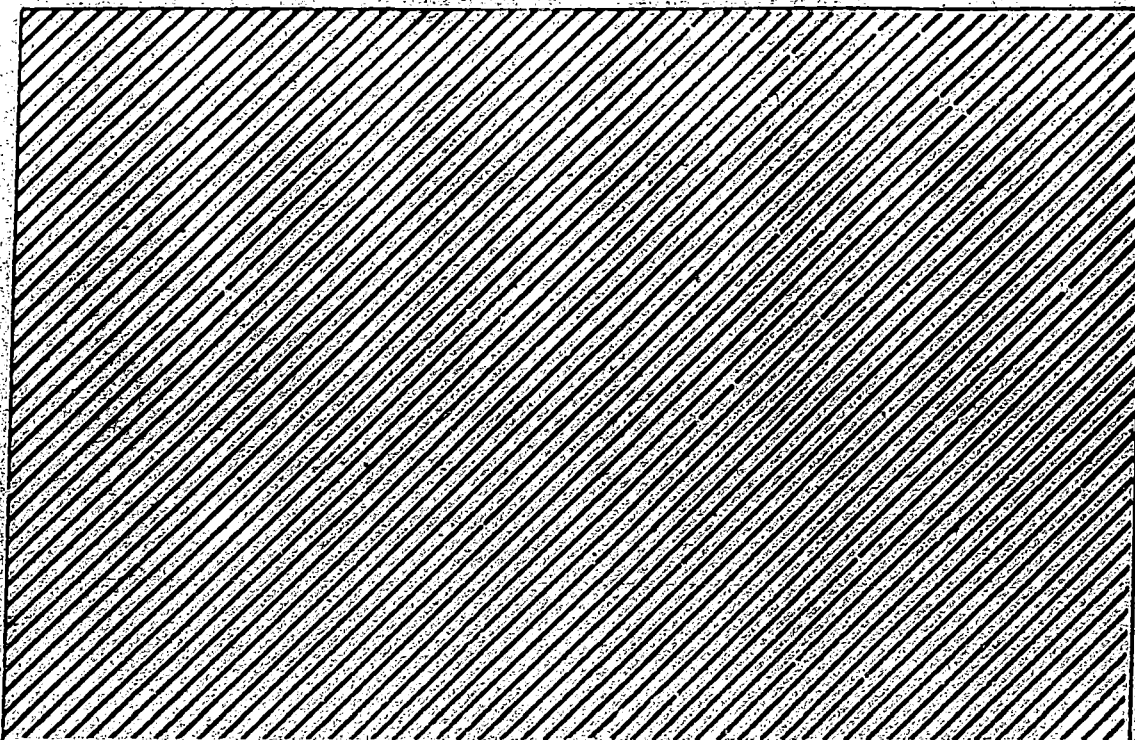
There is on file in the Personal Affairs Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent\*) for an illness, injury, or death incurred on 1 July 1973.

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 11 Sept 1973	SIGNATURE OF BSO REPRESENTATIVE <i>R. L. [Signature]</i>
--------------------------------	---

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

ADMINISTRATIVE - INTERNAL USE ONLY



NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT	CLAIM NUMBER
FOX, Jerome	Self	74-0096

There is on file in the Personal Affairs Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent\*) for an illness, injury, or death incurred on 30 June 1973.

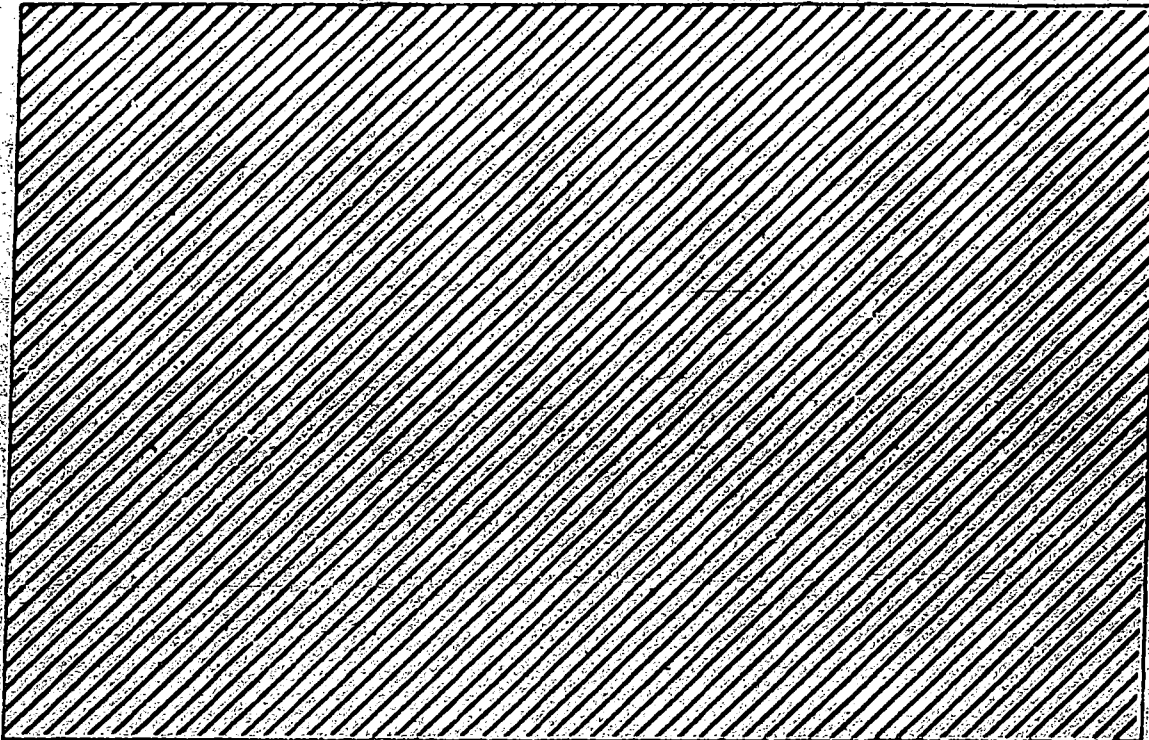
This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE  
27 August 1973

SIGNATURE OF BDD REPRESENTATIVE  
*[Handwritten Signature]*

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

**SECRET**  
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NAME OF EMPLOYEE (Last-First-Middle) <b>FOX, Jerome</b>	NAME AND RELATIONSHIP OF DEPENDENT <b>SELF</b>	CLAIM NUMBER <b>72-0959</b>
--	---	--------------------------------

There is on file in the Personal Affairs 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 18 February 1972.

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 <b>9 May 72</b>	SIGNATURE OF USG REPRESENTATIVE
-----------------------------------	---------------------------------

**NOTICE OF OFFICIAL DISABILITY CLAIM FILE**

SECRET

12164

MEMORANDUM FOR: Deputy Director for Plans 20 Apr 71

THROUGH : Director of Personnel

SUBJECT : Departure Short of Tour and Home Leave -  
Mr. Jerome Fox

REFERENCE : CSN 20-89, PERSONNEL, 16 April 1971

1. Paragraph four contains a recommendation for your approval.

2. Mr. Jerome Fox is a GS-13 Operations Officer who has been assigned to the Manila Station since 20 May 1969. His current tour will end on 19 May 1971; his request for a second tour after home leave has been approved.

3. Mr. Fox's wife has acrophobia and does not fly. In view of her condition she has been authorized round-trip travel by sea. The Division has authorized Mr. Fox and children to accompany her on the voyage from Manila to the U. S.

4. Manila Station advises that the Fox Family can be accommodated on a ship scheduled to sail from Manila on 3 May. In order to make the sailing, Mr. Fox would have to depart post before completion of his tour. The Far East Division recommends approval for Mr. Fox to depart Manila short of tour for home leave.

*William E. Nelson*  
William E. Nelson  
Chief, Far East Division

CONCUR:

*J. C. Christy*  
Director of Personnel

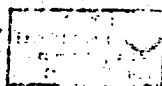
*20 April 1971*  
Date

The request contained in Paragraph four is APPROVED:

*D. M. Moran*  
Deputy Director for Plans

*3 May 71*  
Date

SECRET



SECRET  
(When Filled In)

F  
22

REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
1. SERIAL NUMBER 017714						18 AUGUST 1970	
2. NAME (Last-First-Middle) FOX, JEROME							
3. NATURE OF PERSONNEL ACTION REASSIGNMENT				4. EFFECTIVE DATE REQUESTED 08 21 70		5. CATEGORY OF EMPLOYMENT REGULAR	
6. FUNDS		7. FINANCIAL ANALYSIS NO. CHARGEABLE 1137-1639		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS DDP/FE FOREIGN FIELD Manila Station FF/HAI Unilateral Branch				10. LOCATION OF OFFICIAL STATION Manila, Philippines			
11. POSITION TITLE OPS. OFFICER				12. POSITION NUMBER 4945		13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, FS, etc.) GS		15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 13 4		17. SALARY OR RATE \$ 18,437	
18. REMARKS FROM: WANE/4947							
18A. SIGNATURE OF APPROVING OFFICER James R. Doherty, Sr. Chief, FE Personnel				DATE SIGNED 18 AUG 1970		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER Robert M. White	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE 37 10		20. OFFICE CODING 4544 FE		21. STATION CODE 57557		22. INTEGRATE CODE 3	
23. DATE OF BIRTH 10/09/25		24. DATE OF GRACE		25. DATE OF LEI		26. SECURITY REQ. NO.	
27. NET PREFERENCE		28. SERV. COMP. DATE		29. LONG COMP. DATE		30. CAREER CATEGORY	
31. PREVIOUS CIVILIAN GOVERNMENT SERVICE		32. LEAVE CAT.		33. FEDERAL TAB DATA		34. STATE TAB DATA	
35. POSITION CONTROL CERTIFICATION		36. OF APPROVAL James B. Russell		37. DATE APPROVED 08-21-70			

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING AND  
DECLASSIFICATION

SECRET  
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED
1. SERIAL NUMBER <b>017976</b>		2. NAME (Last-First-Initial) <b>FOX, JEROME</b>			18 AUGUST 1970	
3. NATURE OF PERSONNEL ACTION <b>REASSIGNMENT</b>				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR	5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>	
6. FUNDS V TO V C TO V C TO C		7. FINANCIAL ANALYSIS NO. <b>1137-1639</b>		8. LEGAL AUTHORITY (Completed by Office of Personnel)		
9. ORGANIZATIONAL DESIGNATIONS <b>ICP/FE FOREIGN FIELD FR/FBI - UNIDIRECTIONAL BRANCH HANTLA STATION</b>				10. LOCATION OF OFFICIAL STATION <b>HANTLA, P. I.</b>		
11. POSITION TITLE <b>CPS OFFICER</b>		12. POSITION NUMBER <b>2-1A</b>		13. CAREER SERVICE DESIGNATION <b>1985</b>		<b>D</b>
14. CLASSIFICATION SCHEDULE (GS, LS, etc.) <b>GS</b>		15. OCCUPATIONAL SERIES <b>0196-01</b>		16. GRADE AND STEP <b>13 4</b>		17. SALARY OF BASE <b>\$ 18,637.</b>
18. REMARKS <b>FROM: 3080/4947</b>						
18A. SIGNATURE OF REQUESTING OFFICIAL <b>/s/ James R. Doherty, Jr. James R. Doherty, Jr. Chief, FR Personnel</b>				DATE SIGNED <b>18 AUG 1970</b>		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER
DATE SIGNED						
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL						
19. ACTION CODE	24. EMPLOY CODE	21. OFFICE CODES NUMERICAL ALPHABETIC		22. STATION CODE	23. INTEGER CODE	24. HOURS CODE
25. DATE OF BIRTH MO. DA. YR.	26. DATE OF GRACE MO. DA. YR.	27. DATE OF III MO. DA. YR.		28. SECURITY RES. NO.		
29. SITE EXPIRES MO. DA. YR.	30. SPECIAL REFERENCE 1-FC 2-ORIG 3-FCR 4-FCR	31. SEPARATION DATA CODE		32. CORRECTION-CORRELATION DATA TYPE MO. DA. YR.		33. SEE
34. NET PREFERENCE CODE	35. SERV COMP DATA MO. DA. YR.	36. LOSS COMP DATA MO. DA. YR.	37. CAREER CATEGORY CODE	38. HEALTH INSURANCE CODE		39. SOCIAL SECURITY NO.
40. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE		41. LEAVE CAT CODE	42. FISHER PAY DATA CODE		43. STATE SECURITY NO.	
44. POSITION CONTROL CERTIFICATIONS		45. O.P. APPROVAL		46. DATE APPROVED		

FORM 1152 USE PREVIOUS EDITIONS

SECRET

EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

SECRET

(When Filled In)

<b>REQUEST FOR PERSONNEL ACTION</b>						DATE PREPARED 14 April 1969	
1. OFFICE NUMBER <b>017974</b>		2. NAME (Last-First-Middle) <b>FOX, JEROME</b>					
3. NATURE OF PERSONNEL ACTION <b>REASSIGNMENT</b>				4. EFFECTIVE DATE REQUESTED MONTH: <b>05</b> DAY: <b>02</b> YEAR: <b>69</b>		5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>	
6. PAYS V TO V O TO V		V TO O <b>XX</b>		7. FINANCIAL ANALYSIS NO. CHARGEABLE <b>9137-1639</b>		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS <b>DDP/FE FOREIGN FIELD FE PHI - MANILA STATION Liaison Branch</b>				10. LOCATION OF OFFICIAL STATION <b>MANILA, PHILIPPINE IS</b>			
11. POSITION TITLE <b>OPS. OFFICER</b>				12. POSITION NUMBER <b>4947</b>		13. CAREER SERVICE DESIGNATION <b>D</b>	
14. CLASSIFICATION SYMBOL (GS, LS, etc.) <b>GS</b>		15. OCCUPATIONAL SERIES <b>0136.01</b>		16. GRADE AND STEP <b>13 3</b>		17. SALARY OR RATE <b>\$ 15,369</b>	
18. REASON <b>FROM: DDP/FE PHI/PHILIPPINES, MALAYSIA, INDONESIA/PHILIPPINE SECTION/4024 Mr. Fox is replacing Mr. James Gillis who is being reassigned. Home Base: FE</b>							
19A. SIGNATURE OF REQUESTING OFFICIAL <i>Mary T. Bouliger</i> Mary T. Bouliger C/FE Personnel			DATE SIGNED 29 APR 1969		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>James B. Russell</i>		DATE SIGNED 29 APR 69
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
20. ACTION CODE <b>37</b>	21. EMP. OF. CODE <b>10</b>	22. CHRG. CODE ALPHABETIC <b>FE</b>	23. STATION CODE <b>51557</b>	24. INTEREST CODE <b>3</b>	25. DATE OF BIRTH MO. DA. YR. <b>10 07 28</b>	26. DATE OF GRADE MO. DA. YR. <b>1 1 69</b>	27. DATE OF LET MO. DA. YR.
28. EMP. STATUS MO. DA. YR.	29. SPECIAL EMPLOYMENT EXPLANATION	30. ESTABLISHMENT DATA CODE	31. SEPARATION DATA CODE	32. CONNECTION (CANCELLATION) DATA TYPE MO. DA. YR.	33. SECURITY HQ: 00		34. SER.
35. VET. STATUS CODE	36. USUR. (COMP. DATE)	37. LEAVE (COMP. DATE)	38. LEAVE CATEGORY	39. FIELD HEALTH SURVEILLANCE CODE A. B. C. D. E. F. G. H. I. J. K. L. M. N. O. P. Q. R. S. T. U. V. W. X. Y. Z.	40. HOUSEHOLD SECURITY NO.		
41. MILITARY SERVICE INFORMATION CODE	42. LEAVE CAT.	43. FLETC/FAA DATA CODE	44. OTHER DATA CODE	45. STATE-TAX DATA CODE	46. HOUSEHOLD SECURITY NO.		
47. HOUSEHOLD SECURITY INFORMATION CODE			48. O.P. APPROVAL <i>James B. Russell</i>		49. DATE APPROVED <b>29 APR 69</b>		

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CO 554-16-69  
FE 5-1-69

SECRET

GROUP 1 EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION



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(When Filled In)

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REQUEST FOR PERSONNEL ACTION						DATE PREPARED 11 April 1969	
1. SERIAL NUMBER 017974		2. NAME (Last-First-Middle) FOX, Jerome					
3. NATURE OF PERSONNEL ACTION CONVERSION FROM PBR STATUS				4. EFFECTIVE DATE REQUESTED MONTH: 04, YEAR: 69		5. CATEGORY OF EMPLOYMENT REGULAR	
6. PLACE V TO V O TO V X O TO O		7. FINANCIAL ANALYSIS NO. CHARGEABLE 9137-1575		8. LEGAL AUTHORITY (Complied by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS DOP/FE FE: PMI - PHILIPPINES, MALAYSIA, INDONESIA PHILIPPINE SECTION				10. LOCATION OF OFFICIAL STATION WASHINGTON, D. C.			
11. POSITION TITLE OPS OFFICER		12. POSITION NUMBER (13) 4024		13. CAREER SERVICE DESIGNATION D			
14. CLASSIFICATION SCHEDULE (GS, FS, etc.) GS		15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 13 3		17. SALARY OR RATE \$ 15,369	
18. REMARKS To Wash, D.C. FROM: Same Very Good (FE)							
18A. MONITORING OFFICIAL Mary T. Boulger C/FE Bernaboni		DATE SIGNED 7/10/69		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER Paul M. Y. [Signature]		DATE SIGNED 11/09/69	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. POSITION CODE SG-10		20. OFFICE CODE 451461FE		21. STATION CODE 75013		22. POSTCODE	
23. DATE OF BIRTH 10/09/28		24. DATE OF ENTRY		25. DATE OF LEAVE		26. DATE OF LEAVE	
27. SPECIAL RETIREMENT		28. RETIREMENT DATE		29. SEPARATION DATA		30. COLLECTION LIMITATION DATA	
31. SECURITY RISK NO.		32. SECURITY RISK NO.		33. SECURITY RISK NO.		34. SECURITY RISK NO.	
35. SOCIAL SECURITY NO.		36. SOCIAL SECURITY NO.		37. SOCIAL SECURITY NO.		38. SOCIAL SECURITY NO.	
39. FEDERAL ID DATA		40. FEDERAL ID DATA		41. FEDERAL ID DATA		42. FEDERAL ID DATA	
43. STATE ID DATA		44. STATE ID DATA		45. STATE ID DATA		46. STATE ID DATA	
47. PERSON CENTER DESIGNATION				48. OFF APPROVAL			
04-11-69 [Signature]				04-11-69 [Signature]			

FORM 1152 USE PREVIOUS EDITIONS

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FORM 1152 USE PREVIOUS EDITIONS

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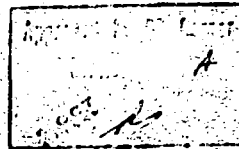
FD-302 (Rev. 10-1-65)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED			
1 SERIAL NUMBER <b>017974</b>		2 NAME (Last-First-Middle) <b>FOX JEROME</b>		15 OCTOBER 1968			
3 NATURE OF PERSONNEL ACTION <b>PROMOTION</b>				4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR <b>10 30 68</b>		5 CATEGORY OF EMPLOYMENT <b>REGULAR</b>	
6 FUNDS V TO V U TO V		V TO O O TO O		7 FINANCIAL ANALYSIS AND CHARGEABLE <b>9137 1375</b>		8 LEGAL AUTHORITY (Complied by Office of Personnel)	
9 ORGANIZATIONAL DESIGNATION <b>DDP/FE FE/PHI - PHILIPPINES, MALAYSIA, INDONESIA PHILIPPINE SECTION</b>				10 LOCATION OF OFFICIAL STATION <b>WASH., D. C.</b>			
11 POSITION TITLE <b>OPS OFFICER (D-13)</b>				12 POSITION NUMBER <b>4024</b>		13 CAREER SERVICE DESIGNATION <b>D</b>	
14 CLASSIFICATION SCHEDULE (GS, FS, etc.) <b>GS</b>		15 OCCUPATIONAL SERIES <b>0136.01</b>		16 GRADE AND STEP <b>GS-5 13/3</b>		17 SALARY OF RATE <b>\$13,330 \$16,369</b>	
18 REMARKS <b>FROM: SAME (GS-13/6 to GS-13/3)</b>  <i>Payroll called</i>							
19A SIGNATURE OF REQUESTING OFFICIAL <i>[Signature]</i> <b>MERRY T. BOWLING C/FE/POB</b>				DATE SIGNED <i>[Date]</i>		19B SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>[Signature]</i>	
DATE SIGNED <i>[Date]</i>				DATE SIGNED <i>[Date]</i>			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19 ACTION CODE	20 EMPLOY CODE	21 SERVS CODES ALPHABETIC	22 SERVICE CODE	23 INTERE CODE	24 NUMBER CODE	25 DATE OF BIRTH	26 BIRTH OF BIRTH
<b>03</b>	<b>10</b>	<b>05143</b>	<b>FE</b>	<b>75015</b>	<b>S</b>	<b>1</b>	<b>10/10/36</b>
27 BIL. EXPRES.	28 SPECIAL PAYMENTS	29 EST. EMPLOY DATA	30 SEPARATION DATA (OO)	31 EXERCUTION LIMITATION DATA	32 SECURITY	33 SEC. NO.	34 SER.
35 BIL. PREFERENCE	36 BIRTH DATE	37 LOCS. EMPLOY DATE	38 CIVILIAN CATEGORY	39 FEDERAL SER. DATA	40 SOCIAL SECURITY NO.		
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE		42 LEAVE CAT.	43 FEDERAL SER. DATA	44 BIRTH CERTIFICATE	45 SOCIAL SECURITY NO.		
<ul style="list-style-type: none"> <li>1-03 FOREIGN SERVICE</li> <li>1-04 OTHER GOVERNMENT</li> <li>1-05 OTHER FEDERAL SERVICE</li> <li>1-06 OTHER STATE SERVICE</li> <li>1-07 OTHER LOCAL GOVERNMENT</li> </ul>							
46 POSITION CONTROL INFORMATION				47 OFF. APPROV.		48 DATE APPROV.	
				<i>[Signature]</i>		<i>[Date]</i>	

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PROCESSED THROUGH THE OFFICE OF PERSONNEL

S-E-C-R-E-T



MEMORANDUM FOR: Clandestine Services Career Service Board

SUBJECT : Recommendation for Promotion from GS-12 to GS-13 for Mr. Jerome A. Fox

1. FE Division recommends the promotion of Mr. Jerome A. Fox from GS-12 to GS-13.

2. Mr. Fox first joined the Agency in 1955 in the DDI. He rose rapidly from GS-07 to GS-12 which grade he achieved in March 1961. He spent one overseas tour [redacted]. In April 1963 he transferred to the DDP. This action and the adjustments it necessitated have undoubtedly held him back from the normal career advancement to be expected for one of his ability.

3. In the DDP Mr. Fox first served in Vietnam Operations in Headquarters and then from 1964-1966 in Saigon. There he performed effectively in both liaison and unilateral operations [redacted]. He personally recruited several agents and established a successful [redacted]. He was first recommended for promotion to GS-13 during his Vietnam tour.

4. In November 1966 Mr. Fox joined FE/PMI, first on the Indonesian and currently on the Philippine Desk. He has served as the Indonesia Desk and Branch referent for Communist Party Operations, where he proved himself to be an excellent analyst. He has also served as a desk officer handling a variety of projects. He has performed his duties in a consistently strong manner, and has shown sound operational judgment. Mr. Fox writes well, and gets along extremely well with his co-workers and contacts. He is now scheduled for a field assignment in Manila in 1969. In view of his strong Headquarters desk performance and his previous recommendation from Vietnam, Mr. Fox was recommended for promotion again in February 1968.

5. Mr. Fox is an experienced and competent Headquarters and field operations officer. He has repeatedly demonstrated his ability to perform at the GS 13 level. In consideration of his fine record of productivity I recommend that he be promoted to GS-13.

*William E. Nelson*  
W. E. Nelson  
Chief, Far East Division

SECRET

REQUEST FOR PERSONNEL ACTION

DATE PREPARED

2 May 1968

1. SIGNAL NUMBER 017974 ✓	2. NAME (Last - First - Middle) XXX FOX, JEROME ✓
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3. NATURE OF PERSONNEL ACTION REASSIGNMENT	4. EFFECTIVE DATE REQUESTED MONTH: 05, DAY: 19, YEAR: 68	5. CATEGORY OF EMPLOYMENT REGULAR
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6. FUNDS U TO V	7. FINANCIAL ANALYSIS NO. CHARGEABLE 8237-1375	8. LEGAL AUTHORITY (Completed by Office of Personnel)
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9. ORGANIZATIONAL DESIGNATIONS DDP/VE FE/PMI - Philippines, Malaysia, Indonesia Philippine Section	10. LOCATION OF OFFICIAL STATION WASHINGTON, D.C.
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11. POST TITLE OPS OFFICER	12. POSITION NUMBER 4025	13. CAREER SERVICE DESIGNATION D
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14. CLASSIFICATION SYMBOL (A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z)	15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 5/5 12/5	17. SALARY OR RATE 12,604 ✓ 12,989 ✓
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18. REMARKS  
FROM: DEVELOPMENT COMP.  
SLOT WAS VACANT  
Kwasi, DC

19A. SIGNATURE OF REQUESTING OFFICIAL MARY T. BULLOCK CTE/DCS	DATE SIGNED 10/11/68	19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER Paul D. Yule	DATE SIGNED 10/11/68
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SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION LOG	20. OFFICE LOG	21. STATION LOG	22. INITIALS LOG	23. REPORTS LOG	24. DATE OF BIRTH LOG	25. DATE OF SERVICE LOG	26. DATE OF DEATH LOG
27. DATE OF BIRTH	28. DATE OF SERVICE	29. DATE OF DEATH	30. DATE OF DEATH	31. DATE OF DEATH	32. DATE OF DEATH	33. DATE OF DEATH	34. DATE OF DEATH
35. DATE OF DEATH	36. DATE OF DEATH	37. DATE OF DEATH	38. DATE OF DEATH	39. DATE OF DEATH	40. DATE OF DEATH	41. DATE OF DEATH	42. DATE OF DEATH
43. DATE OF DEATH	44. DATE OF DEATH	45. DATE OF DEATH	46. DATE OF DEATH	47. DATE OF DEATH	48. DATE OF DEATH	49. DATE OF DEATH	50. DATE OF DEATH

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30 January 1968

**MEMORANDUM FOR: FE Career Management Committee**

**SUBJECT: Recommendation for Promotion from GS-12 to GS-13 of Mr. Jerome Fox**

1. This office wishes to reiterate its previous endorsement of the Saigon Station's recommendation for the promotion of Mr. Fox from GS-12 to GS-13.

2. Mr. Fox was initially assigned to the Indonesian Desk as an Operations Officer responsible for Headquarters support of the Jakarta Station's Communist Party Operations Program. This was a demanding task requiring sound operational judgment, experience, and the capacity to absorb large quantities of operational data and information. Despite no prior background in Indonesia, Mr. Fox quickly got on top of the material and projects and made a valuable contribution. He also had other duties concerned with support for other Station unilateral activity.

3. Mr. Fox was subsequently assigned to the Philippines Desk in preparation for an assignment to the Philippines [redacted] His work on the Philippines Desk in support of Manila station operations was also marked by a high degree of professionalism and competence.

4. Mr. Fox is a capable and experienced Operations Officer. His has proven in Vietnam a unique ability to develop valuable operational assets [redacted] and his work in this branch has been excellent. In view of this good record of productivity, and as a stimulus for future development, I strongly recommend that Mr. Fox be promoted to GS-13.

*William P. Kennedy*  
William P. Kennedy  
Acting Chief, FE/PMI

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(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1 SERIAL NUMBER <b>017974</b>				2 NAME (Last-First-Middle) <b>FOX, JEROME</b>	
3 NATURE OF PERSONNEL ACTION			4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR <b>11 21 67</b>		5 CATEGORY OF EMPLOYMENT <b>REGULAR</b>
6 GRADE <b>OP07</b>		7 FINANCIAL ANALYSIS NO. GRADEABLE <b>8137 1375</b>		8 LEGAL AUTHORITY (Completed by Office of Personnel)	
9 ORGANIZATIONAL DESIGNATION <b>DDP/FE DEVELOPMENT COMPLEMENT</b>			10 LOCATION OF OFFICIAL STATION <b>WASHINGTON, D. C.</b>		
11 POSITION NUMBER <b>9997</b>			12 CAREER SERVICE DESIGNATION <b>D</b>		
13 CLASSIFICATION SCHEDULE (GS, FS, PW, etc.) <b>PSR GS</b>		14 OCCUPATIONAL STEPS <b>0136.01</b>		15 GRADE AND STEP <b>5 5</b> <b>12 5</b>	
16 SALARY GRADE <b>12,074</b>		17 SALARY RATE <b>12,443</b>			
18 REMARKS <b>All SICK AND All HOURS ANNUAL LEAVE TO BE TRANSFERRED</b>					
19 MARITAL STATUS - <b>MARRIED</b>					
20 SIGNATURE OF REQUESTING OFFICER		21 SIGNATURE OF CAREER SERVICE APPROVING OFFICER		22 DATE SIGNED	
23 SPACE BELOW FOR EXAMINATION BY THE OFFICE OF PERSONNEL					
24	25	26	27	28	29
30	31	32	33	34	35
36	37	38	39	40	41
42	43	44	45	46	47
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FORM 1137

SECRET

1967-11-21

**SECRET**  
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
1. SERIAL NUMBER 017974						30 October 1967	
2. NAME (Last-First-Middle) FOX, Jerome							
3. NATURE OF PERSONNEL ACTION Reassignment and Transfer to Confidential Funds				4. EFFECTIVE DATE REQUESTED MONTHS DAY YEAR 11 20 67		5. CATEGORY OF EMPLOYMENT Regular	
6. FUNDS V TO V O TO V		X V TO O O TO O		7. FINANCIAL ANALYSIS NO. CHARGEABLE 8137-1392		8. LEGAL AUTHORITY (Complied by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS DDP/FE FE/Development Complement				10. LOCATION OF OFFICIAL STATION Washington, D.C.			
11. POSITION TITLE Ops Officer				12. POSITION NUMBER 9997		13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 12 5		17. SALARY OR RATE \$ 12,443	
18. REMARKS FROM: DDP/FE/PMI [redacted] /3877 Subject is being assigned to [redacted] NTE: [redacted] and training for overseas assignment.							
19A. SIGNATURE OF REQUESTING OFFICIAL Mary T. Boulger, CFE/Pers.				DATE SIGNED OCT 1967		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER [redacted]	
						DATE SIGNED 3. Oct 67	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
20. ACTION CODE	21. EMPLOY CODE	22. OFFICE CODES PHONETIC ALPHABETIC	23. STATION CODE	24. INTEREST CODE	25. POSITION CODE	26. DATE OF BIRTH	27. DATE OF GRADE
90	103	LS492 FE	25013				
28. MIL ADDRESS	29. SPECIAL REFERENCE	30. ETHNICITY DATA	31. RESERVATION DATA CODE	32. CONNECTION (RESERVATION) DATA	FOD-DATA		33. SECURITY REG NO
34. NET PREFERENCE	35. DATE (COMP DATE)	36. CODE (COMP DATE)	37. CAREER CATEGORY	38. FIELD HEALTH INTEREST	39. SOCIAL SECURITY NO		
40. PHYSICAL (EXEMPT GOVERNMENT SERVICE)	41. LEAVE (LAI) CODE	42. REGION (R) DATA	43. STATE (S) DATA	44. FORM EXECUTED	45. DATE EXECUTED	46. STATE CODE	47. STATE CODE
48. POSITION CONTROL CERTIFICATION				49. O.P. APPROVAL		DATE APPROVED	

FORM 1152

PERSONNEL EDITION

**SECRET**

CLASSIFIED FROM PERSONNEL INFORMATION BY [redacted]



SECRET

(When Filled In)

<b>REQUEST FOR PERSONNEL ACTION</b>		DATE PREPARED 13 May 1967	
1. SERIAL NUMBER 017974		2. NAME (Last-First-Middle) FOX, Jerome	
3. NATURE OF PERSONNEL ACTION Reassignment		4. EFFECTIVE DATE REQUESTED MONTH: 05   DAY: 21   YEAR: 67	
5. CATEGORIES OF EMPLOYMENT Regular		6. LEGAL AUTHORITY (Completed by Office of Personnel)	
6. FUNDS X V TO V O TO V O TO O		7. COST CENTER NO. CHARGEABLE 7237-1385	
9. ORGANIZATIONAL DESIGNATIONS DDP/PR		10. LOCATION OF OFFICIAL STATION Washington, D.C.	
11. POSITION TITLE Ops Officer		12. POSITION NUMBER D-12 3877	
13. CAREER SERVICE DESIGNATION D		14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS	
15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 12 5	
17. SALARY OR RATE \$ 12,443		18. REMARKS FROM:	
18A. SIGNATURE OF REQUESTING OFFICIAL <i>Mary T. Boulger</i> Mary T. Boulger, CFE/PER		DATE SIGNED 5/15/67	
18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>H. A. Miller</i>		DATE SIGNED 5/18/67	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE 57	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC: 45740 ALPHABETIC: FC	22. STATION CODE 75212
23. INTEGRITY CODE 1	24. MOOTING CODE 10	25. DATE OF BIRTH MO: 09   DA: 28   YR: 28	26. DATE OF GRADE MO:   DA:   YR:
27. DATE OF LEL MO:   DA:   YR:	28. RETIREMENT DATA 1-CR 2-INA 3-NONE	29. SPECIAL REFERENCE	30. SEPARATION DATA CODE:
31. CORRECTION CANCELLATION DATA TYPE:   MO:   DA:   YR:	32. SECURITY REQ. NO.	33. SEC. PREFERENCE CODE:	34. SOCIAL SECURITY NO.
35. SALT CORP. DATE MO:   DA:   YR:	36. LONG TERM DATE MO:   DA:   YR:	37. CAREER CATEGORY CODE:	38. FLIGHT HEALTH INSURANCE CODE:
39. FEDERAL GOVERNMENT SERVICE DATA CODE:	40. LEAVE (AT) CODE	41. FEDERAL TAX DATA FORM EXECUTED:	42. STATE TAX DATA FORM EXECUTED:
43. POSITION CONTROL CERTIFICATION 05-16-67A	44. O.P. APPROVAL <i>H. A. Miller</i>	DATE APPROVED 05/16/67	

SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

SECRET  
(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED 20 October 1966			
1. SERIAL NUMBER 017974		2. NAME (Last-First-Middle) FOX, Jerome		6. EFFECTIVE DATE REQUESTED MONTH: 11   DAY: 20   YEAR: 66		5. CATEGORY OF EMPLOYMENT Regular	
3. NATURE OF PERSONNEL ACTION Reassignment and Transfer to Vouchered Funds				7. FINANCIAL ANALYSIS NO. CHARGEABLE 7237-1585		8. LEGAL AUTHORITY (Complied by Dept. of Personnel)	
6. FUNDS V TO V C TO V X		V TO C C TO C		9. ORGANIZATIONAL DESIGNATIONS DOP/FE			
10. LOCATION OF OFFICIAL STATION Washington, D.C.				11. POSITION TITLE Ops Officer			
12. POSITION NUMBER D-12		13. CAREER SERVICE DESIGNATION D		14. CLASSIFICATION SCHEDULE (GS, LR, etc.) GS		15. OCCUPATIONAL SERIES 0136.01	
16. GRADE AND STEP 12 5		17. SALARY OR RATE \$ 12,443		18. REMARKS FROM: [Redacted] Subject: [Redacted]  cy Security cy FE/B&F			
18A. SIGNATURE OF REQUESTING OFFICIAL Mary T. Boulger, CFE/BERS		DATE SIGNED 10/31/66		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER [Signature]		DATE SIGNED 11/10/66	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE 16	20. EMPLOY CODE 10	21. OFFICE CODE NUMERIC: 45140 ALPHABETIC: FE		22. STATION CODE 25013	23. UNICASE CODE	24. ROOMS CODE 1	25. DATE OF BIRTH 10/10/25
26. HTS EXP. NO. DA. YR.	27. SPECIAL REFERENCE	28. RETIREMENT DATA 1-CK 2-PIR 3-NCH		29. SEPARATION DATA CODE	30. CORRECTION/AMENDMENT DATA EOD DATA		31. SECURITY REG. NO.
32. PAY PREFERENCE CODE: 0-None, 1-1, 2-2, 3-3		33. SIZE COMP. DATE	34. LOVS COMP. DATE	35. CAREER CATEGORY CODE: 1-MS, 2-NO	36. FEEDBACK PREFERENCE CODE: 0-None, 1-MS, 2-NO		37. SOCIAL SECURITY NO.
38. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE: 0-None, 1-MS, 2-NO, 3-MS, 4-NO				39. LEAVE CAT. CODE	40. FEDERAL ID DATA FORM EXECUTED CODE: 1-MS, 2-NO		41. STATE ID DATA FORM EXECUTED CODE: 1-MS, 2-NO
42. POSITION CONTROL CERTIFICATION 1103-66N				43. O.P. APPROVAL H. M. [Signature]		44. DATE APPROVED 11-03-66	

Security Approval Granted by PCS. SS/US 10/26/66  
Dec 11/3/66

SECRET  
(When Filled In)

F23

REQUEST FOR PERSONNEL ACTION				DATE PREPARED			
1 SERIAL NUMBER 017974				2 NAME (Last-First-Middle) FOX, JEROME			
3 NATURE OF PERSONNEL ACTION DESIGNATION AS A PARTICIPANT IN THE CIA RETIREMENT AND DISABILITY SYSTEM			4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 09 25 66		5 CATEGORY OF EMPLOYMENT REGULAR		
6 PAY GRADE V TO V		7 TO C		7 FINANCIAL ANALYSIS NO. CHARGEABLE 7137-1487		8 LEGAL AUTHORITY (Completed by Office of Personnel) PL 88-643 Sect. 203	
9 ORGANIZATIONAL DESIGNATIONS DDP/FE				10 LOCATION OF OFFICIAL STATION DAIGON, SOUTH VIETNAM			
11 POSITION TITLE			12 POSITION NUMBER		13 CAREER SERVICE DESIGNATION D		
14 CLASSIFICATION SCHEDULE (GS, LB, etc.)		15 OCCUPATIONAL SERIES		16 GRADE AND STEP 12		17 SALARY OR RATE	
18 REMARKS EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE							
18A SIGNATURE OF REQUESTING OFFICIAL				DATE SIGNED		18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER	
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 PAYSCALE CODE	24 PAYPOST CODE	25 DATE OF BIRTH MO. DA. YR.
26 DATE OF SECE	27 DATE OF LIT	28 RETIREMENT DATA 1-EN 2-12M 3-20M		29 SEPARATION DATA CODE	30 CORRECTION, CORRELATION DATA TYPE MO. DA. YR.		31 SECURITY #10-80
32 VET PROBLEMS CODE 0-NO PROBLEMS 1-5 YR 2-10 YR		33 SERV. COMP. DATE MO. DA. YR.	34 LONG SERV. DATE MO. DA. YR.	35 CAREER CATEGORY FAS SER. POSN. TRAP	36 FEDERAL HEALTH INSURANCE CODE 0-NAMES 1-1 2-1	37 SOCIAL SECURITY NO.	
38 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NO PREVIOUS SERVICE 1-NO OTHER GOV. SERVICE 2-OTHER GOV. SERVICE (LESS THAN 3 YEARS) 3-OTHER GOV. SERVICE (MORE THAN 3 YEARS)		39 LEAVE CAT. CODE	40 FEDERAL TAX DATA FORM EXECUTED CODE MO. YR.	41 STATE TAX DATA FORM EXECUTED CODE MO. YR.	42 STATE TAX DATA FORM EXECUTED CODE MO. YR.		
43 POSITION CONTROL CERTIFICATION OS-16-66				44 CO APPROVAL See memo signed by D/Pers dated 2/19/66		DATE APPROVED	

FORM 1152 USE PREVIOUS EDITION  
SEP. 8. 7. 66

SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING AND  
DECLASSIFICATION

SECRET

REQUEST FOR PERSONNEL ACTION						DATE PREPARED					
1. FILE NUMBER 47974						2. NAME (Last-First-Middle) FOX, JEROME		3. November 1964			
4. NATURE OF PERSONNEL ACTION REASSIGNMENT				5. EFFECTIVE DATE REQUESTED 721 1 64		6. CATEGORY OF EMPLOYMENT REGULAR					
7. FUNDS V TO V C TO V		8. V TO C X C TO C		9. COST CENTER NO. CHARGE 5137-148T		10. LEGAL AUTHORITY (Complied by: Officer of Personnel)					
11. ORGANIZATIONAL DESIGNATIONS DDP/FE FE/VNC - SAIGON STATION OPERATIONS SECTION INTERNAL OPS BRANCH 100 CAPITAL OPS SECTION						12. LOCATION OF OFFICIAL STATION SAIGON, VIETNAM					
13. POSITION TITLE OPS OFFICER				14. POSITION NUMBER 4608		15. CAREER SERVICE DESIGNATION D					
16. CLASSIFICATION SCHEDULE (GS, EA, etc.) GS			17. OCCUPATIONAL SERIES 0136-01		18. GRADE AND STEP 12 4		19. SALARY OR RATE \$ 11,315				
20. REMARKS Subject to Medical Approval. FROM: DDP/FE FE/LSV COMP 275 11/15/64 12/2/64											
21. ONE COPY TO SECURITY					22. ONE COPY TO CF PAYROLL						
FOR FURTHER INFORMATION CALL X5459											
23. SIGNATURE OF REQUESTING OFFICER Robert L. Staten, CPE/Pers				24. DATE SIGNED 11/10/64		25. SIGNATURE OF CAREER SERVICE APPROVING OFFICER A. Bursley			26. DATE SIGNED 11-10-64		
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
27. ACTION CODE	28. EMPLOY CODE	29. VETERAN STATUS PRIORITY NON-PRIORITY		30. STATION CODE	31. BRANCH CODE	32. NUMBER CODE	33. DATE OF BIRTH MO. DA. YR.		34. DATE OF CREW MO. DA. YR.	35. DATE OF LEI MO. DA. YR.	
36. AIR SERVICE NO. DA. YR.	37. SPECIAL SERVICE NO. DA. YR.	38. RETIREMENT DATA NO. DA. YR.		39. SEPARATION DATA (CODE)	40. CANCELLATION-CANCELLATION DATA FIRL. MO. DA. YR.		41. SECURITY RISK NO.		42. SIF		
43. VET PREFERENCE CODE	44. VET COMP DATA NO. DA. YR.	45. LANG. LEAD. DATE MO. DA. YR.		46. CAREER ANTECEDENT CODE	47. HEALTH INSURANCE CODE	48. SOCIAL SECURITY NO.					
49. PREVIOUS GOVERNMENT SERVICE DATA CODE				50. LEAVE BAL. (CODE)	51. FEDERAL TAX DATA FORM ATTACHED CODE		52. STATE TAX DATA NO. TAX EXEMPTIONS		53. MILITARY SERVICE CODE		54. STATE CODE
55. POSITION CONTROL DESIGNATION						56. OFF. OF APPROVAL A. Bursley		57. DATE APPROVED 11-10-64			

RECORDED BY  
GSPD  
il

SECRET

11/10/64

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED
1. SERIAL NUMBER 017974						17 September 1964
2. NAME (Last-First-Middle) FOX, Jerome						
3. NATURE OF PERSONNEL ACTION			4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 9 18 64		5. CATEGORY OF EMPLOYMENT Regular	
6. PURPOSE V TO V O TO V		V TO O O TO O		7. COST CENTER NO. CHARGE ACT 5137-1392		8. LEGAL AUTHORITY (Completed by Office of Personnel)
9. ORGANIZATIONAL DESIGNATIONS DDP/FE 251CS Development Complement				10. LOCATION OF OFFICIAL STATION Washington, D. C.		
11. POSITION TITLE Ops Off				12. POSITION NUMBER 9997		13. CAREER SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (G.S., F.P., etc.) FSR GS		15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 5 2 12 4		17. SALARY OF RATE \$10,290 \$11,315
18. REMARKS All sick and 811 hours annual leave to be transferred MARITAL STATUS: Married Training						
19A. SIGNATURE OF REQUESTING OFFICIAL E. E. [Signature] E. E. [Signature], Cover Officer, X9013			DATE SIGNED		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER DATE SIGNED	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL						
19. ACTION CODE 55 13		20. OFFICE CODING PHONETIC ALPHABETIC 13997 FE 75013		21. STATUS CODE 75013		22. INTEREST CODE
23. DATE OF BIRTH MO. DA. YR. 10 09 28		24. DATE OF GRADE MO. DA. YR.		25. DATE OF LEI MO. DA. YR.		26. SECURITY RIG 50
27. VET. PREFERENCE CODE 0 - NONE 1 - 5 PT. 2 - 10 PT.		28. SPECIAL DEFERRABLE 1 - TK 2 - PCL 3 - RCH		29. SEPARATION DATA CODE TYPE		30. CORRECTION (CANCELLATION) DATA MO. DA. YR.
31. FIELD HEALTH INSURANCE CODE 0 - NONE 1 - FS		32. SOCIAL SECURITY NO.		33. STATE TAX DATA NO. TAX STATE CODE		34. STATE TAX DATA NO. TAX STATE CODE
35. FEDERAL EMPLOYMENT SERVICE DATA CODE 0 - NO FEDERAL SERVICE 1 - NO CIVIL SERVICE 2 - CIVIL SERVICE (LAST 3 YEARS) 3 - CIVIL SERVICE (LAST 3 YEARS)		36. LEAVE CAT. CODE		37. FEDERAL TAX DATA NO. TAX STATE CODE		38. STATE TAX DATA NO. TAX STATE CODE
39. POSITION CONTROL DESIGNATION				40. OFF. APPROVAL		41. DATE APPROVED

27  
F

SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING AND  
DECLASSIFICATION

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED			
1 SERIAL NUMBER 017974						2 NAME (Last-First-Middle) FOX, JEROME			
3 NATURE OF PERSONNEL ACTION REASSIGNMENT AND TRANSFER TO CONFIDENTIAL FUNDS				4 EFFECTIVE DATE REQUESTED MONTH: 9 DAY: 13 YEAR: 64		5 CATEGORY OF EMPLOYMENT REGULAR			
6 FUNDS V T U V X V T O O C F T O V C F T O O				7 COST CENTER NO CHARGE ABLE 5137-1392		8 LEGAL AUTHORITY (Completed by Office of Personnel)			
9 ORGANIZATIONAL DESIGNATIONS DDP/FE <i>cs/cs</i> DEVELOPMENT COMPLEMENT				10 LOCATION OF OFFICIAL STATION WASHINGTON, D.C.					
11 POSITION TITLE OPS OFFICER			12 POSITION NUMBER 9997		13 CAREER SERVICE DESIGNATION D				
14 CLASSIFICATION SCHEDULE (GS, F, R, etc.) GS		15 OCCUPATIONAL SERIES 0135.01		16 GRADE AND STEP 12 @ 4		17 SALARY OR RATE 11,385 \$10,960			
18 REMARKS FROM: DDP/FE FE/VNC - VIETNAM, CAMBODIA - <i>17 F Security Approval Granted by Pers. SO/31 9/19/64</i> NORTH VIETNAM SECTION <i>9/10/64</i>									
ONE COPY TO SECURITY ONE COPY TO VOUCHERED PAYROLL				Recorded by CSPH <i>JK</i>					
FOR FURTHER INFORMATION CALL X5159									
19A SIGNATURE OF REQUESTING OFFICIAL <i>Robert L. Staten, CS/TERS</i>				DATE SIGNED 9/11/64		19B SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>A. Busby</i>		DATE SIGNED 9-11-64	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19 ACTION CODE 20	20 EMPLOY CODE 13	21 OFFICE CODING NUMERIC ALPHABETIC 45999 FK		22 STATION CODE 15213	23 INTEGRAL CODE	24 HOURS CODE 1	25 DATE OF BIRTH MO. DA. YR. 10 07 28	26 DATE OF GRADE MO. DA. YR.	27 DATE OF LEI MO. DA. YR.
28 MIL EXPIRES MO. DA. YR.	29 SPECIAL DIFFERENCE 1-EX 2-SEA 3-ROSE	30 RETIREMENT DATA CODE	31 SEPARATION DATA CODE TYPE	32 CORRECTION (CANCELLATION) DATA MO. DA. YR.	33 SECURITY BIO NO	34 SER	EOD DATA		
35 VET PREFERENCE CODE 0-NONE 1-5 YRS 2-10 YRS	36 NEW EMP DATE MO. DA. YR.	37 LONG COMP DATE MO. DA. YR.	38 CAREER CATEGORY TAR ELY MAY, TEMP	39 FEDERAL HEALTH INSURANCE CODE 0-NONE 1-YES	40 SOCIAL SECURITY NO.				
41 PREVIOUS GOVERNMENT SERVICE DATA CODE 1-NO PREVIOUS SERVICE 2-NO GLE IN SERVICE 3-ONE MONTH OR MORE IN FULL-TIME SERVICE 4-TWO OR MORE MONTHS IN FULL-TIME SERVICE		42 LEAVE CAT. CODE	43 FEDERAL TAX DATA FORM EXECUTED 1-YES 2-NO	44 STATE TAX DATA CODE NO. TAX EXEMPTIONS FORM EXECUTED 1-YES 2-NO	45 STATE TAX DATA CODE NO. TAX EXEMPTIONS FORM EXECUTED 1-YES 2-NO				
46 POSITION CONTROL CERTIFICATION <i>Robert L. Staten 9/11/64</i>				47 O.P. APPROVAL <i>A. Busby</i>		DATE APPROVED 9-11-64			

FORM 8-63 1152 USE PREVIOUS EDITION

SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING  
AND DECLASSIFICATION

**SUBJECT: Letter of Commendation**

**TO: COLONEL FRED DEWITT**  
Commander, Det #4 (PACATIC)  
1125th USAF Field Activities  
(AFIC) APO 96

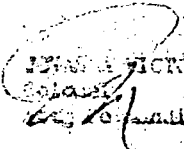
1. The successful outcome of the Aerospace Technical Intelligence Course conducted at Nichols Air Base, Panay City, has been due to the indefatigable efforts exerted by the training team of your unit from 12 to 23 June 1961.

2. During that brief period your team displayed professional competence and mastery of the subject. They successfully imparted to the students vital data on the procedural aspects of gathering aerospace technical intelligence. Their extensive use of training films further enhanced the student's learning process and the practical training they gave in intelligence photography will go a long way in helping PAC personnel assimilate important technical aspects. They are, indeed, a credit to your organization.

3. It is, therefore, with great pleasure that I commend the following members of your team for the valuable services they rendered to the Philippine Air Force:

- 1LT COL ROBERT S. ROCKWELL AF-37041A
- MAJOR ROBERT A. TOMLINSON MA60A
- MAJOR JOSEPH R. CLINE 16710A
- CAPT RICHARD L. HAYES AF-221201A
- MR. FRED W. JOY
- 1/3LT CHARLES R. MILLER AF-103769X

4. It is requested that a copy of this commendation form be placed in each individual's military personnel record.

  
 CHARLES R. MILLER  
 Commanding Officer

SECRET  
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
1. SERIAL NUMBER 017974						2. NAME (Last-First-Middle) FOX, JEROME	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT And change of Service Designation				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 04 1 63		5. CATEGORY OF EMPLOYMENT REGULAR	
6. FUNDS XOX		7. COST CENTER NO. CHARGEABLE 3237-1250-1000		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS UDP/FE FE/VCL - VIETNAM - CAMBODIA - LAOS VIETNAM OPERATIONS SECTION VI/CI OPERATIONS UNIT				10. LOCATION OF OFFICIAL STATION WASHINGTON, D. C.			
11. POSITION TITLE OPS OFFICER				12. POSITION NUMBER 2608		13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 12 XE		17. SALARY OR RATE \$9790	
18. REMARKS FROM: DDI/OPR OFFICE OF THE ASSISTANT DIRECTOR ADDD/ISB BIVANCH/1504 ONE COPY TO SECURITY FOR FURTHER INFORMATION CALL PAT X5459							
104. SIGNATURE OF REQUESTING OFFICIAL LEE AUSTIN, CHIEF, FE/PERSONNEL				DATE SIGNED 2 May 63		105. SIGNATURE OF CAREER SERVICE APPROVING OFFICER Paul R. W. Allen	
DATE SIGNED 18 Apr 63							
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE 37	20. EMPLOY CODE 10	21. OFFICE CODE 50160	22. STATION CODE FE	23. BRANCH CODE 25013	24. POSITION CODE 1	25. DATE OF ENTRY 10/07/28	26. DATE OF LEAVE
27. SOCIAL SECURITY NO.	28. DEFERENTIAL	29. RETIREMENT DATA	30. SEPARATION DATA	31. SEPARATION DATA	32. CORRECTION/CANCELLATION DATA	33. SECURITY REQ. NO.	34. SEC. NO.
35. FED. EXPERIENCE	36. SERV. COMP. DATE	37. LONG. COMP. DATE	38. CAREER CATEGORY	39. SOCIAL SECURITY NO.			
41. FEDERAL GOVERNMENT SERVICE DATA		42. STATE GOVERNMENT SERVICE DATA		43. FEDERAL PAY DATA		44. STATE PAY DATA	
45. POSITION CONTROL CERTIFICATION				46. O.P. APPROVAL Paul R. W. Allen		DATE APPROVED	



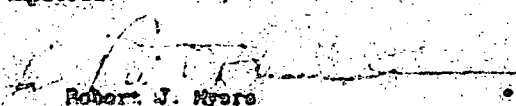
8 Mar 1963

MEMORANDUM FOR: C/FO/branch C

SUBJECT: Mr. Jerome Fox, Request for Reassignment from  
DDI/DIR to FE/VCL

1. The FE Division requests that arrangements be made with the DDI/DIR for the reassignment of Mr. Jerome Fox, GS-12, to the VCL Branch to work on the recently approved North Vietnam program. The Vietnam Desk of VCL has a requirement for an officer to devote full time to the collection, collation and evaluation of material available on North Vietnam. This material, once assembled, will be used as a basis for both parasilitary and psychological warfare operations to be mounted against North Vietnam. It is felt that Mr. Fox is particularly qualified for this assignment with his excellent background as a research officer and the experience gained on his Far East assignment in 1959-62. The knowledge he gained at that time of covert operations in relation to his DDI responsibilities will be helpful to him in the work envisioned for him in FE/VCL. Mr. Fox has traveled in Southeast Asia and also dealt with North Vietnam as an operational target during his military service 1952-54.

2. It is our understanding that Mr. Fox is available for reassignment. He has been interviewed by Division officers who feel his assignment would satisfy an important requirement on this priority program. It is requested that his assignment to FE/VCL, without a change in Service Designation, be arranged with DDI for approximately one year. At the end of that time, based on a review of Mr. Fox's capabilities and interest in relation to a permanent DDI assignment, the possibilities of a change of service designation would be explored.

  
Robert J. Myers  
Acting Chief, Far East Division

Approved by C/PNC  
R.S. Shroy, Secy/PNC  
15 MAR 1963

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED

23 November 1962

1. SERIAL NUMBER 017974	2. NAME (Last-First-Middle) FOX, Jerome ✓
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3. NATURE OF PERSONNEL ACTION Reassignment and Transfer to Vouchered Funds	4. EFFECTIVE DATE REQUESTED MONTH: 11 DAY: 15 YEAR: 1962	5. CATEGORY OF EMPLOYMENT Regular
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6. FUNDS V TO V CF TO V XX	V TO CF CF TO CF	7. COST CENTER NO. CHARGE-ABLE 3257-1019-6000	8. LEGAL AUTHORITY (Completed by Office of Personnel)
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9. ORGANIZATIONAL DESIGNATIONS DDI/RR Office of the Assistant Director ANALYSIS BRANCH	10. LOCATION OF OFFICIAL STATION Washington, D. C.
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11. POSITION TITLE I.O. (Factory Markers)	12. POSITION NUMBER 1564	13. CAREER SERVICE DESIGNATION IR
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14. CLASSIFICATION SCHEDULE (GS, LD, etc.) GS	15. OCCUPATIONAL SERIES 1390-08 0132-06	16. GRADE AND STEP 12 - 2	17. SALARY OR RATE 9,790
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18. REMARKS

Attached are:  
 Form W-4, Employee's Withholding Exemption Certificate  
 Form D-4-A, Certificate of Non-Residence in the District of Columbia  
 Form Va-4, Virginia Employee's Withholding Exemption Certificate  
 Copies to:  
 Payroll  
 Security

*CR to Person. I. Econom. 17/11/62*

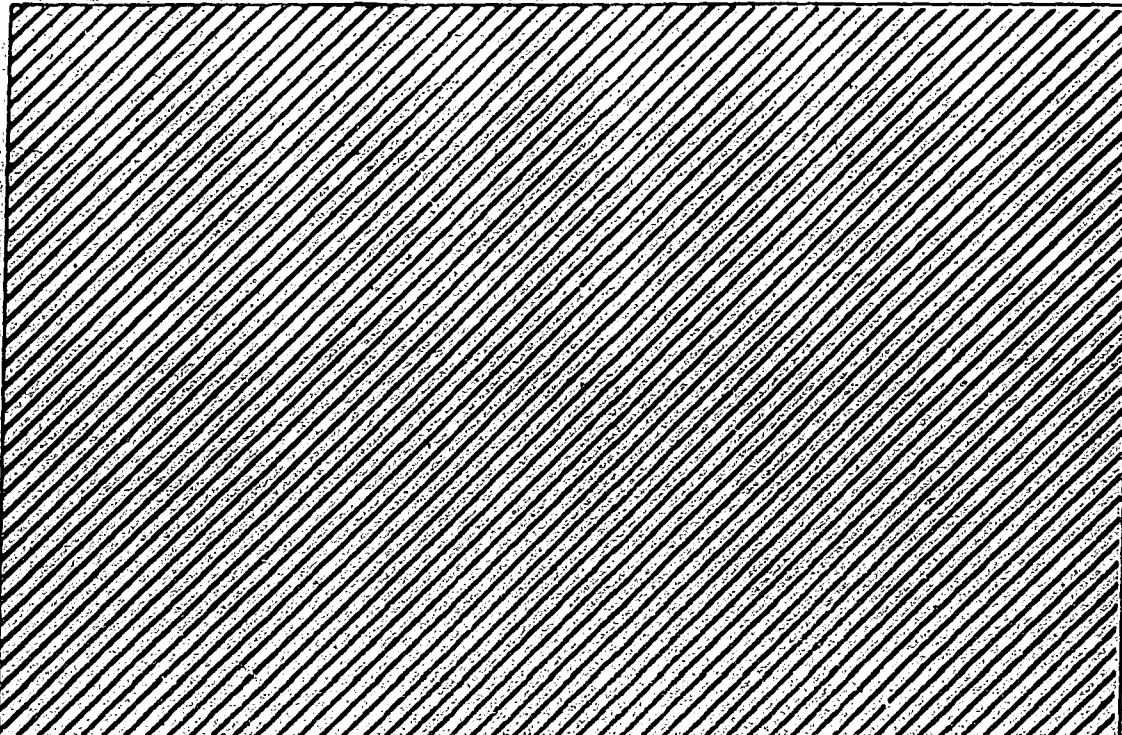
19. SIGNATURE OF REQUESTING OFFICIAL <i>JAMES G. WY</i> JAMES G. WY, Chief, SI/EM/RR	DATE SIGNED 23 Nov. 62	20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>WOTHO E. GUTER</i> WOTHO E. GUTER, AD/RR	DATE SIGNED 17 DEC 1962
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SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL.

21. EMPLOYMENT CODE 10	22. OFFICIAL CODES NUMERIC: 22100 ALPHABETIC: ORR	23. STATION CODE 75013	24. NUMBER OF MONTHS 1	25. DATE OF BIRTH 10/09/28	26. DATE OF DEATH	27. DATE OF LEL	
28. NET EMPLOYER'S REFERENCE	29. RETIREMENT DATA 1 - CSF 3 - FICA 5 - NONE	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE: MOD. DATE: NO. OF MONTHS	EOD DATA			33. SOCIAL SECURITY NO.
34. NET PREFERENCE	35. SENIORITY DATA	36. LONG TERM DATA	37. CAMBER CATEGORY	38. FEEDBACK DATA	39. INSURANCE DATA	40. SOCIAL SECURITY NO.	
41. PREVIOUS GOVERNMENT SERVICE DATA	42. FEDERAL TAX DATA	43. STATE TAX DATA	44. FEDERAL TAX DATA	45. STATE TAX DATA	46. SOCIAL SECURITY DATA	47. SOCIAL SECURITY DATA	

48. POSITION CONTROL CERTIFICATION 18 Nov 62	49. G.P. APPROVAL <i>[Signature]</i>	DATE APPROVED 18 Dec 62
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SECRET  
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle) <i>Dr. J. J. ...</i>	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER <i>62-503</i>
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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 1-1-62.

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>2 JUL 1962</i>	SIGNATURE OF AGO REPRESENTATIVE <i>B. De Felice</i>
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NOTICE OF OFFICIAL DISABILITY CLAIM FILE

**SECRET**  
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
1. SERIAL NUMBER 517974						2. NAME (Last-First-Middle) FOX, Jerome	
3. NATURE OF PERSONNEL ACTION Promotion				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 3 14 66		5. CATEGORY OF EMPLOYMENT Regular	
6. FUND		7. V TO V		7. COST CENTER NO. CHARGE-ABLE 1137-7000-6135		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
		CF TO V		X X TO CF			
9. ORGANIZATIONAL DESIGNATIONS Office of DDI (Tokyo) Strategic Intelligence Staff				10. LOCATION OF OFFICIAL STATION Tokyo, Japan			
11. POSITION TITLE				12. POSITION NUMBER 1-96		13. PCR CONTROL NO.	14. CAREER SERVICE DESIGNATION IR
15. CLASSIFICATION SCHEDULE (GS, LD, etc.) GS		16. OCCUPATIONAL SERIES 1390-06		17. GRADE AND STEP 12 1		18. SALARY GR. RATE 8955	
19. REMARKS FROM: Same as above Approved by DDI - per attached memo							
19A. SIGNATURE OF REQUESTING OFFICIAL ROBERT D. CASHMAN, CPE PERSONNEL				19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
20. ACTION CODE		21. OFFICE CODE		22. DATE		23. DATE	
22		17		3 10 66		23 10 66	
24. ACTION CODE		25. ACTION CODE		26. ACTION CODE		27. ACTION CODE	
28. ACTION CODE		29. ACTION CODE		30. ACTION CODE		31. ACTION CODE	
32. ACTION CODE		33. ACTION CODE		34. ACTION CODE		35. ACTION CODE	
36. POSITION CONTROL CERTIFICATION				37. DATE APPROVED 3/17/66			

SECRET

23 FEB 1961

MEMORANDUM FOR: Director of Personnel

THROUGH: Chief, FS, DD/P

THROUGH: Assistant to the DD/I (Administration) *W.S.*

SUBJECT: FOX, Jerome -- Promotion

1. It is requested that Mr. Jerome Fox be promoted from GS-11 to GS-12. Mr. Fox is currently assigned to Tokyo on the DD/I Foreign Field Annex. He entered the zone of consideration for promotion in October of 1958.

2. Mr. Fox was assigned to Tokyo in July of 1959 to serve as the [redacted] Officer. He has displayed expertise and professional competence in the markings field, functioning in an outstanding manner as the authoritative focal point for the program in the North Asian area. This request for promotion was initiated by the Chief, SIS, Tokyo, and favorably endorsed by the COS, Tokyo. The Chief of the [redacted] Staff, ORR, who recently returned from a visit to the Tokyo Station, personally observed Mr. Fox's effective working relationships with U.S. officials and foreign liaison in Tokyo, [redacted] and Hong Kong. Mr. Fox has demonstrated high devotion to duty and displayed a high degree of initiative and self-reliance.

3. Upon completion of Mr. Fox's overseas assignment, he will return to the ORR Departmental Staffing Complement in a position commensurate with the grade to which promotion is recommended.

SECRET

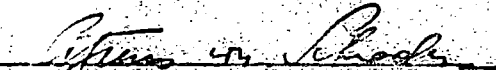
SUBJECT: FOX, Jerome -- Promotion

4. It is requested that FE/DD/P initiate the appropriate request for personnel action and that processing of this promotion action be accomplished as soon as possible. It is also requested that a copy of the 1150 be forwarded to this Office.


FOR THE ASSISTANT DIRECTOR, OPR:

  
PAUL H. HILDEBRAND  
Chief, Administrative Staff

CONCURRENCES:

  
Assistant to the DD/I (Administration)

3/1/61  
Date

  
Chief, FE Division

3/10/61  
Date

**SECRET**

(When Filled In)

DATE PREPARED										REQUEST FOR PERSONNEL ACTION										V to V			V to UV		
Mo. Do. Yr.																				UV to V			UV to UV		
1. Serial No.				2. Name (Last-First-Middle)								3. Date of Birth				4. Var. Prof.		5. Sex		6. CS - EOD					
				FOX, JEROME								Mo. Do. Yr.		Mo. Do. Yr.		Mo. Do. Yr.		Mo. Do. Yr.							
												Mo. Do. Yr.		Mo. Do. Yr.		Mo. Do. Yr.		Mo. Do. Yr.							
7. SCD				8. CSC Rating				9. CSC Or Other Legal Authority				10. Appr. Method		11. P. E. C. I.		12. ECU		13. MIL. SERV. CREDIT - EOD							

**PREVIOUS ASSIGNMENT**

14. Organizational Designations										Code			15. Location Of Official Station										Station Code		
DDT ODP													Wash., D.C.												
16. Dept. Field				17. Position Title				18. Position No.				19. Serv.		20. Occup. Series											
Ident. Spec.				22. Salary Or Rate				23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number											
11-2				7,270				TR		10-20-57		10-16-60		9-5700-20											

**ACTION**

27. Nature Of Action				Code			28. Eff. Date			29. Type Of Employee			Code			30. Separation Date		
Reassignment to Confidential				06			07-20-59			Regular			01					

**PRESENT ASSIGNMENT**

21. Organizational Designations										Code			22. Location Of Official Station										Station Code		
OFFICE OF DDI (TORYO) RR-STAFF Strategic Intelligence Staff										1825			Tokyo, Japan										37527		
23. Dept. Field				24. Position Title				25. Position No.				26. Serv.		27. Occup. Series											
5				I.O. Factory Mark				8-96																	
28. Grade & Step				29. Salary Or Rate				30. SD		31. Date Of Grade		32. PSI Due		33. Appropriation											
11-2				7270						10-20-57		10-16-60		9-5700-20											

**SOURCE OF REQUEST**

A. Requested By (Name And Title)										C. Request Approved By (Signature And Title)									
Walter D. Moore, ASST. DIR.										Robert D. Caseman, CIE/Personnel									
B. For Additional Information Call (Name & Telephone No.)																			
Roselle Little, 12257																			

**CLEARANCES**

Classified			Signature			Date			Classified			Signature			Date		
A. Career Service									G. Personnel								
B. Non-Career									F. Approval Of								
C. Classification									H. Approval Of								
Remarks																	
2 copies Security Please transfer from (vouchered) funds on 20 July 1959. Subject to replace Walter Little, who is returning to 1st Det. 1959.																	

SECRET

Classify According To Legend

REQUEST FOR PERSONNEL ACTION													VOUCHERED		
1. Serial No.		2. Name (Last-First-Middle) Fox Jerome				3. Date Of Birth Mo Da Yr Oct 9 28			4. Ver. Prof. None-0 1-1 2-2		5. Sea M	6. CS - EOD Mo Da Yr			
7. SCD Mo Da Yr		8. CSC Retire Yes-1 No-2		9. CSC Or Other Legal Authority		10. Appt Affidav Mo Da Yr			11. FEGLI Yes-1 No-2		12. LCD Mo Da Yr		13. ... Yes-1 No-2		

PREVIOUS ASSIGNMENT

14. Organizational Designations DDI/Office of Research & Reports				Code	15. Location Of Official Station Washington, D.C.				Section Code			
16. Dept. Field Dept. X Valid Plan		17. Position Title Identification Specialist				18. Position No. 923.01		19. Serv OS		20. Occup. Series 1370.06		
21. Grade & Step 9-2		22. Salary Or Rate \$ 5575.		23. SD IR	24. Date Of Grate Mo Da Yr		25. PSI Due Mo Da Yr		26. Appropriation Number 8-5709-20			

ACTION

27. Nature Of Action Promotion		Code	28. Eff. Date Mo Da Yr ASAP		29. Type Of Employee Regular		Code	30. Separation Date	
-----------------------------------	--	------	-----------------------------------	--	---------------------------------	--	------	---------------------	--

PRESENT ASSIGNMENT

31. Organizational Designations DDI/Office of Research & Reports				Code	32. Location Of Official Station Washington, D.C.				Section Code			
33. Dept. Field Dept. X Valid Plan		34. Position Title Identification Specialist				35. Position No. 923.01		36. Serv OS		37. Occup. Series 1370.06		
38. Grade & Step 11-1		39. Salary Or Rate \$ 6390.		40. SD IR	41. Date Of Grate Mo Da Yr		42. PSI Due Mo Da Yr		43. Appropriation Number 8-5709-20			

SOURCE OF REQUEST

A. Requested By (Name And Title) JAMES R. WAT, Chief, S/P/HR				C. Request Approved By (Signature And Title) PAUL H. HEDENHARD			
B. For Additional Information Call (Name & Telephone Ext) WILLIAM C. ...				D. Chief, Administrative Staff, DCR			

CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board			D. Placement		
B. Res. Control			E.		
C. Classification			F. Assigned By		

11329

SECRET



CONFIDENTIAL

STANDARD FORM 52 OFFICE OF PERSONNEL U. S. GOVERNMENT PRINTING OFFICE WASHINGTON, D. C. 20540	21 JUN 1956 VOUCHERED
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REQUESTING OFFICE: Fill in Items 1 through 15 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr. <del>XXXXX</del> One given name, initial(s), and surname) <b>JEROME FOX</b>	2. DATE OF BIRTH <b>9 Oct 1928</b>	3. REQUEST NO.	4. DATE OF REQUEST <b>12 June 56</b>
5. NATURE OF ACTION REQUESTED A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) <b>Promotion</b>		6. EFFECTIVE DATE & PROPOSED <b>ASAP</b>	7. C. S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)		9. APPROVED	

FROM— <b>Identification Specialist F-925.00 GS-1390.06-07 \$4660 per annum DDI/Office of Research and Reports Office of Chief, Coordination Techniques and Methods Division Analysis and Reports Branch Washington, D.C.</b>	10. POSITION TITLE AND NUMBER <b>(96)</b>	TO— <b>Identification Specialist F-924.00 GS-1390.06-09 \$5440.00 per annum DDI/Office of Research and Reports Office of Chief, Coordination Techniques and Methods Division Analysis and Reports Branch Washington, D.C.</b>	11. C. S. OR OTHER LEGAL AUTHORITY <b>9704</b>
11. ORGANIZATIONAL DESIGNATIONS		12. FIELD OR DEPARTMENTAL <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	

13. REMARKS: (Use reverse if necessary)  
  
Complies with CIA Regulation 20-530

14. REQUESTED BY (Name and title) <b>JAMES Q. MAY, Chief, D/T</b>	15. REQUEST APPROVED BY <i>Paul H. Hildebrand</i> Signature: <b>PAUL H. HILDEBRAND</b>
16. FOR ADDITIONAL INFORMATION CALL (Office and telephone extension) <b>WILLIAM C. COOLEY x 2485</b>	17. TITLE: <b>Chief, Administrative Staff, C&amp;R</b>
18. VETERAN PREFERENCE NONE <input type="checkbox"/> OTHER <input type="checkbox"/> OTHER <input type="checkbox"/>	19. POSITION CLASSIFICATION ACTION PER <input type="checkbox"/> VICE <input type="checkbox"/> A <input type="checkbox"/> REAL <input type="checkbox"/> <b>3D/ER</b>
20. MAIL FROM: <b>5-5704-20</b> TO: <b>6-5704-20</b>	21. DATE OF APPOINTMENT AFFILIATED (ACCORDING TO CFR, 5) <b>17 Jun 56</b>
22. STANDARD FORM 50-10 MARKS <b>VERIODIC STEP INCREASE 1957 17 Jun 56</b> <b>\$0 SALARY \$ 4660</b>	

23. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A			
B. C&R (SECRET)		7/1/56	
C. CLASSIFICATION			
D. IN COMPLIANCE WITH			

APPROVED BY: *Robert H. Miller*

CONFIDENTIAL

*The Postman*

**SECRET**  
SECURITY INFORMATION

ENTRANCE ON DUTY NOTICE		1. DATE
2. TO: <b>Mr. Cooley</b>		<b>22 June 1955</b>
3. OFFICE (Division, Branch, Etc.) <b>DDI/OSR</b>		
NOTE: THE PERSON NAMED BELOW MEETS THE STANDARDS FOR EMPLOYMENT WITH THIS AGENCY SUBJECT TO THE TYPE OF CLEARANCE INDICATED IN ITEM NO. 9. THE SIGNED CLEARANCE FROM IS FOR ENTRANCE ON DUTY HAS BEEN MADE A PART OF THE PERSONNEL FILE OF THIS INDIVIDUAL. HE/SHE IS REPORTING FOR DUTY THIS DATE.		
4. NAME (LAST)	5. FIRST NAME (INITIAL)	6. JOB TITLE AND GRADE
<b>Fox</b>	<b>Jerome</b>	<b>Ident. Spec. GS-7</b>
7. EFFECTIVE DATE OF ACTION	8. <input checked="" type="checkbox"/> C.O.D. <input type="checkbox"/> REASSIGNMENT OTHER:	9. TYPE CLEARANCE
<b>15 June 1955</b>		<b>Provisional</b>
10. REMARKS: (include Medical or Other Limitations)		
<b>Subject to BOB, testing, 21 June 1955.</b>		
<b>H. D. Reynolds</b> PERSONNEL OFFICE		
DISTRIBUTION: ORIGINAL AND COPY (WHITE) TO ITEM NO. 2; COPY (PINK) TO PERSONNEL FOLDER.		

FORM NO. 37-114 PREVIOUS EDITIONS NOT TO BE USED  
NOV 1952

**SECRET**

STANDARD FORM 52  
 FEDERAL BUREAU OF INVESTIGATION  
 U. S. DEPARTMENT OF JUSTICE  
 REQUEST FOR PERSONNEL ACTION

VOUCHERED 16 FEB 1955

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

1. NAME (Mr. <u>HOOK</u> - One given name, initials, and surname)	2. DATE OF BIRTH	3. REGISTRY NO.	4. DATE OF REQUEST
<u>JEROME FOX</u>	<u>9 Oct 1928</u>		<u>2 Feb 55</u>
5. NATURE OF ACTION REQUESTED A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) <u>Appointment</u>		6. EFFECTIVE DATE A. PROPOSED: <u>ASEP</u>	7. C.S. OR OTHER LEGAL AUTHORITY
B. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED:	

*Exempt*

8. POSITION TITLE AND NUMBER	9. SERVICE GRADE AND SALARY	10. ORGANIZATIONAL DESIGNATIONS	11. HEADQUARTERS
		<u>Identification Specialist F-925.03.99</u> <u>GS-1390.06-07 \$4205.00 per annum</u> <u>DDI/Office of Research and Reports</u> <u>Office of Chief, Coordination</u> <u>Techniques and Methods Division</u> <u>Analysis and Reports Branch</u> <u>Washington, D. D.</u>	
12. FIELD OR DEPARTMENTAL		12. FIELD OR DEPARTMENTAL	
<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL	<input type="checkbox"/> FIELD	<input checked="" type="checkbox"/> DEPARTMENTAL

A. REMARKS (Use reverse if necessary)  
**Attachments:**  
 1. Interview Sheet  
 2. cys. PHS  
 3. cys. PHS (Appendix I)  
 4. Pictures  
 5. cys. Report of Medical History  
 6. cys. of Letter of Commendation

13. REQUEST APPROVED BY Signature: <u>L. S. Hitchcock</u> Title: <u>Executive, OPS</u>	14. REQUEST APPROVED BY Signature: <u>L. S. Hitchcock</u> Title: <u>Executive, OPS</u>
--	--

15. VETERAN PREFERENCE NONE <input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 20% <input type="checkbox"/> 30% <input type="checkbox"/>	16. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VOE <input type="checkbox"/> I-A <input type="checkbox"/> REAL <input type="checkbox"/>
---	--

17. RACE	17. APPROPRIATION FROM: <u>5-5709-20</u>	18. SHORT TITLE & FUNDING SOURCE (115-160)	19. DATE OF APPOINTMENT (EXCEPTIONS ONLY)	20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
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11. STANDARD FORM 52 REMARKS

12. SIGNATURES

13. DATE

14. INITIALS

15. COMMENTS

16. APPROVED BY

17. DATE

18. COMMENTS

19. APPROVED BY

20. DATE

21. COMMENTS

22. APPROVED BY

23. DATE

24. COMMENTS

25. APPROVED BY

26. DATE

27. COMMENTS

28. APPROVED BY

29. DATE

30. COMMENTS

31. APPROVED BY

32. DATE

33. COMMENTS

34. APPROVED BY

35. DATE

36. COMMENTS

37. APPROVED BY

38. DATE

39. COMMENTS

40. APPROVED BY

41. DATE

42. COMMENTS

43. APPROVED BY

44. DATE

45. COMMENTS

46. APPROVED BY

47. DATE

48. COMMENTS

49. APPROVED BY

50. DATE

51. COMMENTS

52. APPROVED BY

53. DATE

54. COMMENTS

55. APPROVED BY

56. DATE

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92. DATE

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94. APPROVED BY

95. DATE

96. COMMENTS

97. APPROVED BY

98. DATE

99. COMMENTS

100. APPROVED BY

101. DATE

102. COMMENTS

103. APPROVED BY

104. DATE

105. COMMENTS

106. APPROVED BY

107. DATE

108. COMMENTS

109. APPROVED BY

110. DATE

111. COMMENTS

112. APPROVED BY

113. DATE

114. COMMENTS

115. APPROVED BY

116. DATE

117. COMMENTS

118. APPROVED BY

119. DATE

120. COMMENTS

CONFIDENTIAL

DATE: JUN 9 1955

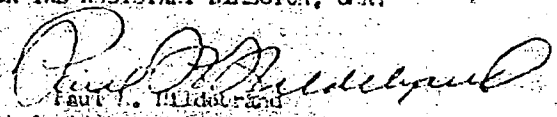
TO : Placement and Utilization Division, Personnel Office

FROM : Assistant Director, ORR

SUBJECT: JEROME FOX

The case of Jerome Fox, ~~has been~~ a  
(provisionally) cleared applicant has been thoroughly reviewed  
and this Office does guarantee that the position to which he  
is to be assigned does fall within the personnel ceiling of  
ORR. Therefore, it is requested that the above-named indi-  
vidual be brought on duty as soon as possible.

FOR THE ASSISTANT DIRECTOR, ORR

  
Paul W. Hildner  
Chief, Administrative Staff, ORR

CONFIDENTIAL

STANDARD FORM NO. 64

CONFIDENTIAL

Office Memorandum • UNITED STATES GOVERNMENT

TO : Placement and Utilization Division, O/P  
ATTN : Miss Mahoney  
FROM : Personnel Officer, OPR

DATE: 21 April 1955

SUBJECT: FOX, Jerome - Request for Provisional Clearance

1. It is requested that a Provisional Clearance be granted for Mr. Jerome Fox to allow his entrance on duty at the earliest opportunity.

2. This Office is prepared to assign Mr. Fox to an unclassified project in the Library of Congress for the Techniques and Methods Division. It is the opinion of the Techniques and Methods Division that the material produced by this project will be advantageous to the Division.

*William C. Cooley*  
WILLIAM C. COOLEY

St/A/RR  
WCCooley:lp

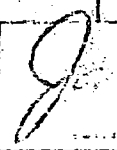
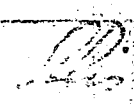
Distribution:  
0 & 1 - Addressee  
2 - St/A/RR  
2 - AD/RR

CONFIDENTIAL

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		6 Sept 1974	6215
TG: (Priority)	<input checked="" type="checkbox"/> CHIEF, CONTROL DIVISION, OP	AS [ ]	
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION, CP	EMPLOYEE NUMBER 017974	
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) EA	ID CARD NUMBER	
ATTN:	CHIEF SUPPORT STAFF	OFFICIAL COVER	<input type="checkbox"/> ESTABLISHED <input checked="" type="checkbox"/> DISCONTINUED
REF:	RETIREMENT		
SUBJECT:	FOX, Jerome	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 EFFECTIVE DATE: EOD
<input type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE _____	<input checked="" type="checkbox"/> SUBMIT FORM 3254 CIA W-2 TO BE ISSUED (HR 240-11)
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR _____ TDY _____ OTHER (Specify)	<input type="checkbox"/> NA SUBMIT FORM 612 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HR 240-21) P 11 D 0
SUBMIT FORM 612 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HR 240-21)	<input type="checkbox"/> NA EAA CATEGORY I _____ CATEGORY II _____
SUBMIT FORM 3254 _____ TO BE ISSUED (HR 240-11)	<input checked="" type="checkbox"/> RETURN ALL DESIGNATION DOCUMENTATION TO CTS
SUBMIT FORM 2888 FOR _____ (HR 240-24)	<input checked="" type="checkbox"/> SUBMIT FORM 2888 FOR _____ HOSPITALIZATION CARD.
SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-24)	DO NOT WRITE IN THIS BLOCK
EAA, CATEGORY I _____ CATEGORY II _____	
SUBMIT FORM 2888 FOR _____ HOSPITALIZATION CARD	
Subject will be acknowledged as CIA for entire period of employment and is not to reveal specific places or locations of cover assignments.	
DISTRIBUTION: COPY 1 - TO HQ COPY 2 - OPERATING COMPONENT COPY 3 - OLC COPY 4 - DE HQ COPY 5 - TO FILE	 


FORM 1581

SECRET

U.S. GOVERNMENT PRINTING OFFICE

SEP 74

SECRET

CLASSIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		28 Sep 1973	FILE NO. 6415
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, CONTROL DIVISION, OP	DD NUMBER	
	<input checked="" type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION, OP	017974	
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action)	EA EURE	ID CARD NUMBER MC-102 #25389
ATTN:	Chief Support Staff	OFFICIAL COVER	<input checked="" type="checkbox"/> ESTABLISHED <input type="checkbox"/> DISCONTINUED
REF:	Form 1322 dated 21 Sep 73		
SUBJECT	FOX, JEROME	UNIT	Technical Services Group (Prov)
<b>KEEP ON TOP OF FILE WHILE COVER IN EFFECT</b>			
<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: AUGUST 1959	SUBMIT FORM 3254 W-2 TO BE ISSUED. (HHH 20-11)		
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR: TO: OTHER (Specify)	SUBMIT FORM 542 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY (HHH 20-7)		
SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY 3 (HHH 20-7)	AAA: CATEGORY I	CATEGORY II	
<input checked="" type="checkbox"/> SUBMIT FORM [ ] TO BE ISSUED. (HHH 20-11)	RETURN ALL OFFICIAL REGISTRATION TO CCS		
<input checked="" type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE APPLICABLE TO COVER. (HH 240-20)	SUBMIT FORM 700 FOR HOSPITALIZATION CARD.		
<input checked="" type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HB 240-20)	DO NOT WRITE IN THIS BLOCK		
<input checked="" type="checkbox"/> EAA: CATEGORY I	CATEGORY II	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> SUBMIT FORM 2688 FOR AGE HOSPITALIZATION CARD			
REMARKS AND/OR COVER HISTORY			
DISTRIBUTION: 1 - [ ] 2 - [ ] 3 - [ ] 4 - [ ] 5 - [ ] 6 - [ ] 7 - [ ]			

SECRET

NOTIFICATION OF ESTABLISHMENT OF OFFICIAL COVER BACKSTOP		DATE 26 August 1966
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, PERSONNEL OPERATIONS DIVISION	ESTABLISHED FOR FOX, Jerome (RMI)
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION	
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) FE	
ATTN: FE/Security	FILE NO. 6415	
REF: Form 1322 dated 24 August 1966	ID CARD NO. 8575	
OFFICIAL COVER BACKSTOP ESTABLISHED UBAP Technical Services Group (Prov)	EMPLOYEE NO.	

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

Block Record:  
(OPMEMO 20-800-11)

- a. Temporarily for \_\_\_\_\_ days, effective \_\_\_\_\_
- b. Continuing, effective \_\_\_\_\_ as of August 1959

Submit Form 642 to change limitation category.  
(CHH 20-77)

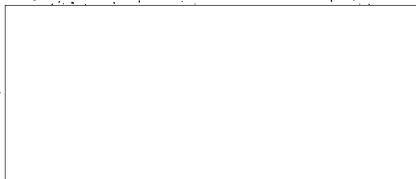
Ascertain if \_\_\_\_\_ W-2 being issued.  
(CHH 20-661.1)

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

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

Remarks:

Cover History



RCB/ncz

*James H. Franklin*

DISTRIBUTION: Copy 1-PID, Copy 2-Operating Component, Copy 3-OS, Copy 4-OS, Copy 5-OS, Copy 6-PID/OS, Copy 7-OS, Copy 8-OS



SECRET

NOTIFICATION OF ESTABLISHMENT OF _____		DATE 8 November 1962
TO: <input checked="" type="checkbox"/> (Check) CHIEF, RECORDS AND SERVICES DIVISION	ESTABLISHED FOR	
	FOX, Jerome	
ATTN: Administrative Staff	FILE NO. K-2303	
REF: Verbal request for cover	ID CARD NO.	
MILITARY COVER BACKSTOP ESTABLISHED		
Technical Services Group, Provisional		
<input checked="" type="checkbox"/> BLOCK RECORDS: (OPMEMO 30-800-11) a. TEMPORARILY FOR _____ DAYS, EFFECTIVE _____ b. CONTINUING, EFFECTIVE <u>20D</u>		
<input type="checkbox"/> SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY TO 3. (HD 20-800-2)		
<input type="checkbox"/> ASCERTAIN THAT <input type="checkbox"/> W-2 BEING ISSUED. (HD 20-661-1)		
<input type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (R 240-250)		
<input type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (R 240-250)		
<input type="checkbox"/> REMARKS:		
<p>THIS COVER MUST REMAIN ON TOP OF FILE</p> <p style="text-align: right;"><i>[Signature]</i></p>		
<input type="checkbox"/> COPY TO CPO/24 CGS/DJ		

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5, U.S.C. AND EXECUTIVE ORDER 11611 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE LATEC 08 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 OCTOBER 1974

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
FOX JEROME	017974	45	997	V GS 13-6	\$25,451

SECRET

1 July 1959

File: K - 2303

MEMORANDUM FOR: Chief, Records and Services Division  
Office of Personnel

SUBJECT: Jerome FOX

- 1. Cover arrangements ~~xxxxxxxxxxxx~~ have been completed for the above-named Subject.
- 2. Effective 15 June 59, it is requested that your records be properly blocked ~~xxxxxxxx~~ to deny ~~xxxxxxxx~~ Subject's current Agency employment to an external inquirer.
- 3. This memorandum confirms an oral request of 1 July 1959 by Mr. E. C. Davies, Room 1608, "L" Building, Extension 2420.

*Joseph M. Adams*  
 HARRY W. LITTLE, JR.  
 Chief, Central Cover Division

cc: SSD/OS

SECRET

FORM 1580a

(4-19-60)

FOR PURPOSES OF THE FAIR LABOR STANDARDS ACT, AS AMENDED,  
YOU ARE DESIGNATED EXEMPT.

EFFECTIVE DATE OF DESIGNATION: 01 MAY 1974.

FOX JEROME

017974

42371374

DLN: 28 MAY 75

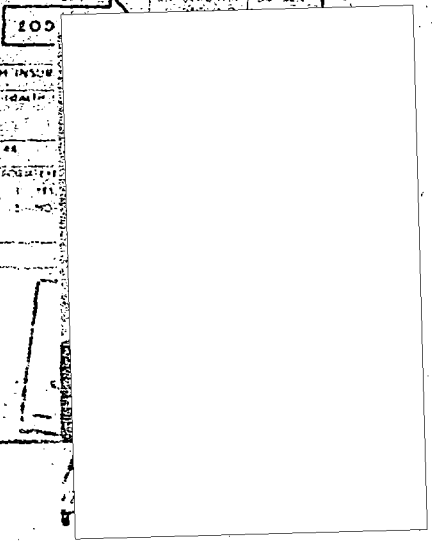
SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 1774		2. NAME (LAST-FIRST-MIDDLE) FOX JEROME	
3. NATURE OF PERSONNEL ACTION - (RETIREMENT) (DISABILITY) UNDER CIA RETIREMENT AND DISABILITY SYSTEM FROM CSI			4. EFFECTIVE DATE MO DA YR 15 14 75
5. CATEGORY OF EMPLOYMENT REGULAR			6. CSC OR OTHER LEGAL AUTHORITY PL 85-643 SECT 231
A. FUNDS	<input checked="" type="checkbox"/> V TO V	<input type="checkbox"/> V TO CF	7. FAN AND NSCA 5237 13 12 1114
	<input type="checkbox"/> CF TO V	<input type="checkbox"/> CF TO CF	
9. ORGANIZATIONAL DESIGNATIONS DDO/EA DIVISION DEVELOPMENT COMPLEMENT		10. LOCATION OF OFFICIAL STATION WASHINGTON, D.C.	
11. POSITION TITLE OPS OFFICER		12. POSITION NUMBER D COF	13. SERVICE DESIGNATION O 1G
14. CLASSIFICATION SCHEDULE (GS, IS, WS)	15. OCCUPATIONAL SERIES GS 1136.01	16. GRADE AND STEP 13 6	17. SALARY OR RATE 25651
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. INTRIGRE CODE	24. MAINTS CODE	25. DATE OF BIRTH MO DA YR	26. DATE OF GRADE MO DA YR
27. DATE OF LET MO DA YR	28. INT. EXPIRES MO DA YR	29. SPECIAL REFERENCE	30. RETIREMENT DATA CSC CODE CF CODE NONE
31. SEPARATION DATA CODE	32. COMPENSATION DATA CODE	33. SECURITY	34. SER.
35. VET PREFERENCE	36. SEPV. COMP. DATE MO DA YR	37. LONG. COMP. DATE MO DA YR	38. CAREER CATEGORY
39. FEELT / HEALTH INSUR	40. FEDERAL TAX DATA	41. HEALTH	42. HEALTH
43. PREVIOUS CIVILIAN GOVERNMENT SERVICE	44. LEAVE CAT. CODE	45. FEDERAL TAX DATA	46. HEALTH
47. PREVIOUS SERVICE	48. LEAVE CAT. CODE	49. FEDERAL TAX DATA	50. HEALTH
51. PREVIOUS SERVICE	52. LEAVE CAT. CODE	53. FEDERAL TAX DATA	54. HEALTH
55. SIGNATURE OR OTHER AUTHENTICATION			

FORM 1100  
3 76 MAY 75 74

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86G: 25 SEPT 74

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(When Filled In)

63

OCF NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER: 017974  
2. NAME (LAST-FIRST MIDDLE): FOX JEROME

3. NATURE OF PERSONNEL ACTION: EXTENDED SICK LEAVE - DISABILITY RETIREMENT NTE: 14 MAY 1975  
4. EFFECTIVE DATE: 09 06 74  
5. CATEGORY OF EMPLOYMENT: REGULAR

6. FUNDS: X V TO V, V TO CF, CF TO V, CF TO CF  
7. PAN AND NSCA: 5237 1392 0000  
8. CSC OR OTHER LEGAL AUTHORITY: 50 USC 403 J

9. ORGANIZATIONAL DESIGNATION: DDO/EA DIVISION DEVELOPMENT COMPLEMENT  
10. LOCATION OF OFFICIAL STATION: WASH., D.C.

11. POSITION TITLE: OPS OFFICER  
12. POSITION NUMBER: 9997  
13. SERVICE DESIGNATION: DMG

14. CLASSIFICATION SCHEDULE (GS, LE, GS): GS  
15. OCCUPATIONAL SERIES: 0136.01  
16. GRADE AND STEP: 13 6  
17. SALARY OR RATE: 24122

18. DATES: LWD: 06 SEPTEMBER 1974  
OTHER:  
HOME BASE: EA

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

Grid with 37 numbered fields for personnel data including office coding, station code, date of birth, date of grade, date of let, etc.

SIGNATURE OR OTHER AUTHENTICATION

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JA 9/26/74

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DMS: 10 SEPT 74

(When Filled In)

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)							
17974		FOX JEROME							
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT				15 24		REGULAR			
6. FUNDS		7. V TO V		8. V TO CF		9. PAN AND NSCA		10. CAC OR OTHER LEGAL AUTHORITY	
CF TO V		CF TO CF		8237 1300		1011		5 USC 443 J	
11. ORGANIZATIONAL DESIGNATIONS					12. LOCATION OF OFFICIAL STATION				
DDO/EA DIVISION DEVELOPMENT COMPLEMENT					ASH, D.C.				
13. POSITION TITLE				14. POSITION NUMBER		15. SERVICE DESIGNATION			
OPS OFFICER				3997		DNC			
16. CLASSIFICATION SCHEDULE (OS, LS, GS)			17. OCCUPATIONAL SERIES		18. GRADE AND STEP		19. SALARY OR RATE		
GS			156.01		13 5		24122		
16. REMARKS									
OTHER									
HOME BASE: EA									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
20. ACTION CODE	21. OFFICE CODING	22. STATION CODE	23. INTEGRATE CODE	24. SOCIAL CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI		
37	18	48007	EA	75013					
28. NTE EMPRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CUMULATIVE LEAVES/UNLEAVES DATA	33. SECURITY RELY NO		34. SER		
					EOD DATA				
35. VET PREFERENCE	36. SERV COMPT DATE	37. LEAVES COMPT DATE	38. CAREER CATEGORY	39. LEAVES REACH PREFERENCE	40. SOCIAL SECURITY NO				
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE	42. LEAVE CAT CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA						
SIGNATURE (OR OTHER AUTHENTICATION)									
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">POSTED</p> <p style="text-align: center;"><i>[Signature]</i></p> </div>									

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(When Filled In)

REF: 22 JAN 74

### NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER <b>017574</b>		2. NAME (LAST FIRST MIDDLE) <b>FOX, JEROME</b>	
3. NATURE OF PERSONNEL ACTION <b>REASSIGNMENT</b>		4. EFFECTIVE DATE MO DA YR <b>01 20 74</b>	5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>
6. FUNDS <input checked="" type="checkbox"/> V TO V <input type="checkbox"/> CF TO V	<input type="checkbox"/> V TO CF <input type="checkbox"/> CF TO CF	7. PAN AND NSCA <b>4227 1374 0000</b>	8. CSC OR OTHER LEGAL AUTHORITY <b>50 USC 403 J</b>
9. ORGANIZATIONAL DESIGNATIONS <b>DDO/EA DIVISION</b>		10. LOCATION OF OFFICIAL STATION <b>WASH, D.C.</b>	
11. POSITION TITLE <b>OPS OFFICER</b>		12. POSITION NUMBER <b>11408</b>	13. SERVICE DESIGNATION <b>D</b>
14. CLASSIFICATION SCHEDULE (GS, IS, OS, 1)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
<b>GS</b>	<b>0136.01</b>	<b>13 6</b>	<b>24122</b>
18. REMARKS			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. AGENCY CODE	20. EMPLOY CODE	21. OFFICE/CLASSIFICATION	22. STATION CODE
<b>37</b>	<b>10</b>	<b>45080 EA</b>	<b>75013</b>
23. DATE OF BIRTH	24. DATE OF GRADE	25. DATE OF BIRTH	26. DATE OF GRADE
<b>10 09 28</b>		<b>10 09 28</b>	
27. SPECIAL REFERENCE	28. RETIREMENT DATA	29. SEPARATION DATA CODE	30. LEAVE/COMPENSATION DATA
			<b>EGD DATA</b>
31. VET PREFERENCE	32. SERV COMP DATE	33. LEAVO COMP DATE	34. CAREER CATEGORY
35. FEDERAL GOVERNMENT SERVICE	36. LEAVE CAT CODE	37. OCCUPATIONAL DATA	38. STATE TAX DATA
SIGNATURE OF OFFICE AUTHORITY			<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>FOUNDED</b>  <b>UNB 125 74</b> </div>

FORM 100-100  
1-72 (Rev. 11-77)

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U.S. GOVERNMENT PRINTING OFFICE

855



F-2108

1. SERIAL NO		2. NAME		3. ORGANIZATION		4. FUNDS		5. LWOP HOURS	
C17574		FOX JEROME		NS 443		CF			
6. OLD SALARY RATE		7. NEW SALARY RATE		8. TYPE ACTION					
Grade	Step	Salary	Low Eff Date	Grade	Step	Salary	EFFECTIVE DATE	SI	ADJ
GS	13	5	23433	10/17/73	GS	13	5	24122	10/16/73
CERTIFICATION AND AUTHENTICATION									
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.									
SIGNATURE <i>John A. [unclear]</i>						DATE: 10-16-73			
<input type="checkbox"/> NO EXCESS LWOP <input checked="" type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD									
CLERK'S INITIALS <i>151</i>						ACCEPTED BY <i>WOB</i>			
FORM 7-66 560 E		Use previous editions		PAY CHANGE NOTIFICATION				(4-31)	

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5, U.S.C. AND EXECUTIVE ORDER 11739 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 08 OCTOBER 1952."

EFFECTIVE DATE OF PAY ADJUSTMENT: 15 OCTOBER 1973

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
FOX JEROME	C17574	NS 140	V	GS 13 5	23,433

KHN: 15 OCT 73

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST, FIRST, MIDDLE)									
017974		FOX JEROME									
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT					
REASSIGNMENT AND TRANSFER TO VOUCHERED FUNDS				10 14 73		REGULAR					
6. FUNDS		7. PAY AND GRADE		8. CSC OR OTHER LEGAL AUTHORITY							
X V TO V CF TO V		V TO CF CF TO CF		4237 1374 0000		50 USC 403 J					
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION							
DDO/EA DIVISION P.I., MALAYSIA, INDONESIA BRANCH PHILIPPINE SECTION				WASH., D.C.							
11. POSITION TITLE				12. POSITION NUMBER		13. SERVICE DESIGNATION					
OPS OFFICER				4024		D					
14. CLASSIFICATION SCHEDULE (AS TO REG)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE					
GS		0136.01		13 6		24122					
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. DATE	21. OFFICE CODE	22. POSITION CODE	23. GRADE	24. DATE OF GRACE	25. DATE OF LEI					
16	10	45140	EA	75013	1	10 09 28					
26. PAY SYMBOL	27. SPECIAL REFERENCE	28. SECURITY DATA	29. SEPARATION DATA CODE	30. CURRENT COMMERCIAL CODE	31. SECURITY REQ INFO		32. SOCIAL SECURITY NO				
					TOO DATA						
33. PAY SYMBOL	34. PAY CODE	35. PAY CODE DATE	36. PAY CODE DATE	37. CAREER CATEGORY	38. PAY GRADE	39. PAY GRADE	40. PAY GRADE	41. SOCIAL SECURITY NO			
42. PREVIOUS OFFICIAL EMPLOYMENT SERVICE			43. DATE CAT			44. FEDERAL PAY DATA			45. STATE PAY DATA		
SIGNATURE OR OTHER AUTHENTICATION											
<div style="border: 1px solid black; padding: 5px; display: inline-block;">           10-16-73            24915 10-16-73         </div>											

\*PAY ADJUSTMENT IN ACCORDANCE WITH 5 U.S.C. 5305 AND EXECUTIVE ORDER 11691 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 08 OCTOBER 1962.\*

EFFECTIVE DATE OF PAY ADJUSTMENT: 07 JANUARY 1973

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
FOX JEROME	017974	45 440	CF	GS 13 5	\$22,320

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

USS 04750/73

1. SERIAL NUMBER 017514		2. NAME (LAST, FIRST, MIDDLE) JCA JEROME		4. EFFECTIVE DATE MO DA YR 05 24 73		5. CATEGORY OF EMPLOYMENT	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT				7. FAR AND NSCA 5137 1034 0000		8. CSC OR OTHER LEGAL AUTHORITY	
6. FUNDS		V TO V	V TO O	7. FAR AND NSCA		8. CSC OR OTHER LEGAL AUTHORITY	
		O TO V	A O TO O	5137 1034 0000			
9. ORGANIZATIONAL DESIGNATIONS JCS/FA DIVISION				10. LOCATION OF OFFICIAL STATION			
11. POSITION TITLE OPS OFFICER				12. POSITION NUMBER 4235		13. CAREER SERVICE DESIGNATION	
14. CLASSIFICATION SCHEDULE (SA, SB, etc.) US		15. OCCUPATIONAL SERIES 013001		16. GRADE AND STEP 13		17. SALARY OR RATE	

18. REMARKS

SIGNATURE OF OTHER AUTHORITY

Handwritten signature and date stamp

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 92-210 AND EXECUTIVE ORDER 11637 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 6 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 9 JANUARY 1972

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
FOX JEROME	017974	45 440	CF	GS 13 5	\$21,237

F-2

1. SERIAL NO.		2. NAME		3. ORGANIZATION		4. FUNDS		5. LWOP HOURS			
017974		FOX JEROME		45 440		CF					
6. OLD SALARY RATE				7. NEW SALARY RATE				8. TYPE ACTION			
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	EFFECTIVE DATE	SI	ADJ.		
GS	13	4	\$19,537	10/19/69	GS	13	5	\$20,125	10/17/71		
CERTIFICATION AND AUTHENTICATION											
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.											
SIGNATURE						DATE					
<i>Kelso</i>						<i>7/26/37</i>					
<input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD											
CLEAR INITIALS						AUDITED BY					
[Handwritten initials]						[Handwritten initials]					
FORM 7-66 340 E		PAY CHANGE NOTIFICATION						11			

4-00000

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-656 AND EXECUTIVE ORDER 11576 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: 10 JANUARY 1971

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
FOX JEROME	017974	45	440	CF GS 13 4	\$19,537

SECRET

(When Filled In)

SENT VIA

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 017974		2. NAME (LAST FIRST MIDDLE) FOX JEROME	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT			4. EFFECTIVE DATE MO   DA   YR 02   21   70
			5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS	V TO V	V TO CF	7. Financial Action For Chargeable
	CF TO V	CF TO CF	
8. CVC OF OTHER LEGAL AUTHORITY		1137-1639-4400	
9. CVC OF OTHER LEGAL AUTHORITY		50 USC 403 J	
9. ORGANIZATIONAL DESIGNATIONS DDP/FE FOREIGN FIELD FE/PRI-MANILA STATION UNILATERAL BRANCH		10. LOCATION OF OFFICIAL STATION MANILA, PHILIPPINE IS.	
11. POSITION TITLE OPS OFFICER		12. POSITION NUMBER 1015	13. SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LE, etc.) GS	15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 13-4	17. SALARY OR RATE 13437
18. REMARKS			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE CCOI	20. EMPLOY CODE	21. OFFICE CODING REGULAR 45440 FE	22. STATION CODE 37307
23. DATE OF ACTION	24. DATE OF GRADE	25. DATE OF PAY	26. DATE OF SER.
27. SECURITY (S, C, etc.)	28. SECURITY (S, C, etc.)	29. SECURITY (S, C, etc.)	30. SECURITY (S, C, etc.)
31. FEDERAL TAX DATA	32. STATE TAX DATA	33. FEDERAL TAX DATA	34. STATE TAX DATA
35. SIGNATURE OF OTHER AUTHORITY			

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9-2-70

SECRET FVD

1. Approved for Release  
2. Approved for Release  
3. Approved for Release

Handwritten initials

PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-291 AND EXECUTIVE ORDER 11324 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: 28 DECEMBER 1969

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
FOX JEROME	017974	45	440	CF GS 13 4	\$18,487

F22

1. SERIAL NO.		2. NAME		3. ORGANIZATION		4. FUNDS		5. LWOP HOURS	
017974		FOX JEROME		45 440		CF			
6. OLD SALARY RATE					7. NEW SALARY RATE			8. TIME ACTION	
Grade	Step	Salary	Last Chg. Date	Grade	Step	Salary	EFFECTIVE DATE	SI	ADD
GS 13	3	\$16,865	10/20/68	GS 13	4	\$17,393	10/19/69		
CERTIFICATION AND AUTHENTICATION									
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.									
SIGNATURE <i>R. H. [unclear]</i>							DATE 6 OCT 69		
<input checked="" type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> ON PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> EXCESS LEAVES AT END OF WAITING PERIOD									
EMPLOYEE INITIALS									
PAY CHANGE NOTIFICATION									

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ADJUSTMENT IN ACCORDANCE WITH SECTION 212 OF PL 90-206 AND EXECUTIVE  
ORDER 11474 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: 13 JULY 1969

NAME	SERIAL	ORGN.	FUNCS	GR-STEP	NEW SALARY
FCX JEROME	017974	45	440	CF GS 13 3	\$16,866

SECRET  
(When Filled In)

FVS: 2 MAY 69

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 017974	2. NAME (LAST FIRST MIDDLE) FOX JEROME
----------------------------	---

3. NATURE OF PERSONNEL ACTION REASSIGNMENT	4. EFFECTIVE DATE MO DA YR 05 10 69	5. CATEGORY OF EMPLOYMENT REGULAR
---	---	--------------------------------------

6. FUNDS V TO V CF TO V X CF TO CF	7. Financial Analysis No. Chargeable 9137 1639 0000	8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J
--	--	---

9. ORGANIZATIONAL DESIGNATION DUP/FE FOREIGN FIELD FE/PMI-MANILA STATION LIAISON BRANCH	10. LOCATION OF OFFICIAL STATION MANILA, PHILIPPINE IS
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11. POSITION TITLE OPS OFFICER	12. POSITION NUMBER 4347	13. SERVICE DESIGNATION U
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14. CLASSIFICATION SCHEDULE (GS, FS, etc.) GS	15. OCCUPATIONAL SERIES 0135.01	16. GRADE AND STEP 13 3	17. SALARY OR RATE 15369
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18. REMARKS  
  
HOME BASE: FE

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE 37	20. EMPLOY CODE 10	21. OFFICE CODE 45440 FC	22. STATION CODE 57557	23. EMPLOYEE CODE 3	24. MONTH CODE	25. DATE OF BIRTH MO DA YR 10 09 25	26. DATE OF GRADE MO DA YR	27. DATE OF HIRE MO DA YR	
28. INT. EXP. NO.	29. SPECIAL PREFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/Correction Date	EOD DATA			33. SECURITY EMP NO.	34. VET
35. VET PREFERENCE	36. SERV. COMP. DATE	37. LONG COMP. DATE	38. CAREER CATEGORY	39. LEGAL/HEALTH INSURANCE			40. SOCIAL SECURITY NO.		
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE				42. FEDERAL TAX DATA				43. STATE TAX DATA	

SIGNATURE OF OTHER AUTHENTICATION

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JLB: 14 APR 69

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER		2. NAME (LAST, FIRST, MIDDLE)							
017974		FOX JEROME							
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
CONVERSION				04 16 69		REGULAR			
6. FUNDS		7. TO V		8. TO CI		9. FEDERAL ACQUISITION NO. (When Applicable)		10. CSC OR OTHER LEGAL AUTHORITY	
▶		CI TO V		CI TO CI		9137 1275 0000		50 USC 403 J	
11. ORGANIZATIONAL DESIGNATIONS						12. LOCATION OF OFFICIAL STATION			
DDP/FE FE/PMI - PHILIPPINES, MALAYSIA, INDONESIA PHILIPPINE SECTION						WASH., D.C.			
13. POSITION TITLE				14. POSTAL NUMBER		15. OFFICE SYMBOL			
OPS OFFICER				4024		D			
16. CLASSIFICATION SCHEDULE (GS, FS, etc.)			17. OCCUPATIONAL SERIES		18. GRADE AND STEP		19. SALARY GRADE		
GS			0136, 01		13 3		15363		
20. REMARKS									
WASH., D.C.									
HOME BASE: FE									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
21. ACTION CODE	22. EMPLOY CODE	23. OFFICE CODE (ALPHABETIC)		24. PAY GRADE (CGR)		25. GRADE CODE		26. DATE OF ACTION	
56	10	45140 FE		75013		13 3		04 16 69	
27. NET EXPIRES		28. SPECIAL REFERENCE		29. RETIREMENT DATA		30. SEPARATION DATA CODE		31. COMMENTS (When Applicable)	
								IOD DATA	
32. VET PREFERENCE		33. SERV COMP DATE		34. LONG COMP DATE		35. CAREER CATEGORY		36. HEALTH STATUS	
37. PREVIOUS CIVILIAN GOVERNMENT SERVICE				38. LEAVE CAT CODE		39. PRESENTING DATA		40. STATE TAX DATA	
SIGNATURE OR OTHER AUTHENTICATION									

**POSTED**

14 APR 69 JLR

SDF: 7 NOV 68

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**NOTIFICATION OF PERSONNEL ACTION**

ODF

1. SERIAL NUMBER <b>012974</b>		2. NAME (LAST, FIRST, MIDDLE) <b>FOX, JEROME</b>	
3. NATURE OF PERSONNEL ACTION <b>PROMOTION</b>		4. EFFECTIVE DATE MO DA YR <b>10   20   68</b>	
5. FUNDS V TO V CF TO V <b>X</b>		6. CATEGORY OF EMPLOYMENT <b>REGULAR</b>	
7. Financial Analysis No. Chargeable <b>9137 1375 0000</b>		8. CSC OR OTHER LEGAL AUTHORITY <b>50 USC 403 J</b>	
9. ORGANIZATIONAL DESIGNATIONS <b>DDP/FE FE/FMI-PHILIPPINES, MALAYSIA, INDONESIA PHILIPPINE SECTION</b>		10. LOCATION OF OFFICIAL STATION <b>WASH., D.C.</b>	
11. POSITION TITLE <b>OPS OFFICER</b>		12. POSITION NUMBER <b>4024</b>	
13. SERVICE DESIGNATION <b>0</b>		14. CLASSIFICATION SCHEDULE (OS, IS, etc.) <b>FSR GS</b>	
15. OCCASIONAL RATE <b>0136.01</b>		16. GRADE AND STEP <b>(15 5) 13 3</b>	
17. SALARY OR RATE <b>13330 15369</b>		18. REMARKS <b>WASH., D.C.</b>	

**SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL**

19. ACTION CODE <b>22</b>	20. PAY GRADE <b>10</b>	21. OFFICE CODING NUMERIC ALPHABETIC <b>45140 FE</b>	22. STATION CODE <b>75013</b>	23. INTEGRITY CODE <b>S</b>	24. MARRIAGE CODE <b>1</b>	25. DATE OF BIRTH MO DA YR <b>10   09   28</b>	26. DATE OF GRADE MO DA YR <b>10   20   68</b>	27. DATE OF 1ST MO DA YR <b>10   20   68</b>
28. VET. PREFERENCE MO DA YR	29. SPECIAL REFERENCE	30. RETIREMENT DATA TYPE CODE	31. SEPARATION DATA CODE	32. Continuation/Continuation Date TYPE MO DA YR	33. SECURITY REG. NO.		34. SER.	
35. VET. PREFERENCE CODE: 1. NONE 2. 10% 3. 15%	36. SERV. COMP. DATE MO DA YR	37. LONG. COMP. DATE MO DA YR	38. CAREER CATEGORY CODE SER. CODE	39. HEALTH INSURANCE CODE 1. YES 2. NO	40. SOCIAL SECURITY NO.			
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE: 1. NO PREVIOUS SERVICE 2. NO SER. IN SERVICE 3. SER. IN SERVICE (MOON PLAN 1-195) 4. SER. IN SERVICE (MOON PLAN 2-195)		42. LEAVE-CAT. CODE	43. FEDERAL TAX DATA FORM EXECUTED CODE HAS TAX EXEMPTION		44. STATE TAX DATA FORM EXECUTED CODE NO. TAX EXEMPT STATE CODE			

**MOD DATA** →

SIGNATURE OR OTHER AUTHENTICATION

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FORM 1150  
1-68

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(When Filled In)

58

COMPENSATION DIVISION

SEP 15 1968

1. SERIAL NO.		2. NAME			3. ORGANIZATION		4. FUNDS		5. LWOP HOURS		
017974		FOX, JEROME			45 140		CF				
A. OLD SALARY RATE				7. NEW SALARY RATE				8. TYPE ACTION			
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	EFFECTIVE DATE	SI	ADJ		
GS 12	5	13798	09/11/66	GS 12	6	14204	09/08/68				
CERTIFICATION AND AUTHENTICATION											
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.											
SIGNATURE						DATE					
<i>J. Maloney</i>											
<input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD											
CLERK'S INITIALS						LOCATED BY					
J.M.L.											
FORM 7-65 560 E Use previous editions											
PAY CHANGE NOTIFICATION (4-51)											

3000

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTIONS 232 AND 215 OF PL 90-206 AND EXECUTIVE ORDER 11613 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: 14 JULY 1968

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
FOX, JEROME	017974	45	140	CF GS 12 5	\$12,989	\$12,799

SECRET  
(When Filled In)

JLB: 17N MAY 68

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 017974		2. NAME (LAST-FIRST MIDDLE) FOX JEROME	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT		4. EFFECTIVE DATE MO DA '68 05 19 68	5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS	V TO V CF TO V	V TO CF CF TO CF	7. Financial Analysis No. Chargeable 8137 1375 0000
9. ORGANIZATIONAL DESIGNATIONS DDP/FE FE/PMI-PHILIPPINES, MAYASIA, INDONESIA PHILIPPINE SECTION		8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J	
11. POSITION TITLE OPS OFFICER		10. LOCATION OF OFFICIAL STATION WASH., D.C.	12. POSITION NUMBER 4025
13. SERVICE DESIGNATION D		14. CLASSIFICATION SCHEDULE (OS, IS, etc.) FSR GS	15. OCCUPATIONAL SERIES 0136.01
16. GRADE AND STEP 05 5 12 5		17. SALARY OR RATE 12604 12989	

18. REMARKS  
WASH., D.C.

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE 37	20. EMPLOYER CODE 10	21. OFFICE CODING 45140 FE	22. STATION CODE 75013	23. INTEGRAL CODE S	24. HOURS CODE 1	25. DATE OF BIRTH MO DA '68 10 09 28	26. DATE OF GRADE MO DA '68	27. DATE OF LEI MO DA '68
28. TIME EXPENSE	29. SPECIAL PREFERENCE	30. RETIREMENT DATA 1 CSC 2 CA 3 FCA 4 NONE	31. SEPARATION DATA CODE	32. Correction /Cancellation Data	33. SECURITY REC NO		34. SER	EOD DATA
35. VET. PREFERENCE	36. SERV COMP DATE	37. LONG COMP DATE	38. CAREER CATEGORY	39. LEGAL / HEALTH INSURANCE	40. SOCIAL SECURITY NO			
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE		42. LEAVE CAT CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA				
45. NO. YEARS CIVILIAN SERVICE		46. NO. YEARS MILITARY SERVICE	47. NO. YEARS FEDERAL SERVICE	48. NO. YEARS STATE SERVICE	49. NO. YEARS LOCAL SERVICE	50. NO. YEARS OTHER SERVICE	51. NO. YEARS TOTAL SERVICE	

SIGNATURE OR OTHER AUTHENTICATION

POSTED  
Apr 30 1968

14-00000

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

EFFECTIVE DATE OF PAY ADJUSTMENT: 8 OCTOBER 1967

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
FOX JEROME	017974	45	997	CF GS 12 5	\$12,443	\$12,989

SECRET  
(When Filled In)

FVO: 1 APR 68

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 017974		2. NAME (LAST FIRST MIDDLE) FOX JEROME	
3. NATURE OF PERSONNEL ACTION SUSPENSION FOR THREE WORKING DAYS			4. EFFECTIVE DATE 04   01   68
			5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS Y TO V CF TO V		7. Financial Analysis No. Chargeable 6137 1375 0000	
8. ORGANIZATIONAL DESIGNATIONS JDP/FE DEVELOPMENT COMPLEMENT		9. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J	
10. LOCATION OF OFFICIAL STATION WASH., D.C.			
11. POSITION TITLE CPS OFFICER		12. POSITION NUMBER 9997	13. SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LS, etc.) FSR GS		15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 05 5 12 5
17. SALARY OR RATE 12604 12989			

18. REMARKS:  
SUSPENDED FOR THREE WORKING DAYS FOR INFRACTION OF AGENCY PHYSICAL SECURITY REGULATIONS. TO RETURN TO DUTY 005 4 APRIL 1968. EMPLOYEE IS WARNED THAT FURTHER VIOLATIONS WILL BE VIEWED WITH EXTREME SERIOUSNESS.  
OTHER

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING NUMBER	22. STATION CODE	23. INTER-CODE	24. HEALTH CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI
						11   09   28		
28. NTE EXPRES.	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. Correction/Correction Data	EOD DATA		33. SECURITY RFD PGO	34. SER.
35. VET. PREFERENCE	36. SERV. COMP. DATE	37. LONG. COMP. DATE	38. CAREER CATEGORY	39. REG. HEALTH INSURANCE		40. SOCIAL SECURITY NO.		
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE		42. LEAVE CAT. CODE	43. FEDERAL TAX DATA		44. STATE TAX DATA			

SIGNATURE OR OTHER AUTHENTICATION

**POSTED**  
APR 4-1-68



SECRET  
(When Filled In)

NOV 27 1967

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 017974		2. NAME (LAST-FIRST-MIDDLE) FOX JEROME	
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE NO. DA. YR. 11-21-67	
5. CATEGORY OF EMPLOYMENT REGULAR		7. Financial Analysis No. Chargeable 8-137 1375-0000	
6. FUNDS V TO V CF TO V X CF TO CF		8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J	
9. ORGANIZATIONAL DESIGNATIONS DOP/FE DEVELOPMENT COMPLEMENT		10. LOCATION OF OFFICIAL STATION WASH., D.C.	
11. POSITION NUMBER 9997		12. SERVICE DESIGNATION D	
13. CLASSIFICATION SCHEDULE (GS, LO, etc.) GS		14. OCCUPATIONAL SERIES 0136.01	
15. GRADE AND STEP 12 5		16. SALARY OR RATE 12074 12443	

17. MARITAL STATUS - MARRIED

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

18. ACTION CODE 55	19. EMPLOY CODE 13	20. OFFICE CODE 45997 FE	21. STATION CODE 75013	22. INTEGRITY CODE S	23. HOURS 1	24. DATE OF BIRTH 10 10 20	25. DATE OF GRADE NO. DA. YR.	26. DATE OF LEI NO. DA. YR.
27. MIL EXPIRES NO. DA. YR.	28. SPECIAL REFERENCE	29. RETIREMENT DATA 1. CSC 2. CIA 3. FIA 4. NONE	30. SEPARATION DATA CODE	31. CORRECTION/CANCELLATION DATA TYPE NO. DA. YR.	32. SECURITY REG NO.	33. SECURITY	34. SER	
35. VET. PREFERENCE CODE 0 NONE 1 5-YR 2 10-YR	36. SERV. COMP. DATE NO. DA. YR.	37. LONG COMP. DATE NO. DA. YR.	38. CAREER CATEGORY LAR DEPT. CODE PRIN. TEMP.	39. FEDERAL HEALTH INSURANCE CODE NO. DA. YR. 1. YES 2. NO	40. SOCIAL SECURITY NO.			
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0 NO PREVIOUS SERVICE 1 NO BIRTH IN SERVICE 2 BORN IN SERVICE (LESS THAN 3 YRS) 3 BORN IN SERVICE (MORE THAN 3 YRS)	42. LEAVE CAT. CODE	43. FEDERAL TAX DATA FORM EXEMPTED 1. YES 2. NO	44. STATE TAX DATA FORM EXEMPTED 1. YES 2. NO	45. NO TAX STATE CODE				

SIGNATURE OR OTHER AUTHENTICATION

POSTED

RS

11-23-67

**SECRET**  
(When Filled In)

628

MAN 17 20 07

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER 017274		2. NAME (LAST-FIRST-MIDDLE) FOX, JEROME							
3. NATURE OF PERSONNEL ACTION REASSIGNMENT AND TRANSFER TO CONFIDENTIAL FUNDS					4. EFFECTIVE DATE 11 19 57		5. CATEGORY OF EMPLOYMENT REGULAR		
6. FUNDS		V TO V		V TO C		7. Financial Analysis No. Chargeable		8. CSC OR OTHER LEGAL AUTHORITY	
C TO V		C TO C		0137 1202 0000		50 USC 402 J			
9. ORGANIZATIONAL DESIGNATIONS DDP/FE FE DEVELOPMENT COMPLEMENT					10. LOCATION OF OFFICIAL STATION WASHINGTON, D.C.				
11. POSITION TITLE CPS OFFICER					12. POSITION NUMBER 1197		13. SERVICE DESIGNATION D		
14. CLASSIFICATION SCHEDULE (GS, LR, etc.) GS			15. OCCUPATIONAL SERIES 138,01		16. GRADE AND STEP 12,5		17. SALARY OR RATE 12145		
18. REMARKS TRAINING									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION TO EMPLOY CODE		20. OFFICE CODES NUMERIC ALPHABETIC		21. STATION CODE		22. INTEGRAL CODE		23. MONTH	
24. DATE OF BIRTH		25. DATE OF GRADE		26. DATE OF LEI					
27. NTE EXPIRES		28. SPECIAL REFERENCE		29. RETIREMENT DATA		30. SEPARATION DATA		31. CORRECTION/CANCELLATION DATA	
32. SECURITY DFO NO.		33. SECURITY SER		R0D DATA					
34. VET PREFERENCE		35. SERV COMP DATE		36. LONG COMP DATE		37. EARLIER EMPLOY		38. FEALT/HEALTH INSURANCE	
39. SOCIAL SECURITY NO.		40. PREVIOUS CIVILIAN GOVERNMENT SERVICE		41. LEAVE (A)		42. FEDERAL TAX DATA		43. STATE TAX DATA	
44. NO PREVIOUS SERVICE		45. NO ADDRESS IN SERVICE		46. NO ADDRESS IN SERVICE OVER 3 MONTHS		47. NO ADDRESS IN SERVICE OVER 3 MONTHS		48. NO ADDRESS IN SERVICE OVER 3 MONTHS	
SIGNATURE OR OTHER AUTHENTICATION									

FOOTNOTED  
11/19/57

FORM 1150

Use Previous Edition

**SECRET**

FVD

When Filled In

SECRET  
(When Filled In)

B.J.T.: 25 MAY 67

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER <b>017974</b>		2. NAME (LAST-FIRST-MIDDLE) <b>FOX JEROME</b>	
3. NATURE OF PERSONNEL ACTION <b>REASSIGNMENT</b>		4. EFFECTIVE DATE MO. DA. YR. <b>05 21 67</b>	5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>
6. FUNDS <input checked="" type="checkbox"/> V TO V <input type="checkbox"/> EP TO V	<input type="checkbox"/> V TO EP <input type="checkbox"/> EP TO EP	7. Financial Analysis No. Chargeable <b>7237 1385 0000</b>	8. CSC OR OTHER LEGAL AUTHORITY <b>50 USC 403 J</b>
9. ORGANIZATIONAL DESIGNATIONS <b>DOP/FE FE/PMI - PHILIPPINES, MALAYSIA, INDONESIA INDONESIA SECTION</b>		10. LOCATION OF OFFICIAL STATION <b>WASH., D.C.</b>	
11. POSITION TITLE <b>OPS OFFICER</b>		12. POSITION NUMBER <b>3877</b>	13. SERVICE DESIGNATION <b>D</b>
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) <b>GS</b>	15. OCCUPATIONAL SERIES <b>0136.01</b>	16. GRADE AND STEP <b>12 5</b>	17. SALARY OR RATE <b>12443</b>
18. REMARKS			

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE <b>37</b>	20. EMPLOY CODE <b>10</b>	21. OFFICE CODING NUMERIC ALPHABETIC <b>45140 FE</b>	22. STATION CODE <b>75013</b>	23. INTEGRER CODE <b>1</b>	24. MONTH CODE <b>10</b>	25. DATE OF BIRTH MO. DA. YR. <b>10 09 28</b>	26. DATE OF GRADE MO. DA. YR.	27. DATE OF LET MO. DA. YR.
28. INT. EXPIRES MO. DA. YR.	29. SPECIAL REFERENCE 1. CFC 2. CTR 3. FICA 4. SONS	30. RETIREMENT DATA CODE	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE MO. DA. YR.	33. SECURITY REG NO.		34. SER	
35. VET. PREFERENCE CODE 1. 100% 2. 50% 3. 10%	36. SERV. COMP. DATE MO. DA. YR.	37. LONG COMP. DATE MO. DA. YR.	38. CAREER CATEGORY CODE	39. FEGLI/HEALTH INSURANCE CODE	40. SOCIAL SECURITY NO.			
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 1. NO PREVIOUS SERVICE 2. NO SERVICE SERVICE 3. SERVICE IN SERVICE LESS THAN 5 YEARS 4. SERVICE IN SERVICE MORE THAN 5 YEARS		42. LEAVE CAT. CODE	43. FEDERAL TAX DATA FORMER EMPLOYER CODE NO. PAY REGISTRATION		44. STATE TAX DATA STATE BARCODED CODE NO. STATE CODE			

EOD DATA

SIGNATURE OR OTHER AUTHENTICATION

POSTED  
65250

MRT: 17 NOV 66

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)							
017974		FOX JEROME							
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT		
REASSIGNMENT AND TRANSFER TO VOUCHERED FUNDS					11   20   66		REGULAR		
6. FUNDS		7. GPO CENTER NO. (CHARGEABLE)		8. CXC OR OTHER LEGAL AUTHORITY					
X		7237 1385 0000		50 USC 403 J					
9. ORGANIZATIONAL DESIGNATION					10. LOCATION OF OFFICIAL STATION				
DDP/FE FE/PMI - PHILIPPINE, MALAYSIA, INDONESIA PHILIPPINE SECTION UNILATERAL - FI AND CA UNIT					WASH., D.C.				
11. POSITION TITLE			12. POSITION NUMBER		13. SERVICE DESIGNATION				
OPS OFFICER			4025		D				
14. CLASSIFICATION SCHEDULE (GS, LO, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS		0136.01		12 5		12443			
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. INTERCEN CODE	24. POINTS CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI
16	10	45140	FE	75013		1	10   09   28		
28. WFE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA		32. CANCELLATION DATA	
								EOD DATA	
33. WFT PREFERENCE		34. LEAV. COMP. DATE		35. LEAV. COMP. DATE		36. CARTER CATEGORY		37. RESLT/HEALTH/INSURANCE	
38. PREVIOUS GOVERNMENT SERVICE DATA				39. LEAVE CAT.		40. FEDERAL TAX DATA		41. STATE TAX DATA	
SIGNATURE OR OTHER AUTHENTICATION									

FORM 1120 1700 Precedence 8-66

SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC  
DOWNGRADING AND  
DECLASSIFICATION  
(When Filled In)

RZF: 26 SEPT 66

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER <b>017374</b>		2. NAME (LAST-FIRST-MIDDLE) <b>FOX JEROME</b>	
3. NATURE OF PERSONNEL ACTION <b>DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM</b>			4. EFFECTIVE DATE MO. DA. YR. <b>09 25 66</b>
5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>			6. COST CENTER NO. CHARGEABLE <b>7137 1487 0000</b>
7. CHECK OR OTHER LEGAL AUTHORITY <b>PL 88-643 SECT. 203</b>		8. ORGANIZATIONAL DESIGNATION <b>DGP/FE</b>	
9. LOCATION OF OFFICIAL STATION <b>SAIGON, SOUTH VIET NAM</b>		10. POSITION NUMBER <b>D</b>	
11. POSITION TITLE		12. SERVICE DESIGNATION	
13. CLASSIFICATION SCHEDULE (GS, LP, etc.)		14. OCCUPATIONAL SERIES	
15. GRADE AND STEP <b>12</b>		16. SALARY OR RATE	
17. REMARKS <b>EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE.</b>			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE	20. EMPLOYER CODE	21. OFFICE CODING NUMERIC ALPHABETIC	22. STATION CODE
23. RET. REASONS NO SA	24. SPECIAL REFERENCE	25. RETIREMENT DATA 1. CODE 2. PICA 3. CODE <b>2</b>	26. SEPARATION DATA CODE TYPE MO. DA. YR.
27. RET. PREFERENCE 1. NONE 2. 5 YR. 3. 10 YR.	28. SERV. COMP. DATE MO. DA. YR.	29. LONG. COMP. DATE MO. DA. YR.	30. CAREER CATEGORY CAN. CIV. EMP. CODE CODE CODE
31. PREVIOUS GOVERNMENT SERVICE DATA 1. NO PREVIOUS SERVICE 2. NO BREAK IN SERVICE 3. BREAK IN SERVICE LESS THAN 1 YR. 4. BREAK IN SERVICE MORE THAN 1 YR.	32. LEAVE CAT. CODE	33. FEDERAL TAX DATA NO. TAX EXEMPTIONS FORM EXECUTED 1. YES 2. NO	34. STATE TAX DATA CODE STATE CODE STATE CODE
35. SIGNATURE OR OTHER AUTHENTICATION			

**POSTED**  
 9.27.66/hm

FORM 1150

Use Previous Edition

SECRET

USE THESE INSTRUCTIONS  
 PREVIOUS EDITIONS  
 OBSOLETE

(When Filled In)

123

1. Serial No.		2. Name		3. Civil Control Number		4. LWOP Hours				
017974		FOX JENOME		45 500 CF						
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last In Date	Grade	Step	Salary	Effective Date	PS	ED	ADJ.
GS 12	4	111,723	09/13/64	GS 12	5	122,001	09/11/66			
8. Remarks and Authorization										
<input checked="" type="checkbox"/> NO EXCESS LWOP <input checked="" type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input checked="" type="checkbox"/> 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 COMPETENCE.										
SIGNATURE: <i>[Signature]</i> DATE: <i>8/24/66</i>										
<b>PAY CHANGE NOTIFICATION</b>										

1-55-500E-119-240

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

EFFECTIVE DATE OF PAY ADJUSTMENT: 3 JULY 1966

NAME	SERIAL	ORGN.	FUNDS	CH-STEP	OLD SALARY	NEW SALARY
FOX JENOME	017974	45 500	CF	GS 12 4	111,723	122,004



SECRET  
(When Filled In)

DLG: 30 SEPT 64

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 017974		2. NAME (LAST-FIRST-MIDDLE) FOX JEROME	
3. NATURE OF PERSONNEL ACTION (CANCELLATION)			4. EFFECTIVE DATE MO: 09 DA: 18 YR: 64
5. CATEGORY OF EMPLOYMENT REGULAR			6. COST CENTER NO. CHARGEABLE 5137 1392 0000
7. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J			8. ORGANIZATIONAL DESIGNATIONS DDP FE GS/GS DEVELOPMENT COMPLEMENT
9. LOCATION OF OFFICIAL STATION WASH., D. C.			10. POSITION TITLE OPS OFFICER
11. POSITION NUMBER 9997			12. SERVICE DESIGNATION D
13. CLASSIFICATION SCHEDULE (EX. 18, 42, 43) FSR GS		14. OCCUPATIONAL SERIES 0136.01	15. GRADE AND STEP 05-2 12-4
16. SALARY OR RATE 10290 11315			

17. REMARKS  
ADMIN ERROR

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

18. ACTION CODE	19. OFFICE CODE	20. STATION CODE	21. INTELLIGENCE CODE	22. DATE OF BIRTH	23. DATE OF GRADE	24. DATE OF LEI
01	13	45022	FE	75013	10 09 62	
25. DATE EXPIRES	26. SPECIAL REFERENCE	27. CORRECTION/CANCELLATION DATA	28. SECURITY RISK NO.	29. SEE	FOR DATA	
		55 09 18 64				
30. PAY GRADE	31. LEAD COMP DATA	32. COMP DATA	33. CAREER CATEGORY	34. FEEDBACK/INSURANCE	35. SOCIAL SECURITY NO.	
36. PAYMENT ESTABLISHMENT	37. FEDERAL TAX DATA	38. STATE TAX DATA	39. SIGNATURE OF OTHER AUTHORITY ACTION			

POSTED  
10/02/64 ZK



SECRET  
(When Filled In)

DL5: 23 SEPT 64

NOTIFICATION OF PERSONNEL ACTION

DDF

1. SERIAL NUMBER 017974	2. NAME (LAST-FIRST-MIDDLE) FOX JEROME
----------------------------	---

3. NATURE OF PERSONNEL ACTION	4. EFFECTIVE DATE 09 13 64	5. CATEGORY OF EMPLOYMENT REGULAR
-------------------------------	-------------------------------	--------------------------------------

6. FUNDS	7. COST CENTER NO. CHARGEABLE 5137 1392 6000	8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J
----------	---	---

9. ORGANIZATIONAL DESCRIPTION DDP FE CS/CS DEVELOPMENT COMPLEMENT	10. LOCATION OF OFFICIAL STATION WASH., D. C.
---	--

11. POSITION TITLE OPS OFF	12. POSITION NUMBER 9997	13. SERVICE DESIGNATION D
-------------------------------	-----------------------------	------------------------------

14. CLASSIFICATION SCHEDULE (GS, LO, etc) FSR GS	15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP GS-2 12 4	17. SALARY OR RATE 10290 11315
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18. REMARKS
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TRAINING

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE 55	20. EMPLOY CODE 13	21. OFFICE CODING 45097 FE	22. STATION CODE 75013	23. INTEGRAL CODE 1	24. MONTH 1	25. DATE OF BIRTH 10 03 23	26. DATE OF GRADE 10 03 64	27. DATE OF LEI
28. DUE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. COMPLETION CANCELLATION DATA	33. SECURITY REG NO	34. SER.		
35. VET PREFERENCE	36. 1559 COMP DATE	37. 1565 COMP DATE	38. CAREER CATEGORY	39. FEELI / HEALTH INSURANCE	40. SOCIAL SECURITY NO.			
41. PREVIOUS GOVERNMENT SERVICE DATA	42. LEAVE (L) CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA					

EOD DATA

REGULABLE ON OTHER AUTHORIZATION

10 TED  
Handwritten signature

FORM 1150

Use Previous Edition

SECRET

SECRET

When Filled In

JGD: 11 SEPT 64

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

OCF

1. SERIAL NUMBER 017974		2. NAME (LAST-FIRST-MIDDLE) FOX JEROME	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT AND TRANSFER TO CONFIDENTIAL FUNDS		4. EFFECTIVE DATE 09 13 64	5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS	7. COST CENTER NO. CHARGEABLE 5137 1392 0000	8. CKA OR OTHER LEGAL AUTHORITY 50 USC 403 J	
9. ORGANIZATIONAL DESIGNATIONS DDP/FE CS/CS DEVELOPMENT COMPLEMENT		10. LOCATION OF OFFICIAL STATION WASH., D. C.	
11. POSITION TITLE OPS OFFICER		12. POSITION NUMBER 9997	13. SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, E, S, etc.) GS	15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 12 4	17. SALARY OR RATE 11315
18. REMARKS TRAINING. SUBJECT TO APPROVED MEDICAL CLEARANCE PRIOR TO BEING SENT OVERSEAS.			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION TO BE TAKEN (CODE)	20. SERVICE (CODE) 45997 FE	21. STATION (CODE)	22. INTEGRATED (CODE)
23. DATE OF BIRTH 10 09 28	24. DATE OF ENTRY 10 09 28	25. DATE OF LEI	26. SECURITY
27. DATE OF LEI	28. SPECIAL REFERENCE	29. RETIREMENT DATA	30. SEPARATION DATA (CODE)
31. ADDITIONAL UNCLE SAM DATA	32. SECURITY	33. SEC	34. SEC
35. VET. PREFERENCE	36. SERV. COMP. DATE	37. LONG. COMP. DATE	38. CAREER CATEGORY
39. FEDERAL HEALTH INSURANCE	40. SOCIAL SECURITY NO.	41. PREVIOUS GOVERNMENT SERVICE DATA	42. LEAVE CAT. (CODE)
43. FEDERAL TAX DATA	44. STATE TAX DATA	45. FEDERAL TAX DATA	46. STATE TAX DATA
SIGNATURE OR OTHER AUTHENTICATION			
FROM: FE		FO TLD	

1155

Use Previous Edition

15 SEP 1964 SECRET

15 SEP 1964

SECRET

1. Serial No.		2. Name		3. Cost Center Number		4. LWOP Hours				
017974		FOX JEROME		09 160 V		27 RF				
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE-ACTION		
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	PM	LM	AD
GS-12	3	10,960	09/19/63	GS-12	4	11,315	09/13/64			
8. Remarks and Administration										
/ / NO EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD / / LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS <i>[Signature]</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 <i>[Date]</i>				
PAY CHANGE NOTIFICATION										

PAYMENT ARRANG  
 SEP 14 10 36 AM '64

DEC 64

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. NUMBER 017974		2. NAME (LAST-FIRST MIDDLE) FOX JEROME	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT		4. EFFECTIVE DATE 12 1 021 64	5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS	V TO V O TO V	V TO O O TO O	7. COST CENTER NO. CHARGEABLE 5137 1487 0000
8. ORGANIZATIONAL DESIGNATIONS DDP FE FE/VNC - SAIGON STATION INTERNAL OPS BRANCH IOB CAPITAL OPS SECTION		9. CXC OR OTHER LEGAL AUTHORITY 50 USC 403 J	
10. ORGANIZATIONAL DESIGNATIONS		11. LOCATION OF OFFICIAL STATION SAIGON, SOUTH VIET NAM	
12. POSITION TITLE OPS OFFICER		13. POSITION NUMBER 4608	14. SERVICE DESIGNATION D
15. CLASSIFICATION SCHEDULE (GS, TD, etc.) GS	16. OCCUPATIONAL SERIES 0136.01	17. GRADE AND STEP 12 4	18. SALARY OR RATE 11315

19. REMARKS

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

20. ACTION CODE 37	21. EMPLOY CODE 10	22. OFFICE CODING 45300 FE	23. STATION CODE 7205	24. NUMBER CODE 3	25. DATE OF BIRTH 10 1 091 29	26. DATE OF SECE 1	27. DATE OF LEI 1
28. VET STATUS NO	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/AMENDMENT DATA	EOD DATA		33. SECURITY NO.
34. VET PREFERENCE	35. VET EMP CODE	36. VET EMP DATA	37. VET EMP DATA	38. VET EMP DATA	39. VET EMP DATA	40. VET EMP DATA	41. VET EMP DATA
42. PERSONNEL MANAGEMENT SERVICE DATA		43. PERSONNEL DATA		44. PERSONNEL DATA		45. PERSONNEL DATA	

10-11-64  
11315

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

ADPO 09/01/64

1. SERIAL NUMBER <b>017974</b>		2. NAME (LAST / FIRST / MIDDLE) <b>FOX JEROME</b>			
3. NATURE OF PERSONNEL ACTION <b>REASSIGNMENT</b>			4. EFFECTIVE DATE MO   DA   YR <b>08   31   64</b>	5. CATEGORY OF EMPLOYMENT	
6. FUNDS	<input checked="" type="checkbox"/> R	V TO V	V TO O	7. COST CENTER NO. (CHARGEABLE)	8. CLK OR OTHER LEGAL AUTHORITY
	<input type="checkbox"/> O TO V	O TO O	O TO O		
9. ORGANIZATIONAL DESIGNATION <b>DDP/F6 DIVISION F6 VNC NORTH VIETNAM 860</b>				10. LOCATION OF OFFICIAL STATION <b>WASH., D. C.</b>	
11. POSITION TITLE <b>OPS OFFICER</b>			12. POSITION NUMBER <b>4429</b>	13. CAREER SERVICE DESIGNATION <b>D</b>	
14. CLASSIFICATION SCHEDULE (GS-10, etc.) <b>GS</b>		15. OCCUPATIONAL SERIES <b>0136.01</b>	16. GRADE AND STEP <b>12</b>	17. SALARY OR RATE	

18. REMARKS

SIGNATURE OR OTHER AUTHENTICATION

FOI ID  
9/1/64 me

Form 1-64 1-64

Use Previous 1-64

SECRET

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

14-511

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI MEMORANDUM DATED 1 AUGUST 1950, SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 5 JANUARY 1964.

NAME	SERIAL	ORGN	FUNDS	GR-ST	OLD SALARY	NEW SALARY
FOX JEROME	017974	45	160	V GS 12 3	\$10,105	\$10,640

907 1350

1. Serial No.		2. Name			3. Cost Center Number		4. LWOP Hours			
017974		FOX JEROME			56 160 V 7					
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Exp. Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADJ.
GS 12	2	\$9,790	09/16/62	GS 12	3	\$10,105	09/15/63			
8. Remarks and Authentication										
<input checked="" type="checkbox"/> / NO. EXCESS LWOP <input checked="" type="checkbox"/> / IN PAY STATUS AT END OF WAITING PERIOD <input checked="" type="checkbox"/> / 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 COMPETENCE.										
SIGNATURE						DATE				
PAY CHANGE NOTIFICATION										

SER. NO. 017974  
 EMP. NAME FOX JEROME

POSTED

SIGNATURE ON OTHER ADMINISTRATION

19. ACTION	20. EMPLOYMENT	21. OFFICE (GROUP)	22. STATION	23. ADDRESS	24. HOURS	25. DATE OF BIRTH	26. DATE OF SERVICE
37	10	56100 FE	75013			01 28	
27. PERFORMING	28. STAFF (GROUP)	29. STATIONS (GROUP)	30. CAREER CATEGORY	31. HEALTH/INTELLIGENCE	32. SECURITY NO.	33. SECURITY NO.	34. SECURITY NO.
35. PERFORMING	36. STAFF (GROUP)	37. STATIONS (GROUP)	38. CAREER CATEGORY	39. HEALTH/INTELLIGENCE	40. SECURITY NO.	41. SECURITY NO.	42. SECURITY NO.
43. PERFORMING	44. STAFF (GROUP)	45. STATIONS (GROUP)	46. CAREER CATEGORY	47. HEALTH/INTELLIGENCE	48. SECURITY NO.	49. SECURITY NO.	50. SECURITY NO.

FOOD DATA

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

16. REMARKS

16. CLASSIFICATION SCHEDULE (GS, GS, etc.)	17. GRADE AND STEP	18. GRADE AND STEP	19. OCCASIONAL SERVICE
CS	12 2	0138-01	
20. POSITION TITLE	21. POSITION NUMBER	22. SERVICE DESIGNATION	
OPS OFFICER	2003	D	
23. ORGANIZATIONAL DESIGNATION	24. LOCATION OF OFFICIAL STATION	25. COST CENTER NO. (CHANGEABLE)	26. CC OR OTHER LEAD AUTHORITY
DDP/FE FE/CE - VIETNAM - CAMBODIA - LAOS VIETNAM OPERATIONS SECTION F/CI OPERATIONS UNIT	WASH., D.C.		
27. NATURE OF PERSONNEL ACTION	28. CATEGORY OF EMPLOYMENT	29. EFFECTIVE DATE	30. SERVICE DESIGNATION
REASSIGNMENT AND CHANGE OF SERVICE DESIGNATION	REGULAR	04 12 63	
31. SERIAL NUMBER	32. NAME (LAST FIRST MIDDLE)	33. SERVICE DESIGNATION	
017974	FOX JEROME		

NOTIFICATION OF PERSONNEL ACTION

RZR: 29 APR 63

SECRET (When Filled In)

ABM: 20 DEC 62

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION										
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)								
017974		FOX, JEROME								
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT				
REASSIGNMENT AND TRANSFER TO VOUCHERED FUNDS				NO. DA. YR. 12 23 62		REGULAR				
6. FUNDS		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY						
X V TO V CF TO V		3257 1019 6000		50 USC 403 J						
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION						
DDI ORR OFFICE OF THE ASSISTANT DIRECTOR				WASH., D. C.						
11. POSITION TITLE				12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION				
				1564		1R				
14. CLASSIFICATION SCHEDULE (GS, LO, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE				
GS		1390.08		12 2		9790				
18. REMARKS										
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL										
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. ADDRESS CODE	25. DATE OF BIRTH		26. DATE OF GRADE	27. DATE OF LEI
16	10	NUMERIC	ALPHABETIC	88100	ORR	75013	1	MO. DA. YR. 10 09 28	MO. DA. YR.	MO. DA. YR.
28. HIRE EXPIRES		29. SPECIAL REFERENCE	30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ. NO.	34. SEC. NO.	
NO. DA. YR.		A. CSC B. FICA C. ACWP	CODE		TYPE	MO. DA. YR.		EOD DATA		
35. YET. PREFERENCE		36. SERV. COMP. DATE		37. LONG. COMP. DATE		38. CAREER CATEGORY		39. FECCI/HEALTH INSURANCE		40. SOCIAL SECURITY NO.
CODE		MO. DA. YR.		MO. DA. YR.		CAR. HISA/ PNOV. TEMP.		CODE		MO. DA. YR.
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT. CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA		
CODE				CODE		CODE		CODE		
1. NO. PREVIOUS SERVICE				1. YES		1. YES		1. YES		
2. NO. BREAK IN SERVICE				2. NO		2. NO		2. NO		
3. DATES IN SERVICE LESS THAN 3 YRS.				3. YES		3. YES		3. YES		
4. DATES IN SERVICE MORE THAN 3 YRS.				4. NO		4. NO		4. NO		
SIGNATURE OR OTHER AUTHENTICATION										
POSTED										

FORM 1150

Use Previous Edition

43R

SECRET  
20 DEC 1962

FORM 1150-1 (When Filled In)

FORM 1150-1 (When Filled In)



IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87 - 793 AND  
 DCI MEMORANDUM DATED 1 AUGUST 1955, SALARY IS ADJUSTED AS FOLLOWS,  
 EFFECTIVE 14 OCTOBER 1962

NAME	SERIAL	ORGN	FUNDS	OLD GRST SALARY	OLD GRST SALARY	NEW GRST SALARY	NEW GRST SALARY
FOX JEROME	017974	70330	CF	12 2 \$ 9215	12 2	\$ 9700	

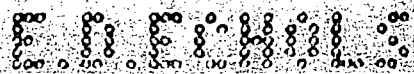
1. Serial No.		2. Name		3. Cost Center Number		4. LWOP Hours				
017974		FOX JEROME		70 530 CF		3				
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Eff. Date	Grade	Step	Salary	Eff. Date	PSI	LSI	ADI
GS	12	1	\$ 8,955	03/19/61	GS	12	2	\$ 9,215	09/16/62	
8. Remarks and Authorizations										
4 792 MB 7/16 11- 11- 11-										
/ / NO EXCESS LWOP / / EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD / / IN LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS                      AUDITED BY PAY CHANGE NOTIFICATION										

PSC: 17 MARCH 1961

SECRET  
(When Filled In)

OCF NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER <b>017974</b>		2. NAME (LAST-FIRST-INITIALS) <b>FOX JEROME</b>									
3. NATURE OF PERSONNEL ACTION <b>PROMOTION</b>					4. EFFECTIVE DATE MO. DA. YR. <b>03 19 61</b>		5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>				
4. FUNDS		V TO V	V TO CF	7. COST CENTER NO. CHARGEABLE <b>1137 7000 6135</b>	8. CSC OR OTHER LEGAL AUTHORITY <b>50 USC 403 J</b>						
CF TO V		X	CF TO CF	9. ORGANIZATIONAL DESIGNATIONS <b>OFFICE OF DDI (TOKYO) STRATEGIC INTELLIGENCE STAFF</b>							
10. LOCATION OF OFFICIAL STATION <b>TOKYO, JAPAN</b>				11. POSITION TITLE <b>IC</b>		12. POSITION NUMBER <b>0096</b>		13. CAREER SERVICE DESIGNATION <b>1R</b>			
14. CLASSIFICATION SCHEDULE (GS, WB, etc.) <b>GS</b>			15. OCCUPATIONAL SERIES <b>1390.08</b>		16. GRADE AND STEP <b>12 1</b>		17. SALARY OR RATE <b>8955</b>				
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE <b>22</b>	20. EMPLOY CODE <b>10</b>	21. OFFICE CODING NUMERICAL ALPHABETIC <b>70530 DDI</b>		22. STATION CODE <b>37587</b>	23. INTELLIGENCE CODE	24. HOURS CODE <b>3</b>	25. DATE OF BIRTH MO. DA. YR. <b>10 09 28</b>		26. DATE OF GRADE MO. DA. YR. <b>03 19 61</b>	27. DATE OF LEI MO. DA. YR. <b>03 19 61</b>	
28. HTE. EXPIRES MO. DA. YR.		29. SPECIAL REFERENCE 1. CSC 2. FICA 3. NONE		30. RETIREMENT DATA CODE		31. SEPARATION DATA DATA CODE		32. CORRECTION/CANCELLATION DATA TYPE: MO. DA. YR.		33. SECURITY REQ. NO.	34. SEX
35. VET. PREFERENCE CODE 0. NONE 1. 5 PT. 2. 10 PT.		36. SEAV. COMP. DATE MO. DA. YR.		37. LONG COMP. DATE MO. DA. YR.		38. MIL. SERV. CREDIT/LED 1. YES 2. NO		39. FEELT / HEALTH INSURANCE CODE 0. NONE 1. YES		40. SOCIAL SECURITY NO.	
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0. NO PREVIOUS SERVICE 1. NO BUREAU IN SERVICE 2. BUREAU IN SERVICE (LESS THAN 18 MOS.) 3. BUREAU IN SERVICE (MORE THAN 18 MOS.)				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			
SIGNATURE OR OTHER AUTHENTICATION											
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>POSTED</p> <p><i>M. W. C. 28-61</i></p> </div>											

SECRET  
(WHEN FILLED IN)

1. EMP. SERIAL NO. 517974		2. NAME FOX JEROME			3. ASSIGNED ORGN. DDI 3		4. FUNDS UV		5. ALLOTMENT		
6. OLD SALARY RATE					7. NEW SALARY RATE						
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
			MO	DA	YR				MO	DA	YR
GS 11	2	\$ 7,270	04	19	59	GS 11	3	\$ 8,080	10	16	60
TO BE COMPLETED BY THE OFFICE OF COMPTROLLER											
8. CHECK ONE <input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP						9. NUMBER OF HOURS LWOP					
IF EXCESS LWOP, CHECK FOLLOWING: <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD						10. INITIALS OF CLERK			11. AUDITED		
TO BE COMPLETED BY THE OFFICE OF PERSONNEL											
12. TYPE OF ACTION: <input type="checkbox"/> P.S.I. <input type="checkbox"/> L.S.I. <input type="checkbox"/> PAY ADJUSTMENT						13. REMARKS  WR					
14. AUTHENTICATION											
											

FORM 560

560 OBSOLETE PREVIOUS EDITION REPLACES FORM 560A AND 560B

SECRET

OFFICIAL PERSONNEL FOLDER (4)

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

GD	NAME	SERIAL	ORGN	GR-ST	OLD SALARY	NEW SALARY
IR	FOX JEROME	517974	18 25	GS-11 2	\$ 7,270	\$ 7,820

/s/ EMMETT D. ECHOLS  
DIRECTOR OF PERSONNEL

IN LIEU OF FORM 1150 THIS NOTIFICATION EFFECTS A CHANGE IN OCCUPATIONAL SERIES RESULTING FROM APPLICATION OF STAFFING COMPLEMENT CHANGE

AUTHORIZATION NUMBER 22 DATED 1 JULY 1960.

SD	NAME	SERIAL	ORGN	OLD OCC SERIES	NEW OCC SERIES
IR	FOX JEROME	517974	18 29	1390.06	1390.08

/S/ EMMETT D. ECHOLS  
DIRECTOR OF PERSONNEL

00001

SECRET  
(When Filled In)

### NOTIFICATION OF PERSONNEL ACTION

JFC:7 JULY 59

1. Serial No. 51797A		2. Name (Last-First-Middle) FOX JEROME			3. Date Of Birth Mo. Da. Yr. 10 09 28			4. Var. Pref. None-0 5 Pr-1 10 Pr-2 Code 1		5. Sex M 1		6. CS-EOD Mo. Da. Yr. 06 15 55			
7. SCD		8. CSC Rmt.		9. CSC Or Other Legal Authority 50 USCA 403 J			10. Apm. Affl. Adv. Mo. Da. Yr.			11. FEGLI Yes-1 No-2 Code 1		12. LCD Mo. Da. Yr. 06 15 55		13. Prom. Adv. Yes-1 No-2 Code 2	

### PREVIOUS ASSIGNMENT

14. Organizational Designation DDI ORR				Code 1323		15. Location Of Official Station WASH., D.C.				Station Code 75013		
16. Dept. Field Dept. - 1 USfld - 3 Frqn. - 5		17. Position Title Code 2 IDENTIFICATION SPEC		18. Position No. 923 01		19. Serv. GS		20. Occup. Series 1390.06				
21. Grade & Step 11 2		22. Salary Or Rate \$ 7270		23. SD IR		24. Date Of Change Mo. Da. Yr. 10 20 57		25. Pos. Dia. Mo. Da. Yr. 04 19 59		26. Appropriation Number 8 5709 20		

### ACTION

27. Nature Of Action REASSIGNMENT TRANSFER TO CONFIDENTIAL FUNDS			Code 06		28. Eff. Date Mo. Da. Yr. 07 26 59			29. Type Of Employee REGULAR			Code 01		30. Separation Data	
--	--	--	------------	--	--	--	--	---------------------------------	--	--	------------	--	---------------------	--

### PRESENT ASSIGNMENT

31. Organizational Designation OFFICE OF SOI (TOKYO) STRATEGIC INTELLIGENCE STAFF				Code 1825		32. Location Of Official Station TOKYO, JAPAN				Station Code 37597		
33. Dept. Field Dept. - 1 USfld - 3 Frqn. - 5		34. Position Title Code 5		35. Position No. 007		36. Serv. GS		37. Occup. Series 1340.06				
38. Grade & Step 11 2		39. Salary Or Rate \$ 7270		40. SD IR		41. Date Of Change Mo. Da. Yr. 10 20 57		42. Pos. Dia. Mo. Da. Yr. 10 11 59		43. Appropriation Number 9 3709 75 901		

44. Remarks  
SUBJECT TO APPROVED MEDICAL CLEARANCE PRIOR TO BEING SENT OVERSEAS.

POSTED  
CP 23 JUN 59

SECRET  
(WHEN FILLED IN)

1. EMP. SERIAL NO. 11797A		2. NAME FOX JEROME			3. ASSIGNED ORGAN. DDI/ORR 3		4. FUNDS V-20		5. ALLOTMENT		
6. OLD SALARY RATE					7. NEW SALARY RATE						
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
GS 11	1	\$ 7,030	MO.	DA.	YR.	GS 11	2	\$ 7,270	MO.	DA.	YR.
			10	20	57				04	19	59
TO BE COMPLETED BY THE OFFICE OF THE COMPTROLLER											
8. CHECK ONE <input checked="" type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP						9. NUMBER OF HOURS LWOP None					
IF EXCESS LWOP, CHECK FOLLOWING: <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD						10. INITIALS OF CLERK JW			11. AUDITED BY		
TO BE COMPLETED BY THE OFFICE OF PERSONNEL											
12. PROJECTED SALARY RATE AND EFFECTIVE DATE						13. REMARKS					
GRADE	STEP	SALARY	MO.	DA.	YR.	CP JW					
14. AUTHENTICATION											
APR 13 1 56 PM '59 PAYROLL BRANCH											
PERIODIC STEP INCREASE - AUTHENTICATION											

FORM NO. 560b  
1 MAR 59

SECRET

PERSONNEL FOLDER (4)

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

SER #	NAME	SD	OLD SLOT	NEW SLOT	DATE
11797A	FOX JEROME	IR	0929.01	923	03/11/59

SECRET

GENERAL SCHEDULE SALARY INCREASE RETROACTIVELY EFFECTIVE  
12 JANUARY 1959 AUTHORIZED BY P. L. 85 - 462 AND DCI  
DIRECTIVE. SALARY AS OF 15 JUNE 1958 ADJUSTED AS FOLLOWS

NAME	SERIAL	GRADE-STEP	OLD SALARY	NEW SALARY
FOX JEROME	117974	GS-11-1	\$ 6,390	\$ 7,030

GORDON M. STEWART  
/S/ DIRECTOR OF PERSONNEL

SECRET

**SECRET**  
(When Filled In)

**NOTIFICATION OF PERSONNEL ACTION**

1. Serial No. 117		2. Name (Last-First-Middle) OX, J. E.			3. Date Of Birth Mo. Da. Yr.			4. Vet. Prof. None-0 5 Pt-1 10 Pt-2		5. Sec.		6. CS-EOD Mo. Da. Yr.		
7. SCD Mo. Da. Yr.		8. CSC Reent. Yes-1 No-2		9. CSC Or Other Legal Authority 50 USC A 3162 J		10. Admt. A/Hldy. Mo. Da. Yr.			11. FEGLI Yes-1 No-2		12. LCD Mo. Da. Yr.		13. <small>See Form 100</small> Yes-1 No-2	

**PREVIOUS ASSIGNMENT**

14. Organizational Designations CDI				Code		15. Location Of Official Station WASH., D.C.				Station Code	
16. Dept. Field Dept-2 USStd-4 Frgn-6		17. Position Title IDENTIFICATION SFLS				18. Position No. 2011		19. Serv. US		20. Occup. Series 13000	
21. Grade & Step 2		22. Salary Or Rate \$ 575		23. SD IR		24. Date Of Grade Mo. Da. Yr.		25. PSI Due Mo. Da. Yr.		26. Appropriation Number 11-5	

**ACTION**

27. Nature Of Action PROMOTION		Code		28. Eff. Date Mo. Da. Yr. 12 17 1967		29. Type Of Employee REGULAR		Code		30. Separation Data	
-----------------------------------	--	------	--	--	--	---------------------------------	--	------	--	---------------------	--

**PRESENT ASSIGNMENT**

31. Organizational Designations CDI				Code		32. Location Of Official Station WASH., D.C.				Station Code	
33. Dept. Field Dept-2 USStd-4 Frgn-6		34. Position Title IDENTIFICATION SFLS				35. Position No. 2011		36. Serv. US		37. Occup. Series 13000	
38. Grade & Step 1-1		39. Salary Or Rate \$ 575		40. SD IR		41. Date Of Grade Mo. Da. Yr.		42. PSI Due Mo. Da. Yr.		43. Appropriation Number 11-5	

44. Remarks

MAILED  
2 1968

*[Signature]*



**SECRET**  
(WHEN FILLED IN)

1. EMP. SERIAL NO. <b>117974</b>		2. NAME <b>FOX JEROME</b>			3. ASSIGNED OFFICER <b>DDI/ORR 3</b>		4. FUNDS <b>V-20</b>		5. ASSIGNMENT		
6. OLD SALARY RATE						7. NEW SALARY RATE					
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
			MO.	DA.	YR.				MO.	DA.	YR.
9	1	\$ 5,440	07	01	56	9	2	\$ 5,575	06	30	57
REMARKS											
<b>CERTIFICATION</b>											
I CERTIFY THAT THE SERVICE AND CONDUCT OF THE ABOVE NAMED EMPLOYEE ARE SATISFACTORY.											
TYPED OR PRINTED NAME OF SUPERVISOR <b>JAMES Q. MAY</b>				DATE <b>23 May 57</b>		SIGNATURE OF SUPERVISOR <i>James Q. May</i>					
<b>PERIODIC STEP INCREASE - CERTIFICATION</b>											

FORM NO. 560  
1-54

**SECRET**

PERSONNEL FOLDER (4)

**SECRET**  
(WHEN FILLED IN)

1. EMP. SERIAL NO. <b>117974</b>		2. NAME <b>FOX JEROME</b>			3. ASSIGNED OFFICER <b>DDI/ORR</b>		4. FUNDS <b>V-20</b>		5. ASSIGNMENT		
6. OLD SALARY RATE						7. NEW SALARY RATE					
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
			MO.	DA.	YR.				MO.	DA.	YR.
9	1	\$ 5,440	07	01	56	9	2	\$ 5,575	06	30	57
<b>TO BE COMPLETED BY THE OFFICE OF COMPTROLLER</b>											
9. CHECK ONE: <input type="checkbox"/> NO EXCESS LEAVES <input type="checkbox"/> EXCESS LEAVES						10. NUMBER OF HOURS LEOP					
10. EXCESS LEAVES LEOP, CHECK FOLLOWING: <input type="checkbox"/> IN PAY STATUS AT END OF WRITING PERIOD <input type="checkbox"/> IN LEOP STATUS AT END OF WRITING PERIOD						11. INITIALS OF CLERK					
12. INITIALS OF CLERK						11. AUDITED BY					
<b>TO BE COMPLETED BY THE OFFICE OF PERSONNEL</b>											
12. PROJECTED SALARY RATE AND EFFECTIVE DATE						13. REMARKS					
GRADE	STEP	SALARY	MO.	DA.	YR.						
14. AUTHENTICATION											
<b>PERIODIC STEP INCREASE - AUTHENTICATION</b>											

FORM NO. 560  
1-54

**SECRET**

PERSONNEL FOLDER

STANDARD FORM 52  
 PREPARED BY THE  
 U. S. CIVIL SERVICE COMMISSION  
 EMPLOYED BY FEDERAL PERSONNEL  
 MANAGER (FORM 10)

**REQUEST FOR PERSONNEL ACTION**

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

1. NAME (Mr., Miss, Mrs., One given name, initial(s), and surname) <b>Mr. Jerome Fox</b>	2. DATE OF BIRTH <b>9 Oct. 1923</b>	3. REGISTRY NO.	4. DATE OF REQUEST <b>18 April 1957</b>
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) <b>Reassignment</b>		6. EFFECTIVE DATE A. PROPOSED: <b>ASAP</b>	7. C.S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED: <b>2 JUN 1957</b>	

FROM— <b>Identification Specialist F-924.03 GS-1370-06-09 \$5110.00 per annum DDI/Office of Research and Reports</b>	9. POSITION TITLE AND NUMBER <b>Identification Specialist F-923.01 GS-1370-06-09 \$5110.00 per annum DDI/Office of Research and Reports</b>
10. ORGANIZATIONAL DESIGNATIONS <b>Washington, D.C.</b>	11. HEADQUARTERS <b>Washington, D.C.</b>
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL

13. REMARKS (Use reverse if necessary)  
**Reassignment submitted to conform to T/O reorganization**

14. REQUESTED BY (Name and title) <b>JAMES G. HAY, Chief, Staff/PR</b>	15. REQUEST APPROVED BY Signature: <b>PAUL H. WILDERRAND</b> Title: <b>Chief, Administrative Staff, O-2</b>
16. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) <b>WILLIAM C. COOLEY x2145</b>	

17. VETERAN PREFERENCE <table border="1"> <tr> <td>WAR</td> <td>OTHER</td> <td>PT</td> <td>IS POINT</td> </tr> <tr> <td></td> <td></td> <td></td> <td>USAC 10794 R</td> </tr> </table>	WAR	OTHER	PT	IS POINT				USAC 10794 R	18. POSITION CLASSIFICATION ACTION <table border="1"> <tr> <td>NEW</td> <td>VICE</td> <td>1 A</td> <td>REAL</td> </tr> <tr> <td></td> <td></td> <td></td> <td><b>SD/IR</b></td> </tr> </table>	NEW	VICE	1 A	REAL				<b>SD/IR</b>
WAR	OTHER	PT	IS POINT														
			USAC 10794 R														
NEW	VICE	1 A	REAL														
			<b>SD/IR</b>														
19. APPROPRIATION <table border="1"> <tr> <td>FROM</td> <td><b>7-5709-20</b></td> </tr> <tr> <td>TO</td> <td><b>7-5709-20</b></td> </tr> </table>	FROM	<b>7-5709-20</b>	TO	<b>7-5709-20</b>	20. SUBJECT TO C.S. RETIREMENT ACT (YES-NO) <b>YES</b>	21. DATE OF APPOINTMENT NOTIFICATION (ACCESSIONS ONLY)	22. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:										
FROM	<b>7-5709-20</b>																
TO	<b>7-5709-20</b>																

23. STANDARD FORM 50 REMARKS  
**POSTED**  
**91 MAY**

24. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A			
B. ORG. OR INTS. CONTROL			
C. CLASSIFICATION			
D. PAYMENT OF TAX			
E			

25. APPROVED BY  
*[Signature]*

PERIODIC STEP INCREASE CERTIFICATION

CONFIDENTIAL  
FORM 1126-12

U. S. GOVERNMENT PRINTING OFFICE: 1954 O 220090

1. Agency and organizational designation		2. Period covered		3. Basic No.		4. Slip No.						
Employee's name (and social security account number when appropriate) <b>POY, JEROME</b>		5. Grade and salary <b>GS-7 \$4525</b>										
PAYROLL CHANGE DATA												
	BASE PAY	OVERTIME		GROSS PAY	RET.	FEDERAL TAX	BOND	F.I.C.A.	STATE TAX	GROUP LIFE INS.		NET PAY
7. Previous period												
8. New period												
9. Pay this period												
10. Remarks						11. Approved by <b>CRB 21</b>		12. Prepared by <b>fjp 23 APR 56</b>				
<input checked="" type="checkbox"/> Periodic step-increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other step-increase												
13. Effective date <b>JUN 56</b>	14. Date last equivalent increase <b>15 JUN 55</b>	16. Old salary rate <b>\$4525</b>	17. New salary rate <b>\$4660</b>	18. Performance evaluation (See Form 1126-12) <b>STYVE AND CONEY</b>				19. Signature or other authentication				
19. LWOP data (Fill in appropriate spaces covering LWOP during following periods)				<input type="checkbox"/> No excess LWOP. Total excess LWOP _____ <input type="checkbox"/> Excess LWOP. Total excess LWOP _____				Chart applicable for in case of excess LWOP: a. Pay rate at end of reporting period. b. LWOP from end of reporting period.				
STANDARD FORM NO. 1126-12—Revised				FORM 1126-12				Form prescribed by Comp. Gen. U. S. October 26, 1954, General Regulations No. 107				

CONFIDENTIAL PAYROLL CHANGE SLIP — PERSONNEL COPY

CENTRAL INTELLIGENCE AGENCY P.C. 27 May 1955  
SR-9277-A ca

NOTIFICATION OF PERSONNEL ACTION

1. NAME (Last, first, middle, job title, initials, and surname) <b>MR. J. POIS FOI</b>		2. DATE OF BIRTH <b>9 Oct. 1928</b>	3. JOURNAL ACTION NO.	4. DATE <b>15 June 1955</b>
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (See Standard Terminology) <b>RECEIVED APPOINTMENT</b>		6. EFFECTIVE DATE <b>15 June 1955</b>	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY <b>50 USCA 403 j</b>	
FROM		TO		
8. POSITION TITLE <b>Ident. Specialist P 925.99</b>		9. SERVICE SERIES, GRADE, SALARY <b>GS-1390.06-7 \$4205.00 per annum</b>		
10. ORGANIZATIONAL DESIGNATIONS <b>DDI/Office of Research and Reports Office of Chief,</b>		11. HEADQUARTERS <b>Washington, D.C.</b>		
12. FIELD OR DEPT'L <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		12. FIELD OR DEPT'L <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		
13. VETERAN'S PREFERENCE DUSE: <input type="checkbox"/> DISAB <input type="checkbox"/> OTHER		14. POSITION CLASSIFICATION ACTION RC SD-IP		
15. TO: RACE: <b>M. E.</b>		16. SUBJECT TO C. S. RETIREMENT ACT (1153-1101) <b>Yes</b>	17. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY) <b>15 June 1955</b>	18. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED <b>STATE: New York</b>
19. REMARKS: 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. The action may be corrected or canceled if not in accordance with all requirements.  Subject to the satisfactory completion of a trial period of one year and a medical examination. <b>RG-69</b>  DVI 06/15/55 CSCCO 06/15/55 LSD 06/15/55				
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p>POSTED</p> <p>27 JUN 1955</p> </div>				

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

1. NAME (LAST, FIRST, MIDDLE, AND SUFFIX) <b>MR. JAMES P. [REDACTED]</b>		2. DATE OF BIRTH <b>1179A</b>	3. JOURNAL OR ACTION NO.	4. DATE <b>26 June 1956</b>
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (AND GRADE OR EQUIVALENT) <b>PROMOTION</b>		6. EFFECTIVE DATE <b>30 1 July 1956</b>	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY <b>50 U.S.C. 503 J</b>	
FROM		TO		
<b>P-25.99</b> <b>GS-1350.06-7 \$4660.00 per annum</b>		8. POSITION TITLE <b>Identification Specialist P-25.99</b>	<b>GS-1350.06-9 \$5460.00 per annum</b>	
9. SERVICE STRIP GRADE SALARY		10. ORGANIZATIONAL DESIGNATION <b>131630</b>	<b>DDI/Office of Research and Reports</b> <b>Office of Chief, [REDACTED]</b>	
11. HEADQUARTERS <b>A</b>		<b>Washington, D. C.</b>		
12. FIELD OR DEPT. <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		12. FIELD OR DEPT. <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		
13. VETERAN'S PREFERENCE NONE <input type="checkbox"/> WWII <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> 5-PT <input type="checkbox"/> 10-POINT		14. POSITION CLASSIFICATION ACTION <b>GS-IR</b>		
15. 16. APPROPRIATION: FROM <b>7-370-80</b>		17. QUANTITY OF EQUIVALENTS <b>1</b>	18. DATE OF APPOINTMENT <b>26 June 1956</b>	19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: _____
20. REMARKS <b>750-13</b>  <b>200 06/25/56</b>				

POSTED  
 6/25/56

CLASSIFICATION

FITNESS REPORT

**SECTION A GENERAL INFORMATION**

1. EMPLOYEE NUMBER: 017974  
 2. NAME (last, first, middle): Fox, Jerome  
 3. DATE OF BIRTH: 7 Oct 27  
 4. SEX: M  
 5. GRADE: GS-13  
 6. SD: D  
 7. OFFICIAL POSITION TITLE: Ops Officer  
 8. OFF/DIV/DR OF ASSIGNMENT: DDO/EA/JK/K  
 9. CURRENT STATION: Hqs  
 10. CODE (1/10-4):  
 11. TYPE OF APPOINTMENT:  CAREER,  RESERVE,  CONTRACT,  OTHER (specify),  TEMPORARY  
 12. TYPE OF REPORT:  ANNUAL,  REASSIGNMENT OF,  SPECIAL  
 13. REPORTING PERIOD (from-to): Feb - Jul 1974  
 14. DATE REPORT DUE IN O.P.: supervisor

**SECTION B QUALIFICATIONS UPDATE**

15. QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT. PLACE THE WORD 'YES' IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD 'NO' IN THE BOX AT RIGHT:

**SECTION C PERFORMANCE EVALUATION**

**U - Unsatisfactory** Performance is unacceptable. A rating in this category requires immediate and 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 D.

**M - Marginal** Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial action taken or recommended should be described.

**P - Proficient** Performance is satisfactory. Desired results are being produced in the manner expected.

**S - Strong** Performance is characterized by exceptional proficiency.

**O - Outstanding** Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

**SPECIFIC DUTIES**

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

SPECIFIC DUTY NO. 1	RATING LETTER
See Section C	
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**

Rate the overall performance of the employee which includes the performance in all specific duties and in performance of specific duties. 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). The rating is the rating for performance in the current position. Do not indicate the number of employees supervised.

RATING LETTER

CLASSIFICATION

**SECTION D 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 C 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 D, attach a separate sheet of paper.

It is neither feasible nor desirable to attempt an evaluation of Mr. Fox's performance as an operations officer based on the relatively short period (5 months) he has been assigned to the Korean Desk. Throughout this time he has been faced by a series of [redacted] which have understandably pre-occupied him. His [redacted] which causes him almost [redacted] has led him to apply [redacted] a decision on his application is pending. He has also had to undergo a series of [redacted] which required a great deal of time and attention. Under the circumstances no specific duties and letter grades are being listed in Section B above.

**SECTION E CERTIFICATION AND COMMENTS**  
 1. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION <b>5</b>	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE <b>15 July 1974</b>	OFFICIAL TITLE OF SUPERVISOR <b>Chief, EA/JK/K</b>	TYPED OR PRINTED NAME AND SIGNATURE <b>Kenneth C. Cathey</b>

2. BY EMPLOYEE

STATEMENT CONCERNING THIS EVALUATION OF MY PERFORMANCE	DATE <b>15 July 1974</b>	SIGNATURE OF EMPLOYEE <i>[Signature]</i>
<input checked="" type="checkbox"/> HAVE ATTACHED	<input type="checkbox"/> HAVE NOT ATTACHED	

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I fully agree with the supervisor's narrative comments. It would be grossly misleading to attempt to provide letter ratings or a performance evaluation under the unique conditions which obtained throughout this period.

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL <b>IN/FA/JE</b>	TYPED OR PRINTED NAME AND SIGNATURE <b>Winston C. Oliver</b>
------	---	---

4. BY EMPLOYEE

STATEMENT CONCERNING THIS EVALUATION OF MY PERFORMANCE	DATE <b>19 1974</b>	SIGNATURE OF EMPLOYEE <i>[Signature]</i>
<input type="checkbox"/> HAVE ATTACHED	<input type="checkbox"/> HAVE NOT ATTACHED	

SECRET

28 August 1974

MEMORANDUM FOR THE RECORD

SUBJECT: Meritorious Unit Citation

On 20 August 1974 the Director of Central Intelligence approved award of the Meritorious Unit Citation to the Manila Station in recognition of the outstanding performance of the following employees during the period June 1971 to December 1973:

Smith, Vernon

Summers, Georgette

Cohen, Meyer

Watson, Anita

Pider, Benjamin F.

Gordon, James M.

Miller, Richard H.

Doyle, Mary Patricia

O'Reilly, John

Kalier, Marie E.

Cotton, Mary Anne

Ferguson, Alan C.

Steed, Herbert L.

Boucher, Charles

Vasko, Philip F.

Hayes, Richard

Jamense, Jill

Anton, Eleanor A.

Lashorne, M. Wesley

O'Reilly, Judith S.

Vaccaro, Joseph R.

Flagg, Warren

Sullivan, Daniel J.

White, Robert H.

Johnson, Richard W.

Markle, Cheryl L.

Thomas, Ann

Robinson, Owen E.

Chu, Kirby K. P.

Larson, Judy A.

Reiniger, Noel W.

Blooding, Shaleta C.

Byerly, Paul M.

Carnivale, Frank

Edinger, John B.

Fox, Jerome

Kaul, Robert J.

Rejonis, Walter G.

von Berg, Helmut L.

Keberline, Lloyd J.

Sherno, Frank

Reynolds, Malcolm

Soderquist, Ray

Jackson, Arthur

Johnson, Wesley

Kalaris, George T.

Mears, Alyce A.

Champlin, Wendy C.

Fitchett, Mildred L.

Harris, Bobby

Chao, James

Thompson, Colin R.

Wright, William H.

Brookner, Janine M.

Hausehild, Raymond G.

Amiano, Suzanne K.

Shields, Charles A.

Ticulka, Vincent R.

Newhouse, Lawrence L.

O'Connell, Mary M.

Kaul, Marlene

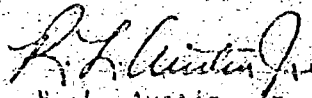
Schroeder, Roderick

Gesswein, F. Clark

Chao, Karen

Edinger, Sharon

Shima, Terry



R. L. Austin, Jr.  
Recorder

Honor and Merit Awards Board

SECRET



CONFIDENTIAL

<b>FITNESS REPORT</b>		NOTE: Supervisor or Reviewing Official may assign a higher classification if CONFIDENTIAL is not adequate for the report when completed.			
<b>SECTION A. GENERAL INFORMATION</b>					
1. EMPLOYEE NUMBER <b>0 17974</b>		2. NAME (last, first, middle) <b>Fox, Jerome (nml)</b>		3. DATE OF BIRTH <b>9 Oct 28</b>	4. SEX <b>M</b>
5. GRADE <b>GS-13</b>		6. SO <b>D</b>		7. OFF/DIV/BR OF ASSIGNMENT <b>FE/PMI</b>	
8. CURRENT STATION <b>Manila</b>		9. TYPE OF APPOINTMENT			
<input checked="" type="checkbox"/> CAREER	CAREER-PROVISIONAL	RESERVE	<input checked="" type="checkbox"/> ANNUAL	21-MONTH	30-MONTH
CONTRACT	SPECIAL	TEMPORARY	12. REPORTING PERIOD (From-to) <b>30 Nov 72-31 July 73</b>		13. DATE REPORT DUE IN O.P. <b>30 September 1973</b>
<b>SECTION B. PERFORMANCE EVALUATION</b>					
U - Unsatisfactory		Performance is unacceptable. A rating in this category requires immediate and 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.			
M - Marginal		Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.			
P - Proficient		Performance is satisfactory. Desired results are being produced in the manner expected.			
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.			
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 Serves as Station referent for MILABYSS matters.					RATING LETTER <b>P</b>
SPECIFIC DUTY NO. 2 Spot, develop, assess and recruit [redacted]					RATING LETTER <b>P</b>
SPECIFIC DUTY NO. 3 Spot, develop, assess and recruit agents to obtain [redacted]					RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 4 Handle on-going cases; tighten operational security, increase production, strengthen agent motivation.					RATING LETTER <b>P</b>
SPECIFIC DUTY NO. 5 Serves as official Station [redacted] contact on PBRAMPART affairs.					RATING LETTER <b>P</b>
SPECIFIC DUTY NO. 6 Prepare reports, correspondence and other management/administrative requirements.					RATING LETTER <b>P</b>
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific tasks, production, conduct on job, cooperativeness, personal interest in his job, his participation in training 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 nearly reflects his level of performance.					RATING LETTER <b>P</b>

CONFIDENTIAL

**SECTION C NARRATIVE COMMENTS**  
 Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for 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, when applicable, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

**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 August 1973	/S/ Jerome Fox

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 August 1973	DCOS	

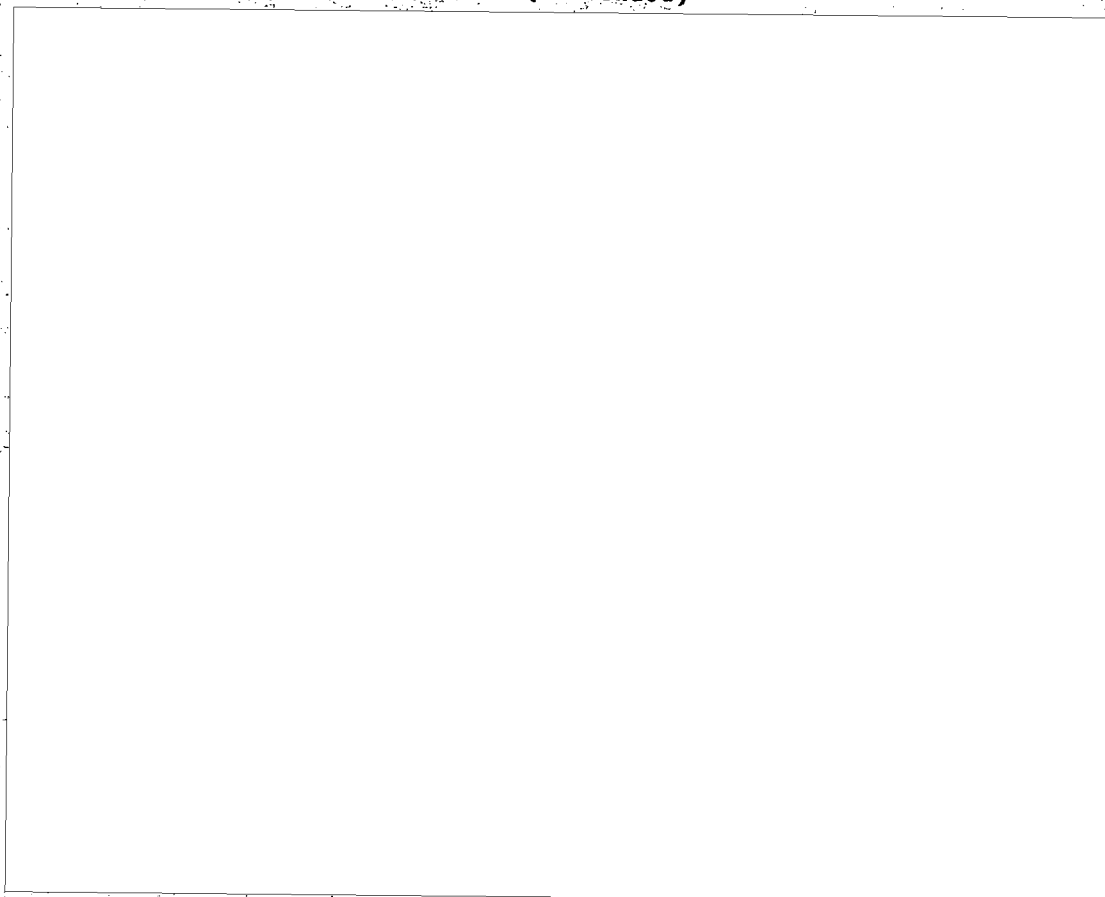
3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
5 September 1973	CGS	/S/ George T. Kalaris

CONFIDENTIAL

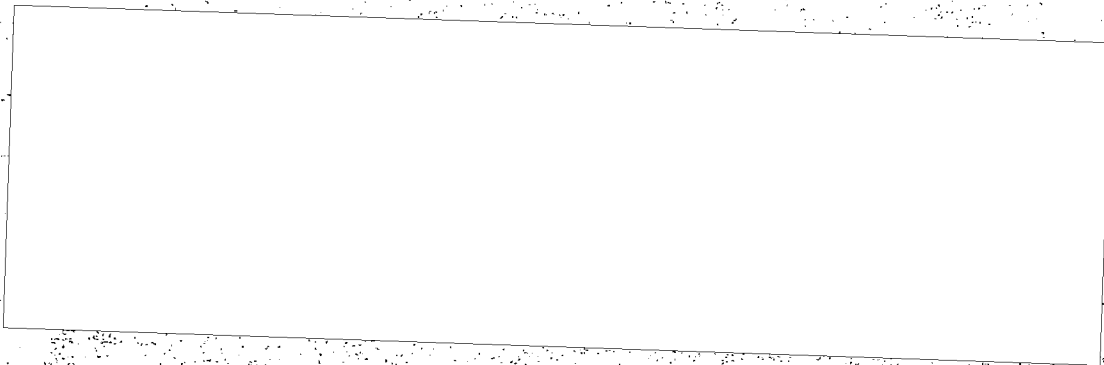
Section C. Narrative Comments (Continued)



CONFIDENTIAL

Reviewing Comments  
(Continued)

CONFIDENTIAL



CONFIDENTIAL

**SECRET**  
(When Filled In)

FITNESS REPORT						EMPLOYEE SERIAL NUMBER	
						017974	
<b>SECTION A</b>				<b>GENERAL</b>			
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SO	
Fox, Jerome			9 Oct 28	M	GS-13	D	
6. OFFICIAL POSITION/TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION		
Ops. Officer			DDP/FE				
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY				<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR			
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)				<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE			
<input type="checkbox"/> SPECIAL (Specify)				<input type="checkbox"/> SPECIAL (Specify)			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to)			
				30 November 1971 - 30 November 1972			
<b>SECTION B</b>							
<b>PERFORMANCE EVALUATION</b>							
<p><b>U-Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describes action taken or proposed in Section C.</p> <p><b>M-Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p><b>P-Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><b>S-Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O-Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
<b>SPECIFIC DUTIES:</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
Serve as the Station referent for MHABYSS matters.						S	
SPECIFIC DUTY NO. 2						RATING LETTER	
Serve as the Station referent for Communist matters.						S	
SPECIFIC DUTY NO. 3						RATING LETTER	
Spot, develop, assess and recruit [redacted]						P	
SPECIFIC DUTY NO. 4						RATING LETTER	
Spot, develop, assess and recruit agents to obtain intelligence [redacted] of the Communist parties (particularly the [redacted]) and their main front organizations.						P	
SPECIFIC DUTY NO. 5						RATING LETTER	
Handle on-going cases: tighten operational security, increase production, strengthen agent motivations, handle ad hoc operational cases.						P	
SPECIFIC DUTY NO. 6						RATING LETTER	
Prepare reports, correspondence and other management/administrative requirements.						P	
<b>OVERALL PERFORMANCE IN CURRENT POSITION:</b>							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits and habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER	
						P	

JAC

SECRET

**SECTION C NARRATIVE COMMENTS**

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

**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
24 November 1972	/s/ Jerome Fox

2. BY SUPERVISOR

MONTHS EMPLOYER 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
24 November 1972	Deputy Chief of Station	/s/ [Redacted]

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

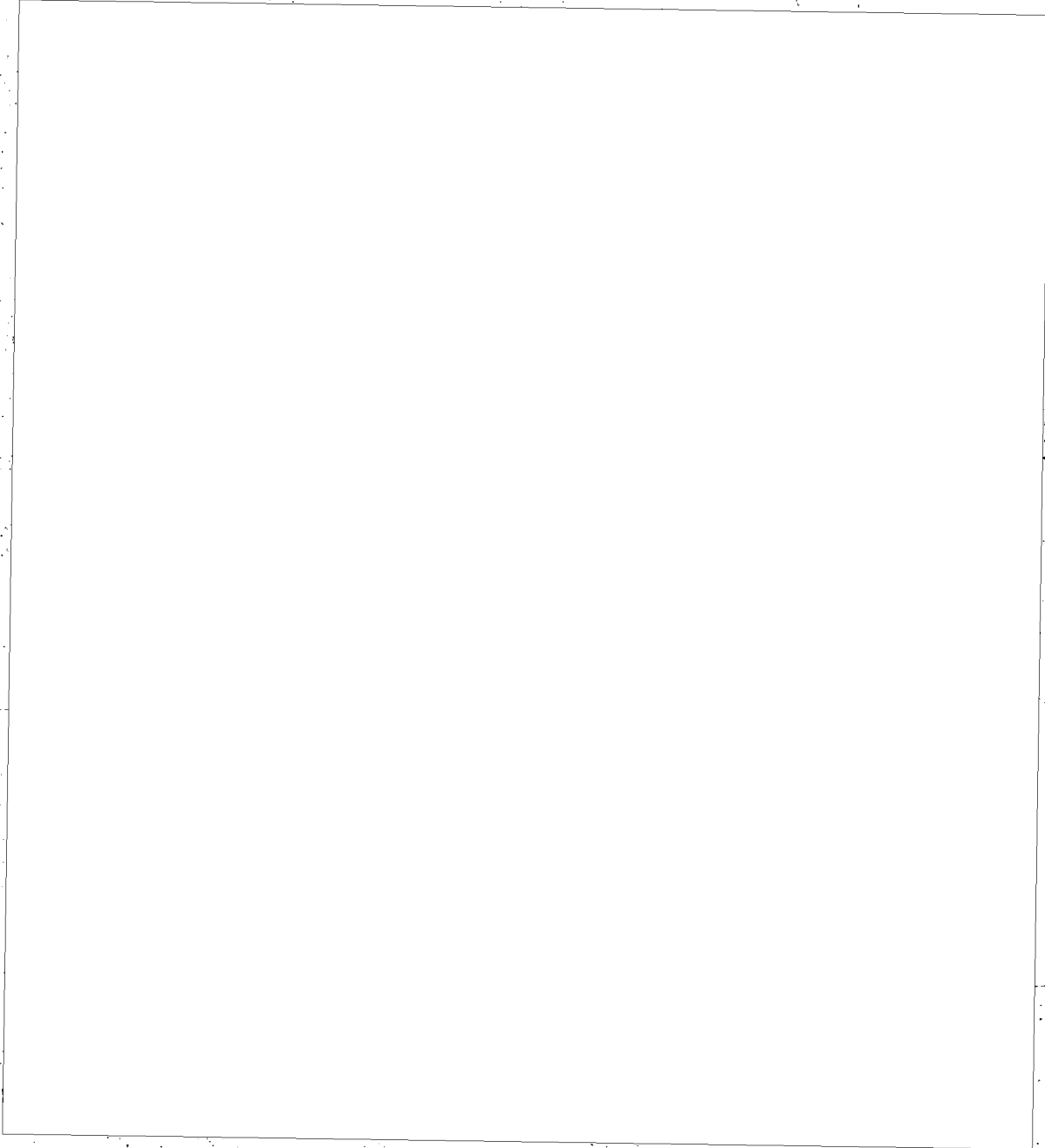
(continued)

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
24 November 1972	Chief of Station	/s/ George T. Kalaris

SECRET

S E C R E T

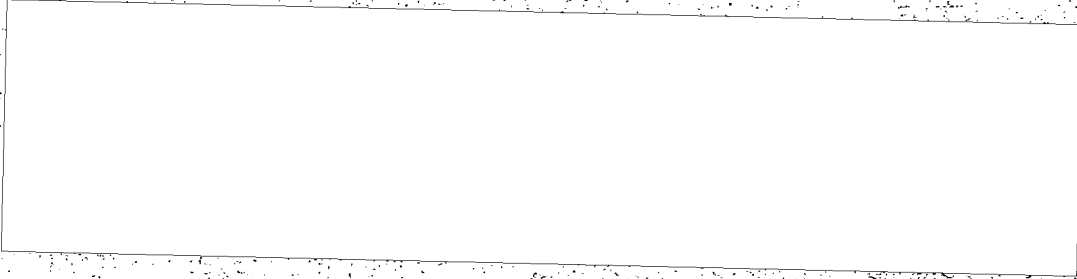
SECTION C - Narrative Comments (continued)



S E C R E T

S E C R E T

SECTION D - Comments of Reviewing Official (continued)



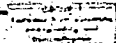
S E C R E T



SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				017974			
<b>SECTION A GENERAL</b>							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD	
Fox, Jerome			9 Oct. 1928	M	08-13	D	
6. OFFICIAL POSITION TITLE			7. OFF/DIV/SE OF ASSIGNMENT		8. CURRENT STATION		
Opb. Officer			DDP/FE				
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (Z) TYPE OF REPORT			
<input checked="" type="checkbox"/>	CAREER	<input type="checkbox"/>	RESERVE	<input type="checkbox"/>	TEMPORARY	INITIAL	
<input type="checkbox"/>	CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/>	ANNUAL	REASSIGNMENT SUPERVISOR	
<input type="checkbox"/>	SPECIAL (Specify)			<input type="checkbox"/>	SPECIAL (Specify)	REASSIGNMENT EMPLOYEE	
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to)			
28 February 1972				1 August 1971 - 31 December 1971			
<b>SECTION B PERFORMANCE EVALUATION</b>							
<p><b>U-Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>M-Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p><b>P-Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><b>S-Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O-Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
Serve as the Station referent for communist matters.						B	
SPECIFIC DUTY NO. 2						RATING LETTER	
Spot, develop, assess and recruit [redacted]						P	
SPECIFIC DUTY NO. 3						RATING LETTER	
Spot, develop, assess and recruit agents to obtain intelligence from the [redacted] (particularly the [redacted] and [redacted] their main front organizations.						P	
SPECIFIC DUTY NO. 4						RATING LETTER	
Handle on-going cases, tighten operational security, increase production, strengthen agent motivations; handle ad hoc operational cases.						B	
SPECIFIC DUTY NO. 5						RATING LETTER	
Prepare reports, correspondence, and other management/administrative requirements.						P	
SPECIFIC DUTY NO. 6						RATING LETTER	
Prepare media placement articles and themes.						P	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER	
						P	



SECRET

(When Filled In)

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 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.

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	
29 November 1971	/s/ Jerome Fox	
2. BY SUPERVISOR		
MONTHS EMPLOYER 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
29 November 1971	COS, [ ]	/s/ George Kalaris
3. BY REVIEWING OFFICIAL		
COMMENT OF REVIEWING OFFICIAL		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
02 DEC 1971	CFE, [ ]	[Signature] Ralph J. Katrosh

SECRET

SECRET  
(When Filled In)

FITNESS REPORT					EMPLOYEE SERIAL NUMBER		
					017974		
<b>SECTION A GENERAL</b>							
1. NAME (Last) (First) (Middle) <b>Fox, Jerome</b>			2. DATE OF BIRTH <b>9 Oct, 28</b>	3. SEX <b>M</b>	4. GRADE <b>GS-13</b>	5. SD <b>D</b>	
6. OFFICIAL POSITION TITLE <b>Ops Officer</b>			7. OFF/DIV/BR OF ASSIGNMENT <b>DDP/FE</b>		8. CURRENT STATION		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT				
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR		<input checked="" type="checkbox"/> REASSIGNMENT EMPLOYEE		
CAREER-PROVISIONAL (See Instructions - Section C)			ANNUAL				
SPECIAL (Specify):			SPECIAL (Specify):				
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From- to-) <b>1 January 1971 - 30 July 1971</b>				
<b>SECTION B PERFORMANCE EVALUATION</b>							
<p><b>U-Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>M-Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p><b>P-Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><b>S-Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O-Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1 Serve as the Station Referent for Communist Matters.						RATING LETTER <b>S</b>	
SPECIFIC DUTY NO. 2 Spot, develop, assess, and recruit agents to obtain intelligence the [redacted] and their main front organizations. (particularly [redacted])						RATING LETTER <b>P</b>	
SPECIFIC DUTY NO. 3 Handle on-going cases: tighten operational security, increase production, strengthen agent motivations; handle ad hoc operational cases.						RATING LETTER <b>S</b>	
SPECIFIC DUTY NO. 4 Spot, develop, assess and recruit [redacted]						RATING LETTER <b>P</b>	
SPECIFIC DUTY NO. 5 Prepare reports, correspondence, and other management/administrative requirements.						RATING LETTER <b>P</b>	
SPECIFIC DUTY NO. 6 Prepare media-placement articles and themes.						RATING LETTER <b>P</b>	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place this letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER <b>S</b>	

20/20/71

SECRET

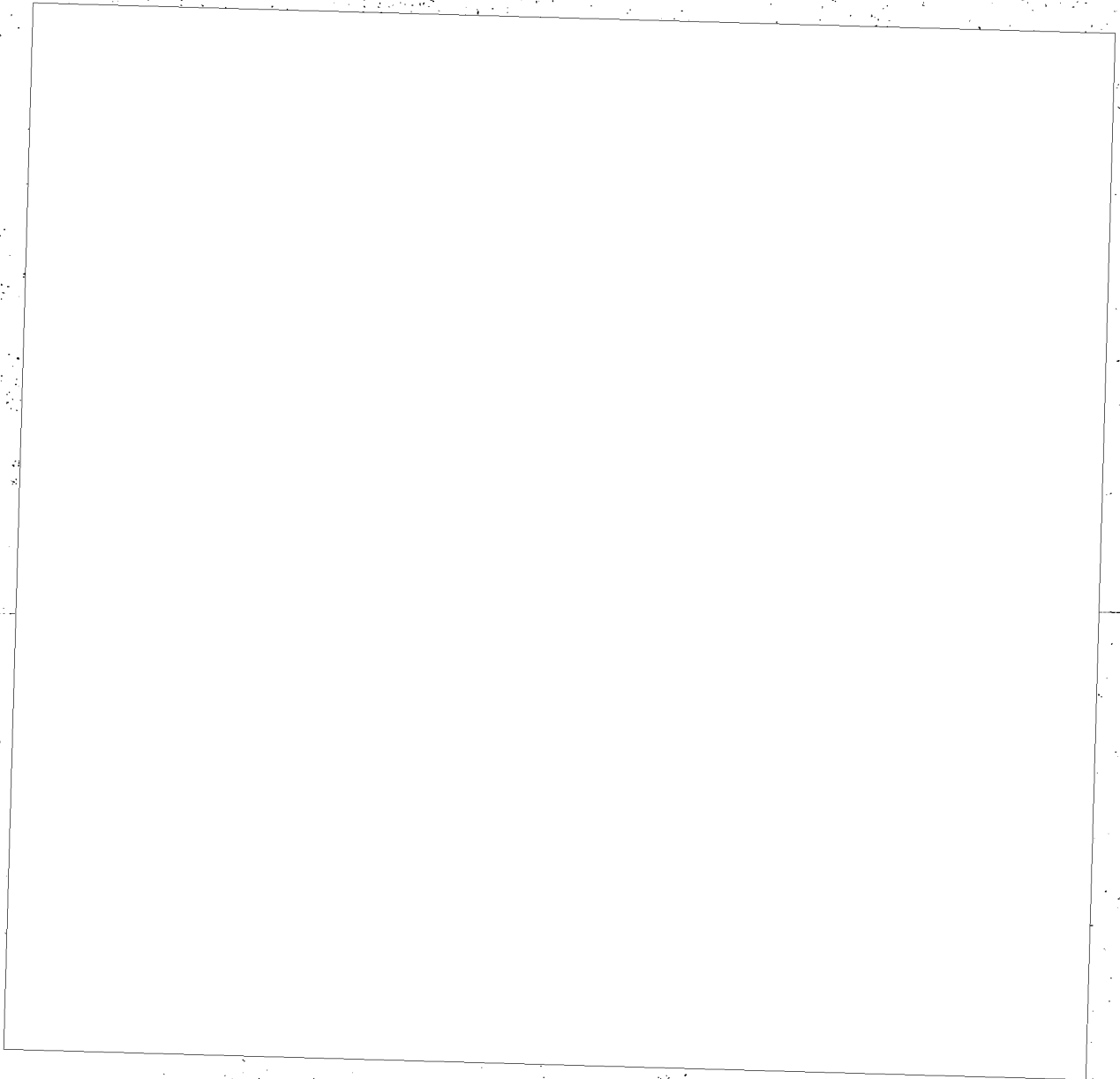
(When Filled In)

<b>SECTION C</b>	<b>NARRATIVE COMMENTS</b>
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of 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 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>	

<b>SECTION D</b>			<b>CERTIFICATION AND COMMENTS</b>
1.			<b>BY EMPLOYEE</b>
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
31 July 1971	/s/ Jerome Fox		
2.			<b>BY SUPERVISOR</b>
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	
31 July 1971	Deputy Chief of Station	/s/ Terry T. Shima	
3.			
<b>BY REVIEWING OFFICIAL</b>			
COMMENTS OF REVIEWING OFFICIAL			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
6 August 1971	Chief of Station	/s/ George T. Kalara	

SECRET

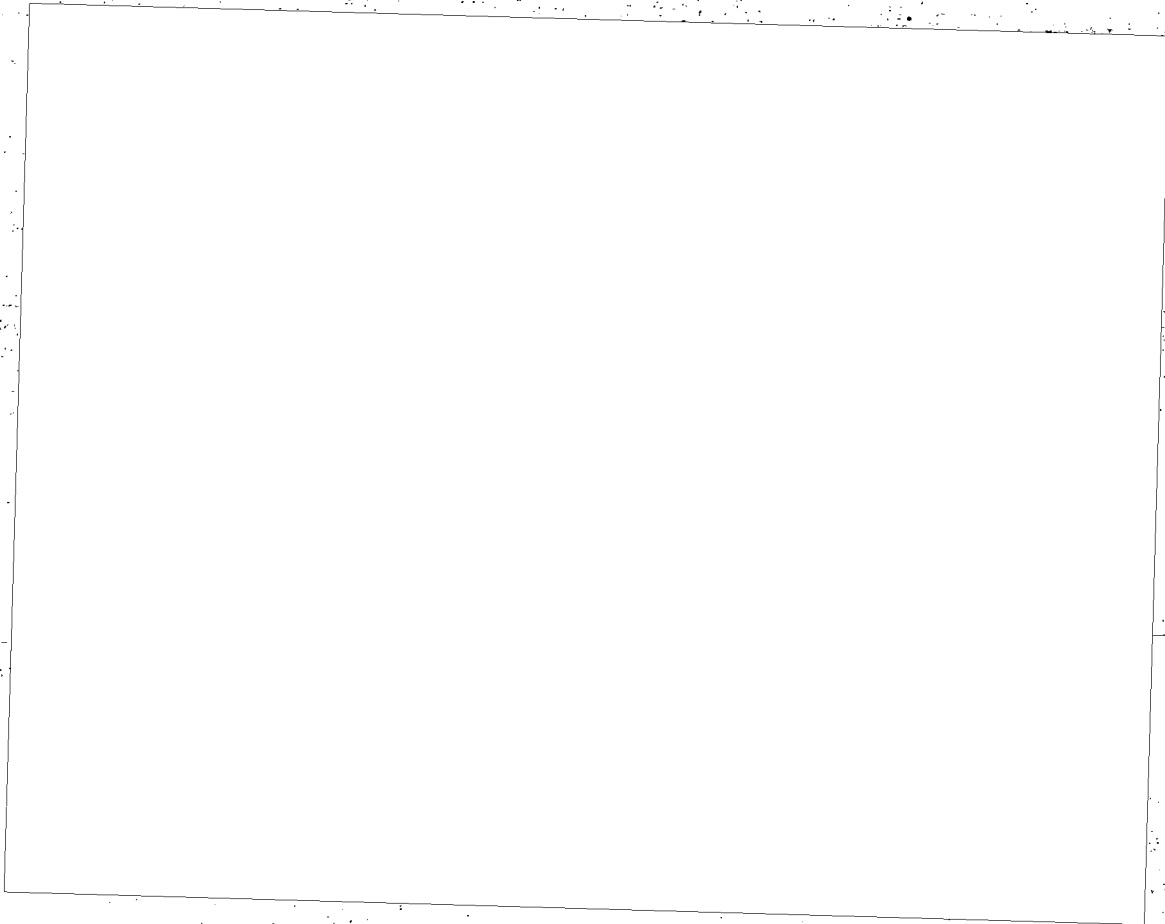
NARRATIVE (Continued)



SECRET

S E C R E T

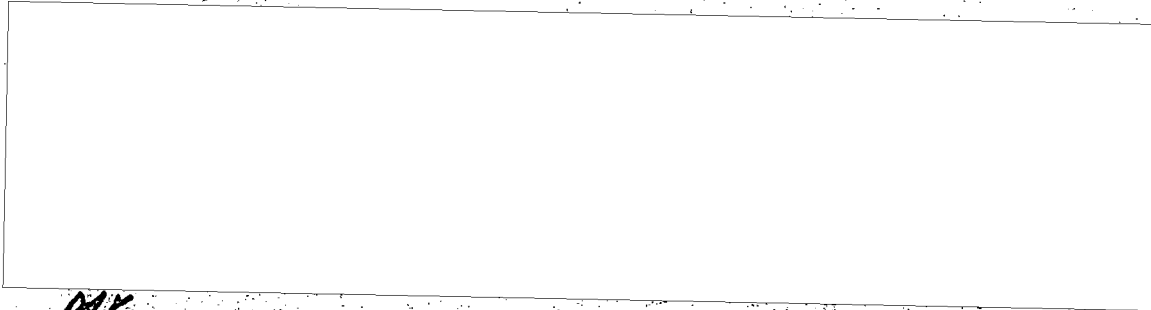
NARRATIVE (Continued)



S E C R E T

S E C R E T

REVIEWING COMMENTS (continued)



*MK*

S E C R E T

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				017974			
<b>SECTION A</b>				<b>GENERAL</b>			
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH (M) (D) (YR)		4. GRADE		5. SO
Fox, Jerome (nmf)			9 Oct. 1922		GS-13		D
3. OFFICIAL POSITION TITLE				7. OFF. DIV./BR. OF ASSIGNMENT		8. CURRENT STATION	
Ops. Officer				DDP/EE			
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER			<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY		<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT SUPERVISOR
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)				<input checked="" type="checkbox"/> ANNUAL		<input type="checkbox"/> REASSIGNMENT EMPLOYEE	
<input type="checkbox"/> SPECIAL (Specify)				<input type="checkbox"/> SPECIAL (Specify)			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - To)			
28 February 1971				1 May 1970 to 31 December 1970			
<b>SECTION B</b>				<b>PERFORMANCE EVALUATION</b>			
<p><b>U-Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>M-Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p><b>P-Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><b>S-Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O-Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1 Station Communist Movement (CM) officer responsible for functional coordination of overall program, including program guidance, analysis and research, and maintenance of central subject files pertinent to program targets (1 May - 10 August 1970).							RATING LETTER
							S
SPECIFIC DUTY NO. 2 Serve as the Station Referent for Communist Matters (August - 30 December 1970).							RATING LETTER
							S
SPECIFIC DUTY NO. 3 Spot, develop, assess, and recruit agents to obtain intelligence from the [redacted] (particularly the [redacted]) and their main front organizations.							RATING LETTER
							P
SPECIFIC DUTY NO. 4 Handle on-going cases; tighten operational security, increase production, strengthen agent motivation, and handle ad hoc operational issues.							RATING LETTER
							S
SPECIFIC DUTY NO. 5 Spot, develop, assess, and recruit [redacted]							RATING LETTER
							P
SPECIFIC DUTY NO. 6 Prepare reports, correspondence, and other management/administrative requirements.							RATING LETTER
							P
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							9-MAR-1971
<p>Take into account everything about the employee which influences his effectiveness in his present position such as performance of specific duties, productivity, knowledge of his responsibilities, initiative, personal traits or habits, and particular limitations or needs. 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 best describes how you feel he performed.</p>							RATING LETTER
							S



SECRET

**SECTION C NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Mention performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, where appropriate, if applicable. If extra space is needed to complete

**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
12 February 1971	/s/ Jerome Fox

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
17 February 1971	DCG3	/s/ Terry Shien

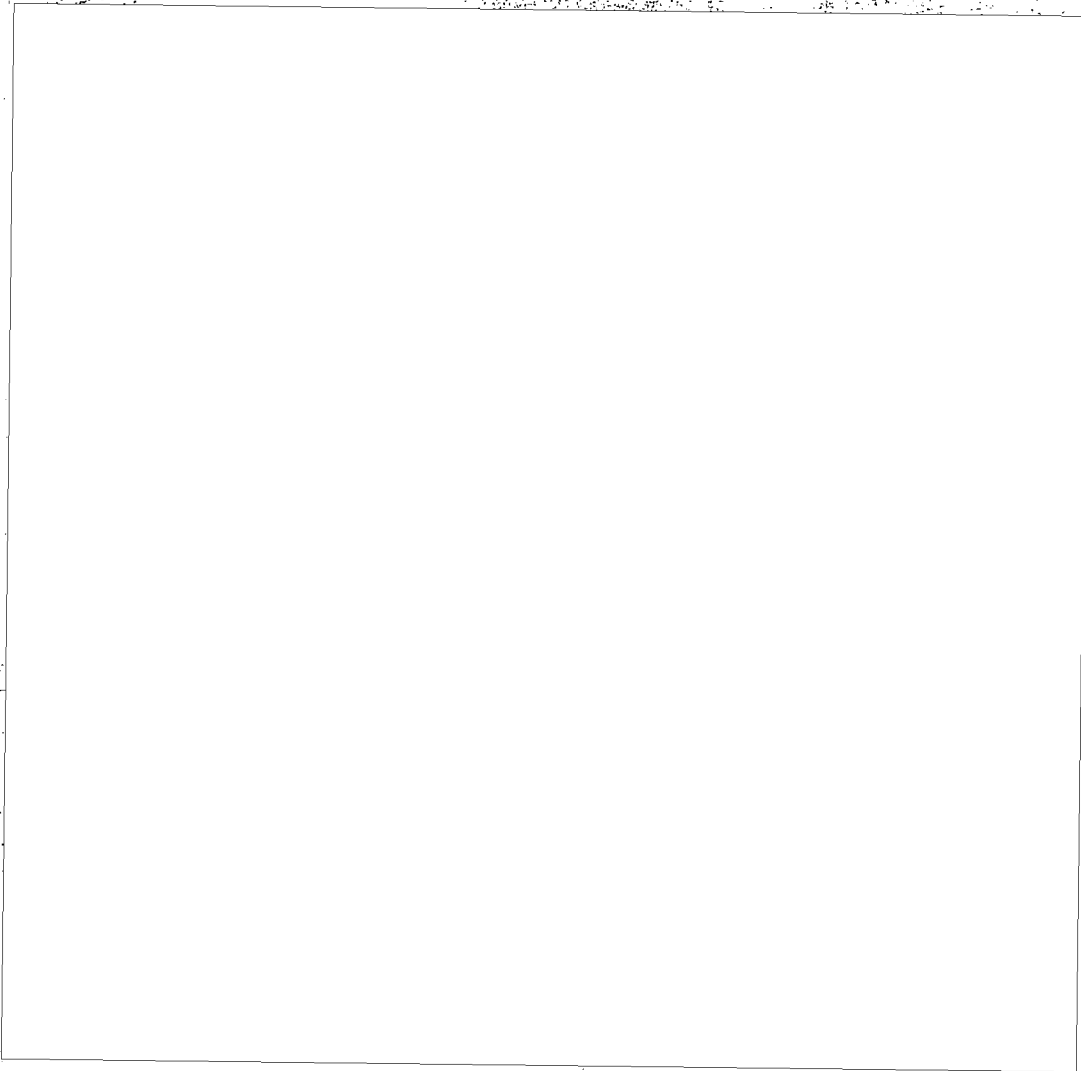
3. BY REVIEWING OFFICIAL

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
17 February 1971	CS	/s/ George T. Kalaris

SECRET

**S E C R E T**

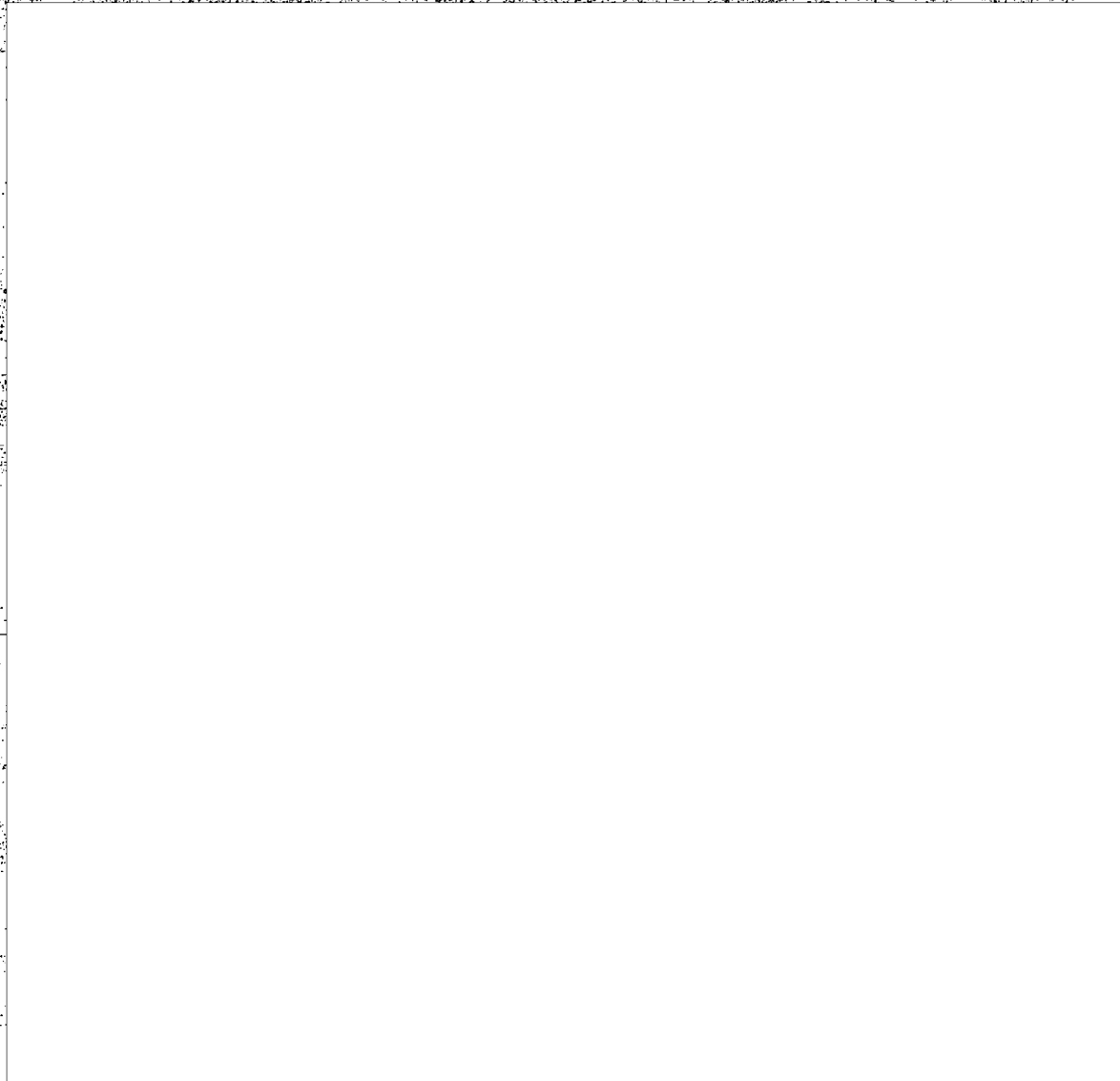
**NARRATIVE (con'td)**



**S E C R E T**

S E C R E T

NARRATIVE (CON'TD)



S E C R E T

**S E C R E T**

**NARRATIVE (CON'TD)**



**S E C R E T**

SECRET  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				017974			
<b>SECTION A GENERAL</b>							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SO	
Fox, Jerome (nmi)			Oct. 1928	M	GS-13	D	
6. OFFICIAL POSITION TITLE				7. OFF. DIV. OR DR. ASSIGNMENT			
Ops Officer				DDP/FE			
8. CHECK (X) TYPE OF APPOINTMENT				9. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER		<input type="checkbox"/> RESERVE		<input type="checkbox"/> TEMPORARY		<input type="checkbox"/> INITIAL	
<input type="checkbox"/> ANNUAL		<input type="checkbox"/> REASSIGNMENT SUPERVISOR		<input checked="" type="checkbox"/> REASSIGNMENT EMPLOYEE			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to)			
28 February 1970				1 January 1970 - 30 April 1970			
<b>SECTION B PERFORMANCE EVALUATION</b>							
<p><b>U-Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Desirable action taken or proposed in Section C.</p> <p><b>M-Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p><b>P-Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><b>S-Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O-Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1 Station communist movement (CM) officer responsible for functional coordination of overall program, including program guidance, analysis and research, and maintenance of central subject files pertinent to program targets.							RATING LETTER S
SPECIFIC DUTY NO. 2 Case officer for [redacted] operations and the conduct of relationships [redacted] including intelligence exchange, operational, support and administrative matters consonant with maintaining Station's [redacted]							RATING LETTER S
SPECIFIC DUTY NO. 3 Unilateral case officer for selected agents/operations targeted against CM and CM-related objectives and for the development of [redacted] general assets under the CM program, including [redacted] operations.							RATING LETTER S
SPECIFIC DUTY NO. 4 The collation and preparation of raw intelligence data from [redacted] primarily, but including Station-wide unilateral sources as feasible, into draft field information reports.							RATING LETTER S
SPECIFIC DUTY NO. 5 Managerial and supervisory conduct in performance of duties and cost consciousness in the use of own time, other personnel, equipment, funds and on-the-job initiative.							RATING LETTER P
SPECIFIC DUTY NO. 6							RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b> 17 JUN 70							RATING LETTER S
This rate covers 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.							

SECRET

SECTION C

NARRATIVE COMMENTS

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

JUN 16 3 10 PM '70

[Empty box for narrative comments]

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

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

DATE: 8 May 1970 SIGNATURE OF EMPLOYEE: /s/ Jerome Fox

2. BY SUPERVISOR

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

DATE: 8 May 1970 OFFICIAL TITLE OF SUPERVISOR: Ops Officer TYPED OR PRINTED NAME AND SIGNATURE: /s/ Harry G. Petersen

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL:

[Empty box for reviewing official comments]

22 May 1970 DCOS /s/ Terry T. Shima

SECRET

**COMMENTS OF REVIEWING OFFICIAL**

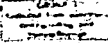
A large, empty rectangular box with a thin black border, intended for the reviewer to write their comments. The box is currently blank.

SECRET

(When Filled In)

FITNESS REPORT						EMPLOYEE SERIAL NUMBER	
						017974	
<b>SECTION A GENERAL</b>							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. DD	
Fox, Jeromo (nmf)			Oct. 1928	M	GS-13	D	
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION		
Operations Officer			DDP/FE				
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER		<input type="checkbox"/> RESERVE		<input type="checkbox"/> TEMPORARY		<input type="checkbox"/> INITIAL	
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)		<input checked="" type="checkbox"/> ANNUAL		<input type="checkbox"/> REASSIGNMENT SUPERVISOR		<input type="checkbox"/> REASSIGNMENT EMPLOYEE	
<input type="checkbox"/> SPECIAL (Specify)				<input type="checkbox"/> SPECIAL (Spec: NY)			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - To)			
31 February 1970				20 May 1969 - 31 December 1969			
<b>SECTION B PERFORMANCE EVALUATION</b>							
<p><b>U-Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>M-Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p><b>P-Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><b>S-Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O-Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1 Station MPWATCH officer responsible for functional coordination of overall program, including program guidance, analysis and research, and maintenance of central subject files pertinent to program targets.						RATING LETTER	
						S	
SPECIFIC DUTY NO. 2 Case officer for [redacted] operations and the conduct of relationships [redacted] including intelligence exchange, operational, support and administrative matters consonant with maintaining Station's [redacted]						RATING LETTER	
						S	
SPECIFIC DUTY NO. 3 Unilateral case officer for selected agents/operations targeted against MPWATCH and MPWATCH-related objectives and for the development of new unilateral assets under the MPWATCH program, including [redacted] operations.						RATING LETTER	
						P	
SPECIFIC DUTY NO. 4 The collation and preparation of raw intelligence data from [redacted] primarily, but including Station-wide unilateral sources as feasible, into draft field information reports.						RATING LETTER	
						S	
SPECIFIC DUTY NO. 5 The preparation and organization of finished field intelligence reports, operational cables, teletapes, dispatches and related correspondence on MPWATCH and other [redacted] operational matters.						RATING LETTER	
						P	
SPECIFIC DUTY NO. 6 Managerial and supervisory conduct in performance of duties and cost consciousness in the use of own time, other personnel, equipment, funds and on-the-job initiative.						RATING LETTER	
						S	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER	
						S	

SECRET





SECRET

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give reasons 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 awareness in the use of personnel, assets, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

[Empty box for narrative comments]

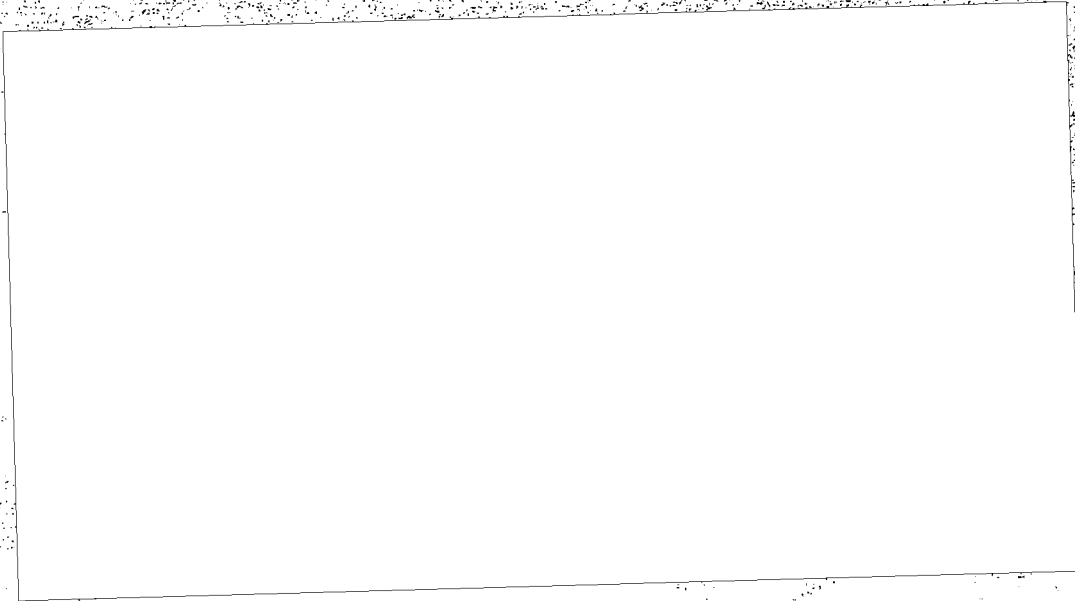
SECTION D CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT.		
DATE	SIGNATURE OF EMPLOYEE	
26 February 1970	/s/ Jerome Fox	
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
26 February 1970	Ops Officer	/s/ Harry G. Peterson
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
26 February 1970	DCOS	/s/ Terry T. Shima

SECRET

SECRET

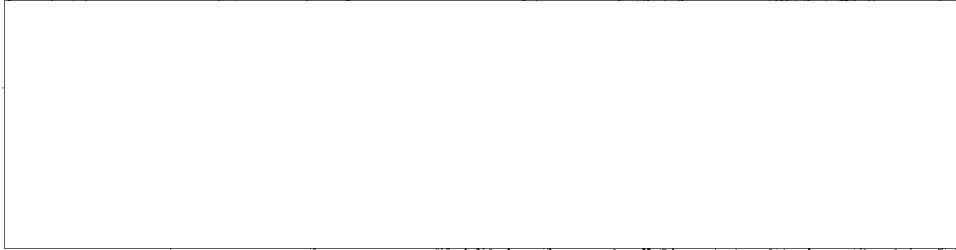
SECTION C - /continued --/



SECRET

SECRET

Reviewing Comments (continued)



SECRET

**SECRET**  
(When Filled In)

<b>FITNESS REPORT</b>					EMPLOYEE SERIAL NUMBER <b>017974</b>	
<b>SECTION A GENERAL</b>						
1. NAME (Last) (First) (Middle) <b>Fox, Jerome</b>			2. DATE OF BIRTH <b>9 Oct 1928</b>	3. SEX <b>M</b>	4. GRADE <b>GS-13</b>	5. SO <b>D</b>
6. OFFICIAL POSITION TITLE <b>Operations Officer</b>			7. OFF/DIV/BR OF ASSIGNMENT <b>DDP/FE/PMI/P</b>	8. CURRENT STATION <b>Headquarters</b>		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> INITIAL	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT SUPERVISOR	<input checked="" type="checkbox"/> REASSIGNMENT EMPLOYEE
CAREER-PROVISIONAL (See Instructions - Section C)			SPECIAL (Specify)			
SPECIAL (Specify)			SPECIAL (Specify)			
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to) <b>1 January 1969 - 10 May 1969</b>			
<b>SECTION B PERFORMANCE EVALUATION</b>						
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, no further training, to placing on probation, reassignment, or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>						
<b>SPECIFIC DUTIES</b>						
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).						
SPECIFIC DUTY NO. 1 <b>Acting Chief of the Philippine Desk</b>					RATING LETTER <b>S</b>	
SPECIFIC DUTY NO. 2 <b>Headquarters case officer for a variety of Manila Station CA and FI operations</b>					RATING LETTER <b>S</b>	
SPECIFIC DUTY NO. 3 <b>Contact o [redacted] unilateral assets in the U.S.</b>					RATING LETTER <b>S</b>	
SPECIFIC DUTY NO. 4 <b>Preparation and coordination of correspondence, studies, etc., in connection with Desk activities</b>					RATING LETTER <b>P</b>	
SPECIFIC DUTY NO. 5					RATING LETTER	
SPECIFIC DUTY NO. 6					RATING LETTER	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>						
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER <b>S</b>	

**SECRET**

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 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.

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT.		
DATE 28 April 1969	SIGNATURE OF EMPLOYEE <i>Lucretia J. [Signature]</i>	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE 28/4/69	OFFICIAL TITLE OF SUPERVISOR ADC/FE/PMI	TYPED OR PRINTED NAME AND SIGNATURE <i>Laurent M. St. Georges</i> Laurent M. St. Georges
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
DATE 29 APR 1969	OFFICIAL TITLE OF REVIEWING OFFICIAL AC/FE/PMI	

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT			EMPLOYEE SERIAL NUMBER	
			01794	
<b>SECTION A GENERAL</b>				
1. NAME (Last) (First) (Middle) <b>Fox, Jerome</b>			2. DATE OF BIRTH <b>9 Oct 1928</b>	3. SER. <b>M</b>
4. OFFICIAL POSITION TITLE <b>Operations Officer</b>			5. GRADE <b>GS-13</b>	6. SO <b>D</b>
7. OFF/DIV. BR OF ASSIGNMENT <b>DDP/FE/PHI/P</b>			8. CURRENT STATION <b>Headquarters</b>	
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"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify):	
11. DATE REPORT DUE IN O.P. <b>31 January 1969</b>			12. REPORTING PERIOD (From - To) <b>1 January 1968 - 31 December 1968</b>	
<b>SECTION B PERFORMANCE EVALUATION</b>				
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment, or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work, and in comparison to the performance of others doing similar work as to warrant special recognition.</p>				
<b>SPECIFIC DUTIES</b>				
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).				
SPECIFIC DUTY NO. 1			RATING LETTER	
Hqs desk officer for a variety of Manila Station CA & FI operations.			S	
SPECIFIC DUTY NO. 2			RATING LETTER	
Contact of [redacted] potential unilateral assets in connection with operations.			S	
SPECIFIC DUTY NO. 3			RATING LETTER	
Preparation and coordination of correspondence, studies, etc. in connection with Desk Activities.			P	
SPECIFIC DUTY NO. 4			RATING LETTER	
SPECIFIC DUTY NO. 5			RATING LETTER	
SPECIFIC DUTY NO. 6			RATING LETTER	
<b>OVERALL PERFORMANCE IN CURRENT POSITION:</b>				RATING LETTER
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.				S

SECRET

(FORM 7, 11-67)

**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 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.

**SECTION D CERTIFICATION AND COMMENTS**

1. BY EMPLOYEE

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

DATE 30 Dec 1968	SIGNATURE OF EMPLOYEE Jerome Fox <i>Jerome Fox</i>
---------------------	---

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 CFE/PMI/P	TYPED OR PRINTED NAME AND SIGNATURE <i>Laurent St. Georges</i> Laurent St. Georges
------	---	--

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I believe the foregoing evaluation sums up the situation very well. Mr. Fox is an aggressive, capable, and experienced officer.

DATE 2 January 1969	OFFICIAL TITLE OF REVIEWING OFFICIAL DC/FF/PMI	TYPED OR PRINTED NAME AND SIGNATURE
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SECRET

SECRET

TRAINING REPORT

NAME OF TRAINEE: Fox, Jerome                      COURSE: CI Operations  
 DOB: 1 1928    HOURS: 80  
 OFFICE: FE SD:D                                        DATES: 25 Nov - 6 Dec '68

OBJECTIVE AND METHOD OF INSTRUCTION

Objectives

To provide the Clandestine Services Officer who will be responsible for counterintelligence operational planning and implementation with current counterintelligence operational concepts, techniques, and tactics; to describe the current field organization, functions, techniques, and tactics of selected intelligence and security services; to increase his proficiency in the planning, management, and implementation of counterintelligence operations; and to acquaint him with Headquarters organization and support for operations against selected counterintelligence targets.

Method of Instruction

The course is presented by means of lecture, case study, and discussion.

ADJECTIVAL RATINGS OF ACHIEVEMENT

Adjectival Rating

- |  |           |
|--|-----------|
| 1. Demonstration of understanding of course concepts and materials.                              | Excellent |
| 2. Participation in class discussions.   | Excellent |
| 3. Imaginative and practical application of operational principles to case studies and problems. | Good      |
| 4. Industriousness.  | Excellent |

COMMENT: Mr. Fox was a very active student in discussions to which he contributed many helpful ideas. His presentation of the Wennerstroem Case was both objective and critical in terms of the available information on the case.

OVERALL adjectival rating of achievement: Excellent

FOR THE DIRECTOR OF TRAINING:

2 JAN 1969

Date

George G. Kisevalter  
 Chief Instructor

SECRET



**SECRET**

*(When Filled In)*

<b>FITNESS REPORT</b>				<b>EMPLOYEE SERIAL NUMBER</b> 017974			
<b>SECTION A GENERAL</b>							
1. NAME (Last) (First) (Middle) <b>FOX, JEROME</b>			2. DATE OF BIRTH <b>9 Oct 1928</b>	3. SEX <b>M</b>	4. GRADE <b>GS-12</b>	5. SD <b>D</b>	
6. OFFICIAL POSITION TITLE <b>Operations Officer</b>				7. OFF/DIV/DR OF ASSIGNMENT <b>DDP/FE</b>	8. CURRENT STATION <b>Headquarters</b>		
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> SPECIAL (Specify)			<input type="checkbox"/>	<input type="checkbox"/> SPECIAL (Specify)		
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to) <b>7 April 1967 - 31 December 1967</b>			
<b>SECTION B PERFORMANCE EVALUATION</b>							
<p><b>W - Weak:</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment, or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate:</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient:</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong:</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding:</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1 <b>Headquarters Desk Officer for several Manila Station operational activities.</b>						RATING LETTER <b>S</b>	
SPECIFIC DUTY NO. 2 <b>Study and Familiarization of the situation in the Philippines in preparation to an assignment in that country.</b>						RATING LETTER <b>S</b>	
SPECIFIC DUTY NO. 3 <b>Contacts various operating units and staffs in the furtherance of operational assignments.</b>						RATING LETTER <b>S</b>	
SPECIFIC DUTY NO. 4 <b>Prepares operational correspondence to the field in connection with his assigned responsibilities.</b>						RATING LETTER <b>P</b>	
SPECIFIC DUTY NO. 5						RATING LETTER	
SPECIFIC DUTY NO. 6						RATING LETTER	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER <b>S</b>	

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 and cost consciousness in the use of personnel, space, equipment and funds must be mentioned, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

Dec 29 3 52 PM '67

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**SECTION D CERTIFICATION AND COMMENTS**

1. **BY EMPLOYEE**

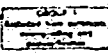
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE 18 December 1967	SIGNATURE OF EMPLOYEE <i>[Signature]</i>	
2. MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 5 months	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE 19/12/67	OFFICIAL TITLE OF SUPERVISOR CFE/PMI/P	TYPED OR PRINTED NAME AND SIGNATURE <i>[Signature]</i> Laurent St. Georges
3. <b>BY REVIEWING OFFICIAL</b>		
DATE 22 December 1967	OFFICIAL TITLE OF REVIEWING OFFICIAL DCFE/PMI	TYPED OR PRINTED NAME AND SIGNATURE <i>[Signature]</i> John P. Kennedy

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT						EMPLOYEE SERIAL NUMBER	
						017274	
<b>SECTION A: GENERAL</b>							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD	
Fox Jerome			9 Oct 1928	M	GS-12	D	
6. OFFICIAL POSITION/TITLE				7. OFFICE OR OF ASSIGNMENT		8. CURRENT STATION	
Operations Officer				FE/PM/II		Hqs	
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY	<input checked="" type="checkbox"/> ANNUAL		<input checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR		
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)				<input type="checkbox"/> SPECIAL (SpecR)		<input type="checkbox"/> REASSIGNMENT EMPLOYEE	
<input type="checkbox"/> SPECIAL (SpecR)				<input type="checkbox"/> SPECIAL (SpecR)			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to)			
				1 January - 7 April 1967			
<b>SECTION B: PERFORMANCE EVALUATION</b>							
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment, or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter, which best describes the manner in which employee performs EACH specific duty. Consider CAREER 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	
Serves as Headquarters Desk case officer for certain Djakarta Station operational activities as assigned to him. <i>D/B/O</i>						S	
SPECIFIC DUTY NO. 2						RATING LETTER	
Serves as primary referent on the Indonesian Desk for operations involving communist and other left-wing matters. <i>D/B/O</i>						S	
SPECIFIC DUTY NO. 3						RATING LETTER	
Performs operational research functions on Indonesian communist and left-wing activities. <i>D/B/O</i>						S	
SPECIFIC DUTY NO. 4						RATING LETTER	
Prepares operational correspondence to the field in connection with his assigned responsibilities.						P	
SPECIFIC DUTY NO. 5						RATING LETTER	
SPECIFIC DUTY NO. 6						RATING LETTER	
<p align="center"><i>19 JUN 1967</i></p> <b>OVERALL PERFORMANCE IN CURRENT POSITION</b>						RATING LETTER	
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						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 and cost consciousness in the use of personnel, money, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

[Large empty box for narrative comments]

(Continued)

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

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

DATE: 25 May 1967 SIGNATURE OF EMPLOYEE: [Signature]

2. BY SUPERVISOR

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

DATE: 25 May 1967 OFFICIAL TITLE OF SUPERVISOR: Acting Chief, FE/PMI/I TYPED OR PRINTED NAME AND SIGNATURE: William T. Makino

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

[Large empty box for reviewing official comments]

DATE: 23 May 1967 OFFICIAL TITLE OF REVIEWING OFFICIAL: Deputy Chief, FE/PMI TYPED OR PRINTED NAME AND SIGNATURE: Clyde R. McAvoy

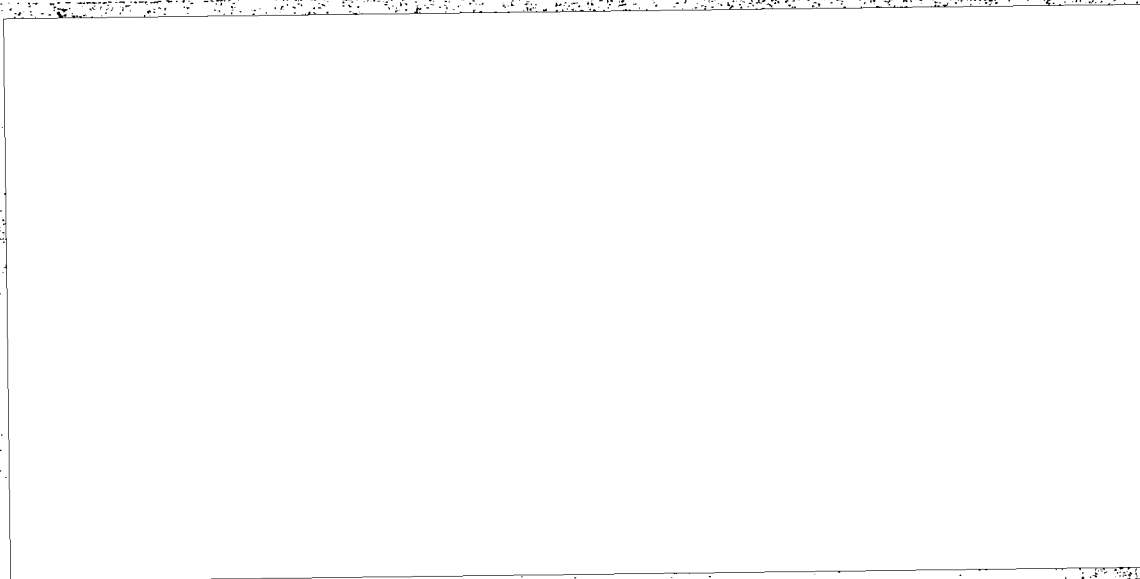
SECRET

SECRET

FITNESS REPORT - JEROME FOX

25 May 1967

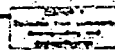
SECTION C, NARRATIVE COMMENTS (Continued)



SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				017974	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE
Fox, Jerome			9 Oct 28	M	12
5. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION
Ops Officer			DDP/FE/PMI		Hqs
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
			October - December 1966		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).					
SPECIFIC DUTY NO. 1					RATING LETTER
See Section C					
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
Jan 1967					
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					RATING LETTER
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					P



SECRET  
(When Filled In)

**SECTION C NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations 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.

JAN 12 1967

[Empty box for narrative comments]

**SECTION D CERTIFICATION AND COMMENTS**

**1. BY EMPLOYEE**

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

DATE: 15 December 1966 SIGNATURE OF EMPLOYEE: Jerome Fox *[Signature]*

**2. BY SUPERVISOR**

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION: Oct - Dec 1966 IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION:

DATE: 15 Dec 1966 OFFICIAL TITLE OF SUPERVISOR: CFE/PMI/T

DATE: 15 Dec 1966 OFFICIAL TITLE OF SUPERVISOR: CFE/PMI/T

**3. BY REVIEWING OFFICIAL**

COMMENTS OF REVIEWING OFFICIAL

Concur.

DATE: 20 December 1966 OFFICIAL TITLE OF REVIEWING OFFICIAL: Deputy Chief, FE/PMI

*[Signature]*

SECRET

S-E-C-R-E-T

TRAINING REPORT

Soviet Bloc Operations Course No. 4  
80 hours, full time 18 - 29 March 1968

Student : FOX, Jerome Office : DDP/FE  
Year of Birth: 1928 Service Designation: D  
Grade : GS-12 No. of Students : 32  
EOD Date : 1955


COURSE OBJECTIVES

To orient the student on the special nature of the Clandestine Services' Soviet Bloc target and to train him in the application of clandestine methods for collecting information on, assessing, and preparing recruitment operations against Soviet Bloc personalities.

ACHIEVEMENT RECORD

This is a certificate of attendance. No evaluation is made of individual performance in the course.

FOR THE DIRECTOR OF TRAINING:

  
Russell A. Large Date  
Instructor, OTR

S-E-C-R-E-T



S-E-C-R-E-T

TRAINING REPORT

<u>FAMILIARIZATION NO. 34</u> (60 hours, full-time)	26 February - 1 March 1968
Name : Fox, Jerome	No. of Students: 17
Office : FE	SD : D
Year of Birth: 1928	Grade : GS-12
ECG Date : June 1955	

COURSE OBJECTIVES - CONTENT AND METHODS

The course is designed for Agency personnel requiring a sound basic understanding of contemporary [redacted] and some acquaintance with the fundamentals of the [redacted] language. The aim is familiarization, no specialization. The course focuses on [redacted]. The language familiarization phase includes pronunciation of [redacted] an introduction to the most widely accepted system of dictionary recording of [redacted] and the telegraphic code. The area phase includes: cultural and historical development, geography and resources, economic development and problems, the political system, social change and control in contemporary [redacted] and foreign relations.

ACHIEVEMENT RECORD

The above named student actively participated in the [redacted] Familiarization Course No. 34. In this session no evaluation was attempted for the area phase. The student's performance in the language familiarization phase was [redacted].

FOR THE DIRECTOR OF TRAINING:

R. T. R. Kellogg 5 March 1968  
Chief Instructor Date

GROUP I  
Excluded from automatic  
downgrading and  
declassification

S-E-C-R-E-T

SECRET

TRAINING REPORT

Operations Course No. 1-68  
40 hours, full time 4 - 8 March 1968

Student : Fox, Jerome

Office : FE

Year of Birth: 1928

Service Designation: D

Grade : GS-12

No. of Students : 25

EOD Date : June 1955

COURSE OBJECTIVE

To prepare Clandestine Services officers to conduct operations against [redacted] from the point of view of Human Source Collection; to present material directed toward the updating of officers in the operational realities inside and outside [redacted] today; and specifically to train officers in providing political, political-military, advanced weapons and other coverage of the priority [redacted] target which cannot be obtained by technical means.

ACHIEVEMENT RECORD

This is a certificate of attendance. No record is made of individual performance in the course.

FOR THE DIRECTOR OF TRAINING:

  
Henry C. Ferringen Date  
Chief Instructor

15 MAR 1968

SECRET

S-E-C-R-E-T

TRAINING REPORT

Chiefs of Station Seminar No. 68  
80 hours, full time 5 - 16 February 1968

Participant : Jerome Fox Office : FE/PMI  
Year of Birth: 1928 Service Designation: D  
Grade : GS-12 No. of Students : 18  
EOD Date : 1955

**COURSE OBJECTIVES, CONTENT AND METHODS**

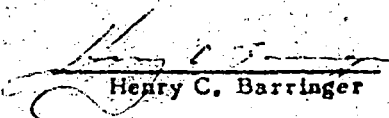
The COS Seminar is aimed to prepare prospective Chiefs and Deputy Chiefs of Station and Chiefs of Base for field assignments. Emphasis was upon the difficulties confronting Chiefs of small or medium-sized installations, since they must handle a peculiarly wide range of problems. Included were case studies serving to remind outgoing chiefs of various operational approaches and techniques, but more time was devoted to policy, coordination, management, reporting, and administrative responsibilities of the Chief of Station, both within CIA and in the government at large, at home and abroad.

The bulk of the course is given in lectures and question periods conducted by officials responsible for the missions, functions, programs, and services discussed. A few key items of suggested reading are included, and bibliographies of suggested reading tailored to the individual's assignment are offered for those who want them.

**ACHIEVEMENT RECORD**

This is a certificate of attendance. No further assessment of individual capacity or performance is made in this course.

FOR THE DIRECTOR OF TRAINING:

  
Henry C. Barringer

20 FEB 1968  
Date

S-E-C-R-E-T

S-E-C-R-E-T

TRAINING REPORT

Information Reporting, Reports and Requirements Course No. 2 - 68  
120 hours, full time - 26 February 1968

Student	:	FOX, Jerome	Office	:	FE/PMI
Year of Birth:		1928	Service Designation:		D
Grade	:	OS-12	No. of Students	:	5
EOD Date	:	1955			

COURSE OBJECTIVES - CONTENT AND METHODS

The over-all objectives of the course are: to show the requirements function as it develops; to describe information evaluation, appraisal, and dissemination; to present fundamental principles of collection and communication of information; to demonstrate how, through Headquarters guidance, reporters can be directed and developed; and to prepare intelligence officers in the field to put information into finished report form. Supervised practice to develop skills is given in the production of finished reports; in reporting on area guidance patterns; in tailoring requirements into specific assignments; and in observing, collecting, organizing, and communicating information.

ACHIEVEMENT RECORD

Student achievement is judged from each student's observed performance during laboratory practice in the areas of instruction indicated. An asterisk (\*) indicated this student's ratings. The ratings are weak, adequate, proficient, strong, and outstanding.

A. Qualitative and Quantitative Production of Reports:

<u>Weak</u>	<u>Adequate</u>	<u>Proficient</u>	<u>Strong</u>	<u>Outstanding</u>
-------------	-----------------	-------------------	---------------	--------------------

COMMENT: The quality of Mr. Fox's work was uniformly excellent in every respect. He worked to full capacity.

B. Requirements Performance:

<u>Weak</u>	<u>Adequate</u>	<u>Proficient</u>	<u>Strong</u>	<u>Outstanding</u>
-------------	-----------------	-------------------	---------------	--------------------

COMMENT: His paper on this subject demonstrated that he has a very sound understanding of the Requirements and guidance systems.

S-E-C-R-E-T

C. Editorial Performance:

Weak      Adequate      Proficient      Strong      Outstanding

COMMENT:

His work demonstrated that he has acquired a very sound understanding of the principles of good editorial organization in intelligence reporting.

D. Reporting Performance:

Weak      Adequate      Proficient      Strong      Outstanding

COMMENT:

His outside reporting assignment was efficiently executed. It was well organized. Unfortunately, it lacked sufficient reporting detail to warrant a higher rating.

INSTRUCTOR'S OVER-ALL COMMENT:

Mr. Fox was a very fine student. He worked extremely well and his many penetrating questions added very considerably to the tone of the class. His work was of excellent quality and it showed that he has acquired a sound understanding of the various aspects of the reporting function discussed.

FOR THE DIRECTOR OF TRAINING

*Herbert G. King*

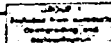
Herbert G. King  
Chief Instructor

1 FEB 1968  
Date

S-E-C-R-E-T

**SECRET**  
(When Filled In)

FITNESS REPORT					EMPLOYEE SERIAL NUMBER	
					01774	
<b>SECTION A GENERAL</b>						
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
Fox, Jerome			9 Oct 28	M	GS-12	D
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION	
Ops Officer			DDP/EE/VIC		Vietnam	
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		
CAREER-PROVISIONAL (See Instructions - Section C)			<input type="checkbox"/> ANNUAL	<input checked="" type="checkbox"/> X	REASSIGNMENT EMPLOYEE	
SPECIAL (Specify):			SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)			
			1 January - 9 July 1966			
<b>SECTION B PERFORMANCE EVALUATION</b>						
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment, or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>						
<b>SPECIFIC DUTIES</b>						
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).						
SPECIFIC DUTY NO. 1					RATING LETTER	
The initiation, development and management of a sensitive FI/CI operation. <i>7/10/70</i>					S	
SPECIFIC DUTY NO. 2					RATING LETTER	
The spotting, assessment, development, recruitment and management of unilateral FI agents.					S	
SPECIFIC DUTY NO. 3					RATING LETTER	
Functions as a liaison officer with officials of the Vietnamese National Police. <i>1/5/66</i>					P	
SPECIFIC DUTY NO. 4					RATING LETTER	
The preparation of dispatches, cables, intelligence information reports, memoranda and other necessary papers required by the above duties.					A	
SPECIFIC DUTY NO. 5					RATING LETTER	
SPECIFIC DUTY NO. 6					RATING LETTER	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>						
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER
						S



SECRET

(When Filled In)

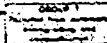
SECTION C	NARRATIVE COMMENTS
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p> <p style="text-align: right;">JUL 28</p>	

SECTION D. CERTIFICATION AND COMMENTS <i>/with him again.</i>		
1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT.		
DATE	SIGNATURE OF EMPLOYEE	
8 July 1966	Jerome Fox (s)	
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
8 July 1966	Ops Officer	Michael F. Stern (s)
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
I concur in the above.		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
8 July 1966	Chief of LB	John L. Stent (s)

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				017974			
<b>SECTION A: GENERAL</b>							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD	
Fox, Jerone			10/09/35	M	GS-12	D	
6. OFFICIAL POSITION TITLE				7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION	
Ops Officer				DDP/AS/ATC		Saigon	
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/>	CAREER	<input type="checkbox"/>	RESERVE	<input type="checkbox"/>	TEMPORARY	<input type="checkbox"/>	INITIAL
<input type="checkbox"/>	CAREER-PROVISIONAL (See Instructions - Section C)	<input checked="" type="checkbox"/>	ANNUAL	<input type="checkbox"/>	REASSIGNMENT SUPERVISOR	<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)			
Feb 66				29 December 1964 to 31 Dec 1965			
<b>SECTION B: PERFORMANCE EVALUATION</b>							
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
Officer in charge of liaison with the Municipal Police						P	
SPECIFIC DUTY NO. 2						RATING LETTER	
Officer in charge of liaison [redacted]						S	
SPECIFIC DUTY NO. 3						RATING LETTER	
Officer in liaison with operational components of Headquarters, Special Branch						P	
SPECIFIC DUTY NO. 4						RATING LETTER	
Handles all the correspondence, files and associated memoranda connected with the tasks cited above.						P	
SPECIFIC DUTY NO. 5						RATING LETTER	
SPECIFIC DUTY NO. 6						RATING LETTER	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER	
						P	





SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective 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.

OFFICE OF PERSONNEL  
FEB 15 10 43 AM '66

[Empty box for narrative comments]

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	
1 Feb 66	/s/ Jerome Fox	
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
1 Feb 66	Ops Officer	/s/ James Bryan Flaad
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
I concur with the above.		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
1 Feb 66	Ops Officer	/s/ John Stent

SECRET

**SECRET**  
(When Filled In)

<b>TRAINING REPORT - LANGUAGE</b>					COURSE TITLE <b>French Inter. - NW - Ph I</b>	
INSTRUCTOR <b>Mr. T. Burke</b>					PROGRAM <b>Daytime - Part-time</b>	
NO. OF STUDENTS <b>1</b>		NO. OF HOURS <b>60</b>		DATE OF COURSE <b>05/04/64 - 07/30/64</b>		
STUDENT						
NAME <b>FOX, Jerome</b>		YOB <b>28</b>	EDD DATE <b>06/55</b>	OFFICE <b>FS</b>	OB <b>12</b>	ED <b>D</b>
<small>(See reverse side for definitions of proficiency levels)</small>						
LEVEL OF PROFICIENCY AT ENTRY INTO TRAINING						
SKILL	NO PROFICIENCY		SLIGHT	<input checked="" type="checkbox"/> ELEMENTARY	INTERMEDIATE	OFFICIAL TEST HIGH
	READING			<input checked="" type="checkbox"/>		
	WRITING			<input checked="" type="checkbox"/>		
	PRONUNCIATION			<input checked="" type="checkbox"/>		
	SPEAKING		<input checked="" type="checkbox"/>			
	UNDERSTANDING		<input checked="" type="checkbox"/>			
LANGUAGE TRAINING OBJECTIVES AND METHODS						
<p>The general aims of language training are attainment of proficiency in speaking, understanding, reading and writing. The specific objectives are: (1) ability to produce and distinguish the sounds of the language; (2) ability to use a stock of basic sentences and expressions; (3) ability to recombine the elements of basic sentences and expressions and to apply them to new situations; (4) ability to comprehend the language spoken at normal speed in various situations; (5) ability to write and read the language commensurate with ability to speak.</p> <p>Methods used in all courses stress oral drills and free conversation based at first on memorized material and, at a later stage, on varied reading materials. Written and oral tests are given at intervals. Listening to and recording on tapes in the Language Lab is essential for class preparation.</p>						
PERFORMANCE EVALUATION						
		UNSATISFACTORY		SATISFACTORY		EXCELLENT
ACHIEVEMENT				<input checked="" type="checkbox"/>		
ATTITUDE				<input checked="" type="checkbox"/>		
ATTENDANCE				<input checked="" type="checkbox"/>		
LEVEL OF PROFICIENCY AT COMPLETION OF TRAINING						
SKILL	NO PROFICIENCY		SLIGHT	<input checked="" type="checkbox"/> ELEMENTARY	INTERMEDIATE	OFFICIAL TEST HIGH
	READING			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	WRITING			<input checked="" type="checkbox"/>		
	PRONUNCIATION			<input checked="" type="checkbox"/>		
	SPEAKING			<input checked="" type="checkbox"/>		
	UNDERSTANDING			<input checked="" type="checkbox"/>		
<p>Foreign Language Aptitude Test: 6</p> <p align="center"><i>W. Ray Hackley</i></p> <p align="center">W. RAY HACKLEY</p> <p>FOR THE DIRECTOR OF TRAINING: _____</p> <p align="right">25 Nov 64</p>						

SECRET

TRAINING REPORT

Covert Action Operations Course No. 63, 30 March to 17 April 1964  
60 hours part time

Student : Fox, Jerome Office : FE  
Year of Birth: 1928 Service Designation: D  
Grade : GS-12 No. of Students : 13  
EOD Date : June 1955

STUDENT OBJECTIVES - CONTENT AND METHODS

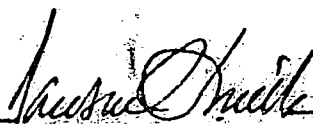
The Covert Action Operations Course is an advanced seminar for senior and middle grade CS officers who will direct and conduct covert action operations in the field. It provides a conference setting in which experienced officers may discuss the full range of operational problems — from policy and strategy to tactics and techniques — with senior Agency officers, both those recently returned from field posts and those assigned to Headquarters for guidance and support of CA field operations.

The CAO course covers the origin and scope of CIA's covert action mission, tactical approaches to the direction of CA operations, political action, economic action, propaganda, paramilitary operations, special operations, the national counterinsurgency program, covert action in the counterintelligence problems in covert action, joint CI-CA programs, and current area case studies.

ACHIEVEMENT RECORD

This is a certificate of attendance. Adjectival ratings are not given in this course.

FOR THE DIRECTOR OF TRAINING:



Dawson Smith  
Chief Instructor

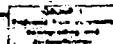
22 April 1964  
Date

Group I  
Excluded from automatic  
downgrading and  
declassification

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				017974			
<b>SECTION A GENERAL</b>							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEA	4. GRADE	5. SO	
FOX Jerome J.			9 Oct 1928	M	GS-12	D	
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION		
Ops Officer			DDP/EE/VNC/VN		Headquarters		
9. CHECK IN TYPE OF APPOINTMENT				10. CHECK IN TYPE OF REPORT			
<input type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> INITIAL	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT SUPERVISOR		
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)				<input checked="" type="checkbox"/> SPECIAL (Specify)	<input type="checkbox"/> REASSIGNMENT EMPLOYEE		
11. DATE REPORT DUE IN O.P.				12. REPORT PERIOD (From - to)			
January 1964				April - 31 January 1964			
<b>SECTION B PERFORMANCE EVALUATION</b>							
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
Assembles available information on North Vietnam, and its diplomatic establishments abroad.						S	
SPECIFIC DUTY NO. 2						RATING LETTER	
Acts as ZRGRAIL officer for Vietnam Desk.						P	
SPECIFIC DUTY NO. 3						RATING LETTER	
Aids in giving operational support to denied areas ops program run by Saigon Station.						P	
SPECIFIC DUTY NO. 4						RATING LETTER	
Prepares periodic reports on progress of denied area ops program.						S	
SPECIFIC DUTY NO. 5						RATING LETTER	
SPECIFIC DUTY NO. 6						RATING LETTER	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER	
17 MAR 1964						P	



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 applicable.</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				
18 February 1964	<i>E. H. ...</i>				
2. BY SUPERVISOR					
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION				
10					
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE			
18 February 1964	Chief, FE/VNC/Vietnam	Donald P. Gregg			
3. BY REVIEWING OFFICIAL					
COMMENTS OF REVIEWING OFFICIAL					
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE			
9 March 1964	Chief, FE/VNC	Philip B. K. Potter			

SECRET

SECRET  
(When Filled In)

### FITNESS REPORT

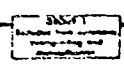
FILED SERIAL NUMBER  
*017774*

SECTION A - GENERAL						
1. NAME (Last) (First) (Middle) <b>FOX, Jerome</b>			2. DATE OF BIRTH <b>9 Oct 28</b>	3. SEX <b>M</b>	4. GRADE <b>GS-12</b>	5. SO <b>IR</b>
6. OFFICIAL ID <b>IO</b>		7. OFF. DIV. OR OF ASSIGNMENT <b>DDP/FE</b>		8. CURRENT STATION <b>TOKYO</b>		
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 checked="" 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) <b>1 Jan 62 - 23 September 1962</b>			

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

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 Monitors and coordinates with ODYOKE and allied armed services the [redacted] in North Asian area covering specifically Japan, South Korea, [redacted]	RATING LETTER <b>B</b>
SPECIFIC DUTY NO. 2 Determines, initiates and directly participates in the exploitation of [redacted] in conjunction with KUDOVE and ODYOKE armed services.	RATING LETTER <b>B</b>
SPECIFIC DUTY NO. 3 Provides detailed training and guidance for ODYOKE personnel and for foreign allied personnel (e.g. [redacted] in the identification, photographic and collection techniques [redacted] by the [redacted]	RATING LETTER <b>B</b>
SPECIFIC DUTY NO. 4 Maintains continuing & close official and personal working liaison with & support for commanders & officers of the various ODYOKE military intel collection units in [redacted] & with Tokyo KUDOVE elements, particularly the [redacted] Staff.	RATING LETTER <b>A</b>
SPECIFIC DUTY NO. 5 Responsible for preparation of collection intel & admin rpts & dispatches to KULYNX [redacted], on all matters pertaining to the [redacted] in this area of jurisdiction.	RATING LETTER <b>A</b>
SPECIFIC DUTY NO. 6 Assisted the Branch Chief in the handling of KULYNX requirements.	RATING LETTER <b>P</b>

OVERALL PERFORMANCE IN CURRENT POSITION	RATING LETTER
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.	<b>P+</b>

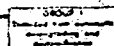


24 APR 1963



SECRET  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				017974			
<b>SECTION A GENERAL</b>							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD	
FOX Jerome J.			9 Oct 1928	M	GS-12	D	
6. OFFICIAL POSITION TITLE			7. OFF/DIV./BR OF ASSIGNMENT		8. CURRENT STATION		
Ops Officer			DDP/FE/VNC/VN		Headquarters		
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)			
January 1984				April - 31 January 1984			
<b>SECTION B PERFORMANCE EVALUATION</b>							
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
Assembles available information on North Vietnam, and its diplomatic establishments abroad.						S	
SPECIFIC DUTY NO. 2						RATING LETTER	
Acts as ZRGRAIL officer for Vietnam Desk.						P	
SPECIFIC DUTY NO. 3						RATING LETTER	
Aids in giving operational support to denied areas ops program run by Saigon Station.						P	
SPECIFIC DUTY NO. 4						RATING LETTER	
Prepares periodic reports on progress of denied area ops program.						S	
SPECIFIC DUTY NO. 5						RATING LETTER	
SPECIFIC DUTY NO. 6						RATING LETTER	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER	
						P	





SECRET

(When Filled In)

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

H

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		
18 February 1964	<i>[Signature]</i>		
2.			BY SUPERVISOR
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION.	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
10			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
18 February 1964	Chief, FE/VNC/Vietnam	Donald P. Gregg	
3.			BY REVIEWING OFFICIAL
COMMENTS OF REVIEWING OFFICIAL			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
9 March 1964	Chief, FE/VNC	Philip B. K. Potter	

SECRET

MF-27

SECRET  
(When Filled In)

<b>FITNESS REPORT</b>	EMPLOYEE SERIAL NUMBER <i>111</i>
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<b>SECTION A GENERAL</b>			
1. NAME (Last) (First) (Middle) <b>FOX J. CRAIG</b>	2. DATE OF BIRTH <b>9 Oct 28</b>	3. SEX <b>M</b>	4. GRADE <b>GS-12</b>
5. SERVICE DESIGNATION & OFFICIAL <b>IR 10</b>		7. OFF/DIV/BR OF ASSIGNMENT <b>Tokyo, Japan</b>	
6. CAREER STAFF STATUS		8. TYPE OF REPORT	
<input type="checkbox"/> NOT ELIGIBLE	<input checked="" type="checkbox"/> MEMBER	<input type="checkbox"/> DEFERRED	<input type="checkbox"/> INITIAL
<input type="checkbox"/> PENDING	<input type="checkbox"/> DECLINED	<input type="checkbox"/> DENIED	<input checked="" type="checkbox"/> ANNUAL
10. DATE REPORT DUE IN O.P. <b>15 Apr 61-31 Dec 61</b>		11. REPORTING PERIOD To SPECIAL (Specify)	

<b>SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES</b>			
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).			
1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent 5 - Excellent 6 - Superior 7 - Outstanding
SPECIFIC DUTY NO. 1: Monitors and coordinates with ODYCE and allied armed services the <u>                    </u> in North Asian area covering special <u>                    </u>	RATING NO. <b>6</b>	SPECIFIC DUTY NO. 4: Maintains continuing close official & personal working liaison with & support for commanders & officers of the various ODYCE <u>                    </u> (cont.)	RATING NO. <b>5</b>
SPECIFIC DUTY NO. 2: Determines, initiates & directly participates in the exploitation of <u>                    </u> targets in conjunction with HUDOC and ODYCE armed services.	RATING NO. <b>5</b>	SPECIFIC DUTY NO. 5: Responsible for operation of collection <u>                    </u> Center, on all matters pertaining to the PSP in this area of jurisdiction.	RATING NO. <b>4</b>
SPECIFIC DUTY NO. 3: Provides detailed training and guidance for ODYCE personnel & for foreign allied personnel (e.g. <u>                    </u> Chinese Nationalists) in the <u>                    </u> (cont.)	RATING NO. <b>5</b>	SPECIFIC DUTY NO. 6: Represents the interests of <u>                    </u> generally in liaison with other ODYCE intelligence elements - both collection & analysis <u>                    </u>	RATING NO. <b>5</b>

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

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

SEE SECTION "E" ON REVERSE SIDE

SECRET

OFFICE

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

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

02 PM '62

**SECTION F CERTIFICATION AND COMMENTS**

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

DATE 31 December 61	SIGNATURE OF EMPLOYEE Jerome Fox (Signed)
------------------------	--

2. **BY SUPERVISOR**

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 7	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.		
EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS	REPORT MADE WITHIN LAST 90 DAYS	
DATE 31 December 61	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE Elmer P. Hints (Signed)

3. **BY REVIEWING OFFICIAL**

I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

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

COMMENTS OF REVIEWING OFFICIAL

DATE 31 Dec. 61	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE Robert P. Mueller (Signed)
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SECRET

SECRET

Continuation of Section B:

Specific Duty No. 3

collection techniques [redacted]

Specific Duty No. 4

• KUDCVS elements, particularly [redacted]

SECRET

SECRET  
(When Filled In)

*[Handwritten Signature]*

**FITNESS REPORT**

EMPLOYER SERIAL NUMBER

**SECTION A GENERAL**

1. NAME (Last) (First) (Middle)  
POK, Jerome

2. DATE OF BIRTH  
9 October 1928

3. SEX  
Male

4. GRADE  
GS-11

5. SERVICE DESIGNATION  
IR

6. OFFICIAL POSITION TITLE  
XO

7. OFF/DIV/BR OF ASSIGNMENT

8. CAREER STAFF STATUS  
A MEMBER

9. TYPE OF REPORT  
ANNUAL

10. DATE REPORT DUE IN O.P.  
From Sept 59 To Apr 61

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

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

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

SPECIFIC DUTY NO. 1: Monitors and coordinates with ODYOKE and allied armed services in North Asian area covering specific areas.	RATING NO. 6	SPECIFIC DUTY NO. 4: Maintains continuing and close official & personal working liaison with a support for commanders & officers of the various ODYOKE Military Intel collection units in (cont)	RATING NO. 5
SPECIFIC DUTY NO. 2: Determines, initiates and directly participates in the exploitation of P222 targets in conjunction with WDCGZ and ODYOKE armed services.	RATING NO. 6	SPECIFIC DUTY NO. 5: Responsible for proper patches to on all matters pertaining to the WNCPT in this area of jurisdiction.	RATING NO. 5
SPECIFIC DUTY NO. 3: Provides detailed training and guidance for ODYOKE personnel and for foreign allied personnel (e.g. in the identification, photographic and (cont)	RATING NO. 6	SPECIFIC DUTY NO. 6: Represents the interest of other ODYOKE intelligence components - both collection and analysis -	RATING NO. 5

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

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

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

RATING NO. 5

**SECTION D DESCRIPTION OF THE EMPLOYEE**

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

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

CHARACTERISTICS	WILL APPL. CABLE	WOT JOB SERVED	RATING					
			1	2	3	4	5	
GETS THINGS DONE								X
RESOURCEFUL								X
ACCEPTS RESPONSIBILITIES								X
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES								X
DOES HIS JOB WITHOUT STRONG SUPPORT							X	
FACILITATES SMOOTH OPERATION OF HIS OFFICE							X	
WORKS EFFECTIVELY							X	
IS ALERT & CONSCIOUS						X		
THINKS CLEARLY						X		
DISCIPLINED IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS					X			
OTHER (Specify)								

SEE SECTION "E" ON REVERSE SIDE

**SECRET**  
(When Filled In)

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

*(This area is currently blank in the provided image)*

**SECTION F CERTIFICATION AND COMMENTS**

**1. BY EMPLOYEE**

I certify that I have seen Sections A, B, C, D and E of this Report.  
 DATE: 14 April 1961  
 SIGNATURE OF EMPLOYEE: Jerome Fox (Signed)

*This report has been prepared in accordance with FBI Division standards which recognize the individual's potential for development.*

**2. BY SUPERVISOR**

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION: 18  
 IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION:

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON:  
 EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS: \_\_\_\_\_ REPORT MADE WITHIN LAST 90 DAYS: \_\_\_\_\_  
 OTHER (Specify): \_\_\_\_\_

DATE: 14 April 1961  
 OFFICIAL TITLE OF SUPERVISOR: Chief, STB  
 TYPED OR PRINTED NAME AND SIGNATURE: Frank J. Denny

**3. BY REVIEWING OFFICIAL**

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

*(This area is currently blank in the provided image)*

DATE: 14 Apr 1961  
 SIGNATURE: Robert P. Wheeler

**SECRET**

14-00000

Continuation of Section B:

Specific Duty No. 3

collection technique

Specific Duty No. 4

KUDOVE elements

Continuation of Section E:

and experience in the broader, analytical aspects of the KUCHAP area, including language and area studies.

Continuation of Section F-3:

normal administrative responsibilities.







Continuation of Section E:

In recognition of subject officer's outstanding performance to date and in view of the considerable responsibilities incident to the post of [redacted] representative in this area, I recommend that subject officer be promoted to the grade of GS-12 as soon as possible.

SECRET (When Filled In)

24 AUG 1959  
M. S. J.

2412

FITNESS REPORT				EMPLOYEE SERIAL NUMBER						
				117974						
SECTION A GENERAL										
1. NAME (Last) (First) (Middle) Fox, Jerome			2. DATE OF BIRTH 1928		3. SEX Male	4. GRADE GS-11				
5. SERVICE DESIGNATION IR IO				6. OFF/DIV/BR OF ASSIGNMENT ORR-FM/EA						
7. CAREER STAFF STATUS				8. TYPE OF REPORT						
<input type="checkbox"/> NOT ELIGIBLE		<input checked="" type="checkbox"/> MEMBER		<input type="checkbox"/> DEFERRED		<input type="checkbox"/> INITIAL				
<input type="checkbox"/> PENDING		<input type="checkbox"/> DECLINED		<input type="checkbox"/> DENIED		<input checked="" type="checkbox"/> ANNUAL				
				<input checked="" type="checkbox"/> REASSIGNMENT/SUPERVISOR						
				<input checked="" type="checkbox"/> REASSIGNMENT/EMPLOYEE						
9. DATE REPORT DUE IN O.P. 31 Oct 1959		10. REPORTING PERIOD 15 Mar 58 - 30 Sep 1959		11. SPECIAL (Specify)						
SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES										
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).										
1 - Unsatisfactory		2 - Barely adequate		3 - Acceptable		4 - Competent				
5 - Excellent		6 - Superior		7 - Outstanding						
SPECIFIC DUTY NO. 1 Prepares written reports on results of analysis.		RATING NO. 3		SPECIFIC DUTY NO. 4 Directs and participates in field exploitation.		RATING NO. 4				
SPECIFIC DUTY NO. 2 Derives significant intelligence from factory markings data.		RATING NO. 4		SPECIFIC DUTY NO. 5 Organizes raw data into analytic file.		RATING NO. 5				
SPECIFIC DUTY NO. 3 Supervises junior analyst.		RATING NO. 4		SPECIFIC DUTY NO. 6		RATING NO.				
SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION										
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.										
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.						RATING NO. 3				
SECTION D DESCRIPTION OF THE EMPLOYEE										
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee.										
1 - Least possible degree		2 - Limited degree		3 - Normal degree		4 - Above average degree		5 - Outstanding degree		
CHARACTERISTICS				NOT APPLI- CABLE	NOT OB- SERVED	RATING				
						1	2	3	4	5
GETS THINGS DONE								X		
RESOURCEFUL									X	
ACCEPTS RESPONSIBILITIES								X		
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES									X	
DOES HIS JOB WITHOUT STRONG SUPPORT									X	
FACILITATES SMOOTH OPERATION OF HIS OFFICE									X	
WRITES EFFECTIVELY							X			
SECURITY CONSCIOUS									X	
THINKS CLEARLY								X		
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS									X	
OTHER (Specify):										
SEE SECTION "E" ON REVERSE SIDE										

SECRET

(When Filled In)

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

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

OFFICE OF PERSONNEL  
AUG 19 4 56 PM '59  
MAIL ROOM

**SECTION F CERTIFICATION AND COMMENTS**

<b>1. BY EMPLOYEE</b>		
I certify that I have seen Sections A, B, C, D and E of this Report.		
DATE	SIGNATURE OF EMPLOYEE	
<b>2. BY SUPERVISOR</b>		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
42	Departed on PCS overseas.	
IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.		
EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS	REPORT MADE WITHIN LAST 90 DAYS	
OTHER (Specify):		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
13 August 1959	Chief, FM/EA	John H. Dabala
<b>3. BY REVIEWING OFFICIAL</b>		
<input checked="" type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.		
<input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.		
<input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.		
<input type="checkbox"/> I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.		
COMMENTS OF REVIEWING OFFICIAL		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
13 August 1959	Chief, St/EM	James Q. May

SECRET

S-E-C-R-E-T

REPORT OF TRAINING

Operations Familiarization Course No. 17

I. IDENTIFYING INFORMATION

Name: FOX, Jerome Sex: Male  
Date of Birth: 9 October 1920 Grade or Rank: GS-11  
EOD Date: 15 June 1959 Office: OAR  
Dates of Course: 6 Apr - 15 May 59 No. of Students: 25  
Projected Assignment or Present Position:  
(from Request for Internal Training)

II. DESCRIPTION OF COURSE

The Operations Familiarization Course is a six-week course designed primarily for Clandestine Services non-case officer personnel and for non-Clandestine Services officers whose responsibilities in support of operations require adequate familiarization with case officer functions and with the programs and operations of the Clandestine Services.

III. REPORT OF STUDENT ACHIEVEMENT

To satisfactorily complete the Operations Familiarization Course the student must demonstrate in a series of seminars and in a limited number of written assignments that he has acquired an adequate understanding of the fundamentals of clandestine operations. Testing mechanisms are minimal and do not permit an extensive evaluation of individual performance.

Mr. Fox satisfactorily completed Operations Familiarization Course No. 17.

FOR THE DIRECTOR OF TRAINING:

(SIGNED) *[Signature]*

Chief Instructor, OFC

*[Signature]*  
Chief, Field Training

S-E-C-R-E-T

(When filled in)

**COURSE DESCRIPTION**

**SPANISH BASIC COURSE (BREAKING WORDS) II (PART-TIME)**

**SECTION I: IDENTIFYING INFORMATION**

NAME	SEX	DATES OF COURSE	NO. OF STUDENTS
FOX, Jerome	Male	5 Jan - 13 March 1959	3
DATE OF BIRTH	BOB DATE	GRADE OR RANK	OFFICE
9 Oct 1928	15 June 1955	OS-11	OSB
PROJECTED ASSIGNMENT OR PRESENT POSITION			
Analytic position in ST/VM			

**SECTION II: SPECIFIC CHARACTERISTICS OF THE COURSE**

This course lasts 10 weeks. The classes are held 2 hours per day, 5 days a week. Students are required to do a minimum of 10 hours per week of drill in the language laboratory outside of class hours. The instructor is able to meet at any time by appointment with each student individually. Students are given at least two major tests and a number of ten-minute tests during the progress of the course.

**SECTION III: OBJECTIVES**

The general aim of this course is to provide a thorough grounding for the student who has previously had either a reading course in the language or an insufficient introduction to the language. It serves as a basis for further advancement either by independent learning in the area or by further study.

The specific objectives are:

- A. Ability to produce and distinguish all the sounds of the language.
- B. Ability to use adequately a stock of correct Spanish sentences and expressions.
- C. Ability to analyze sentences and expressions into their components.
- D. Ability to comprehend speech-speed spoken Spanish in a wide variety of non-technical situations.
- E. Ability to read and write informal Spanish using a limited number of vocabulary and structural items.

**SECTION IV: EVALUATION RATING**

The following is an explanation of the five terms of evaluation employed below:

1. The student failed to satisfy minimum requirements, and his grasp of the material is too inadequate to be functional.
2. The student satisfied only the minimum requirements of the objectives. His grasp is barely functional.

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

SECTION IV  
(When filled in)

3. The student met the objectives in a creditable manner, revealing a good grasp of essentials.
4. The student showed a high degree of competence in meeting the objectives.
5. The student demonstrated exceptional ability or proficiency in meeting the objectives. His accomplishment was one attained by a very small number of students.

**SECTION V: ACHIEVEMENT RATINGS**

The number in each cell represents the number of students receiving that rating in terms of the above objectives. The asterisk (\*) represents the rating this student achieved.


Course Objectives	Rating 1	Rating 2	Rating 3	Rating 4	Rating 5
Objective A			2*	1	
Objective B			2*	1	
Objective C			2*	1	
Objective D			2*	1	
Objective E			2*	1	

This class as a whole is rated as:

Above average \_\_\_\_\_ Average **X** \_\_\_\_\_ Slower than average \_\_\_\_\_

**SECTION VI: COMMENTS**

FOR THE DIRECTOR OF TRAINING

  
 Signature of instructor

SECTION I: GENERAL INFORMATION

SECTION I: GENERAL INFORMATION			
NAME	SEX	DATE OF BIRTH	NO. OF SEMESTERS
FOX, Jerome	Male	13 Oct 58-17 Dec 58	6
DATE OF BIRTH	DATE OF BIRTH	GRADE	CLASS
9 October 1928	15 June 1955	GS-11	OSB
DIRECTED AS ASSISTANT OR PRINCIPAL POSITION			
Analyst			

SECTION II: SPECIFIC CHARACTERISTICS OF THE COURSE

This course lasts 10 weeks. The classes are held 2 hours per day, 5 days a week. Students are required to do a minimum of 10 hours per week of drill in the language laboratory outside of class hours. The instructor is able to meet at any time by appointment with each student individually. Students are given at least two major tests and a number of miniature tests during the progress of this course.

SECTION III: OBJECTIVES

The general aim of this course is to provide a thorough grounding for the student who has previously had a semester's reading course in the language or an insufficient introduction to the language. It serves as a basis for further advancement either by independent learning in the area or by further study.

The specific objectives are:

- Objective A. Ability to produce and distinguish all the sounds of the language.
- Objective B. Ability to state accurately a bank of correct Spanish sentences and expressions.
- Objective C. Ability to analyze sentences and expressions into their components.
- Objective D. Ability to comprehend spoken Spanish in a wide variety of conversational situations.
- Objective E. Ability to read Spanish newspapers using a limited number of vocabulary and structural forms.

SECTION IV: EVALUATION SYSTEM

Signature  
Date filled in



UNIVERSITY OF CALIFORNIA, BERKELEY

The following is an explanation of the five terms of evaluation employed below:

- Rating 1. The student failed to satisfy minimum requirements, and his grasp of the material is too inadequate to be functional.
- Rating 2. The student satisfied only the minimum requirements of the objectives. His grasp is barely functional.
- Rating 3. The student met the objectives in a creditable manner, revealing a good grasp of essentials.
- Rating 4. The student showed a high degree of competence in meeting the objectives.
- Rating 5. The student demonstrated exceptional ability or proficiency in meeting the objectives. His accomplishment was one attained by a very small number of students.

SECTION V: ACHIEVEMENT RATINGS

The number in each cell represents the number of students receiving that Rating in terms of the above objectives. The asterisk (\*) represents the Rating this student achieved.

Course Objective	Rating 1	Rating 2	Rating 3	Rating 4	Rating 5
Objective A		1	2	2*	1
Objective B			3*	3	
Objective C			4*	2	
Objective D			3*	3	
Objective E			3	3*	

This class as a whole is rated as:

Above average \_\_\_\_\_ Average X \_\_\_\_\_ Below average \_\_\_\_\_

SECTION VI: COMMENTS

Since reading skills are stressed during the latter part of the 30-week course series, the rating for Objective E is based on a limited amount of information.

FOR THE DIRECTOR OF PLANNING:

/s/

Signature of Head Instructor

DATE: \_\_\_\_\_  
(Date filled in)

SECRET

(When Filled In)

FITNESS REPORT (Part I) PERFORMANCE

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.
FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials.

SECTION A. GENERAL

1. NAME (Last) (First) (Middle) 2. DATE OF BIRTH 3. SER. 4. SERVICE DESIGNATION
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT 6. OFFICIAL POSITION TITLE
7. GRADE 8. DATE REPORT DUE IN OP. 9. PERIOD COVERED BY THIS REPORT
10. TYPE OF REPORT (Check one)

SECTION B. CERTIFICATION

1. FOR THE RATER: THIS REPORT WAS OR WAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED? IF NOT SHOWN, EXPLAIN WHY NOT?
2. CHECK (X) APPROPRIATE STATEMENTS:

THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.
THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS.
I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.

B. THIS DATE 2 April 1958 C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR JOHN H. DUNNIS D. SUPERVISOR'S OFFICIAL TITLE Branch Chief/EA

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

BY DATE
Posted For Control [Signature] 10 APR 1958
Reviewed by PLO [Signature] 4/14/58

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

A. THIS DATE 8 Apr 58 B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL JESSIE S. MANN C. OFFICIAL TITLE OF REVIEWING OFFICIAL Chief, St/EM/RR

SECTION C. JOB PERFORMANCE EVALUATION

1. RATING ON GENERAL PERFORMANCE OF DUTIES

DIRECTIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility.

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

COMMENTS:

**SECRET**

(When Filled In)

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

**DIRECTIONS:**

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

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

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

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

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

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

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

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

OFFICE OF MILITARY AFFAIRS  
APR 9 4 38 PM '50  
MAIL ROOM

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

SPECIFIC DUTY NO. 1 Organizes raw data into analytic file	RATING NUMBER 5	SPECIFIC DUTY NO. 2 Directs field exploitation	RATING NUMBER 4
SPECIFIC DUTY NO. 3 Derives significant intelligence from data	RATING NUMBER 5	SPECIFIC DUTY NO. 5 Supervises junior analysts	RATING NUMBER 4
SPECIFIC DUTY NO. 4 Prepares reports on conclusions	RATING NUMBER 3	SPECIFIC DUTY NO. 6	RATING NUMBER

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

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

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

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

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

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

SECRET

(When Filled In)

FITNESS REPORT (Part II) POTENTIAL

INSTRUCTIONS

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

FOR THE SUPERVISOR: This report is a privileged communication to your supervisor, and to appropriate career management and personnel officials concerning the potential of the employee being rated. It is NOT to be shown to the rated employee. It is recommended that you read the entire report before completing any question. This report is to be completed only after the employee has been under your supervision for AT LEAST 90 DAYS. If less than 90 days, hold and complete after the 90 days has elapsed. If this is the INITIAL REPORT on the employee, however, it MUST be completed and forwarded to the CP no later than 30 days after the due date indicated in Item 8 of Section "E" below.

SECTION E:

GENERAL

1. NAME (Last) (First) (Middle) FOX JEROME
2. DATE OF BIRTH 9 Oct 28
3. SEX M
4. SERVICE DESIGNATION IR
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT CRR/SE/EN/EA
6. OFFICIAL POSITION TITLE Identification Specialist
7. GRADE 11
8. DATE REPORT DUE IN OP 29 March 58
9. PERIOD COVERED BY THIS REPORT (Inclusive dates) 15 March 57 - 15 March 58
10. TYPE OF REPORT (Check one) INITIAL [ ] ANNUAL [x] REASSIGNMENT SUPERVISOR [ ] REASSIGNMENT EMPLOYEE [ ] SPECIAL (Specify) [ ]

SECTION F:

CERTIFICATION

1. FOR THE RATER, I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGMENT OF THE INDIVIDUAL BEING RATED.
A. THIS DATE 8 April 1958
B. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR JOHN H. DUBOIS
C. SUPERVISOR'S OFFICIAL TITLE Branch Chief/EA
2. FOR THE REVIEWING OFFICIAL, I HAVE REVIEWED THIS REPORT AND NOTED ANY DIFFERENCE OF OPINION IN ATTACHED MEMO.
A. THIS DATE 8 Apr 58
B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL JAMES C. McDougal
C. OFFICIAL TITLE OF REVIEWING OFFICIAL Chief, SE/EN/RR

SECTION G:

ESTIMATE OF POTENTIAL

1. POTENTIAL TO ASSUME GREATER RESPONSIBILITIES
DIRECTIONS: Considering others of his grade and type of assignment, rate the employee's potential to assume greater responsibilities. Think in terms of the kind of responsibility encountered at the various levels in his kind of work.
1 - ALREADY ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
2 - HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
3 - MAKING PROGRESS, BUT NEEDS MORE TIME BEFORE HE CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES
4 - READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES
5 - WILL PROBABLY ADJUST QUICKLY TO MORE RESPONSIBILITIES WITHOUT NEED FOR FURTHER TRAINING
6 - ALREADY ASSUMING MORE RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL
7 - AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER LEVEL RESPONSIBILITIES
RATING NUMBER 4

2. SUPERVISORY POTENTIAL

DIRECTIONS: Answer this question: Has this person the ability to be a supervisor? Yes No
Answer is YES. Indicate below your opinion or guess of the level of supervisory ability this person will reach AFTER SUITABLE TRAINING. Indicate your opinion by placing the number of the descriptive rating below which comes closest to expressing your opinion in the appropriate column. If your rating is based on observing him supervise, note your rating in the "actual" column. If based on opinion of his potential, note the rating in the "potential" column.

Table with columns: ACTUAL, POTENTIAL, DISCIPLINE SITUATION. Rows describe various supervisory levels from first-line to executive level.

SECRET

OFFICE OF PERSONNEL

(When Filled In)

3. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE NAMED EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION  
30

4. COMMENTS CONCERNING POTENTIAL  
APR 9 4 31 PM '58

**SECTION II. FUTURE PLANS**

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL

Writing courses and additional on-the-job training, to include overseas TDY on operational assignments.

2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENTS

**SECTION I. DESCRIPTION OF INDIVIDUAL**

**DIRECTIONS:** This section is provided as an aid to describing the individual as you see him on the job. Interpret the words literally. On the page below are a series of statements that apply in some degree to most people. To the left of each statement is a box under the heading "category." Read each statement and insert in the box the category number which best tells how much the statement applies to the person covered by this report.

- 4 - HAVE NOT OBSERVED THIS; HENCE CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL
- 1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE
- 2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE
- 3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE
- 4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE
- 5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE

CATEGORY	STATEMENT	CATEGORY	STATEMENT	CATEGORY	STATEMENT
3	1. POSE TO SEE ANOTHER'S POINT OF VIEW	4	11. HAS HIGH STANDARDS OF ACCOMPLISHMENT	3	21. IS EFFECTIVE IN DISCUSSIONS WITH ASSOCIATES
4	2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES	4	12. SHOWS ORIGINALITY	3	22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS
4	3. HAS INITIATIVE	4	13. ACCEPTS RESPONSIBILITIES	3	23. IS THOUGHTFUL OF OTHERS
4	4. IS ANALYTIC IN HIS THOUGHTS	3	14. ADMITS HIS MISTAKES	4	24. STAYS WELL UNDER PRESSURE
4	5. PERSISTES CONSTANTLY FOR HIS KNOWLEDGE AND SKILLS	4	15. RESPONDS WELL TO SUPERVISION	4	25. DISPLAYS JUDGMENT
3	6. ADOPTS WHEN TO SEEK ASSISTANCE	5	16. ENJOYS HIS JOB WITHOUT ADOPTING SUPPORT	3	26. IS SECURITY CONSCIOUS
4	7. CAN GET ALONG WITH PEOPLE	4	17. COMES UP WITH SOLUTIONS TO PROBLEMS	4	27. IS REGULAR
4	8. HAS MEMORY FOR FACTS	4	18. IS OBSERVANT	4	28. HAS CONFIDENCE IN OWN STRUCTURE
4	9. DOES THINGS BEST	4	19. THINKS CLEARLY	4	29. FACILITATES SWIFT OPERATION OF HIS OFFICE
4	10. CAN cope WITH EMERGENCIES	5	20. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS	4	30. DOES NOT RESUME STRESS AND CONTINUOUS SUPERVISORY

SECRET

BASIC PHOTOGRAPHY No. 1

NAME Jerome FOX DIVISION BR EA DATES TRAINED: from 29 June to 17 July '57

This course is primarily designed to develop the following skills: Use of 35 mm cameras with accessories, document copy, processing and printing.

	None	Unsat	Fair	Good	Excellent	Superior
<b>I. Manipulation of camera.</b>						
a. Leica				X		
b. Retina II C	X					
c. Recordak				X		
<b>II. Processing and printing.</b>						
a. Film loading				X		
b. Film processing				X		
c. Enlarging				X		
d. Reflex and contact printing					X	
<b>III. Use of accessory equipment.</b>						
a. Exposure meter				X		
b. Filters	X					
c. Telephoto and wide angle lenses				X		
<b>IV. Document copy and small objects.</b>						
a. Available light	X					
b. Accessory illumination				X		
c. BOOWU, portra lens, locus slide				X		
<b>V. Ground photography.</b>						
a. Coverage						
b. Report	X					
<b>VI. Casing.</b>						
a. Coverage						
b. Report						
<b>VII. Surveillance.</b>						
a. Coverage						
b. Report						
<b>VIII. Special problems.</b>						
a. Coverage						
b. Report						
General quality of prints				X		
Choice of subject matter				X		
Quality of darkroom work (Cleanliness, etc.)				X		
Attitude toward subject matter				X		
Cooperation					X	

REMARKS:

APPROVED \_\_\_\_\_  
C/TSS/ID

INSTRUCTOR \_\_\_\_\_  
Instructor

SECRET

(When Filled In)

FITNESS REPORT (Part I) PERFORMANCE

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report. FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials.

SECTION A. GENERAL

1. NAME (Last) (First) (Middle) FOX Jerome 2. DATE OF BIRTH 9 Oct. 1928 3. SEX M 4. SERVICE DESIGNATION IR 5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT ORR/Techniques & Methods/Analysis & Reports 6. OFFICIAL POSITION/TITLE Identification Specialist 7. GRADE GS-9 8. DATE REPORT DUE IN OFFICE 29 March 1957 9. PERIOD COVERED BY THIS REPORT (Inclusive dates) 15 March 1956 - 15 March 1957 10. TYPE OF REPORT (Check one) INITIAL [ ] PERIODIC [ ] RESIGNMENT/SEPARATION [ ] SPECIAL (Specify) [X] ANNUAL [ ] RESIGNMENT/EMPLOYEE [ ]

SECTION B. CERTIFICATION

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

A. CHECK (X) APPROPRIATE STATEMENTS:

XX THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL. IF INDIVIDUAL IS RATED "1" IN CI OR D, A WARNING LETTER HAS BEEN TO HIM OR A COPY ATTACHED TO THIS REPORT. THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS. I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW TO EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify). XX I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.

D. THIS DATE 28 March 57 C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR John H. DuBois D. SUPERVISOR'S OFFICIAL TITLE Acting Branch Chief

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

BY GATE 22 APR 24 1957 54

CONTINUED OR ATTACHED SHEET

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

A. THIS DATE 28 March 57 B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL C. OFFICIAL TITLE OF REVIEWING OFFICIAL

SECTION C. JOB PERFORMANCE EVALUATION

1. RATING ON GENERAL PERFORMANCE OF DUTIES:

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

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

COMMENTS:

**SECRET**

(When Filled In)

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

**DIRECTIONS:**

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

ORAL BRIEFING	HAS AND USES AREA KNOWLEDGE	CONDUCTS INTERROGATIONS
GIVING LECTURES	DEVELOPS NEW PROGRAMS	PREPARES SUMMARIES
CONDUCTING SEMINARS	ANALYZES INDUSTRIAL REPORTS	TRANSLATES GERMAN
WRITING TECHNICAL REPORTS	MANAGES FILES	DEBRIEFING SOURCES
CONDUCTING EXTERNAL LIAISON	OPERATES RADIO	KEEPS BOOKS
TYPING	COORDINATES WITH OTHER OFFICES	DRIVES TRUCK
TAKING DICTATION	WRITES REGULATIONS	MAINTAINS AIR CONDITIONING
SUPERVISING	PREPARES CORRESPONDENCE	EVALUATES SIGNIFICANCE OF DATA
- g. For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.

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

SPECIFIC DUTY NO. 1	Organizes raw data into analytic file.	RATING NUMBER	6	SPECIFIC DUTY NO. 4	Devises codes for mechanical processing of raw data.	RATING NUMBER	5
SPECIFIC DUTY NO. 2	Derives significant intelligence from data.	RATING NUMBER	5	SPECIFIC DUTY NO. 5	Participates in field exploitation	RATING NUMBER	5
SPECIFIC DUTY NO. 3	Drafts reports on conclusions.	RATING NUMBER	4	SPECIFIC DUTY NO. 6		RATING NUMBER	

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

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

Mr. Fox

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

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

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

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



SECRET

(When Filled In)

FITNESS REPORT (Part II) POTENTIAL

INSTRUCTIONS

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

FOR THE SUPERVISOR: This report is a privileged communication to your supervisor, and to appropriate career management and personnel officials concerning the potential of the employee being rated. It is NOT to be shown to the rated employee. It is recommended that you read the entire report before completing any portion. This report is to be completed only after the employee has been under your supervision FOR AT LEAST 90 DAYS. If less than 90 days, hold and complete after the 90 days has elapsed. If this is the INITIAL REPORT on the employee, however, it MUST be completed and forwarded to the HR no later than 90 days after the due date indicated in item B of Section "F" below.

SECTION E.

GENERAL

1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX	4. SERVICE DESIGNATION
FOX Jerome	9 Oct. 1928	M	IR
5. OFFICE/SUB-DIVISION/BRANCH OF ASSIGNMENT		6. OFFICIAL POSITION TITLE	
ORR/Technicians & Methods/Analysis & Reports		Ident. Specialist	
7. GRADE	8. DATE REPORT DUE IN OFF.	9. PERIOD COVERED BY THIS REPORT (Inclusion dates)	
GS-9	29 March 1957	15 March 1956 - 15 March 1957	
10. TYPE OF REPORT (Check one)		SPECIAL (Specify)	
<input checked="" type="checkbox"/> INITIAL			
<input type="checkbox"/> ANNUAL			
<input type="checkbox"/> REASSIGNMENT SUPERVISOR			
<input type="checkbox"/> REASSIGNMENT EMPLOYEE			

SECTION F.

CERTIFICATION

1. FOR THE RATER: I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGMENT OF THE INDIVIDUAL BEING RATED

A. THIS DATE	B. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR	C. SUPERVISOR'S OFFICIAL TITLE
28 March 57	John H. DePois	Acting Branch Chief
D. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL	E. OFFICIAL TITLE OF REVIEWING OFFICIAL	
28 March 57	John H. DePois	CHIEF UNIT

SECTION G.

ESTIMATE OF POTENTIAL

1. POTENTIAL TO ASSUME GREATER RESPONSIBILITIES. Considering others of his grade and type of assignment, rate the employee's potential to assume greater responsibilities. Think in terms of the kind of responsibility encountered at the various levels in his kind of work.

RATING NUMBER	1 - ABOVE AND ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED	DATE
	2 - HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED	RESPONSIBILITIES EC1057
	3 - MAKES PROGRESS, BUT NEEDS MORE EXPERIENCE	
	4 - READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES	
	5 - WILL PROBABLY ADJUST QUICKLY TO MORE RESPONSIBILITIES, BUT MUST FURTHER TRAINING	
	6 - ALREADY ASSUMING MORE RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL	
	7 - AN EXPERIMENTAL PERIOD AND IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER LEVEL RESPONSIBILITIES	

2. SUPERVISORY POTENTIAL. DIRECTIONS: Answer this question: Has this person the ability to be a supervisor? Yes  No  If your answer is YES, indicate your opinion as to the level of supervisory ability this person will reach AFTER NUNTIAN TRAINING. Indicate your opinion by circling the appropriate descriptive rating below which comes closest to expressing your opinion in the appropriate column. If your rating is based on observing him supervise, note your rating in the "actual" column. If based on opinion of his potential, note the rating in the "potential" column.

ACTUAL	POTENTIAL	DISCRIMINATIVE SITUATION
1		1 - CASE WHERE THE RATER HAS CONTACT WITH, OR SUPERVISES, PERSONNEL IN THIS SITUATION (First line supervisor)
	2	2 - CASE OF SUPERVISORS WHO HANDLE THE BASIC JOB (Second line supervisors)
	3	3 - CASE WHERE RATER IS NOT IN CONTACT WITH SUPERVISORS, WHO IS RESPONSIBLE FOR MAJOR PLANS, ORGANIZATION AND POLICY (Executive level)
	2	4 - CASE WHERE RATER HAS CONTACT WITH SUPERVISORS, BUT CONTACT IS NOT FREQUENT
	2	5 - CASE WHERE RATER HAS CONTACT WITH SUPERVISORS, BUT CONTACT IS FREQUENT AND NEEDS CAREFUL COORDINATION
2		6 - CASE WHERE RATER HAS CONTACT WITH SUPERVISORS, BUT CONTACT IS FREQUENT AND NEEDS CAREFUL COORDINATION

**SECRET**  
(When Filled In)

1. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RATED EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION DEPT OF PERSONNEL  
 18

2. COMMENTS CONCERNING POTENTIAL

**SECTION II: FUTURE PLANS**

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL

Mr. Fox's development program will continue to be in increasing

2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENTS

**SECTION I: DESCRIPTION OF INDIVIDUAL**

**DIRECTIONS:** This section is provided as an aid to describing the individual as you see him on the job. Interpret the words literally. On the page below are a series of statements that apply in some degree to most people. To the left of each statement is a box under the heading "category". Read each statement and insert in the box the category number which best tells how much the statement applies to the person covered by this report.

- X - HAVE NOT OBSERVED THIS; HENCE CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL
- CATEGORY NUMBER
- 1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE
  - 2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE
  - 3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE
  - 4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE
  - 5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE

CATEGORY	STATEMENT	CATEGORY	STATEMENT	CATEGORY	STATEMENT
4	1. ABLE TO SEE ANOTHER'S POINT OF VIEW	4	11. HAS HIGH STANDARDS OF ACCOMPLISHMENT	4	21. IS EFFECTIVE IN DEALINGS WITH ASSOCIATES
4	2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES	4	12. SHOWS ORIGINALITY	4	22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS
5	3. HAS INITIATIVE	5	13. ACCEPTS RESPONSIBILITY	4	23. IS THOUGHTFUL OF OTHERS
5	4. IS ANALYTIC IN HIS THINKING	4	14. ADMITS HIS ERRORS	2	24. HOLDS WELL UNDER PRESSURE
4	5. STRIVES CONSTANTLY FOR NEW KNOWLEDGE AND IDEAS	4	15. RESPONDS WELL TO SUPERVISION	4	25. DISPLAYS JUDGEMENT
4	6. KNOWS WHEN TO SEEK ASSISTANCE	5	16. DOES HIS JOB WITHOUT STRONG SUPPORT	4	26. IS SECURITY CONSCIOUS
4	7. CAN GET ALONG WITH PEOPLE	4	17. COMES UP WITH SOLUTIONS TO PROBLEMS	5	27. IS VERSATILE
4	8. HAS MEMORY FOR FACTS	4	18. IS OBEYANT	2	28. HIS CRITICISM IS CONSTRUCTIVE
5	9. GETS THINGS DONE	4	19. THINKS CLEARLY	4	29. FACILITATES SMOOTH OPERATION OF HIS OFFICE
	10. CAN COPE WITH EMERGENCIES	5	20. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS		30. DOES NOT REQUIRE STROKES AND CONTINUOUS SUPERVISION

21

SECRET  
(When Filled In)

FITNESS REPORT (Part I) PERFORMANCE

INSTRUCTIONS

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

**SECTION A. GENERAL**

1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX	4. SERVICE DESIGNATION
Fox Jerome	9 Oct 1928	M	SD/IR
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT			
OPR, Techniques & Methods Div., Analysis & Reports Br.			
6. OFFICIAL POSITION TITLE			
Identification Specialist			
7. GRADE	8. DATE REPORT DUE IN OF	9. PERIOD COVERED BY THIS REPORT (Inclusive Dates)	
GS-7	6 April 1956	15 June 1955 - 15 March 1956	
10. TYPE OF REPORT (Check one)	<input checked="" type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT SUPERVISOR	<input type="checkbox"/> SPECIAL (Specify)
	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT - EMPLOYEE	

**SECTION B. CERTIFICATION**

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

A. CHECK (X) APPROPRIATE STATEMENTS:

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

B. THIS DATE: 9 April 1956

C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR: H. HARRISON HUBBARD

D. SUPERVISOR'S OFFICIAL TITLE: CHIEF, T/AR

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

No difference of opinion. Concur in evaluation of Mr. Fox as one of the better young men I've seen.

BY: [Signature] DATE: 20 APR 1956

Posted Pos. Control: [Signature]

Reviewed by PUD: [Signature] 4-26

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

A. THIS DATE: 9 April 56

B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL: JAMES C. MAY

C. OFFICIAL TITLE OF REVIEWING OFFICIAL: CHIEF, D/T

**SECTION C. JOB PERFORMANCE EVALUATION**

1. RATING ON GENERAL PERFORMANCE OF DUTIES

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

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

- COMMENTS:
1. Employment should be continued beyond the probationary period.
  2. Mr. Fox's performance on the job was substantially superior to indications from the BUC evaluation.

SECRET

(When Filled In)

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

**DIRECTIONS:**

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

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

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

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

SPECIFIC DUTY NO. 1 Organize raw data into analytic file	RATING NUMBER <b>6</b>	SPECIFIC DUTY NO. 4 Participate in field exploitation	RATING NUMBER <b>4</b>
SPECIFIC DUTY NO. 2 Derive significant intelligence from data	RATING NUMBER <b>6</b>	SPECIFIC DUTY NO. 5	RATING NUMBER
SPECIFIC DUTY NO. 3 Draft reports on conclusions	RATING NUMBER <b>5</b>	SPECIFIC DUTY NO. 6	RATING NUMBER

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

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

Mr. Fox has been an energetic and steady worker, quick to grasp instructions,

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

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

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

IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION?  YES  NO

EXPLAIN FULLY:

SECRET

(When Filled In)

FITNESS REPORT (Part II) POTENTIAL

INSTRUCTIONS

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

FOR THE SUPERVISOR: This report is a privileged communication to your supervisor, and to appropriate career management and personnel officials concerning the potential of the employee being rated. It is NOT to be shown to the rated employee. It is recommended that you read the entire report before completing any question. This report is to be completed only after the employee has been under your supervision FOR AT LEAST 90 DAYS. If less than 90 days, hold and complete after the 90 days has elapsed. If this is the INITIAL REVIEW on the employee however, it MUST be completed and forwarded to the CE no later than 30 days after the due date indicated in item 8 of Section "F" below.

SECTION E.

GENERAL

1. NAME (Last) (First) (Middle) Fox Jerome 2. DATE OF BIRTH 9 Oct 1928 3. SEX M 4. SERVICE DESIGNATION SD/IR 5. OFFICE/DIVISION BRANCH OF ASSIGNMENT ORR, Techniques and Methods Div., Analysis Reports Br., Identification Specialist 6. OFFICIAL POSITION TITLE 7. GRADE GS-7 8. DATE REPORT DUE IN OP 6 April 1956 9. PERIOD COVERED BY THIS REPORT (inclusive dates) 15 June 1955 - 15 March 1956 10. TYPE OF REPORT (Check one) X INITIAL ANNUAL REASSIGNMENT-SUPERVISOR ASSIGNMENT-EMPLOYEE SPECIAL (Specify)

SECTION F.

CERTIFICATION

1. FOR THE RATER: I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGEMENT OF THE INDIVIDUAL BEING RATED. A. THIS DATE 9 April 1956 B. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR H. HARRISON HENRY C. SUPERVISOR'S OFFICIAL TITLE CENR, T/AR 2. FOR THE REVIEWING OFFICIAL: I HAVE REVIEWED THIS REPORT AND NOTED ANY DIFFERENCE OF OPINION IN ATTACHED MEMO. A. THIS DATE 9 Apr 56 B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL JAMES C. MAY C. OFFICIAL TITLE OF REVIEWING OFFICIAL CENR, DT

SECTION G.

ESTIMATE OF POTENTIAL

1. POTENTIAL TO ASSUME GREATER RESPONSIBILITIES DIRECTIONS: Considering others of his grade and type of assignment, rate the employee's potential to assume greater responsibilities. Think in terms of the kind of responsibility encountered at the various levels in his kind of work. 1 - ALREADY ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED 2 - HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED 3 - MAKING PROGRESS, BUT NEEDS MORE TIME BEFORE HE CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES 4 - READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES 5 - WILL PROBABLY ADJUST QUICKLY TO MORE RESPONSIBLE DUTIES WITHOUT FURTHER TRAINING 6 - ALREADY ASSUMING MORE RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL 7 - AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER LEVEL RESPONSIBILITIES 6 RATING NUMBER

7. SUPERVISORY POTENTIAL

DIRECTIONS: Answer this question: Has this person the ability to be a supervisor? Yes No If your answer is YES, indicate below your opinion or guess of the level of supervisory ability this person will reach AFTER SUITABLE TRAINING. Indicate your opinion by placing the number of the descriptive rating below which comes closest to expressing your opinion in the appropriate column. If your rating is based on observing him supervise, note your rating in the "actual" column. If based on opinion of his potential, note the rating in the "potential" column.

Table with columns: ACTUAL, POTENTIAL, DESCRIPTIVE SITUATION. Rows describe supervisory levels from basic job to executive level.

**SECRET**

(When Filled In)

1. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RATED INDIVIDUAL HAS BEEN UNDER YOUR SUPERVISION  
**SIX**

2. COMMENTS CONCERNING POTENTIAL  
**OFFICE OF PERSONNEL**

**MAIL ROOM**

**SECTION II. FUTURE PLANS**

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL  
**For the immediate future, Mr. Fox' development program should be in terms**

2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENT:

**SECTION I. DESCRIPTION OF INDIVIDUAL**

DIRECTIONS: This section is provided as an aid to describing the individual as you see him on the job. Interpret the words literally. On the page below are a series of statements that apply in some degree to most people. To the left of each statement is a box under the heading "category." Read each statement and insert in the box the category number which best tells how much the statement applies to the person covered by this report.

- X - HAVE NOT OBSERVED THIS; HENCE CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL
- 1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE
- 2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE
- 3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE
- 4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE
- 5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE

CATEGORY	STATEMENT	CATEGORY	STATEMENT	CATEGORY	STATEMENT
4	1. AIMS TO SEE ANOTHER'S POINT OF VIEW	4	11. HAS HIGH STANDARDS OF ACCOMPLISHMENT	4	21. IS EFFECTIVE IN DISCUSSING WITH ASSOCIATES
4	2. CAN MAKE DECISIONS OR CAN GET HELP WHEN NEED ARISES	4	12. SHOWS ORIGINALITY	4	22. IMPLEMENTS DECISIONS AND RECOMMENDATIONS OF OTHERS
5	3. HAS INITIATIVE	5	13. ACCEPTS RESPONSIBILITY FREELY	4	23. IS THOUGHTFUL OF OTHERS
5	4. IS ANALYTIC IN HIS THINKING	4	14. ADMITS HIS ERRORS	3	24. WORKS WELL UNDER PRESSURE
5	5. STRIVES CONSTANTLY FOR NEW KNOWLEDGE AND TRAINING	4	15. RESPONDS WELL TO SUPERVISION	4	25. DISPLAYS JUDGMENT
4	6. WOULD RATHER BE HELD RESPONSIBLE	5	16. DOES HIS JOB WITHOUT STRONG SUPERVISION	4	26. IS SECURELY CONSCIOUS
4	7. CAN GET ALONG WITH PEOPLE	4	17. COMES UP WITH SOLUTIONS TO PROBLEMS	5	27. IS VERSATILE
4	8. HAS MEMORY FOR FACTS	4	18. IS OBSERVANT	4	28. HAS CRITICISM IN CONSTRUCTION
5	9. DOES THINGS DONE	4	19. THINKS CLEARLY	5	29. FACILITATES SWIFT OPERATION OF HIS OFFICE
X	10. CAN COPE WITH EMERGENCIES	5	20. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS	5	30. DOES NOT ALLOW STRESS AND CONTINUOUS INTERFERENCE

**SECRET**

SECRET

TRAINING EVALUATION

INTEL. PRINCIPLES AND METHODS ED. 8

SECTION I: IDENTIFYING INFORMATION

NAME	SEX	DATES OF COURSE	NO. OF STUDENTS
FOX, Jerome	M	26 Sept. - 21 Oct.	14
DATE OF BIRTH	EDU. DATE	GRADE OR RANK	SERVICE
9 October 1928	15 June 1955	GS-7	ORR

PROJECTED ASSIGNMENT OR FUTURE POSITION

Identification Specialist

SECTION II: OBJECTIVES OF THE COURSE

1. To introduce students to the skills and methods involved in the processing of intelligence materials.
2. To provide practice in the oral and written presentation of intelligence for a variety of purposes.

SECTION III: SPECIFIC CHARACTERISTICS OF THE COURSE

Intelligence Principles and Methods is a four-week (100 hours) extension of Basic Orientation Course for personnel who are or will be engaged in the production of intelligence. Emphasis is on "learning by doing", through the medium of a series of integrated written exercises which require processing of actual intelligence documents. Exercise is also gained in the oral presentation of intelligence through a series of briefings before the class. Each student is assigned a special research problem for which approximately 40 hours are allotted in the course schedule. The results are presented to fellow-students and instructors in an oral briefing at the close of the course. The student also prepares an annotated bibliography, and writes a critical review of one of his chief sources.

SECTION IV: HOW THE STUDENTS ARE EVALUATED

Written exercises are graded independently by at least two members of the instructional staff on the basis of how well the student has fulfilled the requirements of selectivity, organization, accuracy, originality, brevity, and clarity of style. Grades for each type of written exercise are defined in Section V. Oral briefings are evaluated by both instructors and fellow students through the use of written critique sheets and oral observations following each presentation. A composite grade is given for the oral briefings. In the evaluation of the research problem the grade awarded reflects intelligence focus, exploitation of sources, and general quality of written and oral presentation. The grades are defined as follows:

**SUPERIOR:** The student demonstrated outstanding ability in accomplishing in writing this course goal of objectives. He indicated an excellent thorough knowledge of the material presented and if he had indicated he demonstrated that he had a good grasp of the subject matter.





THIS PAGE OF THE REPORT IS NOT TO BE SHOWN TO THE STUDENT UNDER ANY CIRCUMSTANCES

SECTION VIII: INSTRUCTORS' COMMENTS

Observations of the instructional staff, especially on habits, characteristics, strengths, weaknesses or anything that may have influenced the student's performance in the course are reported here.

Mr. Fox's performance in the course was no more than average, but he

[Empty rectangular box for instructor comments]

This evaluation, shown by an "X" in one of the boxes, takes into account this training record, the student's age, grade, Agency experience, and projected assignment. It is included for the purpose of giving supervisors an estimate of the implications of the training evaluation report for the student's assignment and career potential.

Fail    Four    Minus    Satisfactory    Plus    Excellent    Superior

[A row of ten empty boxes for performance evaluation]

Training Officer's Comments:

\_\_\_\_\_  
Training Officer

READING ANALYSIS PROGRAM

OBJECTIVE PROGRAM

1. To determine employees' proficiency level in scanning, extensive and intensive reading tasks.
2. To determine employees' degree of reading versatility. Versatility is defined as the ability to apply the several reading skills appropriately to various reading situations.
3. To ascertain the probable gain which would accrue from further training in reading skills.
4. To inform each employee concerning his relative reading proficiency in scanning, extensive and intensive reading and his versatility.

TEST DEFINITION

**READING COMPREHENSION TESTS:** Measure speed and accuracy of basic comprehension skills. Complete and objective understanding, analysis, and interpretation are required in this test.

**EXTENSIVE READING TESTS:** Measure the degree of proficiency in informational, or general reading.

**INTENSIVE READING TESTS:** Measure reading proficiency in acquiring basic knowledge of new subjects.

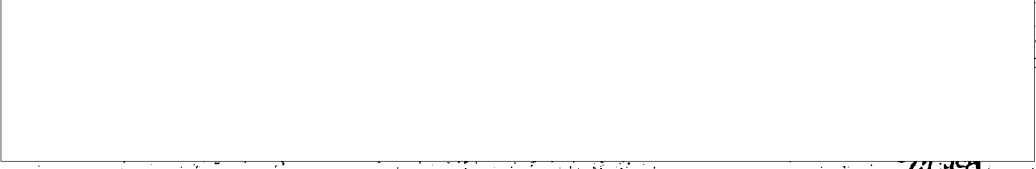
**SCANNING TESTS:** Measure proficiency in the organization and location of specific information, main idea, and questions.

ANALYSIS OF READING PERFORMANCE

	Poor	Fair	Ant.	Exo.	Sup.
1. Basic Comprehension Skills			X		
2. Extensive Techniques			X		
3. Intensive Techniques		X			
4. Scanning Techniques:					
Specific Information			X		
Main Idea			X		
Organization				X	
5. Versatility			X		

COMMENTS AND RECOMMENDATIONS:

Mr. Fox scans for specifics quickly and accurately; he scans for main



FOR THE DIRECTOR OF TRAINING

Francis Cook  
Chief Instructor

SECRET

TRAINING EVALUATION -- BASIC ORIENTATION						COURSE NO.
SECTION I IDENTIFYING INFORMATION						21
NAME OF STUDENT <b>FOX, Jerome</b>		SEX <b>X</b> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		DATE OF COURSE <b>6 - 23 September 1955</b>	NO. OF STUDENTS <b>120</b>	
DATE OF BIRTH <b>9 October 1928</b>	EDD DATE <b>June '55</b>	GRADE OR RANK <b>GS-7</b>			OFFICE <b>ARR</b>	
PROJECTED ASSIGNMENT OR PRESENT POSITION <b>Identification Specialist</b>						
SECTION II CHARACTERISTICS OF THE COURSE						
Material in this course is presented primarily by lecture and exhibit; several seminars and discussions are also held. The rating on Introduction to Intelligence is determined by the results of one multiple choice test, based on lecture material; the rating on Communism and the USSR is determined by one multiple choice test covering the lecture and readings.						
SECTION III OBJECTIVES						
A. The Basic Orientation Course is designed to provide the student with information in the following areas:						
1. <u>Introduction to Intelligence</u>						
a. Organization for national security, with emphasis on the intelligence community and the organization and mission of CIA as it fits into the whole national security effort.						
b. The principles and methods of intelligence, emphasizing the substantive components of CIA, considering the types of information, and the collecting, processing, and disseminating functions.						
c. An introduction to clandestine activity, with emphasis on the functions of the clandestine services.						
2. <u>Communism and the USSR</u>						
This deals with Marxist theory, the history of Socialism and Communism, Communist activities outside the USSR, history and geography of Russia, political structure of the USSR, Soviet foreign policy, and potentialities and vulnerabilities of the USSR.						
B. Throughout the three weeks of the course discussions and conferences deal with the American Thesis.						
SECTION IV STUDENT ACHIEVEMENT RATINGS						
The numbers placed in the columns below show how many students received each rating. An asterisk (*) shows the rating this student received.						
SUBJECT	HOURS	RATING				
		FAIL	POOR	SATISFACTORY	EXCELLENT	SUPERIOR
INTRODUCTION TO INTELLIGENCE	64	4	9	30	45*	32
COMMUNISM AND THE USSR	56	2	14	40*	37	29
SECTION V COMMENTS						
INDICATE ANY STRONG AND WEAK POINTS OF THE STUDENT, OR ANYTHING THAT MAY HAVE INFLUENCED HIS PERFORMANCE IN THE COURSE						
CONTINUE COMMENTS ON REVERSE SIDE <input type="checkbox"/> OVER						
FOR THE DIRECTOR OF TRAINING:				SIGNATURE OF CHIEF INSTRUCTOR <i>Edward J. O'Bara</i>		

SECRET

COVER CONTROL OF RETIREMENT PROCESSING										FILE
TO: Retirement Operations Branch Office of Personnel										DATE
RETIREE: <u>James Fox</u>					CATEGORY OF EMPLOYMENT					
On the basis of a review of the records <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> the following action is to be taken on processing retirement documentation for the person named above.										
TYPE RETIREMENT		CIVIL SERVICE			CIARDS		DATE			
COVER		OVERT ROUTINE		COVERT (OFFICIAL COVER) LOCK-UP		COVERT (NOC) SPECIAL	RETENTION OF AWARDS	YES		NO
CORRESPONDENCE		OVERT			COVERT		THRU CCS			
FINANCES										
ANNUITY PAYMENTS SHOULD BE					U.S. GOV'T. CHECK		OTHER (Payment instructions follow)			
TAX DOCUMENTATION SHOULD BE					CIA	CSC	OTHER (MEMO FOLLOWS)			
REQUEST TRANSFER OF FUNDS FROM CIVIL SERVICE COMMISSION					YES	NO	INTERNAL TRANSFER			
INSURANCE										
FEGLI		<input checked="" type="checkbox"/>	OVERT		COVERT	MAINTAIN RECORDS INTERNALLY ONLY				
TYPE OF HOSPITALIZATION CARD: <u>GEN</u>										
AUTHORIZATION TO CONVERT INSURANCE					<input checked="" type="checkbox"/>	YES	CONVERSION MUST BE APPROVED BY CCS			
RESERVE										
MEMBER OF CIVILIAN RESERVE						YES	NO	OVERT		COVERT
REMARKS										
CHIEF, COVER SUPPORT BRANCH COVER & COMMERCIAL STAFF										
THIS SECTION TO BE COMPLETED BY OFFICE OF SECURITY										
OTHER INSTRUCTIONS AS FOLLOWS:										
NO SECURITY OBJECTIONS TO ABOVE.										
CHIEF, EMPLOYEE ACTIVITY BRANCH, OFFICE OF SECURITY										

FORM 3429

SECRET

E-2 IMPDET CL BY 007622

(4-0-13)

7 - OFF. PERS. FILE ROOM

**DESIGNATION OF BENEFICIARY  
FEDERAL EMPLOYEES GROUP LIFE  
INSURANCE PROGRAM**

**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)  
Jerning (J) October 9, 1928

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 BENEFIT OR AN APPLICANT FOR SUCH BENEFITS

IF YOU ARE RETIRED OR RECEIVING FEDERAL EMPLOYEES' COMPENSATION BENEFIT GIVE YOUR "CSA," "CBL," "A," or "X" NUMBER

(CSA, CBL, A, or X number)

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

(Department or agency) (Street) (Division) (Location - City, State, and ZIP Code)

I, the individual identified above, canceling any and all previous Designations of Beneficiary under the Federal Employees Group Life Insurance Program heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any amount of LIFE INSURANCE and 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 (SEE EXAMPLES OF DESIGNATIONS):**

Type or print first name, middle initial, and last name of each beneficiary	Type or print address (including ZIP Code) of each beneficiary	Relationship	Share to be paid to each beneficiary
		Daughter	50%
		Son	50%

For each type of insurance (regular and optional): (1) I hereby direct, unless otherwise indicated above, that if more than one beneficiary is named, the share of any beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. (2) 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 this Designation of Beneficiary at any time without knowledge or consent of the beneficiary.

(Date of execution - Month, day, year)

(Signature of insured)

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

Witness signature area

PRINT OR TYPE NAME AND ADDRESS (including ZIP Code) OF INSURED

THIS SPACE RESERVED FOR MAILING AGENCY

Insured name and address box

JUL 9 10 06 AM '74

PERSONAL AFFAIRS

(Indicate date and by whom received)

SEE REVERSE SIDE OF DUPLICATE COPY FOR INSTRUCTIONS ON WHERE TO FILE THESE FORMS.  
DO NOT FILE WITH THE 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 Program you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any insurance payable under that program at your death.

### EXAMPLES OF DESIGNATIONS

#### 1. 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 (including ZIP Code)	Relationship	Share to be paid to each beneficiary
Mary E. Brown*	214 Central Avenue Muncie, Ind. 47303	Niece	All

#### 2. 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 (including ZIP Code)	Relationship	Share to be paid to each beneficiary
Alice M. Long	509 Canal Street Red Bank, N.J. 07701	Aunt	25%
Joseph P. Brady	360 William Street Red Bank, N.J. 07701	Nephew	25%
Catherine L. Rowe	792 Broadway Whiting, Ind. 46394	Mother	50%

#### 3. 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 (including ZIP Code)	Relationship	Share to be paid to each beneficiary
John M. Parrish, if living	810 West 180th Street New York, N.Y. 10033	Father	All
Otherwise to: Susan A. Parrish	810 West 180th Street New York, N.Y. 10033	Sister	All

#### 4. How To Designate Different Beneficiaries For Regular And Optional Insurance\*\*

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary (including ZIP Code)	Relationship	Share to be paid to each beneficiary
John D. Jones	124 Elm Street Dayton, Ohio 45420	Son	All Regular Insurance
Jane M. Smith	421 Spring Avenue Portland, Maine 04101	Niece	All Optional Insurance

#### 5. How To Cancel A Designation Of Beneficiary And Effect Payment Under Order Of Precedence (see back of duplicate)

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary (including ZIP Code)	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. If you want to designate your estate as beneficiary, enter "My estate" in the beneficiary column.

\*\*Be sure that the shares to be paid to the contingent beneficiary do not exceed 100 percent of the total share payable under the policy. If the sum of the shares exceeds 100 percent, the contingent beneficiary will receive only the share of contingent beneficiary for that type of insurance.

SECRET

**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*
FOX, Jerome		017974	October 9, 1928	
EMPLOYING DEPARTMENT OR AGENCY			LOCATION (City, State, ZIP Code)	

**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

(A)

**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

(B)

**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

(C)

**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)

DATE

February 19, 1968

**FOR EMPLOYING OFFICE USE ONLY**

(official receiving date stamp)

OFFICE OF PERSONNEL  
FEB 21 10 32 AM '68

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

SECRET

STANDARD FORM No. 176-1  
JANUARY 1964  
(For use only until April 16, 1968)  
176-101

SECRET

13 December 1973

**Letter of Commendation**

**TO: Jerome Fox**

1. I heroby commend you for your performance in a sensitive Station operation which was completed on 3 and 4 December 1973. Your role ensuring the security of the operation was of the utmost importance. To your credit you remained alert and carried out your duties professionally, despite the initial frustrations and the long hours involved. In doing so you have contributed to the successful accomplishment of a priority objective of our organization.

2. A copy of this letter will be placed in your official personnel file.

  
JAMES W. NOTTACKER  
Chief of Station

SECRET



**CONFIDENTIAL**  
(When Filled In)

**RESIDENCE AND DEPENDENCY REPORT**

AN ORIGINAL OF THIS FORM WILL BE PREPARED BY EACH EMPLOYEE AT THE TIME OF HIS APPOINTMENT AND WHEN A CHANGE OCCURS IN THE INFORMATION SHOWN BELOW. ITEMS OF CHANGE MAY BE REPORTED IN THE APPROPRIATE BLOCKS WITHOUT COMPLETING THE REMAINDER OF THE FORM EXCEPT THE EMPLOYEE'S SIGNATURE AND DATE. WHEN EXECUTING ITEM 6 ALSO COMPLY WITH HMB 20-7 PERSONNEL EMERGENCY AND LOCATOR RECORDS. THIS FORM WILL BE COMPLETED ONLY BY HEADQUARTERS PERSONNEL AND NOT SENT TO THE FIELD. FORM WILL BE FILED IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER.

**GENERAL**

NAME OF EMPLOYER (Last) *Fox* (First) *Jerome* (Middle)

1. MARITAL STATUS (Check one)  
 SINGLE  MARRIED  SEPARATED  DIVORCED  WIDOWED  ANNULLED

17. MA  \_\_\_\_\_ DATE OF MARRIAGE \_\_\_\_\_

18. IF DIVORCED, PLACE OF DIVORCE DECREE \_\_\_\_\_

**2. MEMBERS OF FAMILY**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

NAME OF FATHER (or male guardian)	ADDRESS	TELEPHONE NO.
-----------------------------------	---------	---------------

*Deceased*

NAME OF MOTHER (INCLUDING MAIDEN NAME (or female guardian))	ADDRESS	TELEPHONE NO.
---	---------	---------------

WHAT MEMBERS OF YOUR FAMILY IF ANY, GUARDED IN AN EMERGENCY? *Brother* WITH THE ORGANIZATION IF CONTACT IS REQUIRED

**3. OTHER RELATIVES WHO ARE DEPENDENT UPON ME FOR AT LEAST 51% OF THEIR SUPPORT AND MEET OTHER REQUIREMENTS IN TRAVEL REGULATIONS (HR 22-15). SPECIFY NAMES AND RELATIONSHIPS.**

NAME	DATE OF BIRTH	RELATIONSHIP
------	---------------	--------------

**4. PERSON RESIDING IN U.S. TO BE NOTIFIED IN CASE OF EMERGENCY**

NAME (Last, First, Middle)	RELATIONSHIP
----------------------------	--------------

*Housewife* *Friend*

IS THE INDIVIDUAL NAMED ABOVE, CHIEF OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization to which you work for.)

*USAF* YES  NO

IS THE INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF IN THE EVENT YOU ARE INCAPABLE? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.)

*Yes* YES  NO

DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESS? (If answer is "No" explain why in item 6.) *Yes* YES  NO

The persons named in items 2 or 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.

**CONFIDENTIAL**  
(When Filled In)

<b>5. VOLUNTARY ENTRIES</b>		
<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>		
INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS IN WHICH THE ACCOUNTS ARE CARRIED:		AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED:
<i>Northern Virginia Bank</i>		[ ]
ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DO YOU HAVE A JOINT ACCOUNT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
HAVE YOU COMPLETED A LAST WILL AND TESTAMENT?		(If "Yes" document located?)
<i>Northern Virginia Bank</i>		[ ]
HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes" give name(s) and address)		
HAVE YOU EXECUTED A POWER OF ATTORNEY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes" who possess the power of attorney?)		
<b>6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS</b>		
<b>7. RESIDENCE DATA - TO BE COMPLETED ONLY BY EMPLOYEES ENTERING ON DUTY.</b> (No Approval Required)		
RESIDENCE WHEN EMPLOYED (Full Address)		PERMANENT PLACE OF RESIDENCE AS DEFINED IN HR 22-3 (Full Address)
<b>8. CHANGE IN PERMANENT PLACE OF RESIDENCE (See HR 22-3)</b> (To Be Completed by Employee Desiring Such Change While Assigned to Headquarters)		
FULL ADDRESS	DEPUTY DIRECTOR OR DESIGNEE	DATE
	DIRECTOR OF PERSONNEL (when applicable per HR 22-3)	DATE
SIGNED AT <i>Wash DC</i>	DATE <i>4 Oct 73</i>	SIGNATURE <i>Sharon Fry</i>

**CONFIDENTIAL**

SECRET

FIELD ASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE FOR HEADQUARTERS USE ONLY

NAME (Use initials only if DA)	DATE (from item 3-D)	NAME OF SUPERVISOR (if any)	DATE (from item 3-D)
Uromu Fox	14 Mar 73	George Kalaris	14 Mar 73
DATE RECEIVED AT HEADQUARTERS	DISPATCH NUMBER	DATE RECEIVED BY CAREER SERVICE	
14 March 1973	FPMT-15218		

TO BE COMPLETED BY EMPLOYEE

1. DATE OF BIRTH	2. SERVICE DESIGN	3. YOUR CURRENT POSITION, TITLE AND GRADE	4. STATION OR BASE
10/9/28	D	Ops Ofcr, GS-13	Manila

5A. DATE OF PCS ARRIVAL IN FIELD	5B. DESIRED DATE OF DEPARTURE	5C. EXPECTED DATE OF FIRST CHECK-IN AT HQ	5D. DESIRED DATE TO REPORT TO DUTY AFTER LEAVE
(2nd tour) 29 June 71	1 July 1973	1 August 1973	1 September 1973

7. NUMBER AND AGES OF DEPENDENTS WHO WILL TRAVEL WITH YOU:

Wife; Dau - 13; Son - 12

8. PERSONAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED IN DETERMINING BEST ASSIGNMENT:

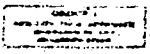
Wife cannot travel by air for medical reasons. Separate travel has been utilized in past assignments with principal and dependents going by air and wife following by ship.

9. LIST YOUR MAJOR DUTIES DURING CURRENT TOUR (see special note on transmittal form). (also attach personal cover questionnaire in accordance with CFI-P 340.8)

Referent on MHABYSS matters 1 July 1972 to present.  
 Referent on MPWATCH matters prior to 1 July 1972.  
 Recruit and handle unilateral agents.  
 Backup Liaison officer with official services.  
 Station PERASPART officer.

10. TRAINING DESIRED:  
 INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS

None



SECRET

11. PREFERENCE FOR NEXT ASSIGNMENT.

11a. DESCRIBE BRIEFLY THE TYPE OF WORK YOU WOULD PREFER FOR NEXT ASSIGNMENT IF DIFFERENT FROM THAT INDICATED IN ITEM NO. 9 ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICE.

Supervise field unilateral and [ ] MIABYSS program.

11b. INDICATE IF YOU DESIRE TO EXTEND YOUR CURRENT TOUR BY CHECKING IN APPROPRIATE BOX. ALSO INDICATE PREFERENCE FOR NEXT REGULAR ASSIGNMENT BY INSERTING 1, 2, 3, 4 (for 1st, 2nd, and 3rd choice) IN REMAINING BOXES. COMPLETE ALL ALTERNATE CHOICES AND OPTIONS IN ALL CASES EVEN THOUGH YOU ARE REQUESTING AN EXTENSION OF YOUR TOUR.

EXTEND YOUR 12 MONTHS AT CURRENT STATION TO 1 July 1974

BE ASSIGNED TO DUTIES FOR A TOUR OF DUTY; INDICATE YOUR CHOICE OF DIVISION EA OR OFFICE. 1ST CHOICE EA 2ND CHOICE MI 3RD CHOICE EA

BE ASSIGNED TO ANOTHER FIELD STATION; INDICATE CHOICE OF GEOGRAPHIC AREA. 1ST CHOICE Bangkok 2ND CHOICE Seoul 3RD CHOICE [ ]

RETURN TO MY CURRENT STATION

TO BE COMPLETED BY FIELD STATION.

12. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE AND HIS PREFERENCE FOR NEXT ASSIGNMENT, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.

I believe that Subject could make a contribution as a case officer at a station with an active MIABYSS program. He knows the subject well and can get along with LNAGON personnel. His other strength lies in Communist Party operations either as a handler of recruited assets or as an analyst of doctrine. In light of the foregoing, Bangkok Station might well be an appropriate assignment. Should that not be practical, recommend that Subject be reassigned to HQs in a component where his strengths can be utilized. If assigned at HQs, he should be given the

TO BE COMPLETED BY APPROPRIATE HEADQUARTERS OFFICE. (CONT'D)

13. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF YOUR COMPONENT, INDICATE YOUR COMPONENT'S RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.

Mr. Fox will be assigned to EA/PMI upon completion of his tour and homo leave. He has been so advised.

DATE: 21 Jul 73 TITLE: C/EA/PERSONNEL

SIGNATURE: *William H. Boyle*  
Ernest L. Hardt

FOR USE BY CAREER SERVICE

14. APPROVED ASSIGNMENT:

15. EMPLOYEE NOTIFIED BY DISPATCH NO. \_\_\_\_\_ DATE: \_\_\_\_\_

CABLE NO. \_\_\_\_\_ DATE: \_\_\_\_\_

CAREER SERVICE REPRESENTATIVE: \_\_\_\_\_ DATE: \_\_\_\_\_

SECRET

FRQ - Jerome Fox - 14 March 1973

Operations Review course and training in writing.

SECRET  
(When Filled In)

FILE  
PUNCHED  
EJ

REPORT OF SERVICE ABROAD

TO: Office of Personnel, Transactions and Records Branch, Status Section

SERIAL NO. NAME  
LAST FIRST MIDDLE

017974 (PIRE) FOX JEROME

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. REFER TO OPI NO. 58, REVISED.

PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
05	22	69				1			MANILA	575

TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

TRAVEL VOUCHER	DISPATCH
CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify) <i>Per Division</i>	

DOCUMENT IDENTIFICATION NO. DOCUMENT DATE/PERIOD

REMARKS

PREPARED BY: *DEC* REPORT ANNOTATED ON CENTRAL DOCUMENT?  ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED.  
 DATE: *6/1/71* SIGNATURE: *Jerry W. Poney*

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

SECRET  
(When Filled In)

FILE  
PUNCHED  
BY

REPORT OF SERVICE ABROAD

TO: Office of Personnel, Transactions and Records Branch, Status Section

SERIAL NO. <i>017974</i>	NAME		
	LAST <i>FOX</i>	FIRST <i>JEROME</i>	MIDDLE

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TOY. 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. REFER TO OPI NO. 50, REVISED.

PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY		COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR		CODE	37-39		
			05	22	71	1 - PCS (Basic)	1		PHILIPPINES	575
						2 - CORRECTION				
						3 - CANCELLATION				

TOY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY		AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR		CODE	37-39		
						1 - TOY (Basic)				
						2 - CORRECTION				
						3 - CANCELLATION				

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

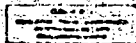
TRAVEL VOUCHER	DISPATCH
CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFICATION BY: *Maria 16711*      DOCUMENT DATE/PERIOD: *4 May 1971*

REMARKS

PREPARED BY	REPORT ANNOTATED ON CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
CCO	DATE: <i>5/21/71</i>	SIGNATURE: <i>Clay S. Smith</i>
C & S DIVISION, CTMO		
C & T DIVISION		

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER



SECRET

FIELD REASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE FOR HEADQUARTERS USE ONLY

NAME OF EMPLOYEE (use pseudo only if SA)	DATE (from item 5-D)	NAME OF SUPERVISOR (true)	DATE (from item 5-2)
Jerome Fox	5 Oct 1970	George T. Kalaris	5 Oct 1970
DATE RECEIVED AT HEADQUARTERS:	DISPATCH NUMBER:	DATE RECEIVED BY CAREER SERVICE:	
16 October 1970	FPMT 13290	11 DEC 1970	

TO BE COMPLETED BY EMPLOYEE

1. DATE OF BIRTH	2. SERVICE DESIGN	3. YOUR CURRENT POSITION, TITLE AND GRADE	4. STATION OR BASE	5. CRYPT FOR CURRENT COVER
10/9/28	D	Operations Officer GS-13	Manila	

6A. DATE OF PCS ARRIVAL IN FIELD	6B. REQUESTED DATE OF DEPARTURE	6C. EXPECTED DATE OF FIRST CHECK-IN AT HQ	6D. DESIRED DATE TO REPORT TO DUTY AFTER LEAVE
22 May 1969	26 May 1971		27 July 1971

7. NUMBER AND AGES OF DEPENDENTS WHO WILL TRAVEL WITH YOU:

8. PERSONAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED IN DETERMINING NEXT ASSIGNMENT:

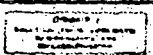
9. LIST YOUR MAJOR DUTIES DURING CURRENT TOUR (see special note on transmittal form). (also attach personal cover questionnaire in accordance with CSI-P 240-8)

- A. Recruit and handle unilateral agents.
- B. Conduct [redacted] as required.
- C. Provide advice and support for Station's [redacted] program.

R

10. TRAINING DESIRED: INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS:

None





**SECRET**

**11. PREFERENCE FOR NEXT ASSIGNMENT:**  
 11a. DESCRIBE BRIEFLY THE TYPE OF WORK YOU WOULD PREFER FOR NEXT ASSIGNMENT IF DIFFERENT FROM THAT INDICATED IN ITEM NO. 9 ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICE.

**RA**

**11b. INDICATE IF YOU DESIRE TO EXTEND YOUR CURRENT TOUR BY CHECKING IN APPROPRIATE BOX. ALSO INDICATE PREFERENCE FOR NEXT REGULAR ASSIGNMENT BY INSERTING 1, 2, & 3 (for 1st, 2nd, and 3rd choice) IN REMAINING BOXES. COMPLETE ALL ALTERNATE CHOICES AND OPTIONS IN ALL CASES EVEN THOUGH YOU ARE REQUESTING AN EXTENSION OF YOUR TOUR.**

EXTEND TOUR 12 MONTHS AT CURRENT STATION TO 30 May 1978 (DATE)

BE ASSIGNED TO HQTRS FOR A TOUR OF DUTY. INDICATE YOUR CHOICE OF DIVISION, STAFF OR OFFICE.  
 1ST CHOICE \_\_\_\_\_ 2ND CHOICE \_\_\_\_\_ 3RD CHOICE \_\_\_\_\_

BE ASSIGNED TO ANOTHER FIELD STATION. INDICATE YOUR CHOICE OF DIVISION, STAFF OR OFFICE AND AREA OF SPECIALIZATION.  
 1ST CHOICE Bangkok 2ND CHOICE \_\_\_\_\_ 3RD CHOICE \_\_\_\_\_ AREA OF SPECIALIZATION CHOICE Security

RETURN TO MY CURRENT STATION after home leave.

**TO BE COMPLETED BY FIELD STATION**

**12. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE AND HIS PREFERENCE FOR NEXT ASSIGNMENT, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.**

I favor strongly the return of Subject to this Station for a second tour of duty following home leave. He is handling one of the most complex fields of activity at this Station, one which is of a very high priority - the radical left in all its manifestations. Continuity and experience are essentials to any significant progress against this target. Returning Subject for a second tour of duty would give us both at a time when the radical left will be expanding and moving ahead towards its goals.

**TO BE COMPLETED BY APPROPRIATE HEADQUARTERS OFFICE**

**13. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF YOUR COMPONENT, INDICATE YOUR COMPONENT'S RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.**

The Division approves subject's request for home <sup>leave</sup> and return to Manila.

DATE 10 Dec 70 TITLE CFE SIGNATURE James R. Doherty

**FOR USE BY CAREER SERVICE**

**14. APPROVED ASSIGNMENT:**

**15. EMPLOYEE NOTIFIED BY DISPATCH NO. FPMS 5948 DATED 10 Dec 70**  
 CABLE NO. \_\_\_\_\_ DATED: \_\_\_\_\_

CAREER SERVICE REPRESENTATIVE: [Signature] DATE: 14 Dec 70

S E C R E T

FIELD COMMENTS - continued

Subject has performed well in his assigned field thus far and I would expect to reap substantial benefits from his performance during his second tour based on the experience and knowledge he will have gained by the end of his first tour.

S E C R E T

CONFIDENTIAL  
(When Filled In)

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

NAME OF EMPLOYER (Last) **Fox** (First) **Jerome** (Middle)

1. RESIDENCE DATA  
PLACE OF RESIDENCE WHEN INITIALLY EMPLOYED BY AGENCY: **28 Willow St. Brooklyn, N.Y.**  
PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE: **Annapolis, Va.**  
LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad): **5019 Cockney Ct. Annapolis, Va.**  
HOME LEAVE RESIDENCE: **New York, N.Y.**

2. MARITAL STATUS (Check one)  
 SINGLE  MARRIED  SEPARATED

IF WIDOWED, PLACE SPOUSE DIED: \_\_\_\_\_ DATE SPOUSE DIED: \_\_\_\_\_  
IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S): \_\_\_\_\_

3. NUMBER OF DEPENDENTS  
NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
SEX:  F  M

NAME OF YOUR FATHER (Or male guardian): **Deceased** ADDRESS: **Deceased** TELEPHONE NO.: \_\_\_\_\_  
NAME OF YOUR MOTHER (Or female guardian): **Deceased** ADDRESS: \_\_\_\_\_ 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? **None**

4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY  
NAME (Mr./Mrs./Miss): \_\_\_\_\_ RELATIONSHIP: **Bro - In - Law**  
HOME ADDRESS: \_\_\_\_\_ HOME TELEPHONE NUMBER: \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_ BUSINESS TELEPHONE EXTENSION: **(11)**

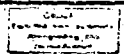
IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF IN THE EVENT YOU ARE INCAPABLE? (If "No" can make such decision in case of emergency.)  
YES  NO

DO YOU KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in Item 6.)  
**335 Central Park West, New York, N.Y.**  
YES  NO

The persons named in Item 3 above may also be notified in case of emergency. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.

CONTINUED ON REVERSE SIDE

CURRENT RESIDENCE AND DEPENDENCY REPORT



CONFIDENTIAL  
(When Filled In)

5. VOLUNTARY ENTRIES

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

INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE AC-

Jerome Fox Northern Virginia Bank  
Check-A-Lot Division  
Springfield, Va.

Jerome Fox First National Bank P.P. Arizona  
Scottsdale, Ariz. Acct # 635 6462

ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION?  YES  NO

IF YES, DO YOU HAVE A JOINT ACCOUNT?  YES  NO

STATEMENT?  YES  NO. (If "Yes" where is document located?)

Kingsworth Branch Lot Box No. 171

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

Rockville, Md.

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

6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

[Empty space for additional data]

SIGNED AT DATE SIGNATURE  
28 April 1969 Jerome Fox

CONFIDENTIAL  
(When filled in)

IMPORTANT

Central Processing Branch has been charged with responsibility 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 CFB. Your Personnel Officer can provide you with a copy of the Handbook.

---

MEMORANDUM OF UNDERSTANDING

I hereby acknowledge that I have read and understand the contents of Field Handbook 20-4, Employee Conduct, dated 23 October 1964.

[Signature]  
Signature

15 October 1969  
Date

FOX, JEROME

CONFIDENTIAL

Group 1 - Excluded from  
automatic downgrading  
and declassification.

SECRET

SSA/DAS 67-2037

CC: 7-4476

16 OCT 1967

**MEMORANDUM FOR: Deputy Director for Plans**

**SUBJECT : Messrs. Jerome Fox and Harry G. Peterson -  
Fourth Security Violation**

**REFERENCE : HR 10-1a**

1. This memorandum contains a recommendation for approval in paragraph 4.

2. Two officers of this Division have incurred their fourth security violation. Reference requires that I impose at least two weeks' leave without pay in each case unless your approval is obtained for a lesser penalty. I propose such a lesser penalty and request your concurrence.

3. The officers concerned, Messrs. Jerome Fox and Harry G. Peterson, are both dedicated Agency employees who have never, to the best of my knowledge, evidenced contempt for our security procedures nor displayed such gross negligence as to require strong remedial action. In neither case were any of the violations such as to indicate a compromise of information was probable; all were either open-safe or "exposed-classified-material" violations such as one-time typewriter ribbons, and none involved loss of documents, indiscreet talk or other more serious matters. Further, the majority of the violations occurred on occasions when the individuals concerned worked past the normal close of business and, while this is no excuse for carelessness, frequent overtime work does increase the possibility of a violation since the usual after-hours duty check is not operative. It seems to me, therefore, that the two weeks' leave without pay required by reference would be an excessively harsh penalty and not conducive to the enhancement of Agency security in general. I, therefore, propose the imposition of two days' leave without pay and a written reprimand for each officer. Copies of the proposed reprimand are attached.

SECRET

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

SECRET

4. It is recommended that the subjects be each issued a written reprimand and directed to take two days' leave without pay as the result of incurring their fourth security violation.

signed/ Joseph W. Smith

William B. Colby  
Chief, Far East Division

Attachment  
Proposed reprimands

\* The recommendation contained  
in paragraph 4 is APPROVED:

/s/ Cord Meyer, Jr.

Deputy Director for Plans

16 NOV 1967

Date

\* The recommendation contained in para. 4 is approved; except that 3 days, LWOP will be charged instead of the 2 days proposed.

2  
SECRET

14-00000

# SECRET

## Supplement to Staff Employee Personnel

Action [redacted] of JEROME FOX

Effective 21 November 1967

The purpose of this memorandum is to call your attention to existing policies which are particularly material to you while you are [redacted] 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-12-312-1A2 per annum, you [redacted]

[redacted] effective as of 21 November 1967. You will, insofar as consistent with your basic responsibility to this organization, abide by all the rules, regulations, practices and policies of [redacted] in order to [redacted] of that establishment. Your appointment to you [redacted] effected at FSR-5 and salary of [redacted]. You are prohibited, except as specifically authorized herein, from retaining emoluments paid [redacted].

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 [redacted]. Currently, your prescribed tour consists of a period of 2 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 [redacted]. 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 [redacted] will normally be at the direction of you [redacted]. Such travel will be accomplished in conformance with applicable regulations [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 [redacted] shall be retained by you to the extent that they are less than or equal to [redacted].

If such cover payments are less than the amount due, the difference will be credited to your payroll account with this organization. If such [redacted] exceed the amount due, the overage will be remitted to this organization at designated intervals, presently [redacted]. Computations hereunder will be made on the basis of the aggregate gross due and received provided, however, that in computing remittances for [redacted] Federal and, if applicable, District of Columbia income taxes [redacted] 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 [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 [redacted].

a. [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 [redacted] your salary from this organization, whichever is the greater.

b. [redacted], 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 your [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 [redacted] at the request of this organization.

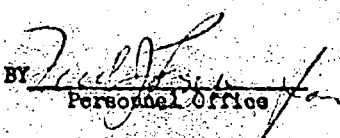
# SECRET

e. All annual and sick leave which is accrued to your credit

[redacted] you will be permitted annual leave, sick leave, home leave, and leave without pay in accordance with the regulations of [redacted] in lieu of the leave benefits of this organization. Upon completion of [redacted] your accrued annual and sick leave will be [redacted] with this organization. If security conditions require that [redacted] make a lump-sum payment for accrued annual leave, you will be required [redacted] including any income taxes withheld [redacted]

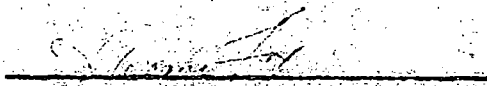
6. You will be required to keep forever secret this agreement and all other information which you may obtain by reason hereof, unless you are released in writing by this organization from this obligation. Violation of such secrecy may subject you to criminal prosecution under the Espionage Laws, dated 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   
 Personnel Office

EVELYN N. FLAGG

ACCEPTED:



Jerome Fox

SECRET

FIELD REASSIGNMENT QUESTIONNAIRE

C 512513 801

DO NOT COMPLETE FOR HEADQUARTERS USE ONLY

NAME OF EMPLOYEE (Use pseudo only if SA)		DATE (from item 5-D)	NAME OF SUPERVISOR (Name)	DATE (from item 5-2)
Jerome Fox		7 Feb 66	James Drafladt	3 Mar 66
DATE RECEIVED AT HEADQUARTERS:	DISPATCH NUMBER:	DATE RECEIVED BY LAHMER SERVICES:		
11 Mar 66	FVST 11617			

TO BE COMPLETED BY EMPLOYEE

1. DATE OF BIRTH	2. SERVICE DESIGN	3. YOUR CURRENT POSITION, TITLE AND GRADE	4. STATION OR BASE	5. CRYPT FOR CURRENT COVER
9 Oct 28	D KA	GS-12 Ops Officer	Saigon	

6a. DATE OF PCS ARRIVAL IN FIELD	6b. REQUESTED DATE OF DEPARTURE	6c. EXPECTED DATE OF FIRST CHECK-IN AT HQ	6d. DESIRED DATE TO REPORT TO DUTY AFTER LEAVE
29 Dec 1964	9 July 1966	15 August 1966	10 September 1966

7. NUMBER AND AGES OF DEPENDENTS WHO WILL TRAVEL WITH YOU:

3 - 35, 6, 5

8. PERSONAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED IN DETERMINING NEXT ASSIGNMENT:

No unaccompanied assignment

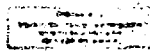
9. LIST YOUR MAJOR DUTIES DURING CURRENT TOUR (see special note on transmittal form). (also attach personal cover questionnaire in accordance with CSI-P 140-8)

operations -- penetration communist organizations

Unilateral operations

10. TRAINING DESIRED. INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS:

CI course



SECRET

11. PREFERENCE FOR NEXT ASSIGNMENT:

11a. DESCRIBE BRIEFLY THE TYPE OF WORK YOU WOULD PREFER FOR NEXT ASSIGNMENT IF DIFFERENT FROM THAT INDICATED IN ITEM NO. 9 ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICE.

Unilateral operations

11b. INDICATE IF YOU DESIRE TO EXTEND YOUR CURRENT TOUR BY CHECKING IN APPROPRIATE BOX. ALSO INDICATE PREFERENCE FOR NEXT REGULAR ASSIGNMENT BY INSERTING 1, 2, 3, 4 (for 1st, 2nd, and 3rd choice) IN REMAINING BOXES. COMPLETE ALL ALTERNATE CHOICES AND OPTIONS IN ALL CASES EVEN THOUGH YOU ARE REQUESTING AN EXTENSION OF YOUR TOUR.

- EXTEND TOUR \_\_\_\_\_ MONTHS AT CURRENT STATION TO \_\_\_\_\_ (DATE)
- BE ASSIGNED TO HQ/TROOP FOR A TOUR OF DUTY. INDICATE YOUR CHOICE OF DIVISION, STAFF OR OFFICE.  
1ST CHOICE \_\_\_\_\_ 2ND CHOICE \_\_\_\_\_ 3RD CHOICE \_\_\_\_\_
- BE ASSIGNED TO ANOTHER FIELD STATION. INDICATE YOUR CHOICE OF DIVISION, STAFF OR OFFICE.  
1ST CHOICE Bangkok 2ND CHOICE \_\_\_\_\_ 3RD CHOICE \_\_\_\_\_
- RETURN TO MY CURRENT STATION

TO BE COMPLETED BY FIELD STATION

12. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE AND HIS PREFERENCE FOR NEXT ASSIGNMENT, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.

This man has completed a tour separated from his family and has performed competently in which he has done an outstanding job. Believe he would profit by the CI course and another field tour in Southeast Asia at a post where he can be with his family.

TO BE COMPLETED BY APPROPRIATE HEADQUARTERS OFFICE

13. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF YOUR COMPONENT, INDICATE YOUR COMPONENT'S RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.

PE Division has no suitable assignment for subject. Request his next assignment be determined by the CS Career Service and that he be advised accordingly.

DATE: 03/24/68

TITLE: C/PE/Pers

SIGNATURE

*Green Byc*  
M.T. Boulger

FOR USE BY CAREER SERVICE

14. APPROVED ASSIGNMENT:

Assigned to FEAD/1

15. EMPLOYEE NOTIFIED BY DISPATCH NO. \_\_\_\_\_ DATE: \_\_\_\_\_

CABLE NO. \_\_\_\_\_ DATE: \_\_\_\_\_

James P. Gue  
11/11/68

CAREER SERVICE REPRESENTATIVE:

DATE: 11/11/68

SECRET

CONFIDENTIAL

MEMORANDUM FOR: JS Career Management Committee

SUBJECT: Recommendation for Promotion of Mr. Jerome Fox  
from GS-12 to GS-13

1. The Vietnam Station has recommended the promotion of Mr. Jerome Fox from GS-12 to GS-13. He has been in his present grade for almost five years. He is already performing at the level normally expected of a GS-13. Mr. Fox was ranked fifth among all GS-12's currently at Vietnam Station. The Station recommendation as contained in [redacted] is quoted in the following paragraphs.

2. This employee has performed at a highly commendable level during his tour at this Station. During the first year he was assigned to a variety of jobs, all of which he approached with vigor and energy. These included [redacted] responsibilities [redacted]

[redacted] He has also engaged in unilateral agent activities; he has developed, recruited and managed [redacted] unilateral agents, and plans to attempt the recruitment of [redacted] prior to his departure. During the last period of his duty, Subject has concentrated on the development and progress of a sensitive VI/CI activity concerned with a [redacted]. He initiated this project, and has since managed it in such a manner that it has evolved into a unilateral project with considerable potential. During the course of his tour, the case officer was also charged with the implementation of an activity designed to bring about the [redacted]. While this did not come to fruition, Subject approached this difficult task with a measurable degree of initiative and energy.

3. Subject displays the qualities of a highly capable, well-rounded officer. He has approached his own tasks with a mature and efficient manner, and has always demonstrated an excellent understanding of the role and mission [redacted] and the Station in this area. He appears to be highly motivated, and I consider him an officer with a great deal of long-range potential.

(11 Aug 66)

*Thomas A. Duncan*  
Thomas A. Duncan  
Chief, Vietnam-Cambodia Branch

CONFIDENTIAL

CONFIDENTIAL

28 MAR 1967

MEMORANDUM FOR: Chief, FE Division, DD/P

SUBJECT : Security Violation - Open Safe  
FOX, Jerome  
(FOURTH VIOLATION)

1. An investigation by this Office has determined that Mr. Fox, assigned to your Division, was responsible for an Open Safe security violation which occurred on 9 March 1967.

2. The records of this Office indicate that Mr. Fox has been previously charged with an Open Safe security violation which occurred on 28 May 1964, an Exposed Classified Material security violation which occurred on 11 January 1966, and an Exposed Classified Material security violation which occurred on 13 May 1966. In view of the fact that there have not been two consecutive years without a violation since 28 May 1964, this is to be considered Mr. Fox's fourth security violation for administrative action as specified in Section (e) of CIA Headquarters Regulation 10-1.

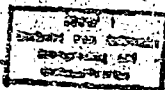
3. It would be appreciated if you would advise this Office by memorandum of the administrative action taken in this case.

E. J. ZANE  
for Samuel P. Geiss  
Deputy Director of Security (PTOS)

Att  
Violation Report

cc: Deputy Director for Plans  
Director of Personnel

CONFIDENTIAL



# CONFIDENTIAL

## SECURITY VIOLATION REPORT

### DETAILS OF VIOLATION:

On 9 March 1967, at 7:29 p. m., USSP Poag reported finding Safe No. D-1480 improperly secured in Room 5C-35, Headquarters Building. Security Duty Officer Craig responded and determined that:

1. both drawers were found closed but unlocked;
2. the safe was opened by merely depressing the hand latch;
3. the safe contained material classified through SECRET;
4. the char force had not been in the area prior to this discovery.

SDO Craig changed the combination and secured the safe at 8:30 p. m.

### INVESTIGATIVE FACTS:

Mr. Jerome Fox, the custodian of the safe, accepted full responsibility for this occurrence when interviewed in his office on 10 March. Mr. Fox stated that he obviously failed to secure the safe due to the fact that he had no reason to believe anyone else would have opened it subsequent to his departure at 6:00 p. m. (NOTE: The safe was left improperly secured for approximately 90 minutes.) It should be noted that Mr. Fox had signed for the security check of his area.

### CONCLUSION:

In view of the above circumstances, Mr. Fox is charged with an Open Safe security violation.

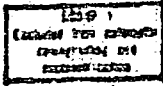
### SECURITY HISTORY:

Mr. Fox has been employed by the Agency since June 1955. A review of his record indicates that he has been previously charged with an Open Safe security violation which occurred on 28 May 1964, an Exposed Classified Material security violation which occurred on 11 January 1966, and an Exposed Classified Material security violation which occurred on 12 May 1966.

*William S. Wilkinson*  
WILLIAM S. WILKINSON  
Chief, Survey Branch

*John M. Sandels*  
JOHN M. SANDELS  
Investigator

CONFIDENTIAL



REPUBLIC OF VIETNAM

MERIT COMMENDATION

FOR Mr. JEROME FOX, American counterpart to the Police Special Branch of the Directorate General of National Police, who is awarded the Third Class Honorary Police Medal by Decree No. 1744-ND/HP/VP of 24 September 1966.

Mr. JEROME FOX is an outstanding counterpart and a sincere friend of the National Police Branch.

During his period of service in Vietnam, Mr. JEROME FOX devoted all his ability, experience, and good will to helping the Police Special Branch, especially in the task of setting up a people's intelligence net.

The dedication and enthusiasm of Mr. JEROME FOX helped the National Police Branch to achieve excellent results in safeguarding security and maintaining law and order in Saigon, the Capital.

Mr. JEROME FOX's spirit of mutual aid merits praise and remembrance.

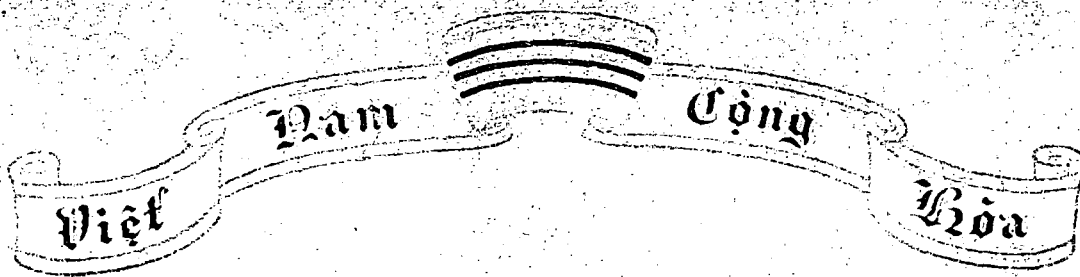
Saigon, 24 September 1966

Chairman of the Central Executive Committee

/Signed and Sealed/

Air Vice Marshal NGUYEN CAO KY





## BẢNG TUYÊN DƯƠNG CÔNG TRẠNG

về Ông Jerome Fox, Phó-tri-viôn Hoa-ý cảnh Khố Cảnh-Sát Đặc-Biệt Tổng Nha Cảnh-Sát Quốc-Gia được  
ân thưởng lộ tằm dăng Cảnh-sát danh-dự Nội-tỉnh do  
do Nghị-định số 1744-NĐ/HP/VP ngày 24 tháng 9 năm 1966.

Ông Jerome Fox là một Phó-tri-viôn ưu-tú và là  
Người bạn chân-thành của ngành Cảnh-Sát Quốc-gia.

Trong thời gian phục-vụ tại Việt-Nam, Ông Jerome  
Fox đã đem hết khả năng, kinh-nghiệm và thiện-chí giúp đỡ Khố  
Cảnh-sát Đặc-biệt, nhất là trong công tác đặt lờì tỉnh báo  
nhân dân.

Sự tận tâm và lòng nhiệt thành của Ông Jerome Fox  
đã giúp cho ngành Cảnh-sát Quốc-gia thu đạt được nhiều kết-  
quả tốt đẹp trong công cuộc bảo vệ an-ninh và duy-trì trật-tự  
tại Đô-thành Saigon.

Tinh-thần tương-trợ của Ông Jerome Fox đáng được  
khon ngợi và ghi nhớ.

Saigon, ngày 24 tháng 9 năm 1966  
CHỦ-TỊCH TƯ-BAN HÀNH-PHÁP TỈNH-LÃNG,



*(Handwritten signature)*  
NGUYỄN CAO VỸ

REPUBLIC OF VIETNAM  
OFFICE OF THE CHAIRMAN  
NATIONAL LEADERSHIP COMMITTEE

CHAIRMAN OF THE CENTRAL EXECUTIVE COMMITTEE

Reference the order of 19 June 1965 which was supplemented by Decree No. 6-QLVNCH/QD of 6 June 1966 of the Armed Forces Council of the Republic of Vietnam;

Reference Decree No. 3-QLVNCH/QD of 14 June 1965 which was supplemented by Decree No. 7-QLVNCH/QD of 6 June 1966 of the Armed Forces Council of the Republic of Vietnam which established and fixed the composition of the National Leadership Council;

Reference Decree No. 001-a/CT/LDQG/SL of 19 June 1965 and all succeeding documents which established and set the composition of the Central Executive Committee;

Reference Decree No. 080-CT/LDQG/SL of 6 September 1965 which created two types of medals, the Police Service Medal and the Honorary Police Medal;

Reference Decree No. 001-CT/LDQG/SL of 21 January 1966 which fixed the methods of awarding the medals mentioned above;

DECREE

Article One. Now the Third Class Honorary Police Medal is awarded to Mr. JEROME FOX, American counterpart to the Police Special Branch of the Directorate General of National Police.

Article Two. The Commissioner General for Security and the Administrative Assistant in the Office of the Chairman of the Central Executive Committee will assume the responsibility for implementing the Decree.

14-00000

Saigon, 24 September 1966

/Signed and Sealed/

Air Vice Marshal NGUYEN CAO KY

VIỆT-NAM CỘNG-HÒA

Phủ Chủ-Tịch  
Ủy-Ban Hành-Pháp Trung-Uông

Số 1744-ND/HP/VP.

*Chiếu*  
*Ủy-Ban Hành-Pháp Trung-Uông*

Chiếu ủy-cấp ngày 19 tháng Sáu năm 1965 bổ-túc bởi quyết-định số 6-LV/CH/QĐ ngày 6 tháng Sáu năm 1966 của Đại Hội-Đồng Quốc-Lực Việt-Nam Cộng-Hòa ;

Chiếu quyết-định số 3-LV/CH/QĐ ngày 14 tháng Sáu năm 1965 bổ-túc bởi quyết-định số 7-LV/CH/QĐ ngày 6 tháng Sáu năm 1966 của Đại Hội-Đồng Quốc-Lực Việt-Nam Cộng-Hòa thành-lập và an-định thành-phần Ủy-Ban Lãnh-Đạo Quốc-Gia ;

Chiếu sắc-lệnh số 001-a/CT/LĐ/QĐ/SL ngày 19 tháng Sáu năm 1965 và các văn-khẩu kế-tiếp thành-lập và an-định thành-phần Ủy-Ban Hành-Pháp Trung-Uông ;

Chiếu sắc-lệnh số 000-CT/LĐ/QĐ/SL ngày 6 tháng Sáu năm 1965 thành-lập hai loại hay-chương "Cảnh-Sát Chiến-Công Lực-Lính" và "Cảnh-Sát Danh-Dự Lực-Lính" ;

Chiếu nghị-định số 001-CT/LĐ/QĐ/HĐ ngày 21 tháng Giêng năm 1966 an-định tho-thực cấp tướng các hay-chương kể trên,

H H I - D I H H :

Điều thứ nhất.- Hay ân-thưởng độ-tam cấp Cảnh-Sát Danh-Dự Lực-Lính cho Ông JEROME FOX, Phó-tri-viễn Hoa-Kỳ cạnh Khố Cảnh-Sát Đặc-biệt Tổng Nha Cảnh-Sát Quốc-Gia.

Điều thứ 2.- Tổng-Ủy-Viễn An-Hình và Phụ-Tá Hành-Chánh tại Phủ Chủ-Tịch Ủy-Ban Hành-Pháp Trung-Uông, chiếu nhiệm-vụ, làm tư-lệnh nghị-định này.

Salgon, ngày 24 tháng 9 năm 1966



*[Handwritten signature]*

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	
617974	FOX,	JEROME		28-28 45

INSTRUCTIONS:  
USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TOY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (OOR OR OIC). 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)	27	28-29	20-31	22-23	24-25	26-27	28-29	VIET NAM	40-42
3 - CORRECTION	1				07	11	66		7-22
5 - CANCELLATION									

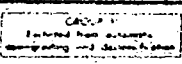
TOY DATES OF SERVICE									
TYPE OF DATA	CODE	DEPARTURE			RETURN			AREA(S)	OMIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
2 - TOY (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39		40-42
4 - CORRECTION									
6 - CANCELLATION									

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

DOCUMENT IDENTIFICATION NO. FVST-12830	DOCUMENT DATE/PERIOD 7-14-66
---	---------------------------------

REMARKS

PREPARED BY: FJH	REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
USA	DATE: 7-21-66	SIGNATURE: RICHARD L. HARTMAN
C & L DIVISION		
C & S DIVISION		



**SECRET**  
(When Filled In)

**VERIFIED RECORD OF OVERSEAS SERVICE**

**TO:**

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

EMPLOYEE SERIAL NO. 1-8	NAME OF EMPLOYEE			OFFICE/COMPONENT
	LAST (Print)	FIRST	MIDDLE	
19974	Fox,	JEROME		45

**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: 1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	CODE	ARRIVAL			DEPARTURE			COUNTRY	OMIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
	27	20	20	30	31	32	33	VIET NAM	40-42
		1	12	39	60				772

**TDY DATES OF SERVICE**

TYPE OF DATA: 2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	CODE	DEPARTURE			RETURN			AREA(S)	OMIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
	27	20	20	30	31	32	33		40-42

**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. EVST 8803	DOCUMENT DATE/PERIOD 31 Dec 64
--	-----------------------------------

REMARKS

PREPARED BY D & I DIVISION	REPORT ANNOTATED ON SOURCE DOCUMENT DATE 17 Jan 65	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED SIGNATURE Dennis Hoover
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**SECRET**  
(When Filled In)

**VERIFIED RECORD OF OVERSEAS SERVICE**

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

EMPLOYEE SERIAL NO.	NAME OF EMPLOYEE			OFFICE/COMPONENT
	LAST	FIRST	MIDDLE	
1-8	(Print)			25-26
17974	Fox	Jerome		45

**INSTRUCTIONS**

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TOY. 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)	27	28-29	30-31	32-33	34-35	36-37	38-39	40-43	
2 - CORRECTION									
3 - CANCELLATION									
	1				09	23	62	JAPAN	375

**TOY DATES OF SERVICE**

TYPE OF DATA	CODE	DEPARTURE			RETURN			AREA(S)	OMIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1 - TOY (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39	40-43	
2 - CORRECTION									
3 - CANCELLATION									

**SOURCE OF RECORD DOCUMENT**

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

DOCUMENT IDENTIFICATION NO. FORM - 764	DOCUMENT DATE/PERIOD 2 Sept - 23 Sept 62
---	---

REMARKS

PREPARED BY	REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
FISCAL DIVISION	DATE 16 OCT 1962	SIGNATURE Davis Horvath
FINANCE DIVISION		

SECRET

IN

FIELD REASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE FOR HEADQUARTERS USE ONLY

DO NOT COMPLETE

DO NOT COMPLETE

AUTHENTICATION OF SIGNATURES AND VERIFICATION OF ITEMS 1 THROUGH 7, BELOW:

NAME OF EMPLOYEE (If no)	DATE (from item 1)	NAME OF SUPERVISOR (If no)	DATE (from item 2)
FOX, JEROME	Jan 1962	HINTZ, ELMER F.	Jan 1962
NAME AND SIGNATURE OF OFFICIAL AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE SIGNATURES AND VERIFY DATA IN ITEMS NOS. 1 THROUGH 7, BELOW:			DATE
			12 Feb 1962

TO BE COMPLETED BY EMPLOYEE

1. DATE OF BIRTH	2. GRADE	3. CURRENT POSITION TITLE
9 October 1928	GS-12	
4. SERVICE DESIGNATION (if known)	5. CURRENT STATION OR FIELD BASE	
NA	Tokyo Station	
6. OTHER DUTY STATIONS OR FIELD BASES DURING CURRENT TOUR		7. EXPECTED DATE OF DEPARTURE
NA		September 1962
8. WRITE A DESCRIPTION OF YOUR MAJOR DUTIES DURING THE CURRENT TOUR OF DUTY (see special note on Transmittal Form):		
a) Supervise, coordinate and monitor with KUDOVE, ODYCKE and allied military services, the [redacted] in North Asia specifically covering Japan, [redacted] and South Korea. b) Determine new CHUCKWAGON targets and initiate specific collection projects with appropriate KUDOVE, ODYCKE and allied military units. c) Prepare and provide detailed training and guidance for KUDOVE assets, ODYCKE and allied military personnel, on CHUCKWAGON collection techniques and CHUCKWAGON targets. d) Personally participate in the exploitation of CHUCKWAGON targets when appropriate. e) Conduct official liaison relationships with ODYCKE intelligence units pertaining KUCHAP interests, as directed by the Chief, SIS, Tokyo		

9. PREFERENCE FOR NEXT ASSIGNMENT: [redacted]

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. 9, ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICES.

SAME

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):

Language Training



SECRET

**D. 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:

RETURN TO MY CURRENT STATION       BE ASSIGNED TO ANOTHER FIELD STATION

*FILE PERSONNEL*  
*JUL 16 11 30 PM '62*  
*MAIL ROOM*

WITH RESPECT TO A POSSIBLE REASSIGNMENT TO ANOTHER FIELD STATION, INDICATE YOUR 1ST, 2ND AND 3RD CHOICE FOR GEOGRAPHIC AREA OR SPECIFIC STATION:

1ST CHOICE: Singapore  
2ND CHOICE: London  
3RD CHOICE: \_\_\_\_\_

---

10. HOW MUCH LEAVE DO YOU DESIRE BETWEEN ASSIGNMENTS? 30 days INDICATE NUMBER OF WORK DAYS \_\_\_\_\_

11. INDICATE THE NUMBER AND AGE OF DEPENDENTS WHO WILL BE TRAVELLING OR MOVING WITH YOU:  
Three: 32, 30 months, 18 months

---

12. SIGNATURE: COMPLETE ITEM NO. 3-1, 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:

SD In view of this officer's field experience and his competent performance in the Japan area, his continued assignment to a field station would soon be in the best interests of KUBARK.

---

14. SIGNATURE: COMPLETE ITEM NO. 3-2, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF THIS PORTION OF THE FORM.  
TO BE COMPLETED BY APPROPRIATE SUPERVISOR 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 DIVISION TO WHICH HE IS CURRENTLY ASSIGNED, INDICATE YOUR RECOMMENDATIONS FOR HIS NEXT ASSIGNMENT AND TRAINING:

FE Division concurs.  
"The staffing plans of St/PM call for the assignment of Mr. Fox to analytical duties on his return to Headquarters in the fall of 1962."

---

16. NAME OF SUPERVISOR <u>LEWIS R. FIRTH</u>	SIGNATURE: <i>Lewis R. Firth</i>
TITLE: <u>Personnel Officer, ORR</u>	DATE: <u>20 March 1962</u>

---

17. REMARKS (additional comment):

Mr. Fox was notified of his planned reassignment in Memorandum No. 363, dated 14 March 1962.

*21 MAR*      *David E. Yalser*  
DAVID E. YALSER  
Acting Secretary, ORR Career Service Board

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 29-30
	LAST (Print)	FIRST	MIDDLE	
17974	FOX	JEROME		18

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)	27	28-29	30-31	32-33	34-35	36-37	38-39	JAPAN	40-42
3 - CORRECTION									
5 - CANCELLATION	1	29	04	59					375

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

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

DOCUMENT IDENTIFICATION NO.	DOCUMENT DATE/PERIOD
	10 AUG. - 5 SEP. 59

REMARKS

PREPARED BY	REPORT ANNOTATED ON SOURCE DOCUMENT	ADD-6 DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
FISCAL DIVISION	DATE	SIGNATURE
FINANCE DIVISION	21 APR. 60	[Signature]

Office of Training  
TRAINING RECORD

Instructor: James H. Orr  
40 hours, 30 Oct. - 3 Nov. 1961

6 students

Student: Fox, Jerome

Year of Birth: 1928

EOB Date: June 1955

Grade: 11

Office: Orr/JH/PA

COURSE OBJECTIVES, CONTENT, AND METHODS

The Objectives of this course are:

1. To develop an acquaintance with the learning processes.
2. To apply the principles of learning and instruction in practical teaching experiences.

This course included planning and practical teaching work in: principles of learning and teaching; effective oral communication; demonstration techniques; training aids; elements of effective class discussion; principles of lesson planning; all based upon the implementation of the principles of learning. Due to the shortness of the course, familiarization only was attempted with the above aspects of teaching.

During this course, each student presented to the class a sample speech, demonstration, a class discussion, and lesson plan, all related to his own subject matter area. These presentations were critiqued and noted by his classmates and the instructor. Over half of the student's course time was spent in practical exercises.

ACHIEVEMENT RECORD

This student has satisfactorily accomplished the course objectives and met the course standards in presenting his exercises. Mr. Fox has a pleasant manner of speaking, and with each presentation to the class his effectiveness increased. He was able to use visual aids effectively to good advantage, and he made worthwhile suggestions for improving the presentations of others. He evidenced a sound grasp of the principles of lesson plan format.

Despite his noticeable progress during the course, Mr. Fox needs to show more interest in his students and regularly maintain good eye contact with his entire class. By giving continual attention and practice to vocal variety, overt manifestations of enthusiasm, and the establishment of closer rapport with the students, Mr. Fox should be able to increase considerably his competence as an instructor.

FOR THE DIRECTOR OF TRAINING:

*David Weaver*

9 NOV 1961

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 1)	NAME OF SUPERVISOR (true)	DATE (from item 2)
Jerome Fox	21 March 1961	Frank Denny	21 March 1961
NAME AND SIGNATURE OF OFFICIAL AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE SIGNATURES AND VERIFY DATA IN ITEMS NOS. 1 THROUGH 7, BELOW:			DATE
TO BE COMPLETED BY EMPLOYEE			
1. DATE OF BIRTH	2. GRADE	3. CURRENT POSITION TITLE	
9 October 1928	GS-11	Identification Specialist	
4. SERVICE DESIGNATION (if known)	5. CURRENT STATION OR FIELD BASE		
NA	Tokyo Station		
6. OTHER DUTY STATIONS OR FIELD BASES DURING CURRENT TOUR			7. EXPECTED DATE OF DEPARTURE
NA			October 1961
8. WRITE A DESCRIPTION OF YOUR MAJOR DUTIES DURING THE CURRENT TOUR OF DUTY (see special note on Transmittal Form):			
a) Supervise, coordinate and monitor with KUDOVE, ODYOKE and allied military services, the [redacted] in North Asia specifically covering Japan, [redacted] and South Korea. b) Determine new CHUCKWAGON targets and initiate specific collection projects with appropriate KUDOVE, ODYOKE and allied military units. c) Prepare and provide detailed training and guidance for KUDOVE assets, ODYOKE and allied military personnel, on CHUCKWAGON collection techniques and CHUCKWAGON targets. d) Personally participate in the exploitation of CHUCKWAGON targets when appropriate. e) Conduct official liaison relationships with ODYOKE intelligence units pertaining to KUCHAP interests, as directed by the Chief, SIS, Tokyo.			
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.			
SAME			
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).			
Language Training			

SECRET

D. PREFERENCE FOR NEXT ASSIGNMENT (continued)

C. INDICATE YOUR PREFERENCE FOR NEXT ASSIGNMENT BY INSERTING NUMBERS 1, 2, AND 3 (1st, 2nd, and 3rd choices) IN THE BOXES BELOW:

RETURN TO MY CURRENT STATION  BE ASSIGNED TO HEADQUARTERS FOR A TOUR OF DUTY

BE ASSIGNED TO ANOTHER FIELD STATION

WITH RESPECT TO A POSSIBLE REASSIGNMENT TO ANOTHER FIELD STATION, INDICATE YOUR 1st, 2nd, AND 3rd CHOICE FOR GEOGRAPHIC AREA OR SPECIFIC STATION:

1st CHOICE: London MAN ROOM  
2nd CHOICE: Singapore  
3rd CHOICE: \_\_\_\_\_

10. HOW MUCH LEAVE DO YOU DESIRE BETWEEN ASSIGNMENTS?

30 Days

INDICATE NUMBER OF WORK DAYS \_\_\_\_\_

11. INDICATE THE NUMBER AND AGE OF DEPENDENTS WHO WILL BE TRAVELLING OR MOVING WITH YOU:

Three, 31, 23 months, 8 months

17. SIGNATURE: COMPLETE ITEM NO. 8-1, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF ABOVE PORTION OF THIS FORM.

TO BE COMPLETED BY SUPERVISOR AT FIELD STATION

18. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, INDICATE YOUR RECOMMENDATIONS FOR HIS NEXT ASSIGNMENT AND TRAINING:

[Large empty box for supervisor's comments]

18. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, INDICATE YOUR RECOMMENDATIONS FOR HIS NEXT ASSIGNMENT AND TRAINING:

TO BE COMPLETED BY APPROPRIATE SUPERVISOR AT HEADQUARTERS

18. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE DIVISION TO WHICH HE IS CURRENTLY ASSIGNED, INDICATE YOUR RECOMMENDATIONS FOR HIS NEXT ASSIGNMENT AND TRAINING:

SE Division recommends subject be re-assigned by the IA Career Board.

Headquarters recommends extension of tour for another year.

LEWIS R. FIRSH  
Personnel Officer, ORR

16. NAME OF SUPERVISOR:

[Redacted name]

SIGNATURE:

TITLE:

Chief, HR/IA Personnel

DATE:

17. REMARKS (Additional comments)

SECRET

18 April 1961

MEMORANDUM FOR THE RECORD

SUBJECT: Outstanding Advance Balance, *Gerard Fox*

1. This memorandum is to be made a part of subject's personnel file, by direction of Acting Chief, Tokyo Station.

2. As stated in Paragraph 4 of the Tokyo Station Audit Report for the period 1 September 1960 through 28 February 1961, subject has an outstanding balance of \$167.62 in his travel advance account. The advance has been open since 8 December 1960, despite repeated efforts on the part of Finance to close the account.

3. The balance referred to above is computed as follows:

8 December 1960 - Travel advance	\$500.00
22 March 1961 - Accounting for travel for period 10-18 December 1960	<u>332.38</u>
Balance Outstanding	<u>\$167.62</u>

4. Finance Memorandum 61-19 dated 17 April 1961 again requested that the balance be refunded and the account closed. An addendum to this memorandum, signed by Acting Deputy for Operations, informed KRACKE that he was to refund the balance no later than COB 17 April 1961.

5. *Fox*'s written reply to the memo stated that he would refund the balance no later than 28 April 1961, upon receipt of a bank deposit slip from PBPRIME.

6. After further discussion between POLLOCK, *Fox*, KOLCER, and the undersigned, TOKY 6451 and PJTT-7132 were sent to Headquarters requesting an immediate transfer of \$167.62 from subject's Credit Union account to Finance Division for T/A to Tokyo Station.

7. Subject has been informed that no further advances of official funds will be made to him, except for housing expenses and the exact cost of tickets necessary for official travel.

*Henry R. Singsbabe*  
HENRY R. SINGSBABB  
Finance Officer

Distribution

1 - PERS  
2 - PIR  
1 - A/DOPS

SECRET

## TSS/PB/TRAINING DIVISION EVALUATION

DARKROOM 9

## BASIC PHOTOGRAPHY No. 1

NAME James P. R DIV. GR. BR. EA DATES TRAINED: from 23 June to 17 July '57

This course is primarily designed to develop the following skills: Use of 35 mm cameras with accessories, document copy, processing and printing.

	None	Unsat.	Fair	Good	Excellent	Superior
<b>I. Manipulation of camera.</b>						
a. Leica				X		
b. Retina II C	X					
c. Recordak				X		
<b>II. Processing and printing.</b>						
a. Film loading				X		
b. Film processing				X		
c. Enlarging				X		
d. Reflex and contact printing					X	
<b>III. Use of accessory equipment.</b>						
a. Exposure meter				X		
b. Filters	X					
c. Telephoto and wide angle lenses				X		
<b>IV. Document copy and small objects.</b>						
a. Available light	X					
b. Accessory illumination				X		
c. BOOWU, postea lens, focus slide				X		
<b>V. Ground photography.</b>						
a. Coverage						
b. Report	X					
<b>VI. Casing.</b>						
a. Coverage						
b. Report						
<b>VII. Surveillance.</b>						
a. Coverage						
b. Report						
<b>VIII. Special problems.</b>						
a. Coverage						
b. Report						
General quality of prints				X		
Choice of subject matter				X		
Quality of darkroom work (Cleanliness, etc.)				X		
Attitude toward subject matter				X		
Cooperation					X	

## REMARKS:

Mr. Fox met the course objectives and completed all of the course assignments for the two weeks he attended with average results.

Experiencing some difficulty at the outset, Mr. Fox soon overcame many of his problems in the two week time. He demonstrated an eagerness to learn, by asking to be checked out in not only course equipment, but other equipment as well. He also offered to complete additional assignments on his own time.

It is suggested he continue his practice and association with photography in order to maintain and improve present proficiency.

APPROVED  
C/TSS/ADROBERT J. BA  
Instructor

SECRET  
(When Filled In)

PERIODIC SUPPLEMENT PERSONAL HISTORY STATEMENT		THIS DATE
INSTRUCTIONS		
This form provides the means whereby your official personnel records will be kept current. Even though it duplicates information you have furnished previously, it will be necessary for you to complete Sections I through VI in their entirety. You need complete Sections VII through XII only if there has been a change since you entered on duty with the organization or if you believe the data requires more complete coverage than you have previously reported.		
<b>SECTION I GENERAL</b>		
1. FULL NAME (Last-First-Initial) <i>Fox Jerome</i>		
2. CURRENT ADDRESS (No., Street, City, Zone, State)		3. PERMANENT ADDRESS (No., Street, City, Zone, State)
4. HOME TELEPHONE NUMBER	5. STATE, TERRITORY, POSSESSION OR COUNTRY IN WHICH YOU NOW CLAIM RESIDENCE	
<b>SECTION II PERSON TO BE NOTIFIED IN CASE OF EMERGENCY</b>		
1. NAME	BY RESIDING IN U.S.	2. RELATIONSHIP <i>Aunt</i>
3. NO.		
4. OCC.		
5. HOME	6. BUSINESS TELEPHONE EXTENSION	
7. <i>HO 9 3173</i>		
8. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (Spouse, Mother, Father) MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE.		
<b>SECTION III MARITAL STATUS</b>		
1. CHECK (X) ONE: <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> ANNULLED		
2. FURNISH DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS		
SPOUSE: If you have been married more than once, including annulments, use a separate sheet for former wife or husband giving date below for all previous marriages. If marriage is contemplated, provide same data for fiancee.		
3. NAME		
4. DATE OF MARRIAGE <i>2 Sept. 1951</i>		
5. ADDRESS OF SPOUSE RESIDE <i>New York, N.Y.</i>		
7. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. CAUSE OF DEATH
9. CURRENT ADDRESS (Give last address, if deceased)		
11. DATE OF BIRTH <i>11 June 1930</i>		12. PLACE OF BIRTH (City, State, Country) <i>Jackson, Tenn.</i>
13. IF BORN OUTSIDE U.S., DATE OF ENTRY		14. PLACE OF ENTRY
15. CITIZENSHIP (Country)		16. DATE ACQUIRED
		17. WHERE ACQUIRED (City, State, Country)
18. OCCUPATION <i>Housewife</i>		19. PRESENT EMPLOYER (Give five former employer, or if spouse is deceased or unemployed, last two employers)
20. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country)		

SECTION III CONTINUED TO PAGE 2



SECRET  
(When Filled In)

**SECTION V CONTINUED FROM PAGE 2**

6. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS

NAME OF INSTITUTION	ADDRESS (City, State, Country)
National Bnk of Washington	Wash. D.C.
Old Dominion	Richmond, Va

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

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

**SECTION VI: CITIZENSHIP**

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

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

4. GIVE PARTICULARS:

5. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, INDICATE PRESENT STATUS OF YOUR APPLICATION (File: pending, etc.)

**SECTION VII: EDUCATION**

1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED:

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

2. COLLEGE OR UNIVERSITY STUDY:

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		DAYS ATTENDED		DEGREE REC'D	DATE REC'D	CREDITS COMPLETED (Specify)
	MAJOR	MINOR	FROM	TO			

3. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS:

NAME OF SCHOOL	STUDY OR SPECIALIZATION	DAYS ATTENDED		TOTAL CREDITS
		FROM	TO	

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

NAME OF SCHOOL	STUDY OR SPECIALIZATION	DAYS ATTENDED		TOTAL CREDITS
		FROM	TO	

5. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE:

SECRET

Standard Form No. 54  
September 1954  
U. S. Civil Service Commission  
F. P. M. Chapter 21

### DESIGNATION OF BENEFICIARY FEDERAL EMPLOYEES' GROUP LIFE INSURANCE ACT OF 1951

**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)
FOX	JEROME		October 9, 1928

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

(Department or Agency)	(Bureau)	(Division)
------------------------	----------	------------

I, the employee 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 employee, in which event this Designation of Beneficiary shall terminate.

**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
<b>Cancel prior designations</b>			

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.

August 30, 1956

(Date of signature) (Month, day, year) (Signature of Insured)

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

(Signature of Witness)	(Name and Address)	(City, State, and Zip)
------------------------	--------------------	------------------------

(Signature of Witness)	(Name and Address)	(City, State, and Zip)
------------------------	--------------------	------------------------

PRINT OR TYPE NAME AND ADDRESS OF INSURED

Jerome Fox  
[Redacted Address]

THIS SPACE RESERVED FOR DELIVERING AGENCY

U.S. CIVIL SERVICE COMMISSION  
11 27 AM '56  
MAIL ROOM

IF ISSUED AS AN EMPLOYEE, SEND BOTH COPIES TO THE PEOPLE OFFICE OF THE U.S. CIVIL SERVICE COMMISSION, WASHINGTON, D.C. IF ISSUED AS AN ANNUITANT, SEND BOTH COPIES TO THE CIVIL SERVICE COMMISSION, WASHINGTON, D.C. FOR THE U.S. POSTAL SERVICE.

**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 120th Street, New York, N. Y.	Father	All
Otherwise to: Susan A. Parrish	810 West 120th 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 names as M. E. Brown or as Mrs. John M. Brown.  
 \*\*Do share that the shares to be paid to the several beneficiaries add up to 100 percent.

CONFIDENTIAL

TO : Chief, Fiscal Division 1405 Alcott Hall  
FROM : Chief, Records and Services Division  
SUBJECT: SF-2808

Attached is SF-2808 (Designation of Beneficiary) for:

For Jerome

Rec'd Mella Kuster

Date 21 JUN 1955

Please sign second copy and return to:

Chief, Transactions and Records Branch  
Room 187  
Curie Hall

*Joseph S. Reff*  
JOSEPH S. REFF

CONFIDENTIAL

## APPOINTMENT AFFIDAVITS

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

CENTRAL INTELLIGENCE AGENCY

(Department or agency)

WASHINGTON, D.C.

(Bureau or division)

(Place of employment)

I, Jerome Fox, 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 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 paid, or offered or promised to pay, any money or other thing of value to any person, firm or corporation for the use of influence to procure my appointment.

### E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

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

15 June 1955

(Date of swearing on duty)

*Jerome Fox*

(Signature of appointee)

Subscribed and sworn before me this 15th day of June, A. D. 1955

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

[Seal]

(Signature of officer)

(Title)

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

## DECLARATION OF APPOINTEE

This form is to be completed before entrance on duty. Answer all questions. Any false statement in this declaration will be grounds for cancellation of application or dismissal after appointment. Imprisonment is a criminal offense and will be prosecuted accordingly.

1. PRES. [REDACTED]

2. (A) DATE OF BIRTH: **OCT 9, 1928** (B) PLACE OF BIRTH (city or town and State or country): **BROOKLYN, N.Y.**

(C) RELATIONSHIP: **Brother** (D) STREET AND NUMBER, CITY AND STATE: [REDACTED] (E) TELEPHONE NO.: **EL-5-7829**

3. DO YOU, THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (OTHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS?  YES  NO

If so, for each such relative fill in the blanks below. If additional space is necessary, complete under item 10.

NAME	POST OFFICE ADDRESS (One street number, if any)	(1) POSITION (2) DEPARTMENT OR AGENCY IN WHICH EMPLOYED	RELATIONSHIP	MAR-RIED (Check one)	SINGLE

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO	ITEM NO.	10. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS WRITE IN LEFT COLUMN NUMBERS OF ITEMS TO WHICH DETAILED ANSWERS APPLY
1. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?	X			
2. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? <i>If your answer is "Yes", give details in Item 10.</i>		X		
3. DO YOU RECEIVE ANY ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? <i>If your answer is "Yes", give in Item 10 reason for retirement, that is, age, physical disability, or the reason of military or naval service; specify date of termination of service, amount of retirement pay, and under what retirement act; and state if retired from military or naval service.</i>		X		
4. SINCE THIS APPLICATION BECAME OPEN IN THIS APPOINTMENT HAVE YOU BEEN EMPLOYED OR ENGAGED IN OTHER FACTORY OR UNLAWFUL SERVICE FROM ANY EMPLOYER? <i>If your answer is "Yes", give in Item 10 the name and address of employer, date and reason in each case.</i>		X		
5. HAVE YOU BEEN ARRESTED (NOT INCLUDING TRAFFIC VIOLATIONS, AND WHEN YOU WERE FINED OR PENALIZED) FOR FEDERAL OR STATE OR LOCAL LAWS SINCE YOU FILED APPLICATION BECAME OPEN IN THIS APPOINTMENT? <i>If your answer is "Yes", list all such cases under Item 10. 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 fine, or other disposition of the case. If appointed, your fingerprints will be taken.</i>		X		

### INSTRUCTIONS TO APPOINTING OFFICER

The appointing officer before whom the foregoing certificate is made shall determine to his own satisfaction that the appointment of such person is in accordance with the Civil Service Act, applicable Civil Service Rules and Regulations and acts of Congress pertaining to appointments.

This form should be checked for correctness of name, position, status and registration with any record of record knowledge of office, and photo made for the following:

(1) **Identity of appointee**—It is the duty of the appointing officer to check against representation and to determine to his own satisfaction that the appointee is the same person whose application was submitted. The appointee's signature and handwriting should be compared with the application and other pertinent records. If the appointee is a woman, compare with the photograph on the form should be compared with the signature on the declaration which was filed on the application form. The appointee's appearance may be checked against the physical certificate. The appointee may also be questioned as to personal history and appointment with previous positions.

(2) **Age**—If definite age limits have been established for the position, it should be determined that applicant is not outside the age range for appointment. When such determination is made, the appointment may not be consummated.

(3) **Citizenship**—The appointing officer is responsible for checking the citizenship provisions of (1) the Civil Service Rules and (2) applicable laws. Form 88 constitutes an affidavit of birth, parentage and citizenship of applicant of citizenship status in the absence of conflicting evidence. In doubtful cases the appointing officer should be consulted with the Division of Citizenship and Naturalization of the Civil Service Commission.

(4) **Members of Family**—Section 4 of the Civil Service Act prohibited whenever there are already two or more members of a family serving under professional or technical appointments in the competitive series. The appointing officer should be consulted for the interpretation of this provision. The appointing officer should be consulted for the interpretation of this provision. The appointing officer should be consulted for the interpretation of this provision.

Standard Form No. 64  
September 1954  
U. S. Civil Service Commission  
7, F. S. Chapter 21

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)
FOX	JEROME		OCTOBER 9, 1928
DEPARTMENT OR AGENCY IN WHICH EMPLOYED (If retired, so state and give "CSA" or "CSI" number):			
CIA (Department or agency) (Branch) (Division)			

I, the employee 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 employee, in which event this Designation of Beneficiary shall terminate.

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
		Brother	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 beneficiary 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.

JUNE 15, 1955

(Date of execution - month, day, year)

*Jerome Fox*  
(Signature of insured)

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

[Empty box for witness name and address]

(City, zone number, and State)

Washington, D.C.  
(City, zone number, and State)

PRINT OR TYPE NAME AND ADDRESS OF INSURED

JEROME FOX

THIS SPACE RESERVED FOR RECEIVING AGENCY

Rec'd Off of Personnel  
6/15/55  
Margaret J. Donnelly  
(Indicate date and by whom received)

**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. Rowo	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 M. Brown.  
 \*\*Be sure that the shares to be paid to the several beneficiaries add up to 100 percent.





**PART III.—DETERMINING CREDITABLE SERVICE  
AND SERVICE COMPUTATION DATE FOR  
LEAVE PURPOSES**

TOTAL SERVICE (Item 13) .....

NONCREDITABLE SERVICE (Item 13) .....

CREDITABLE SERVICE (Leave purposes) .....

ENTRANCE ON DUTY DATE (Present agency) .....

LESS CREDITABLE SERVICE (Leave purposes) .....

SERVICE COMPUTATION DATE (Leave purposes) .....

YEARS	MONTHS	DAYS

*revised  
1/11/57*

5	5	15
1	1	29
54	4	16

**PART IV.—DETERMINING CREDITABLE SERVICE  
AND SERVICE COMPUTATION DATE FOR  
REDUCTION IN FORCE PURPOSES**

(To be completed only in those cases when the amount of creditable service for reduction  
in force purposes differs from the amount creditable for leave purposes)

TOTAL SERVICE (Item 13) .....

NONCREDITABLE SERVICE (Item 14) .....

CREDITABLE SERVICE (RIF purposes) .....

ENTRANCE ON DUTY DATE (Present agency) .....

LESS CREDITABLE SERVICE (RIF purposes) .....

SERVICE COMPUTATION DATE (RIF purposes)  
(Enter as the "service computation date" on the employee's "Service Record Card," SF-7)

YEARS	MONTHS	DAYS


REMARKS:

SECRET

1. NAME (Last, First, Middle) <b>FOX, JEROME (NMI)</b>		2. DATE OF BIRTH <b>OCT 1928</b>		3. GRADE <b>GS-13</b>	
4. OFFICE, DIVISION, BRANCH (or overseas station and existing cover if lateral assignment) <b>DDP/FE/PMI</b>		5. PRESENT POSITION <b>Ops Officer - PMI/P</b>		6. EMPLOYEE EXTENS. <b>6109</b>	
7. PROPOSED STATION <b>Sanila, Pl.</b>		8. PROPOSED POSITION (Title, Number, Grade) <b>OPS Officer-4947-GS-13</b>			
STATION		10. ESTIMATED DATE OF DEPARTURE <b>10 May 1969</b>		11. NO. OF DEPENDENTS TO ACCOMPANY <b>3</b>	
12. COMMENTS <b>Request evaluation of current medical for proposed PCS assignment</b>					
13. DATE OF REQUEST <b>24 Jan 1969</b>		14. SIGNATURE OF REQUESTING OFFICER <i>Dale R. Skovgaard</i> <b>Dale R. Skovgaard</b> FE/PEKS/PMI		15. ROOM NUMBER AND BUILDING <b>6 22</b>	
16. EXTENSION <b>6109</b>					
17. OFFICE OF MEDICAL SERVICES DISPOSITION					
18. OFFICE OF SECURITY DISPOSITION					
OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION  <b>27 MAR 1969</b> <b>QUALIFIED FOR OVERSEAS ASSIGNMENT</b> <i>78</i> <b>Chairman, Overseas Candidate Review Panel</b>					
<b>REQUEST FOR PCS OVERSEAS EVALUATION</b>					

SECRET

1. NAME (Last, First, Middle) <b>Fox, James (MI)</b>		2. DATE OF BIRTH <b>9 October 1929</b>		3. GRADE <b>GS-12</b>	
4. OFFICE, DIVISION, BRANCH (or overseas station and existing cover if lateral assignment) <b>DSP/TE/MI</b>			5. PRESENT POSITION <b>Ops Officer</b>		6. EMPLOYEE EXTENSION <b>100</b>
7. PROPOSED STATION <div style="border: 1px solid black; width: 100px; height: 30px; margin: 5px;"></div>			8. PROPOSED POSITION (Title, Number, Grade) <b>Ops Officer/4A1/GS-13</b>		
9. <b>FOR</b>			10. ESTIMATED DATE OF DEPARTURE <b>1 June 1968</b>		11. NO. OF DEPENDENTS TO ACCOMPANY <b>3</b>
12. COMMENTS <b>Request that Subject's <div style="border: 1px solid black; width: 100px; height: 15px; display: inline-block;"></div> physical be re-evaluated for the above PCS assignment.</b>					
13. DATE OF REQUEST <b>23 December 1967</b>		14. SIGNATURE OF REQUESTING OFFICIAL <b>Virginia Barry</b>		15. ROOM NUMBER AND BUILDING <b>7 E 22</b>	16. EXTENSION <b>6109</b>
17. OFFICE OF MEDICAL SERVICES DISPOSITION					
18. OFFICE OF SECURITY DISPOSITION <b>11 E 22</b>					
19. OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION					
<b>REQUEST FOR PCS OVERSEAS EVALUATION</b>					

file

# PERSONAL HISTORY STATEMENT

**Instructions:** 1. Answer all questions completely. If question is not applicable write "NA." Write "unknown" only if you do not know the answer and cannot obtain the answer from personal records. Use the blank pages at the end of this form for extra details on any question or questions for which you do not have sufficient room.

2. Type, print, or write carefully; illegible or incomplete forms will not receive consideration.

HAVE YOU READ AND DO YOU UNDERSTAND THE INSTRUCTIONS? YES  
(Yes or No)

## Sec. 1. PERSONAL BACKGROUND

**A. FULL NAME** Miss JEROME Telephone: Office KX 3-6115  
 (Use No. Mr. FX Ext. 672  
 Initials) Mrs. (First) (Middle) (Last) Hqs. [Redacted]

PRESENT ADDRESS [Redacted] (Country)

PERMANENT ADDRESS NA (St. and Number) (City) (State) (Country)

**B. NICKNAME** JERRY WHAT OTHER NAMES HAVE YOU USED? NA

UNDER WHAT CIRCUMSTANCES HAVE YOU EVER USED THESE NAMES?

HOW LONG? IF A LEGAL CHANGE, GIVE PARTICULARS

**C. DATE OF BIRTH** Oct 9, 1918 (Where?) PLACE OF BIRTH ALBANY, N.Y. (By what authority?) (City) (State) (Country)

**D. PRESENT CITIZENSHIP** U.S.A. (Country) BY BIRTH? YES BY MARRIAGE? NA

BY NATURALIZATION CERTIFICATE NO. NA ISSUED (Date) BY (Court)

AT (City) (State) (Country)

HAVE YOU HAD A PREVIOUS NATIONALITY? NO (Yes or No) (Country)

HELD BETWEEN WHAT DATES? TO ANY OTHER NATIONALITY? (Country)

GIVE PARTICULARS

HAVE YOU TAKEN STEPS TO CHANGE PRESENT CITIZENSHIP? NO GIVE PARTICULARS:

~~CONFIDENTIAL~~  
 SECURITY INFORMATION

(2)

E. IF BORN OUTSIDE U. S. WHEN DID YOU FIRST ARRIVE IN THIS COUNTRY? U.A.

PORT OF ENTRY? \_\_\_\_\_ ON PASSPORT OF WHAT COUNTRY? \_\_\_\_\_

LAST U. S. VISA \_\_\_\_\_  
(Number) (Type) (Place of Issue) (Date of Issue)

Sec. 2. PHYSICAL DESCRIPTION

AGE \_\_\_\_\_ SEX \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

EYES \_\_\_\_\_ HAIR \_\_\_\_\_ COMPLEXION \_\_\_\_\_ SCARS \_\_\_\_\_

BUILD \_\_\_\_\_ OTHER DISTINGUISHING FEATURES \_\_\_\_\_

Sec. 3. MARITAL STATUS

A. SINGLE \_\_\_\_\_ MARRIED  DIVORCED \_\_\_\_\_ WIDOWED \_\_\_\_\_

STATE DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS \_\_\_\_\_

B. WIFE OR HUSBAND (IF YOU HAVE BEEN MARRIED MORE THAN ONCE--INCLUDING ANNULMENTS--USE A SEPARATE SHEET FOR FORMER WIFE OR HUSBAND GIVING DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.)

NAME OF SPOUSE \_\_\_\_\_  
(First) (Middle) (Matron) (Last)

PLACE AND DATE OF MARRIAGE NEW YORK, N.Y. SEPT 2, 1956

HIS (OR HER) ADDRESS BEFORE MARRIAGE \_\_\_\_\_  
(St. and Number) (City) (State) (Country)

LIVING OR DECEASED Living DATE OF DECEASE \_\_\_\_\_ CAUSE \_\_\_\_\_

PRESENT, OR LAST, ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State) (Country)

DATE OF BIRTH JUNE 11, 1930 PLACE OF BIRTH JACKSON, TENN. MADISON  
(City) (State) (Country)

IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY U.A.

CITIZENSHIP U.S.A. WHEN ACQUIRED? BIRTH WHERE? \_\_\_\_\_

OCCUPATION CLERK LAST EMPLOYER \_\_\_\_\_

EMPLOYER'S OR BUSINESS ADDRESS \_\_\_\_\_  
(City) (State) (Country)

MILITARY SERVICE FROM U.A. TO \_\_\_\_\_ BRANCH OF SERVICE \_\_\_\_\_  
(Date) (Date)

COUNTRY \_\_\_\_\_ DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN \_\_\_\_\_

E. IF BORN OUTSIDE U. S. WHEN DID YOU FIRST ARRIVE IN THIS COUNTRY? NA

PORT OF ENTRY? \_\_\_\_\_ ON PASSPORT OF WHAT COUNTRY? \_\_\_\_\_

LAST U. S. VISA \_\_\_\_\_  
(Number) (Type) (Place of Issue) (Date of Issue)

Sec. 2. PHYSICAL DESCRIPTION

AGE \_\_\_\_\_ SEX \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_  
EYES \_\_\_\_\_ HAIR \_\_\_\_\_ COMPLEXION \_\_\_\_\_ SCARS \_\_\_\_\_  
BUILD \_\_\_\_\_ OTHER DISTINGUISHING FEATURES \_\_\_\_\_

Sec. 3. MARITAL STATUS

A. SINGLE \_\_\_\_\_ MARRIED  DIVORCED \_\_\_\_\_ WIDOWED \_\_\_\_\_

STATE DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS \_\_\_\_\_

B. WIFE OR HUSBAND (IF YOU HAVE BEEN MARRIED MORE THAN ONCE—INCLUDING ANNULMENTS—USE A SEPARATE SHEET FOR FORMER WIFE OR HUSBAND GIVING DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.)

NAME OF SPOUSE \_\_\_\_\_  
(First) (Middle) (Matron) (Last)

PLACE AND DATE OF MARRIAGE NEW YORK, N.Y. SEPT 2, 1956

HIS (OR HER) ADDRESS BEFORE MARRIAGE \_\_\_\_\_  
(St. and Number) (City) (State) (Country)

LIVING OR DECEASED Living DATE OF DECEASE \_\_\_\_\_ CAUSE \_\_\_\_\_

PRESENT, OR LAST, ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State) (Country)

DATE OF BIRTH June 11, 1936 PLACE OF BIRTH JACKSON, TENN. MISSISSIPPI  
(City) (State) (Country)

IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY NA

CITIZENSHIP USA WHEN ACQUIRED? BIRTH WHERE? \_\_\_\_\_

OCCUPATION CLERK LAST EMPLOYER \_\_\_\_\_

EMPLOYER'S OR BUSINESS ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State) (Country)

MILITARY SERVICE FROM NA TO \_\_\_\_\_ BRANCH OF SERVICE \_\_\_\_\_  
(Date) (Date)

COUNTRY \_\_\_\_\_ DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN \_\_\_\_\_

SEC. 4. CHILDREN OR DEPENDENTS (Include partial dependents):

1. NAME ..... RELATIONSHIP ..... AGE .....  
CITIZENSHIP ..... ADDRESS .....  
(St. and Number) (City) (State) (Country)

2. NAME ..... RELATIONSHIP ..... AGE .....  
CITIZENSHIP ..... ADDRESS .....  
(St. and Number) (City) (State) (Country)

3. NAME ..... RELATIONSHIP ..... AGE .....  
CITIZENSHIP ..... ADDRESS .....  
(St. and Number) (City) (State) (Country)

SEC. 5. FATHER (Give the same information for stepfather and/or guardian on a separate sheet)

FULL NAME .....  
(First) (Middle) (Last)

LIVING OR DECEASED ..... DATE OF DECEASE ..... CAUSE .....

PRESENT, OR LAST, ADDRESS .....  
(St. and Number) (City) (State) (Country)

DATE OF BIRTH ..... PLACE OF BIRTH .....  
(City) (State) (Country)

IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY .....

CITIZENSHIP ..... WHEN ACQUIRED? ..... WHERE? .....  
(City) (State) (Country)

OCCUPATION ..... LAST EMPLOYER .....

EMPLOYER'S OR OWN BUSINESS ADDRESS .....  
(St. and Number) (City) (State) (Country)

MILITARY SERVICE FROM ..... TO ..... BRANCH OF SERVICE .....

(Date) (Date)

COUNTRY ..... DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN .....

SEC. 6. MOTHER (Give the same information for stepmother on a separate sheet)

FULL NAME .....  
(First) (Middle) (Last)

LIVING OR DECEASED ..... DATE OF DECEASE ..... CAUSE .....

PRESENT, OR LAST, ADDRESS .....  
(St. and Number) (City) (State) (Country)

DATE OF BIRTH ..... PLACE OF BIRTH .....  
(City) (State) (Country)

CITIZENSHIP ..... WHEN ACQUIRED? ..... WHERE? .....  
(City) (State) (Country)

IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY .....



(4)

OCCUPATION ..... LAST EMPLOYER .....

EMPLOYER'S OR OWN BUSINESS ADDRESS .....  
(St. and Number) (City) (State) (Country)

MILITARY SERVICE FROM ..... TO ..... BRANCH OF SERVICE .....

COUNTRY ..... DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN .....

**SEC. 7. BROTHERS AND SISTERS (Including half-, step-, and adopted brothers and sisters):**

1. FULL NAME ..... AGE .....  
(First) (Middle) (Last)

PRESENT ADDRESS .....  
(St. and Number) (City) (State) (Country) (Citizenship)

2. FULL NAME ..... AGE .....  
(First) (Middle) (Last)

PRESENT ADDRESS .....  
(St. and Number) (City) (State) (Country) (Citizenship)

3. FULL NAME ..... AGE .....  
(First) (Middle) (Last)

PRESENT ADDRESS .....  
(St. and Number) (City) (State) (Country) (Citizenship)

4. FULL NAME ..... AGE .....  
(First) (Middle) (Last)

PRESENT ADDRESS .....  
(St. and Number) (City) (State) (Country) (Citizenship)

5. FULL NAME ..... AGE .....  
(First) (Middle) (Last)

PRESENT ADDRESS .....  
(St. and Number) (City) (State) (Country) (Citizenship)

**SEC. 8. FATHER-IN-LAW**

FULL NAME .....  
(First) (Middle) (Last)

LIVING OR DECEASED LIVING DATE OF DECEASE ..... CAUSE .....

PRESENT, OR LAST, ADDRESS ..... JEAN MADISON  
(St. and Number) (City) (State) (Country)

DATE OF BIRTH ..... PLACE OF BIRTH JACKSON, TENN

IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY NA

CITIZENSHIP USA WHEN ACQUIRED? BIRTH WHERE? .....  
(City) (State) (Country)

OCCUPATION ..... LAST EMPLOYER .....

SEC. 9. MOTHER-IN-LAW

FULL NAME \_\_\_\_\_  
(First) (Middle) (Last)

LIVING OR DECEASED DECEASED DATE OF DECEASE NOT KNOWN

PRESENT, OR LAST, ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State) (Country) 700 MADISON

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH INDICATED, N.Y.

IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY NA

CITIZENSHIP U.S.A. WHEN ACQUIRED? BIRTH WHERE? \_\_\_\_\_  
(City) (State) (Country)

OCCUPATION NA LAST EMPLOYER \_\_\_\_\_

SEC. 10. RELATIVES BY BLOOD, MARRIAGE OR ADOPTION, WHO EITHER LIVE ABROAD OR WHO ARE NOT CITIZENS OF THE UNITED STATES:

1. NAME NA RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
 CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State) (Country)

2. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
 CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State) (Country)

3. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
 CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State) (Country)

SEC. 11. RELATIVES BY BLOOD OR MARRIAGE IN THE MILITARY OR CIVIL SERVICE OF THE U. S. OR OF A FOREIGN GOVERNMENT:

1. NAME NA RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
 CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State) (Country)

TYPE AND LOCATION OF SERVICE (IF KNOWN) \_\_\_\_\_

2. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
 CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State) (Country)

TYPE AND LOCATION OF SERVICE (IF KNOWN) \_\_\_\_\_

3. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
 CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State) (Country)

TYPE AND LOCATION OF SERVICE (IF KNOWN) \_\_\_\_\_

(14)

F. IF, TO YOUR KNOWLEDGE, ANY OF THE ABOVE HAS CONDUCTED AN INVESTIGATION OF YOU, INDICATE BELOW THE NAME OF THAT AGENCY AND THE APPROXIMATE DATE OF THE INVESTIGATION:

Four horizontal dashed lines for providing agency names and dates.

Sec. 26. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State) (Country)

Sec. 27. YOU ARE INFORMED THAT THE CORRECTNESS OF ALL STATEMENTS MADE HEREIN WILL BE INVESTIGATED.

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

Five horizontal dashed lines for describing unfavorable incidents.

Sec. 28. I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I AGREE THAT ANY MISSTATEMENT OR OMISSION AS TO A MATERIAL FACT WILL CONSTITUTE GROUNDS FOR IMMEDIATE DISMISSAL OR REJECTION OF MY APPLICATION.

SIGNED AT WASHINGTON, D. C. DATE AUG 30, 1956  
(City and State)

(Witness)

*James F. J.*  
Signature of Applicant

USE THE FOLLOWING PAGES FOR EXTRA DETAILS. NUMBER ACCORDING TO THE NUMBER OF THE QUESTION TO WHICH THEY RELATE. SIGN YOUR NAME AT THE END OF THE ADDED MATERIAL. IF ADDITIONAL SPACE IS REQUIRED USE EXTRA PAGES THE SAME SIZE AS THESE AND SIGN EACH SUCH PAGE.





### PERSONAL HISTORY STATEMENT

Instructions: 1. Answer all questions completely. If question is not applicable write "N/A". Write unknown only if you do not know the answer and cannot obtain the answer from personal records. Use the blank pages at the end of this form for extra details on any question or questions for which you do not have sufficient room.  
 2. Type, print, or write carefully; illegible or inaccurate copies will not receive complete credit.

#### HAVE YOU READ AND DO YOU UNDERSTAND THE INSTRUCTIONS?

#### 82a. PERSONAL BACKGROUND

1. FULL NAME IN FULL (Last, First, Middle Initial) \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_

2. CURRENT ADDRESS (Street, City, State, Zip) \_\_\_\_\_

3. PREVIOUS ADDRESSES (Street, City, State, Zip) \_\_\_\_\_

4. SOCIAL SECURITY NUMBER (Last four digits) \_\_\_\_\_

5. CURRENT EMPLOYER (Name, Address, City, State, Zip) \_\_\_\_\_

6. EDUCATION (School Name, Address, City, State, Zip) \_\_\_\_\_

7. MARITAL STATUS (Married, Single, Divorced, Widowed) \_\_\_\_\_

8. CURRENT MILITARY SERVICE (Branch, Grade, Address, City, State, Zip) \_\_\_\_\_

9. CURRENT CONTACT INFORMATION (Phone Number, Email Address) \_\_\_\_\_

10. CURRENT CONTACT INFORMATION (Phone Number, Email Address) \_\_\_\_\_

11. CURRENT CONTACT INFORMATION (Phone Number, Email Address) \_\_\_\_\_

12. CURRENT CONTACT INFORMATION (Phone Number, Email Address) \_\_\_\_\_

13. CURRENT CONTACT INFORMATION (Phone Number, Email Address) \_\_\_\_\_

14. CURRENT CONTACT INFORMATION (Phone Number, Email Address) \_\_\_\_\_

15. CURRENT CONTACT INFORMATION (Phone Number, Email Address) \_\_\_\_\_

16. CURRENT CONTACT INFORMATION (Phone Number, Email Address) \_\_\_\_\_

17. CURRENT CONTACT INFORMATION (Phone Number, Email Address) \_\_\_\_\_

18. CURRENT CONTACT INFORMATION (Phone Number, Email Address) \_\_\_\_\_

19. CURRENT CONTACT INFORMATION (Phone Number, Email Address) \_\_\_\_\_

20. CURRENT CONTACT INFORMATION (Phone Number, Email Address) \_\_\_\_\_

21. CURRENT CONTACT INFORMATION (Phone Number, Email Address) \_\_\_\_\_

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23. CURRENT CONTACT INFORMATION (Phone Number, Email Address) \_\_\_\_\_

24. CURRENT CONTACT INFORMATION (Phone Number, Email Address) \_\_\_\_\_

25. CURRENT CONTACT INFORMATION (Phone Number, Email Address) \_\_\_\_\_

26. CURRENT CONTACT INFORMATION (Phone Number, Email Address) \_\_\_\_\_

27. CURRENT CONTACT INFORMATION (Phone Number, Email Address) \_\_\_\_\_

28. CURRENT CONTACT INFORMATION (Phone Number, Email Address) \_\_\_\_\_

29. CURRENT CONTACT INFORMATION (Phone Number, Email Address) \_\_\_\_\_

30. CURRENT CONTACT INFORMATION (Phone Number, Email Address) \_\_\_\_\_

31. CURRENT CONTACT INFORMATION (Phone Number, Email Address) \_\_\_\_\_

32. CURRENT CONTACT INFORMATION (Phone Number, Email Address) \_\_\_\_\_

33. CURRENT CONTACT INFORMATION (Phone Number, Email Address) \_\_\_\_\_

34. CURRENT CONTACT INFORMATION (Phone Number, Email Address) \_\_\_\_\_

35. CURRENT CONTACT INFORMATION (Phone Number, Email Address) \_\_\_\_\_

36. CURRENT CONTACT INFORMATION (Phone Number, Email Address) \_\_\_\_\_

37. CURRENT CONTACT INFORMATION (Phone Number, Email Address) \_\_\_\_\_

38. CURRENT CONTACT INFORMATION (Phone Number, Email Address) \_\_\_\_\_

39. CURRENT CONTACT INFORMATION (Phone Number, Email Address) \_\_\_\_\_

40. CURRENT CONTACT INFORMATION (Phone Number, Email Address) \_\_\_\_\_

41. CURRENT CONTACT INFORMATION (Phone Number, Email Address) \_\_\_\_\_

42. CURRENT CONTACT INFORMATION (Phone Number, Email Address) \_\_\_\_\_

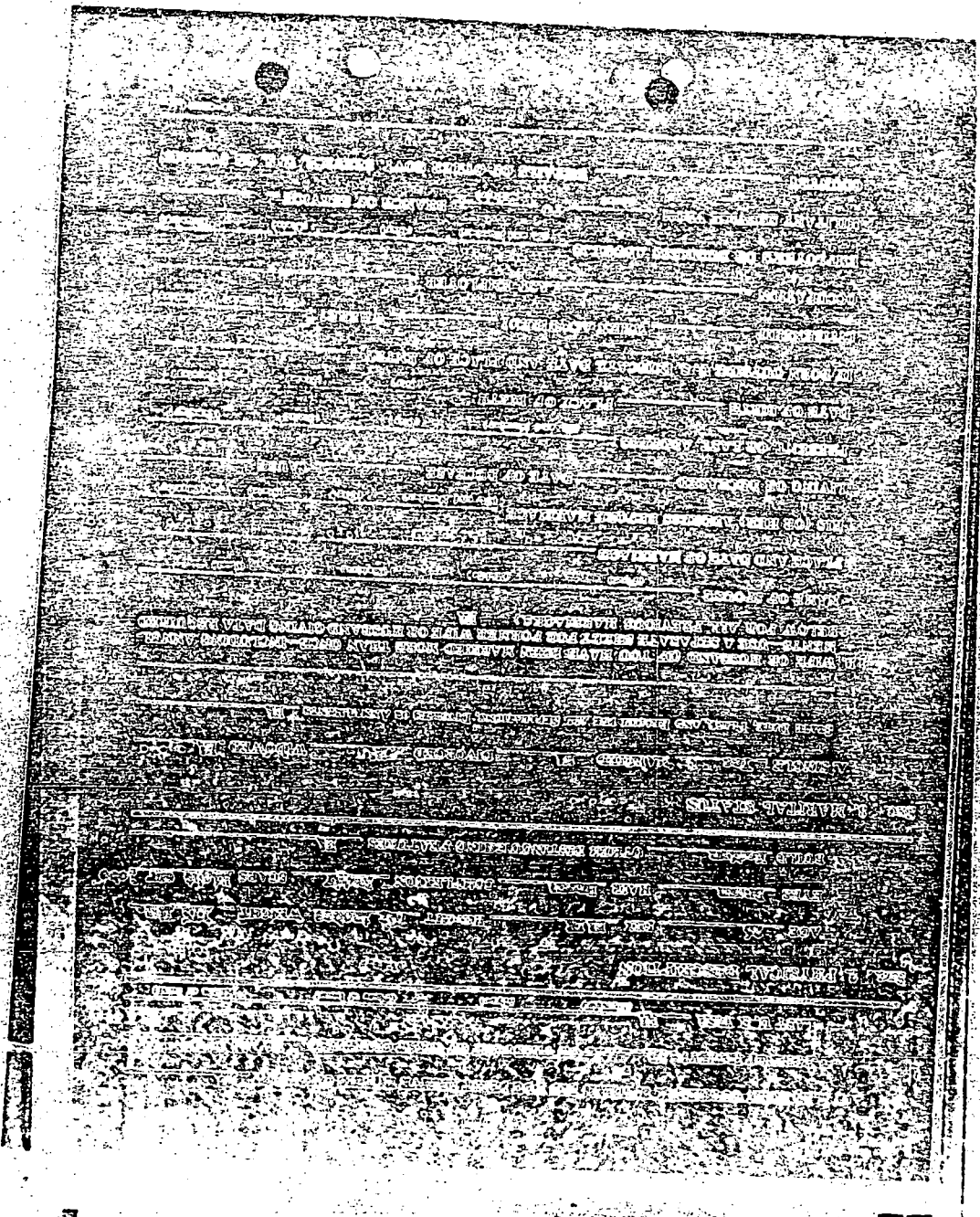
43. CURRENT CONTACT INFORMATION (Phone Number, Email Address) \_\_\_\_\_

44. CURRENT CONTACT INFORMATION (Phone Number, Email Address) \_\_\_\_\_

45. CURRENT CONTACT INFORMATION (Phone Number, Email Address) \_\_\_\_\_

46. CURRENT CONTACT INFORMATION (Phone Number, Email Address) \_\_\_\_\_

47. CURRENT CONTACT INFORMATION (Phone Number, Email Address) \_\_\_\_\_



See 1 CHILDREN OR DEPENDENTS (Include partial dependents) 1B

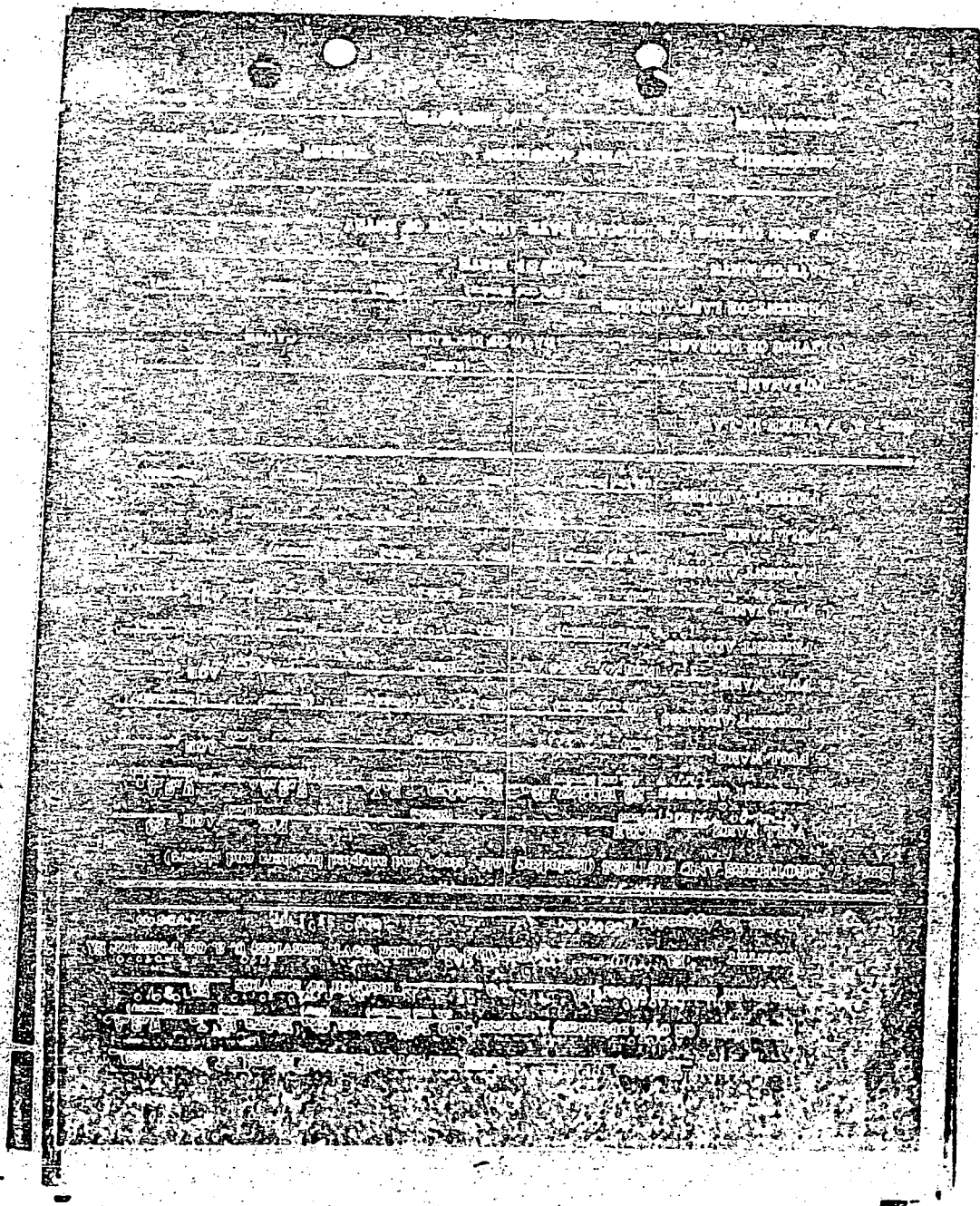
1. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
 CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 2. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
 CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 3. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
 CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_

See 1A PARTNER (Give the same information for partner and/or partner in a separate sheet)

1. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
 CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 2. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
 CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 3. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
 CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_

See 1C CHILDREN (Give the same information for children and/or children in a separate sheet)

1. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
 CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 2. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
 CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 3. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
 CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_



SEC. 8. MOTHER-IN-LAW

FULL NAME \_\_\_\_\_  
LIVING OR DECEASED \_\_\_\_\_ DATE OF DECEASE \_\_\_\_\_ CAUSE \_\_\_\_\_  
PRESENT OR LAST ADDRESS \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
IF BORN OUTSIDE U.S. GIVE DATE DATE AND PLACE OF ENTRY \_\_\_\_\_  
CITIZENSHIP \_\_\_\_\_ WHEN ACQUIRED \_\_\_\_\_ WHEREBY \_\_\_\_\_  
OCCUPATION \_\_\_\_\_ (LAST EMPLOYER \_\_\_\_\_)

SEC. 10. RELATIVES BY BLOOD, MARRIAGE OR ADOPTION, WHO RESIDE ABROAD OR WHO ARE NOT CITIZENS OF THE UNITED STATES

NAME \_\_\_\_\_  
RESIDENCE \_\_\_\_\_  
CITIZENSHIP \_\_\_\_\_  
RELATIONSHIP TO \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
IF BORN OUTSIDE U.S. GIVE DATE DATE AND PLACE OF ENTRY \_\_\_\_\_  
CITIZENSHIP \_\_\_\_\_ WHEN ACQUIRED \_\_\_\_\_ WHEREBY \_\_\_\_\_  
OCCUPATION \_\_\_\_\_ (LAST EMPLOYER \_\_\_\_\_)

SEC. 11. RELATIVES BY BLOOD, MARRIAGE OR ADOPTION, WHO RESIDE ABROAD OR WHO ARE NOT CITIZENS OF THE UNITED STATES

NAME \_\_\_\_\_  
RESIDENCE \_\_\_\_\_  
CITIZENSHIP \_\_\_\_\_  
RELATIONSHIP TO \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
IF BORN OUTSIDE U.S. GIVE DATE DATE AND PLACE OF ENTRY \_\_\_\_\_  
CITIZENSHIP \_\_\_\_\_ WHEN ACQUIRED \_\_\_\_\_ WHEREBY \_\_\_\_\_  
OCCUPATION \_\_\_\_\_ (LAST EMPLOYER \_\_\_\_\_)

SEC. 12. RELATIVES BY BLOOD, MARRIAGE OR ADOPTION, WHO RESIDE ABROAD OR WHO ARE NOT CITIZENS OF THE UNITED STATES

NAME \_\_\_\_\_  
RESIDENCE \_\_\_\_\_  
CITIZENSHIP \_\_\_\_\_  
RELATIONSHIP TO \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
IF BORN OUTSIDE U.S. GIVE DATE DATE AND PLACE OF ENTRY \_\_\_\_\_  
CITIZENSHIP \_\_\_\_\_ WHEN ACQUIRED \_\_\_\_\_ WHEREBY \_\_\_\_\_  
OCCUPATION \_\_\_\_\_ (LAST EMPLOYER \_\_\_\_\_)



THE UNIVERSITY OF CALIFORNIA

A KIND OF POSITION APPLIED FOR \_\_\_\_\_

IF YOU ARE WILLING TO TRAVEL FREQUENTLY OR OCCASIONALLY

FREQUENTLY \_\_\_\_\_ OCCASIONALLY \_\_\_\_\_

IF YOU WILL ACCEPT APPROXIMATELY \_\_\_\_\_

ANYWHERE IN THE UNITED STATES \_\_\_\_\_

IF YOU WILL ACCEPT APPROXIMATELY \_\_\_\_\_

EDUCATION

EDUCATIONAL INSTITUTION \_\_\_\_\_

DEGREE \_\_\_\_\_

DATE OF DEGREE \_\_\_\_\_

EDUCATIONAL INSTITUTION \_\_\_\_\_

DEGREE \_\_\_\_\_

DATE OF DEGREE \_\_\_\_\_

EDUCATIONAL INSTITUTION \_\_\_\_\_

DEGREE \_\_\_\_\_

DATE OF DEGREE \_\_\_\_\_

EDUCATIONAL INSTITUTION \_\_\_\_\_

DEGREE \_\_\_\_\_

DATE OF DEGREE \_\_\_\_\_

THE UNIVERSITY OF CHICAGO  
PHYSICS DEPARTMENT  
5712 SOUTH DICKENS STREET  
CHICAGO, ILLINOIS 60637  
TEL: 773-936-3700  
WWW.PHYSICS.UCHICAGO.EDU

RECEIVED  
PHYSICS DEPARTMENT  
UNIVERSITY OF CHICAGO  
MAY 15 1968

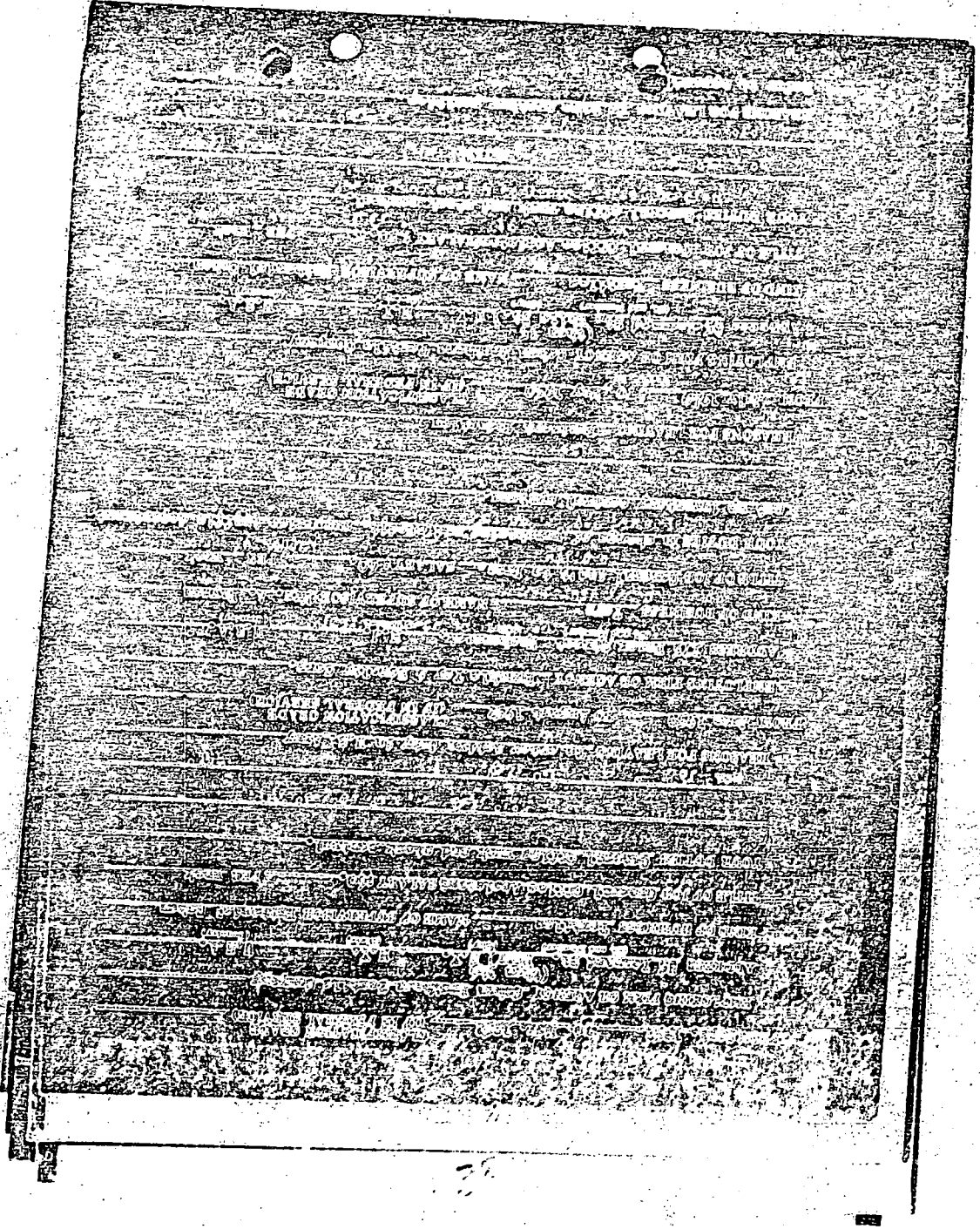
TO: [Name]  
FROM: [Name]  
SUBJECT: [Subject]

Dear [Name]:

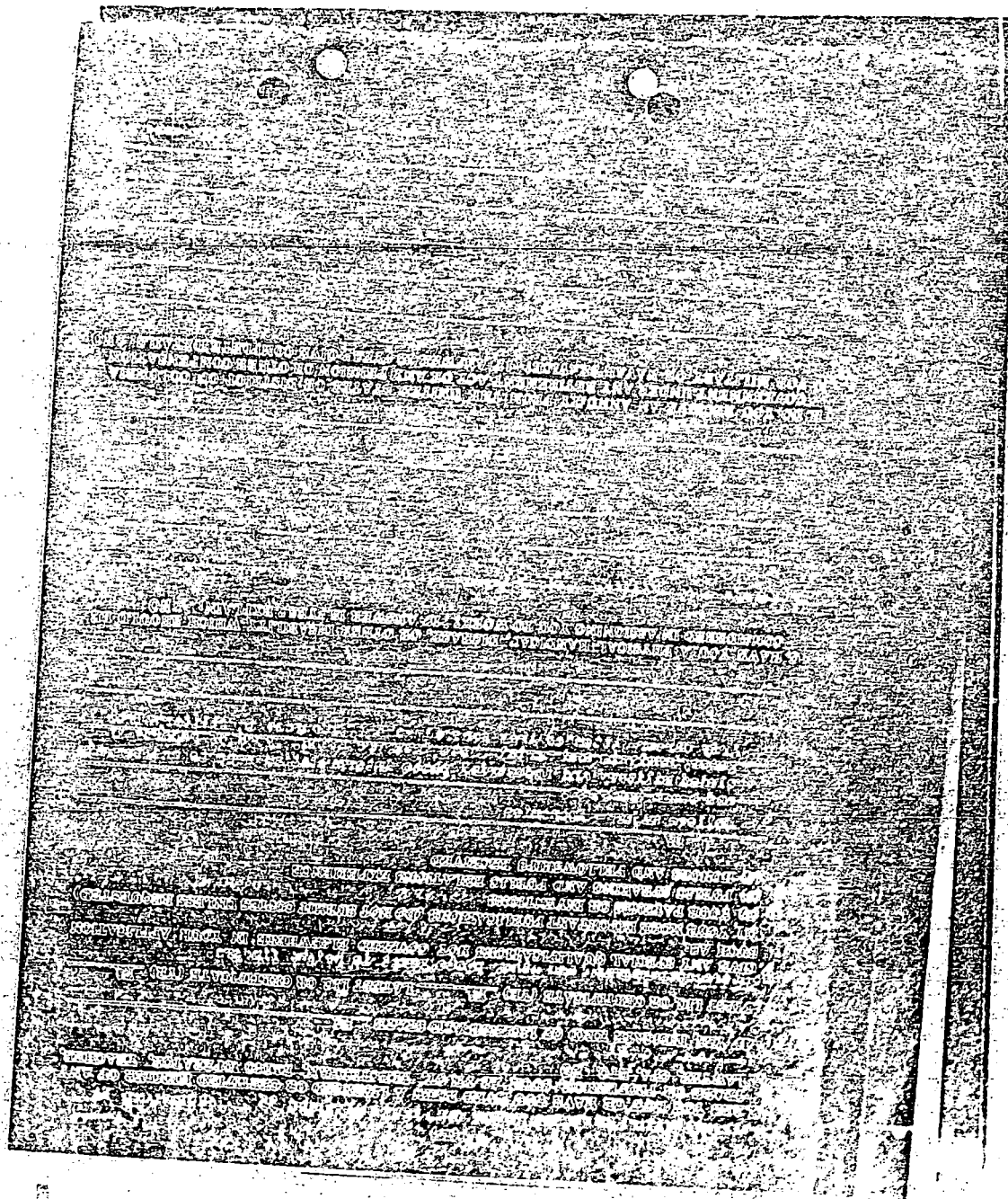
[The following text is extremely faint and largely illegible due to the quality of the scan. It appears to be a letter or report.]

Sincerely,  
[Signature]

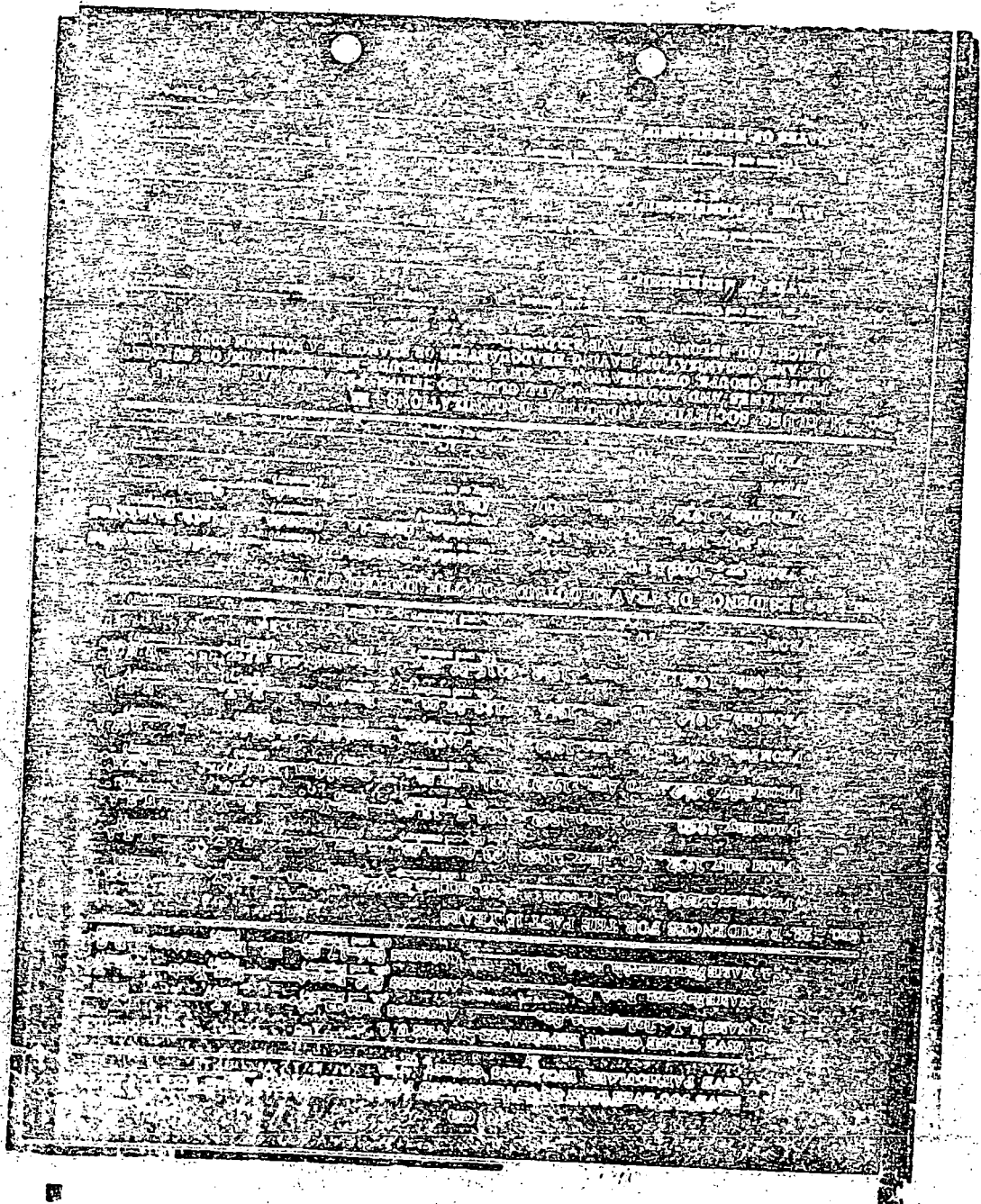
PHYSICS DEPARTMENT  
UNIVERSITY OF CHICAGO  
5712 SOUTH DICKENS STREET  
CHICAGO, ILLINOIS 60637

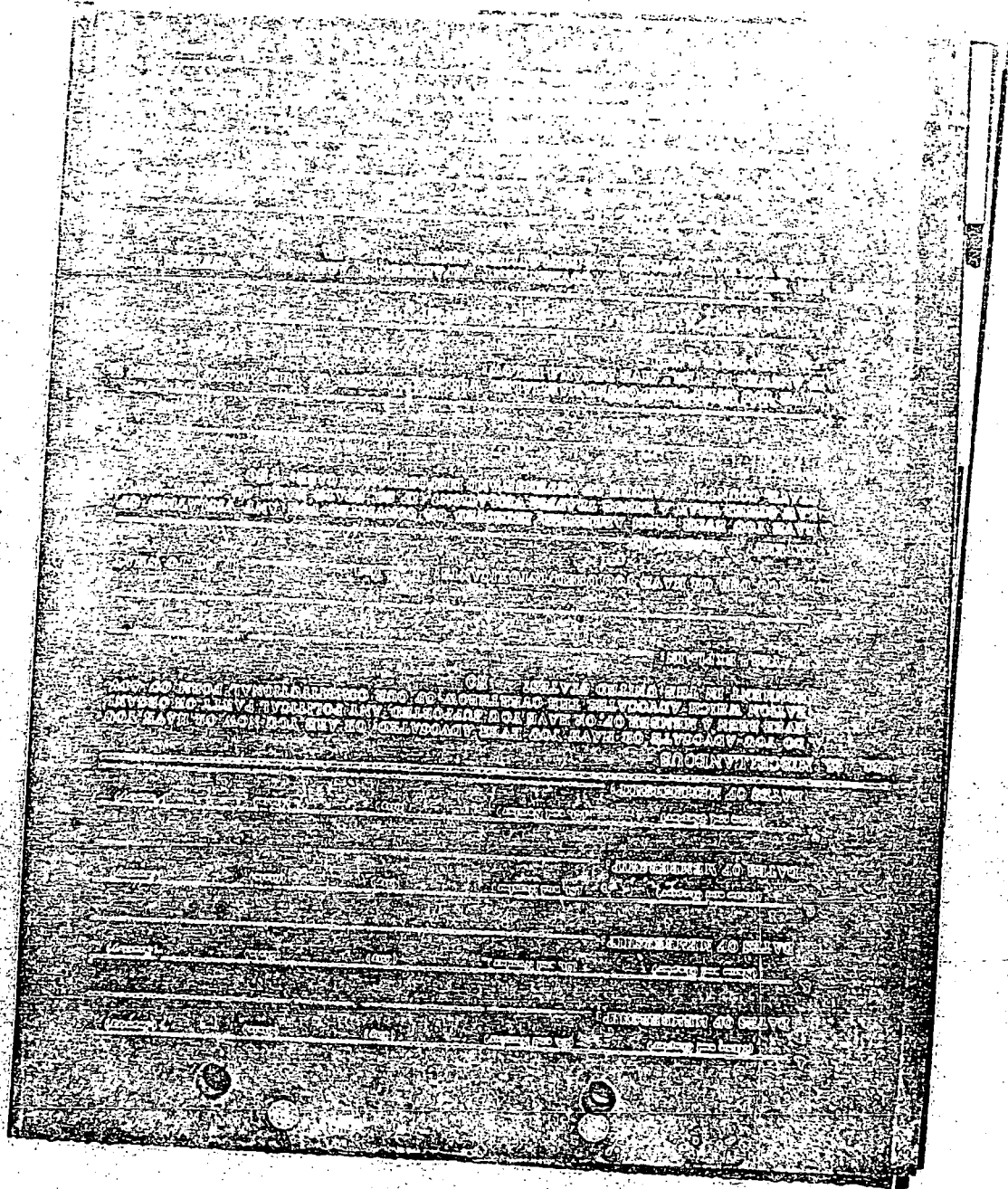






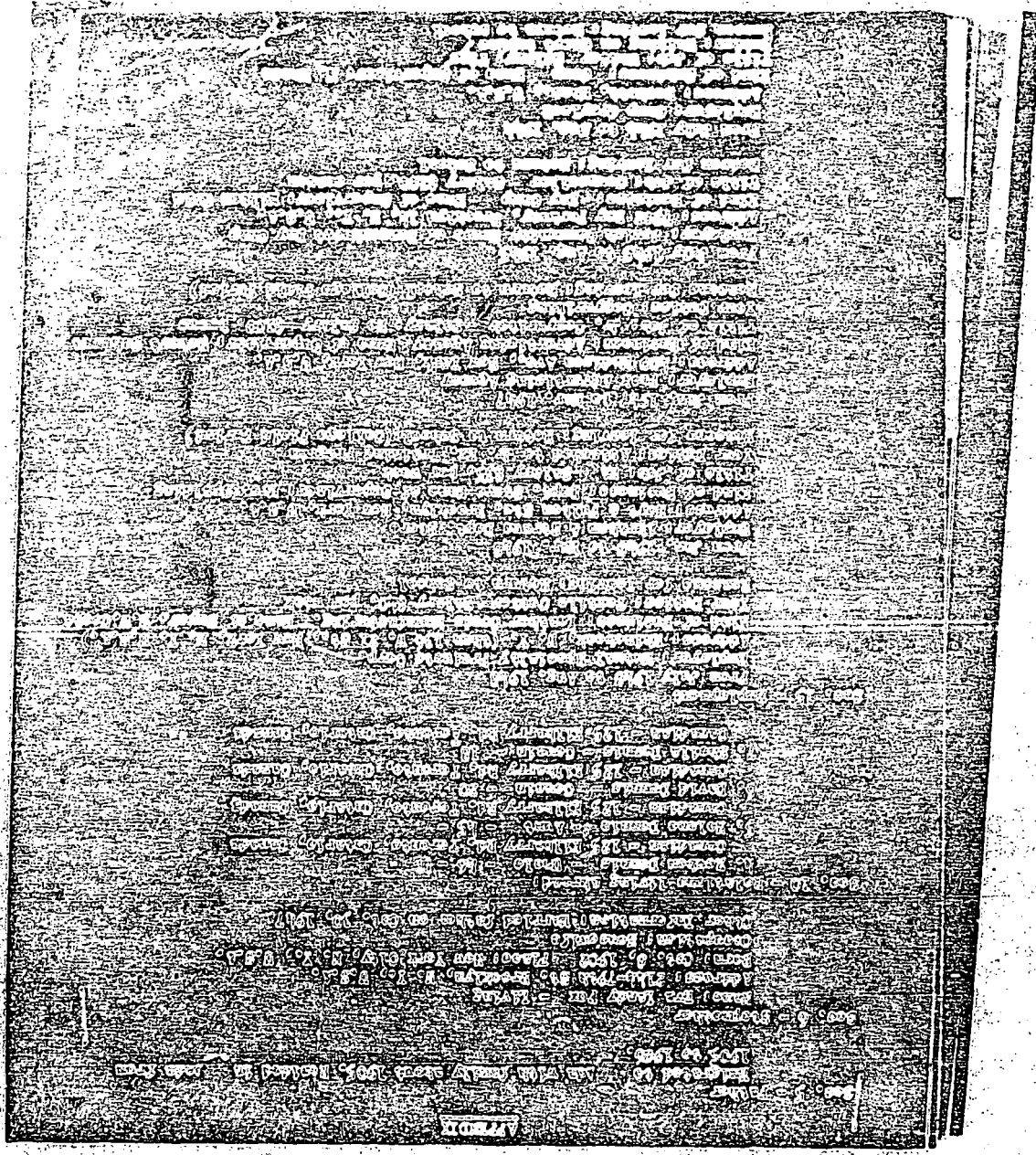












[The following text is extremely faint and largely illegible due to heavy noise and low contrast. It appears to be a typed document with several lines of text.]

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CONFIDENTIAL  
SECURITY INFORMATION  
SECURITY APPROVAL

Date: 2 August 1955

TO: Chief, Records & Services Division  
Personnel Office  
FROM: Chief, Security Division  
Personnel  
SUBJECT: FOX, Jerome

Your Reference: SR-9299-A. ORR

Case Number: 102815

1. This is to advise you of security action in the subject case as indicated below:
  - Security approval is granted the subject person for access to classified information.
  - Provisional clearance for full duty with CIA is granted under the provisions of Paragraph D of Regulation 10-9 which provides for a temporary appointment pending completion of full security investigation.
  - The Director of Central Intelligence has granted a provisional clearance for full duty with CIA under the provisions of paragraph H of Regulation 10-9.
2. Unless the subject person enters on duty within 60 days from the above date, this approval becomes invalid.
3. Subject is to be polygraphed as part of EOD procedures.

*Ernest P. Geiss*  
Ernest P. Geiss  
*my*

*Branch advised  
8/4/55  
mjt*

CONFIDENTIAL

CONFIDENTIAL  
SECURITY INFORMATION  
INTEROFFICE MEMORANDUM

Date: 27 May 1955

TO: Chief, Processing & Records Division  
Personnel Office

FROM: Chief, Security Division  
Personnel

SUBJECT: FOX, Jerome - #102815

Request No. SR-9299-A - ORR

1. Reference is made to your request for security clearance of the subject person who is being considered for employment in the following position:

Ident. Spec. GS-7, DDI/ORR-Office of the Chief, Washington, D. C.

2. This is to advise you of the following security actions:

a.  Provisional security clearance is granted to permit subject's employment on a temporary basis in the following area or in the following capacity:

This clearance is granted upon the condition that subject: 1. not have access to classified material; 2. not have access to secure areas; 3. not be issued a badge or credential; 4. not represent himself as a CIA employee; and 5. not be assigned to any unclassified duties other than indicated above.

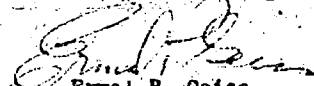
b.  Name-checks have been completed on this person. Arrangements should now be made by your office for an interview in this Division. Upon completion of this interview further consideration will be given to the requested Limited clearance for access to information classified no higher than Secret. If subject has not entered on duty under a previously granted provisional clearance the interview should be arranged after entrance on duty.

c.  Subject is security approved for temporary appointment to a position requiring access to information classified no higher than Secret.

Officials of the employing office should be advised of this security limitation and should be instructed to supply future supervisors with advice as to the limitation so as to insure continued compliance.

Security action to effect full approval is continuing and your office will receive advice of full clearance upon completion of this action. Upon receipt of full security clearance, the present limitation will be rescinded and supervisors should be advised accordingly.

3.

  
Ernest P. Geiss

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