

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

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

INCLUSIVE DATES: 29 APRIL 1956 - 15 APRIL 1966

CUSTODIAL UNIT/LOCATION: OFFICE OF PERSONNEL

ROOM: 5E13

DELETIONS, IF ANY:

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

NO DOCUMENTS MAY BE COPIED OR REMOVED FROM THIS FILE

SECRET

TERMINATED  
 WILCOTT, JAMES B.  
 25798

# "Diff Files" for NARA 2025 Documents Release JFK Assassination Records

Generated using diff-pdf and OpenCV.  
Thanks to the Mary Ferrell Foundation and  
The Black Vault for their archiving work.

[maryferrell.org](https://maryferrell.org)  
[theblackvault.com](https://theblackvault.com)  
[github.com/vslavik/diff-pdf](https://github.com/vslavik/diff-pdf)  
[opencv.org](https://opencv.org)

This file highlights **differences**  
**between the 2025 release, and previous releases.**

**Red:** Newly revealed in 2025.  
**Blue:** Present in earlier releases, but not in 2025.  
**Black:** Unchanged between versions.

For Original Documents visit:  
[archives.gov/research/jfk/release-2025](https://archives.gov/research/jfk/release-2025)

Notes:

Black text on a blue background indicates content  
that was previously redacted using black ink.

I did my best to be accurate in revealing what is new,  
but please confirm with the original sources  
where accuracy is essential.

Created by: [x.com/hlywdufo](https://x.com/hlywdufo)

[JFKdiffs.com](https://JFKdiffs.com)

SECRET

18 Apr 1966

REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
1 SERIAL NUMBER 025798		2 NAME (Last-First-Middle) WILCOFF JAMES B. JR				21 Apr 66	
3 NATURE OF PERSONNEL ACTION RESIGNATION *				4 EFFECTIVE DATE REQUESTED MONTH: 04, DAY: 15, YEAR: 66		5 CATEGORY OF EMPLOYMENT REGULAR	
6 FUNDS		7 COST CENTER NO. CHARGEABLE 6135 1164		8 LEGAL AUTHORITY (Completed by Office of Personnel)			
9 ORGANIZATIONAL DESIGNATIONS DDP/AH USFIELD WH/C JMWAVE DEP CHIEF OF STATION FOR OPS SUPPORT FINANCE BRANCH				10 LOCATION OF OFFICIAL STATION JMWAVE			
11 POSITION TITLE FISCAL ACCT ASST				12 POSITION NUMBER 1369		13 CAREER SERVICE DESIGNATION SF	
14 CLASSIFICATION-SCHEDULE (GX, L, S, etc.) GS		15 OCCUPATIONAL SERIES 0501.03		16 GRADE AND STEP 07 4		17 SALARY OR RATE \$ 6890.	
18 REMARKS * Staff Employee Special Subject is re-employable Resignation Memo Attached							
18A SIGNATURE OF REQUESTING OFFICIAL Robert P. Gishman, JMW/Pers				DATE SIGNED 22 April		18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER [Signature], JMW/Career Service	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19 ACTION CODE 45	20 EMPLOY CODE 18	21 OFFICE CODING NUMERIC ALPHABETIC		22 STATION CODE	23 INTEGRAL CODE	24 MONTHS 209	25 DATE OF BIRTH 2/1/31
26 NTE EXPIRES MO. DA. YR.		29 SPECIAL REFERENCE	30 RETIREMENT DATA 1-OK 2-FICA 3-NONE		31 SEPARATION DATA CODE 1.60.00.25	32 CONNECTION CANCELLATION DATA EOD DATA	
35 VET. PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT		36 SERV COMP DATE MO. DA. YR.		37 LONG COMP. DATE MO. DA. YR.		38 CAREER CATEGORY CAR RESY PROV. TEMP	
41 PREVIOUS GOVERNMENT SERVICE DATA CODE 0-NONE 1-NO PREVIOUS SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)				42 LEAVE CAT. CODE		43 FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS	
44 STATE TAX DATA FORM EXECUTED CODE NO. TAX STATE CODE				45 POSITION CONTROL CERTIFICATION [Signature]			
46 DATE APPROVED 5/16/66				47 DATE APPROVED [Signature]			

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

14

SECRET

EMPLOYEE NOTICE OF RESIGNATION

OF PERSONNEL

I RESIGN EFFECTIVE 15 MAR 66 FOR THE FOLLOWING REASON:

*Other EMP*

MAY 9 10 10 AM '66

MAIL ROOM

MY LAST WORKING DAY WILL BE—

DATE SIGNED:

SIGNATURE OF EMPLOYEE

*Richard M. M...*

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

INSTRUCTIONS

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

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

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

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

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

REC'D  
MAY 10 10 01 AM '66  
PERSONNEL DIVISION

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

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

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

SECRET

SECRET

REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
1 SERIAL NUMBER 025793						2 NAME (Last-First-Middle) WILCOTT, James B., Jr.	
3 NATURE OF PERSONNEL ACTION EXCEPTED APPOINTMENT * <i>leave</i>				4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 11 21 65		5 CATEGORY OF EMPLOYMENT REGULAR	
6 FUNDS		7 COST CENTER NO. CHARGE 6135-1164		8 LEGAL AUTHORITY (Completed by Office of Personnel)			
9 ORGANIZATIONAL DESIGNATIONS U.S. Field JMWAVE Deputy Chief of Station for Operational Support Finance Branch				10 LOCATION OF OFFICIAL STATION JMWAVE			
11 POSITION TITLE FISCAL ACCT. ASST. (SF)			12 POSITION NUMBER 1369		13 CAREER SERVICE DESIGNATION SF		
14 CLASSIFICATION SCHEDULE (G.S. I.B., etc.) GS (07)		15 OCCUPATIONAL SERIES 0501.03		16 GRADE AND STEP 07 (4)		17 SALARY OR RATE \$ 6890	
18 REMARKS *Staff Employee Special. <i>03-60</i>  #109301							
19A SIGNATURE OF REQUESTING OFFICIAL ROBERT D. CASHMAN, C/WH/Pers.				DATE SIGNED 11/17/65		19B SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>[Signature]</i>	
				DATE SIGNED 11/17/65			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19 ACTION CODE 13 10		20 EMPLOY CODE 51550 WH		21 OFFICE CODING NUMERIC ALPHABETIC 499999		22 STATION CODE 499999	
23 INTEGRAL CODE		24 MOODS CODE		25 DATE OF BIRTH MO DA YR 09 29 31		26 DATE OF GRADE MO DA YR 09 15 63	
27 DATE OF LET MO DA YR 09 13 64		28 WFE EMPLOY MO DA YR		29 SPECIAL REFERENCE		30 RETIREMENT DATA 1-ESC 3-FICA 5-WORSE CODE 1	
31 SEPARATION DATA CODE		32 CORRECTION CANCELLATION DATA TYPE MO DA YR		33 SECURITY REQ NO. EOD DATA 0000 M/1		34 SEX M/F	
35 VET PREFERENCE CODE 1		36 SERV COMP. DATE MO DA YR 06 26 53		37 LONG COMP DATE MO DA YR 04 15 57		38 CAREER CATEGORY LAW RESV PROV TRAP CODE 1	
39 FEDERAL/HEALTH INSURANCE CODE CODE 0-WAIVER 1-YES		40 SOCIAL SECURITY NO.		41 PREVIOUS GOVERNMENT SERVICE DATA CODE 1		42 LEAVE CAT CODE 6	
43 FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS 1-YES 2-NO 0 0		44 STATE TAX DATA FORM EXECUTED CODE NO TAX STATE COOP ERAMP 1-YES 2-NO - -		45 POSITION CONTROL CERTIFICATION <i>[Signature]</i>			
46 APPROVAL <i>[Signature]</i>				DATE APPROVED 11/17/65			

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED
025798						9 November 1965
RESIGNATION						REGULAR
6135-1164						
U.S. Field JMWAVE Deputy Chief of Station for Operational Support Finance Branch						JMWAVE
FISCAL ACCT. ASST.						1369
OS						0501.03
07 (4)						\$ 6990
18A SIGNATURE OF REQUESTING OFFICIAL ROBERT D. CASHMAN, C/WH/Pers						
18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER [Signature]						
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL						
19 ACTION CODE	20 EMPLOY CODE	21 OFFICE CODING	22 STATION CODE	23 INTEGRAL CODE	24 HOURS CODE	25 DATE OF BIRTH
72	10					09 12 131
26 NTE EXPIRES	29 SPECIAL REFERENCE	30 RETIREMENT DATA	31 SEPARATION DATA CODE	32 CORRECTION CANCELLATION DATA	33 SECURITY REG. NO	34 SEX
		12009				
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 POSITION CONTROL CERTIFICATION			46 O P APPROVAL		DATE APPROVED	
12-20-65 TV			Joseph B. [Signature]		November 5	

SECRET  
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
1. SERIAL NUMBER 025793						2. NAME (Last-First-Middle) [REDACTED] <i>Shelton, James B</i>	
3. NATURE OF PERSONNEL ACTION EXCEPTED APPOINTMENT <i>Co</i>				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR <i>04 25 65</i>		5. CATEGORY OF EMPLOYMENT REGULAR	
6. FUNDS		7. COST CENTER NO. CHANGE ABLE <i>5135-1164</i>		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. OCCUPATIONAL DESIGNATIONS <i>ESP/Special Affairs Staff U.S. Field Forward Operations Station - JMWAVE Deputy for Support Finance Branch</i>				10. LOCATION OF OFFICIAL STATION <i>JMWAVE</i>			
11. POSITION TITLE <i>FISCAL ASST. ASST.</i>				12. POSITION NUMBER <i>1090</i>		13. CAREER SERVICE DESIGNATION <i>SE</i>	
14. CLASSIFICATION SCHEDULE (GS, FS, etc.) <i>GS</i>		15. OCCUPATIONAL SERIES <i>0901.03</i>		16. GRADE AND STEP <i>07 (4)</i>		17. SALARY OR PAY <i>\$ 6650</i>	
18. REMARKS <i>Subject replacing Wm C. JUNGENTHAL, rotating to Headquarters latter part of May 1965</i>  <i>C-03-60</i> <i>OVERLAP</i> <i>W. B. [unclear] 5/22/65</i> <i>22 June 65</i> <i>Concur: [unclear] 4/1/65</i> <i>1 of 2 roll</i> <i>Rec'd [unclear] 4/5</i>							
18A. SIGNATURE OF REQUESTING OFFICER <i>[Signature]</i>				DATE SIGNED <i>15/4/65</i>		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>[Signature]</i>	
18C. SIGNATURE OF SENIOR OFFICER, Sr. Career Service							
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE <i>13</i>		20. EMPLOY CODE <i>10</i>		21. OFFICE CODING NUMERIC ALPHABETIC <i>4400 SAS</i>		22. STATION CODE <i>99999</i>	
23. INTEGRITY CODE		24. HDQTRS CODE		25. DATE OF BIRTH MO DA YR <i>2 09 37 31</i>		26. DATE OF GRADE MO DA YR <i>09 15 63</i>	
27. DATE OF LEI MO DA YR <i>09 13 64</i>		28. NTE EXPIRES MO DA YR		29. SPECIAL REFERENCE 1-EM 2-FHA 3-WOE		30. RETIREMENT DATA CODE <i>1</i>	
31. SEPARATION DATA CODE		32. CORRECTION-CANCELLATION DATA TYPE MO DA YR		33. SECURITY REG NO <i>00000</i>		34. SER NO <i>11</i>	
35. VET PREFERENCE CODE <i>1</i>		36. SERV. COMP DATE MO DA YR <i>06 26 63</i>		37. LONG COMP DATE MO DA YR <i>09 04 57</i>		38. CAREER CATEGORY CAR. RESV PROG. TEMP <i>C 1</i>	
39. FEGLI HEALTH INSURANCE CODE <i>1</i>		40. SOCIAL SECURITY NO		41. PREVIOUS GOVERNMENT SERVICE DATA CODE <i>1</i>			
42. LEAVE CAT CODE <i>6</i>		43. FEDERAL TAX DATA FORM EXECUTED 1-YES 2-NO <i>0 0</i>		44. STATE TAX DATA FORM EXECUTED 1-YES 2-NO <i>- -</i>			
45. POSITION CONTROL CERTIFICATION <i>4-26-65 HT</i>				46. OP APPROVAL <i>Joseph B. [unclear]</i>		DATE APPROVED <i>20 APR 1965</i>	

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1 EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION





DLB: 27 APR 65

DEF NOTIFICATION OF PERSONNEL ACTION					
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)			
025798		WILCOTT JAMES B JR			
3. NATURE OF PERSONNEL ACTION			4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT
RESIGNATION			NO. DA YR 04 24 65		REGULAR
6. FUNDS		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY	
<input checked="" type="checkbox"/> V TO V <input type="checkbox"/> V TO CF <input type="checkbox"/> CF TO V <input type="checkbox"/> CF TO CF		5277 0003 0000			
9. ORGANIZATIONAL DESIGNATIONS			10. LOCATION OF OFFICIAL STATION		
11. POSITION TITLE			12. POSITION NUMBER	13. SERVICE DESIGNATION	
FINANCE ASSISTANT			0470	SF	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)		15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE	
GS		0510.18	07 4	6850	
18. REMARKS					
SIGNATURE OR OTHER AUTHENTICATION					

REQUEST FOR PERSONNEL ACTION										DATE PREPARED	
1. SERIAL NUMBER <b>025798</b>										2. NAME (Last-First-Middle) <b>WILCOTT, James Bernard, Jr.</b>	
3. NATURE OF PERSONNEL ACTION <b>Reassignment &amp; Transfer to Vouchered Funds</b>					4. EFFECTIVE DATE REQUESTED MONTH: <b>10</b> DAY: <b>11</b> YEAR: <b>64</b>			5. CATEGORY OF EMPLOYMENT <b>Regular</b>			
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE <b>5277-0003</b>		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
X		CF TO V		CF TO CF							
9. ORGANIZATIONAL DESIGNATIONS <b>DDS OFFICE OF FINANCE Confidential Funds Division Compensation and Tax Accounts Branch Contract Agents Accounts Section</b>					10. LOCATION OF OFFICIAL STATION <b>Washington, D. C.</b>						
11. POSITION TITLE <b>Finance Assistant</b>					12. POSITION NUMBER <b>6470</b>		13. CAREER SERVICE DESIGNATION <b>SF</b>				
14. CLASSIFICATION-SCHEDULE (GS, LB, etc.) <b>GS</b>			15. OCCUPATIONAL SERIES <b>0510.16</b>		16. GRADE AND STEP <b>0714</b>		17. SALARY OR RATE <b>\$ 6650</b>				
18. REMARKS  From: FE/Tokyo Security Approval Granted by Pers. SD/OS <i>9/21/64</i> CONCUR: <i>10/1/64</i> <i>W. D. ...</i> FE/Personnel  <i>H. D. ...</i> lcc - Sec lcc - Payroll w/ Forms W-4 and											
19A. SIGNATURE OF REQUESTING OFFICIAL <b>Acting Chief, C&amp;T Division</b>				DATE SIGNED		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>Michael ...</i> Adm. Officer - O/Finance				DATE SIGNED	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY. CODE	21. OFFICE CODE NO.		22. STATION CODE	23. ENTRY DATE CODE	24. MOOTS CODE	25. DATE OF ENTRY		26. DATE OF DEPART.		27. DATE OF LEI
<b>16</b>	<b>16</b>	<b>12500</b>	<b>F-10</b>	<b>2-0B</b>		<b>1</b>	<b>09</b>	<b>27</b>	<b>31</b>		
28. DATE EXPIRES		29. SPECIAL RESERVE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ. NO.	
										EOD DATA	
34. VET. PREFERENCE		35. SERV. COMP. DATE		36. LEAVE COMP. DATE		37. CAREER CATEGORY		38. FEEDBACK/HEALTH INSURANCE		39. SOCIAL SECURITY NO.	
40. PREVIOUS GOVERNMENT SERVICE DATA				41. FEDERAL TAX DATA				42. STATE TAX DATA			
43. POSITION CONTROL CERTIFICATION <i>from FE</i>						44. O.P. APPROVAL <i>Michael ...</i>			DATE APPROVED <i>10/1/64</i>		

**SECRET**  
(When Filled In)

REQUEST FOR PERSONNEL ACTION					DATE PREPARED	
1. SERIAL NUMBER 025798					2. NAME (Last-First-Middle) WILCOTT, JAMES F., JR.	
3. NATURE OF PERSONNEL ACTION PROMOTION			4. EFFECTIVE DATE REQUESTED MONTH: 09 DAY: 15 YEAR: 63		5. CATEGORY OF EMPLOYMENT REGULAR	
6. FUNDS		7. COST CENTER NO. CHARGEABLE 4137-7351-1000		8. LEGAL AUTHORITY (Completed by Office of Personnel)		
9. ORGANIZATIONAL DESIGNATIONS DDP FE <del>FE/JKO - TOKYO STATION</del> FE/JKO - TOKYO STATION SUPPORT STAFF			10. LOCATION OF OFFICIAL STATION TOKYO, JAPAN			
11. POSITION TITLE FISCAL ACCT ASST			12. POSITION NUMBER 3167		13. CAREER SERVICE DESIGNATION SF	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0501.03		16. GRADE AND STEP 07 03		17. SALARY OR RATE 5,910
18. REMARKS  FROM: GS- 6 step 4           FOR FURTHER INFO, CALL X5271						
18A. SIGNATURE OF REQUESTING OFFICIAL <i>Lee Austin</i> LEE AUSTIN, CFE/PERSONNEL			DATE SIGNED 05 SEP 63		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>Michael J. ...</i> Admin. Officer, O/Comptroller	
DATE SIGNED 9/11/63						
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL						
19. ACTION CODE	20. EMPLOY. CODE	21. OFFICE CODING NUMERIC ALPHABETIC		22. STATION CODE	23. INTEGRAL CODE	24. MONTHS CODE
22	10	45370FE		3897	3	0912731
25. DATE OF GRAB		26. DATE OF GRAB		27. DATE OF LEI		
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE
32. SECURITY REQ. NO.		33. SEX		EOD DATA		
35. NET. PREFERENCE		36. SERV. COMP. DATE		37. LONG. COMP. DATE		38. CAREER CATEGORY
39. PREVIOUS GOVERNMENT SERVICE DATA		40. LEAVE CAT. CODE		41. FEDERAL TAX DATA		42. STATE TAX DATA
43. POSITION CONTROL CERTIFICATION <i>W. Kearney</i> 09/13/63			44. O.P. APPROVAL <i>Michael J. ...</i> 13 SEP 63			DATE APPROVED

**SECRET**  
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED			
1. SERIAL NUMBER 025798 ✓				2. NAME (Last-First-Middle) Willett, James H., Jr.					
3. NATURE OF PERSONNEL ACTION Promotion				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 11 12 61		5. CATEGORY OF EMPLOYMENT Regular			
6. FUNDS		7. COST CENTER NO. CHARGEABLE 2137-7301-1000		8. LEGAL AUTHORITY (Completed by Office of Personnel)					
9. ORGANIZATIONAL DESIGNATIONS DDE/FE FE/JAO - Tokyo Station Support Staff - TOKYO				10. LOCATION OF OFFICIAL STATION Tokyo, Japan					
11. POSITION TITLE Fiscal Acct Asst			12. POSITION NUMBER 3167		13. CAREER SERVICE DESIGNATION SF				
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0501.03		16. GRADE AND STEP 6 4		17. SALARY OR RATE 5,325			
18. REMARKS Promotion from GS-5, Step 5 to GS-6, Step 4									
18A. SIGNATURE OF REQUESTING OFFICIAL M. L. Shobe, OFF. FILE				DATE SIGNED		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER E. R. SAUNDERS, Comptroller			
DATE SIGNED				DATE SIGNED		1961			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE 22	20. EMPLOY CODE 10	21. OFFICE CODE 5638	22. STATION CODE FE	23. RETIRE CODE 37587	24. MONTHS CODE 3	25. DATE OF BIRTH 09/27/31	26. DATE OF SEA. 11/12/61	27. DATE OF LEA. 11/12/61	
28. WTE EXPIRES		29. SPEC. REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA	
35. VET. PREFERENCE		36. SERA. COMP. DATE		37. LONG. COMP. DATE		38. MIL. SERA. CREDITED		39. FEGLI / HEALTH INSURANCE	
40. SOCIAL SECURITY NO.		41. STATE TAX DATA		42. FEDERAL TAX DATA		43. FORM EXEMPTED		44. STATE CODE	
45. POSITION CONTROL CERTIFICATION Kearney 11/02/61				46. O.P. APPROVAL D.V. Mulcahy 11/3/61				DATE APPROVED 11/3/61	

12/11/60

SECRET



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

To the Director of Central Intelligence

Sir:

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

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

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

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

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

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

James T. Wilcott Jr  
(Signature)

12/11/60  
(Date)

Daniel C. Knapp

SECRET

REQUEST FOR PERSONNEL ACTION														
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vet Prof		5. Sex		6. CS - EOD	
		Wilcott, James T., Jr.				Mo. Da. Yr.			None-0 5 Pt-1 10 Pt-2		Code		Mo. Da. Yr.	
7. SEC		8. CSC		9. CSC Or Other Legal Authority		10. Appt. Aff'd			11. FEGLI		12. LCD		13. Enl. Yes	
Mo. Da. Yr.		Yes-1 No-2		Code		Mo. Da. Yr.			Yes-1 No-2		Code		Yes-1 No-2	

**PREVIOUS ASSIGNMENT**

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DPS/Office of the Comptroller Finance Div. Accounts Branch Accounting Control Section Accts Receivable and Payable Unit						Wash., D.C.					
16. Dept. - Field		17. Position Title				18. Position No.		19. Serv.		20. Occup. Series	
USHD - Frg -		Fiscal Acct Clk				0506		GS		0501.01	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
05 3		\$ 4310		SF		Mo. Da. Yr.		Mo. Da. Yr.		0263 1040	

**ACTION**

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

**PRESENT ASSIGNMENT**

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DDP/FE FE/JAO - Tokyo Station Support Staff - Tokyo				171		Tokyo, Japan				37587	
33. Dept. - Field		34. Position Title				35. Position No.		36. Serv.		37. Occup. Series	
USHD - Frg -		Fiscal Acct Asst				3167		GS		0501.03	
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
		\$				Mo. Da. Yr.		Mo. Da. Yr.		0137 7351 3000	

**SOURCE OF REQUEST**

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

**CLEARANCES**

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

**Remarks**

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

REQUEST FOR PERSONNEL ACTION																
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vol Prof		5. Sex		6. CSC Code			
Mo.	Da.	Yr.	Mo.	Da.	Yr.	Mo.	Da.	Yr.	No-0	Code	M	F	Mo.	Da.	Yr.	
125798	WILCOTT JAMES B JR				09	27	31			1			03	04	57	
7. SCD		8. CSC Retmt		9. CSC Or Other Legal Authority		10. Apmt. Affidav			11. FLETC		12. LCD		13. Other			
Mo.	Da.	Yr.	Yes-1	Code	50 USCA 103		Mo.	Da.	Yr.	Yes-1	Code	Mo.	Da.	Yr.	Yes-1	Code
06	26	53		1								03	04	57		2

**PREVIOUS ASSIGNMENT**

14. Organizational Designations DCS OFFICE OF THE COMPTROLLER FINANCE DIVISION COMPENSATION AND TAX ACCTS BR CONTRACT AGENTS ACCTS SECT.				Code 3803	15. Location Of Official Station WASH., D. C.				Station Code 75013		
16. Dept. - Field		17. Position Title			18. Position No.		19. Serv.		20. Occas Series		
Dept - USfld - Frqn -	Code 2	FINANCE ASST			0470		GS		0510.14		
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
05-2X 3		\$ 4340		SF		09 12 157		04 1 15		9 6300 20 004	

**ACTION 9 18 60**

27. Nature Of Action Reassignment		Code 96	28. Eff. Date Mo. Da. Yr. ASAP 10/18/60		29. Type Of Employee Regular		Code 01	30. Separation Date	
--------------------------------------	--	------------	---	--	---------------------------------	--	------------	---------------------	--

**PRESENT ASSIGNMENT**

31. Organizational Designations DDS/Office of the Comptroller Finance Division, Accounts Branch Accounting Control Section Accts Receivable and Payable Unit				Code ↑	32. Location Of Official Station Wash., DC				Station Code		
33. Dept. - Field		34. Position Title			35. Position No.		36. Serv.		37. Occas Series		
Dept - XX USfld - Frqn -	Code 2	Fiscal Acct Clk			506				0501.04		
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
5/3		\$ 4340		SF						0263-1040	

**SOURCE OF REQUEST**

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

**CLEARANCES**

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

REQUEST FOR PERSONNEL ACTION																	
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vet. Pref.		5. Sex		6. CS-EOD				
125798		WILCOTT JAMES B JR.				Mo.	Da.	Yr.	Non-0	Code	M 1		Mo.	Da.	Yr.		
09		27		31		5 Pt-1		10 Pt-2				03		04 57			
7. SCD		8. CSC Reint.		9. CSC Or Other Legal Authority				10. Appt. Allidav.			11. FEGLI		12. LCD		13. Min. Serv. Req.		
Mo.	Da.	Yr.	Yes-1	Code	50 USCA 403				Mo.	Da.	Yr.	Yes-1	Code				
06	26	53	No-2	1					03	04	57	No-2	2				

PREVIOUS ASSIGNMENT

14. Organizational Designations				Code	15. Location Of Official Station				Station Code		
DDS OFFICE OF THE COMPTROLLER FINANCE DIV COMPENSATION & TAX ACCTS BR STAFF EMPLOYEES ACCTS SECTION				3803	WASH., D. C.				75013		
16. Dept. - Field		17. Position Title			18. Position No.		19. Serv.		20. Occup. Series		
Dept. - USStd - Frgn -	Code	2 TIME LV PAY CLK			0305002		GS		0544.01		
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
05 11		\$ 4190		SF		Mo. Da. Yr. 09 122 57		Mo. Da. Yr. 09 21 58		9-6300-20-004	

ACTION

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

PRESENT ASSIGNMENT

31. Organizational Designations				Code	32. Location Of Official Station				Station Code		
DDS/Office of the Comptroller Finance Division Compensation and Tax Accounts Branch Contract Agents Accounts Section				5205	Wash., DC				75013		
33. Dept. - Field		34. Position Title			35. Position No.		36. Serv.		37. Occup. Series		
Dept. - X - USStd - Frgn -	Code	2 Finance Assistant			4470				0510.14		
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
5/2		\$ 4190.00		SF		Mo. Da. Yr. 7 12 57		Mo. Da. Yr. 9 20 59		9-6300-20-004	

SOURCE OF REQUEST

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

CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board			D. Placement		
B. Pos. Control		20 1959	E.		
C. Classification			F. Approved By	<i>[Signature]</i>	3/20/59

Remarks

For slotting purposes only



REQUEST FOR PERSONNEL ACTION																
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vet. Prof.		5. Sex		6. GS-LOC			
105798		WILSON JAMES E JR				Mo.	Da.	Yr.	None-0	Code		M	F	Mo.	Da.	Yr.
7. SCD		8. CSC Form		9. CSC Or Other Legal Authority		10. Appt. All-dav			11. FEGLI		12. LCD		13. All Serv. Lev			
Mo.	Da.	Yr.	Yes-1	Code	Mo.		Da.	Yr.	Yes-1	Code	Mo.	Da.	Yr.	Yes-1	Code	
05	25	53	No-2	1	NO USA 408 J				No-2		05	04	57	No-2	12	

(1)

14. Organizational Designations				Code	15. Location Of Official Station				Station Code
DDS OFFICE OF THE COMPTROLLER FINANCE DIVISION COMPENSATION AND TAX ACCTS BR CONTRACT AGENTS ACCTS SECTION				3803	WASH., D. C.				75013
16. Dept. - Field		17. Position Title			18. Position No.		19. Serv.	20. Occup. Series	
Dept - USld - Frgn .	Code	FINANCE ASST			05103		05	0510.15	
21. Grade & Step		22. Salary Or Rate	23. SD	24. Date Of Grade		25. PSI Due		26. Appropriation Number	
05 1		\$ 3670	SP	Mo.	Da.	Yr.	Mo.	Da.	Yr.
				09	12	197	09	12	197
				8-6304-20					

ACTION

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

(2)

31. Organizational Designations				Code	32. Location Of Official Station				Station Code
DDS/Office of the Comptroller Finance Division Compensation and Tax Accounts Branch Staff Employees Accounts Section				3803	Wash., DC				
33. Dept. - Field		34. Position Title			35. Position No.		36. Serv.	37. Occup. Series	
Dept - USld - Frgn .	Code	Time Leave Pay Clk			MG05.02			0544.01	
38. Grade & Step		39. Salary Or Rate	40. SD	41. Date Of Grade		42. PSI Due		43. Appropriation Number	
5/1		\$3670.00	SP	Mo.	Da.	Yr.	Mo.	Da.	Yr.
									8-6304-20

SOURCE OF REQUEST

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

CLEARANCES

Clearance		Signature		Date		Clearance		Signature		Date	
A. Career Board						D. Placement					
B. Pos. Control		<i>[Signature]</i>		16 APR 1958		E.					
C. Classification						F. Approved By		<i>[Signature]</i>		4/17/58	
Remarks											

REQUEST FOR PERSONNEL ACTION														
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vet. Pref.		5. Sex	6. CS - EOD		
		WILCOTT, James B., Jr.				Mo	Da	Yr	None-0	Code	M	Mo	Da	Yr
						9	27	31	5 Pr-1					
						10 Pr-2								
7. SCD		8. CSC Rctm		9. CSC Or Other Legal Authority		10. Appt. Affidav			11. FEGLI		12. LCD		13. <sup>13.1</sup> <sub>13.2</sub> Code	
Mo	Da	Yr	Yes-1	Code			Mo	Da	Yr	Yes-1	Code	Mo	Da	Yr
			No-2							No-2				

**PREVIOUS ASSIGNMENT**

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

**ACTION**

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

**PRESENT ASSIGNMENT**

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

**SOURCE OF REQUEST**

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

**CLEARANCES**

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

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

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

**PREVIOUS ASSIGNMENT**

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

**ACTION**

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

**PRESENT ASSIGNMENT**

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

**SOURCE OF REQUEST**

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

**CLEARANCES**

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board			D. Placement		
B. Pos. Control		9/14/57	E.		
C. Classification			F. Approved By	<i>Ruby Johnson</i>	9/12/57
Remarks					

STANDARD FORM 52  
PROVIDED BY THE  
U. S. CIVIL SERVICE COMMISSION  
MILITARY AND FEDERAL PERSONNEL  
MANUAL, CHAPTER 10

### REQUEST FOR PERSONNEL ACTION

FC-9 Nov. 1956

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

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

FROM—	9. POSITION TITLE AND NUMBER	TO—	<i>Fiscal Acct Clk M 30.01-4</i>
	10. SERVICE GRADE AND SALARY		<i>GS-0501.04-4 \$3415 pa</i>
	11. ORGANIZATIONAL DESIGNATIONS		<i>DDS/Office of Comptroller Fiscal Division Accounts Branch Allotment Ledger Section Washington, D. C.</i>
	12. HEADQUARTERS		
<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL	13. FIELD OR DEPARTMENTAL	<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL <i>7</i>

A. REMARKS (Use reverse if necessary)

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

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

13. VETERAN PREFERENCE	14. POSITION CLASSIFICATION ACTION
NONE <input type="checkbox"/> WWII <input type="checkbox"/> OTHER <input type="checkbox"/> S. PT. <input type="checkbox"/> 12 POINT <input type="checkbox"/> DISAB. <input type="checkbox"/> OTHER <input type="checkbox"/> <i>X</i>	NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input type="checkbox"/> REAL <input type="checkbox"/> <i>SD/SF</i>

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

21. STANDARD FORM 50 REMARKS

OFFICE/DIVISION WITHIN CEILING  
*SDUSCA 135*  
Date *BAB* Position Con. Clk.

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

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS:
A.			<i>CSEOD: 03/04/57</i>
B. CEIL. OR POS. CONTROL	<i>TH</i>	<i>9 JUL 1957</i>	<i>LCD: 03/04/57</i>
C. CLASSIFICATION			<i>SCD: 06/26/53</i>
D. PLACEMENT OR EMPL.	<i>TH</i>	<i>7/11</i>	<i>PSE Due: 03/09/58</i>
E.			

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

**CONFIDENTIAL**  
(When Filled In)

<b>REPORT OF INTERVIEW</b>		1. DATE OF INTERVIEW 10 April 1956	2. PLACE Syracuse, New York
3. PREVIOUS APPLICATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	4. INTERVIEWER Neil F. Joherty		5. REFERRED BY ---
6. TYPE OR PRINT IN CAPS LAST NAME WILCOTT,		FIRST NAME JAMES	MIDDLE NAME B.
7. PERMANENT ADDRESS 400 James Street, Syracuse, New York			TELEPHONE none
8. BUSINESS ADDRESS ---			TELEPHONE ---
9. TEMPORARY ADDRESS ---			TELEPHONE ---
10. DATE OF BIRTH 27 Sept. 1931	12. CITIZENSHIP <input checked="" type="checkbox"/> U.S. <input type="checkbox"/> OTHER (Specify country)		
11. PLACE OF BIRTH Cleveland, Ohio	U.S. CITIZENSHIP ACQUIRED BY <input checked="" type="checkbox"/> BIRTH <input type="checkbox"/> NATURALIZATION		IF NATURALIZED INDICATE DATE
13. <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOW(ERS) <input type="checkbox"/> DIVORCED	14. NO. OF DEPEND. (Excluding wife) 0		
15. FOREIGN RELATIVES, INCLUDING WIFE (Reg. 10-9) N A			
16. EDUCATION (Schools, degrees, dates, majors, thesis title, grade average or class standing, extra-curricular activities, etc.)  Polana Central High - left at end of first year (1948) GED (Army) Equivalency diploma 1951 Feb. '53 - May '54 - Utica College of Syracuse University, Utica, N.Y. - Physics major - left when his marks were getting too low - working also. Feb. '55 - Present - Central Business School, Syracuse, New York - Accounting course - all A's and B's except 2 C's. (Can end course in Fall or continue)			
17. MAJOR EMPLOYMENT HISTORY (Employers, positions, duties, salaries, reasons for leaving)  August '52 - Dec. '52 - Esso Tower Station, Genesee St., Utica, N.Y. - Gas attendant - \$45 per wk - laid off due to slow business. Dec. '52 - Feb. '53 - Chicago Pneumatic Tool Co., Utica, N.Y. - Engine lathe operator \$50 per wk. was an unskilled job with no future. May '54 - Sept. '54 - Toboggan Inn, Eagle Bay, N.Y. - Handyman \$60 wk, plus room and board - summer job. Sept. '54 - Dec. '54 - Century Metal Craft Cork, Syracuse, N.Y., Cookware salesman - \$60 wk. - did not make out as a salesman.			
18. MILITARY EXPERIENCE (Branch, serial no., stations, training duties, command responsibilities, rank held, reserve status, current proficiency and interest). INCLUDE ALSO DRAFT, ACTIVE MILITARY OR RETIRED STATUS.  Dec. '48 - August. '52 - U.S. Army Electrician and generator operator (MOS 3166 - Cpl. liked the work and was considered fairly good at it.			

**CONFIDENTIAL**  
(When Filled In)

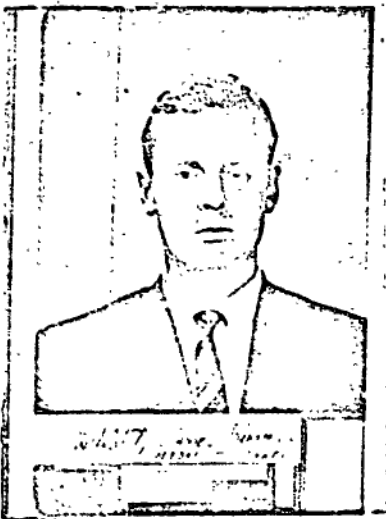
19. AREA KNOWLEDGE (Areas, type of knowledge, how acquired, etc.)							
Okinawa July '49 - March '51							
20. LANGUAGE FACILITY (Give tests when skill warrants and rate below)							
LANGUAGE	NATIVE FLUENCY	FLUENT BUT FOREIGN	ADEQUATE FOR TRANSLATOR	ADEQUATE FOR RESEARCH	ADEQUATE FOR TRAVEL	LIMITED	ACQUIRED BY
N A							
21. SALARY REQUESTED \$2200				22. POOL INTEREST <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
23. ACCEPTABLE STATION		WASHINGTON, D.C. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		PREFERENCE LIMITATIONS			
		ANYWHERE IN U.S. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Prefers C/S and the sooner the better- anywhere.			
		OVERSEAS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
24. HEALTH Good							
25. FORMS GIVEN <input checked="" type="checkbox"/> PMS <input checked="" type="checkbox"/> APP. I <input checked="" type="checkbox"/> MED. <input type="checkbox"/> SEC. AGRES. <input checked="" type="checkbox"/> L/A (If required)							
26. EVALUATION AND RECOMMENDATION (Appearance, manners, personality, maturity, motivation, flexibility, intelligence, emotional stability, qualifications for intelligence work, career planning, over-all impression, pertinent unfavorable factors)							
<p>The first thing of note is the scattered work and educational history of this fellow. On paper the case is all against him but in talking to him I conclude that it is the case of a guy who failed to get the proper job and school guidance when it would have been most effective (immediately after discharge). The guy has intelligence (LA/3 61-61) but perhaps not the final grasp of things to make a go of a technical degree in College. He probably would have done O.K. with the Liberal Arts course. At any rate he has decided on accounting as a career (finds he likes it and can do it well). He's had a tough life to say the least (how much bearing this has had on his career I'm not trained to evaluate.) My final impression is that he's neat, clean cut, sincere, reliable, capable if given the proper supervision. Types about 40 wpm and is learning shorthands from his wife (who's applying as steno). I think he'd do a competent job and perhaps with experience and training do a very good one. Wants O/S at earliest opportunity for financial reasons.</p>							
27. RECOMMENDED FOR GS 4 Admin/ Accounting				28. SERIAL NUMBERS			
29. TESTS LA/3 61-61				30. Neil P. Doherty May 13, 1956 <small>SIGNATURE OF INTERVIEWER DATE</small>			

CONFIDENTIAL

SECRET  
FORM 1200 (PART 1)

BIOGRAPHIC PROFILE (PART 1) SCD: 26 Jun 1953						
1. PERS. SERIAL NO. <b>2553</b>						
2. NAME (Last-First-Middle) <b>WILSON, James Bernard, Jr.</b>						
3. SEX <b>M</b>	4. DATE OF BIRTH <b>Sep 1931</b>	5. LONGEVITY COMP. DATE <b>4 Mar 1957</b>				
6. MARITAL STATUS <b>Married</b>	7. DEPENDENTS (Include all losses) <b>2</b>	8. NO. YEARS OF BIRTH <b>1931, 1959</b>	9. US NATURALIZATION DATE(S) <b>NA</b>			
10. CAREER STAFF STATUS <b>None</b>	11. MEMBERSHIP <b>None</b>	12. OTHER STATUS <b>None</b>	13. LAST MED. RPT. QUAL. FOR <b>PCS</b>	14. SPONS. <b>O/S</b>	15. EVAL. FOR <b>O/S</b>	16. PCS <b>PCS</b>
17. CURRENT RESERVE STATUS <b>None</b>	18. GRADE <b>None</b>	19. ACTIVE DUTY WITH CIA CAT. 1 <b>Mar 1960</b>	20. RELEASE TO MIL. SER. CAT. 2 <b>None</b>	21. TO BE RETIRED DEFERRED CAT. 3 <b>None</b>		
12. ASSESSMENT DATE <b>None</b>		13. PROFESSIONAL TEST DATE <b>None</b>		14. LANGUAGE APTITUDE TEST DATE <b>Jan 1960</b>		
15. NON-CIA EMPLOYMENT						
1948-52 Military Service, US Army - Cpl, Electrician & Generator Operator						
1952 Esso Tower Station, Utica, NY - Attendant						
1952-53 Chicago Pneumatic Tool Co, Utica, NY - Engine Lathe Operator						
Various Summer & Part-time positions while attending college						
16. NON-CIA EDUCATION						
1953-54 Utica College, Utica, NY - Physics						
1955-57 Central City Business Institute, Syracuse, NY - Ctf, Exec Business Admin/Actg						
1957-59 USDA Graduate School, DC - Federal Govt Actg; Mathematics of Actg&Investment						
17. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Date Tested)						
German - R,P,S,U, Slight(Nov 1959); W, Elem; T, None - Mar 1958						
18. AGENCY SPONSORED TRAINING						
1957 Clerical Induct						
1957 Clerical Orient						
1960 Intel Orient						
1960 Ops Spt						
19. CIA EMPLOYMENT HISTORY SINCE 16 SEPT 1947 (Personnel Actions, Military Orders, and Principal Details)						
EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	SC	ORGANIZATION & ORGAN	TITLE (If any)	LOCATION
Mar 1957	Fisc Acct Clerk 0501.04	4	SF	Compt/Fiscal Div/Accts Br		Hq
Sep 1957	" " 0501.04	5	SF	" " " "		"
Feb 1958	Finance Asst 0510.14	5	SF	Compt/Fin Div/Comp&Tax Accts Br		"
Mar 1958	Time, Lv, Pay Clerk 0544.01	5	SF	" " " " " "		"
Mar 1959	Finance Asst 0510.14	5	SF	" " " " " "		"
Oct 1959	Fisc Acct Clerk 0501.04	5	SF	Compt/Finance Div/Accts Br		"
May 1960	Fisc Acct Asst 0501.03	5	SF	DSP/FE/Jao-TokyoSta/Spt Stf		Tokyo
Nov 1961	" " " 0501.03	6	SF	" " " " " "		"
Sep 1963	" " " 0501.03	7	SF	" " " " " "		"
Oct 1964	Finance Asst 0510.16	7	SF	DES/Finance/CF Div/Comp&TaxAccts		Hq
20. DATE REVIEWED <b>23 Nov 1964</b>		21. PROFILE REVIEWED BY <b>ard</b>		22. ITEMS 1-19 REVIEWED & VERIFIED BY EMPLOYEE <b>No</b>		

SECRET  
(When Filled In)

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



**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				025798			
<b>SECTION A GENERAL</b>							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD	
Wilcott, James B. Jr			27 Sep 31	M	GS-07	SP	
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION		
Fiscal Acct Asst			DDP/FE/JKO		Tokyo		
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/>	CAREER	<input type="checkbox"/>	RESERVE	<input type="checkbox"/>	TEMPORARY	<input type="checkbox"/>	INITIAL
<input type="checkbox"/>	CAREER-PROVISIONAL (See Instructions - Section C)	<input checked="" type="checkbox"/>	ANNUAL	<input type="checkbox"/>	REASSIGNMENT SUPERVISOR	<input type="checkbox"/>	
SPECIAL (Specify):				SPECIAL (Specify):			
11. DATE REPORT DUE IN G.P.				12. REPORTING PERIOD (From- to-)			
31 Aug 64				1 July 1963 - 30 June 1964			
<b>SECTION B PERFORMANCE EVALUATION</b>							
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
As Station Cashier, responsible for the daily receipt and disbursement of cash (Japanese yen, U.S. dollars, MPC).						P	
SPECIFIC DUTY NO. 2						RATING LETTER	
Consolidates all Station cash transactions to one voucher and verifies balance daily.						P	
SPECIFIC DUTY NO. 3						RATING LETTER	
Summarizes all Station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.						P	
SPECIFIC DUTY NO. 4						RATING LETTER	
Polices individual housing and vehicle advance accounts and audits related accountings.						P	
SPECIFIC DUTY NO. 5						RATING LETTER	
Maintains statistical records on private rentals by individual house and cost center.						P	
SPECIFIC DUTY NO. 6						RATING LETTER	
Advises TDY travelers of their entitlements, audits the travel vouchers, and performs other related duties as assigned by the Finance Officer.						P	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER	
15 JUL 1964						P	

SECRET

SECTION C NARRATIVE COMMENTS OFFICE OF PERSONNEL

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

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

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

SECTION D CERTIFICATION AND COMMENTS

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

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

2. BY SUPERVISOR

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

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

3. BY REVIEWING OFFICIAL

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

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

SECRET

**CONFIDENTIAL**  
**SECRET**  
(When Filled In)

FJTT 10,374, 31 May 63

FITNESS REPORT						EMPLOYEE SERIAL NUMBER	
						025798	
<b>SECTION A GENERAL</b>							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD	
WILCOTT, JAMES B. JR.			27 Sept 31	M	GS-6	5F	
6. OFFICIAL POSITION TITLE			7. OFF. DIV. OR OF ASSIGNMENT		8. CURRENT STATION		
FISCAL ACCT ASST			DDP/FE/JKO		Tokyo		
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY		<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT SUPERVISOR		
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)				<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT EMPLOYEE		
SPECIAL (Specify):				SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From to)			
				1 Jul 62 - 30 Jun 63			
<b>SECTION B PERFORMANCE EVALUATION</b>							
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
As Station Cashier, responsible for the daily receipt and disbursement of cash (Japanese yen, U. S. dollars, MPC).						P	
SPECIFIC DUTY NO. 2						RATING LETTER	
Consolidates all Station cash transactions to one voucher and verifies balance daily.						P	
SPECIFIC DUTY NO. 3						RATING LETTER	
Summarizes all Station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.						P	
SPECIFIC DUTY NO. 4						RATING LETTER	
Polices individual housing and vehicle advance accounts and audits related accountings.						P	
SPECIFIC DUTY NO. 5						RATING LETTER	
Maintains statistical records on all private rentals by individual house and cost center.						P	
SPECIFIC DUTY NO. 6						RATING LETTER	
Performs other related duties as assigned by the Finance Officer.						P	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER	
20 JUN 1963						P	

SECRET

SECTION C NARRATIVE COMMENTS

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

MAY 17 3 38 PM '63  
MAIL ROOM

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

SECTION D CERTIFICATION AND COMMENTS

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

SECRET

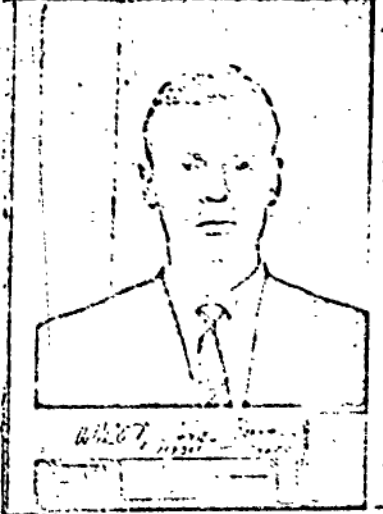
CONFIDENTIAL

SECRET

(When Filled In)

1. PERS. SERIAL NO.		BIOGRAPHIC PROFILE (PART I) CDD: 26 Jun 1953			
25208		2. NAME (Last-First-Middle)		3. SEX	4. DATE OF BIRTH
MILCOTT, James Bernard, Jr.		M	5. US NATURALIZATION DATE(S)	6. US NATURALIZATION DATE(S)	7. US NATURALIZATION DATE(S)
8. MARITAL STATUS		9. DEPENDENT(S) (Exclud. em- ployees)	10. YEARS OF BIRTH	11. NA	12. NA
Married		2	1921, 1959	NA	NA
13. CAREER STATUS		14. MEMBERSHIP	15. OTHER STATUS	16. LAST MED. EXAM. DATE FOR	17. LAST MED. EXAM. DATE FOR
None				Mar 1960	PCS O/S O/S PCS
18. CURRENT RESERVE STATUS		19. GRADE	20. ACTIVE CLY. WITH CIA CAT. - 1	21. RELEASE TO MIL. SER. CAT. - 2	22. TO BE DEFERRED CAT. - 3
None					
23. ASSESSMENT DATE		24. PROFESSIONAL TEST DATE		25. LANGUAGE APTITUDE TEST DATE	
None		None		Jan 1960	
26. NON-CIA EMPLOYMENT					
1948-52 Military Service, US Army - Cpl, Electrician & Generator Operator					
1952 Esso Tower Station, Utica, NY - Attendant.					
1952-53 Chicago Pneumatic Tool Co, Utica, NY - Engine Lathe Operator					
Various Summer & Part-time positions while attending college					
27. NON-CIA EDUCATION					
1953-54 Utica College, Utica, NY - Physics					
1955-57 Central City Business Institute, Syracuse, NY - Ctf, Exce Business Adm. Acctg					
1957-59 USDA Graduate School, DC - Federal Govt Acctg; Mathematics of Acctg & Investment					
28. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Date Tested)		German - R,P,S,U, Slight(Nov 1959); W, Elem; T, None - Mar 1958			
29. AGENCY SPONSORED TRAINING					
1957 Clerical Induct		1960 Intro to Communism			
1957 Clerical Orient					
1960 Intel Orient					
1960 Cps Spt					
30. CIA EMPLOYMENT HISTORY SINCE 18 SEPT 1947 (Personnel Actions, Military Orders, and Principals Details)					
EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	SD	ORGANIZATION & ORG. TITLE (if any)	LOCATION
Mar 1957	Fisc Acct Clerk 0501.04	4	SF	Compt/Fiscal Div/Accts Br	Hq
Sep 1957	" " 0501.04	5	SF	" " " " " "	"
Feb 1958	Finance Asst 0510.14	5	SF	Compt/Fin Div/Comp&Tax Accts Br	"
Mar 1958	Time, Lv, Pay Clerk 0514.01	5	SF	" " " " " "	"
Mar 1959	Finance Asst 0510.14	5	SF	" " " " " "	"
Oct 1959	Fisc Acct Clerk 0501.04	5	SF	Compt/Finance Div/Accts Br	"
May 1960	Fisc Acct Asst 0501.03	5	SF	DDP/FE/Jac-TokyoSta/Spt Stf	Tokyo
Nov 1961	" " " 0501.03	6	SF	" " " " " "	"
Sep 1963	" " " 0501.03	7	SF	" " " " " "	"
Oct 1964	Finance Asst 0510.16	7	SF	DDS/Finance/CF Div/Comp&TaxAccts	Hq
31. DATE REVIEWED		32. PROFILE REVIEWED BY		33. ITEMS 1-18 REVIEWED & VERIFIED BY EMPLOYEE	
23 Jun 1961		[Signature]		[Signature] NO	

SECRET  
(When Filled In)

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

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				025798	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
Wilcott, James B., Jr.		27 Sep 31	M	GS-07	SF
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT	8. CURRENT STATION	
Fiscal Acct Asst			DDP/WH/C	JMWAVE	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT SUPERVISOR	
<input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C)			<input type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT EMPLOYEE	
SPECIAL (Specify):			SPECIAL (Specify): Resignation		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
			26 Apr 65 - 15 Apr 66		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 Lists, computes and verifies four cover companies commercial payrolls involving approximately 200 persons. Prepares and verifies all salary checks. An accounting machine is used for payrollling					RATING LETTER <b>A</b>
SPECIFIC DUTY NO. 2 Maintains both overt commercial and covert pay records, files, etc. for staff employees, staff agents, contract employees and agents. Maintains leave records for WAE contract employees and all staff personnel					RATING LETTER <b>W</b>
SPECIFIC DUTY NO. 3 Responsible for timely payment of monthly tax deposits and preparation of the quarterly Federal Withholding and Social Security tax returns of the cover companies					RATING LETTER <b>A</b>
SPECIFIC DUTY NO. 4 Initiates dispatches and cables to Headquarters and Field Stations on all matters pertaining to pay, leave and payroll deductions of staff employees, staff agents and contract employees and agents					RATING LETTER <b>A</b>
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER <b>A</b>

SECRET

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give ~~OFFICE OF PERSONNEL~~ <sup>OFFICE OF PERSONNEL</sup> Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B. Provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

JUL 15 10 37 AM '66

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

SECTION D CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

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

DATE SIGNATURE OF EMPLOYEE

2. BY SUPERVISOR

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

12 months

Subject departed the Station without seeing this Report.

DATE OFFICIAL TITLE OF SUPERVISOR TYPED OR PRINTED NAME AND SIGNATURE

17 Jun 1966

Chief, Finance Branch

/s/ H. Robert Graham

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

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

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

6 July 1966

Deputy Chief for Support

/s/ William A. Jewett

SECRET



SECRET  
(When Filled In)

*P. J. Wilson*

FITNESS REPORT						EMPLOYEE SERIAL NUMBER	
						025703	
<b>SECTION A GENERAL</b>							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SO	
WILSON, James B, Jr.			27 Sep 1931	M	GS-07	SF	
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION		
Finance Assistant			Fin/CFD/CSTAB		Wash., D. C.		
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER		<input type="checkbox"/> RESERVE		<input type="checkbox"/> TEMPORARY		<input type="checkbox"/> REASSIGNMENT SUPERVISOR	
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)				<input type="checkbox"/> INITIAL		<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)			
ASAP				11 Oct. 1964 - 25 April 1965			
<b>SECTION B PERFORMANCE EVALUATION:</b>							
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
Analyzing Payroll Accounts						P	
SPECIFIC DUTY NO. 2						RATING LETTER	
Reconciling Tax and Retirement Accounts						P	
SPECIFIC DUTY NO. 3						RATING LETTER	
Computing Staff and Career Agents' Pay and Allowances						P	
SPECIFIC DUTY NO. 4						RATING LETTER	
Conducting Liaison with our Division regarding Payroll matters.						P	
SPECIFIC DUTY NO. 5						RATING LETTER	
Preparing Correspondence						A	
SPECIFIC DUTY NO. 6						RATING LETTER	
Maintaining Leave records and Agents' Pay Files						P	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal habits or habits, and pertinent limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER	
P						P	

SECRET

OFFICE OF PERSONNEL

SECTION C NARRATIVE COMMENTS

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

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

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

SECTION D CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

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

DATE: 30 April 1965 SIGNATURE OF EMPLOYEE

2. BY SUPERVISOR

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

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

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

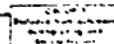
I concur.

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

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
AM				025793			
<b>SECTION A GENERAL</b>							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SO	
Wilcott, James E. Jr			27 Sep 31	M	GS-07	SF	
6. OFFICIAL POSITION TITLE			7. OFF/DIV. OR OF ASSIGNMENT		8. CURRENT STATION		
Fiscal Acct Asst			DDP/FE/JFO		Tokyo		
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/>	CAREER	<input type="checkbox"/>	RESERVE	<input type="checkbox"/>	TEMPORARY	<input type="checkbox"/>	INITIAL
<input type="checkbox"/>	CAREER-PROVISIONAL (See instructions - Section C)			<input checked="" type="checkbox"/>	ANNUAL	<input type="checkbox"/>	REASSIGNMENT-SUPERVISOR
<input type="checkbox"/>	SPECIAL (Specify):			<input type="checkbox"/>	SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to)			
31 Aug 64				1 July 1963 - 30 June 1964			
<b>SECTION B PERFORMANCE EVALUATION</b>							
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
As Station Cashier, responsible for the daily receipt and disbursement of cash (Japanese yen, U.S. dollars, MPC).						P	
SPECIFIC DUTY NO. 2						RATING LETTER	
Consolidates all Station cash transactions to one voucher and verifies balance daily.						P	
SPECIFIC DUTY NO. 3						RATING LETTER	
Summarizes all Station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.						P	
SPECIFIC DUTY NO. 4						RATING LETTER	
Polices individual housing and vehicle advance accounts and audits related accountings.						P	
SPECIFIC DUTY NO. 5						RATING LETTER	
Maintains statistical records on private rentals by individual house and cost center.						P	
SPECIFIC DUTY NO. 6						RATING LETTER	
Advices TDY travelers of their entitlements, audits the travel vouchers, and performs other related duties as assigned by the Finance Officer.						P	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER	
15 JUL 1964						P	



## 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, if applicable.

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

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

## SECTION D

## CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

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

DATE

9 Jun 64

SIGNATURE OF EMPLOYEE

/s/ James Wilcott

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

23

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

DATE

9 Jun 64

OFFICIAL TITLE OF SUPERVISOR

Finance Officer

TYPED OR PRINTED NAME AND SIGNATURE

/s/ Frank Wells

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

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

DATE

7 Jun 64

OFFICIAL TITLE OF REVIEWING OFFICIAL

Finance Officer

TYPED OR PRINTED NAME AND SIGNATURE

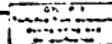
/s/ Jack Randall

SECRET

FJTT 10,374, 31 May 63

~~SECRET~~

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				025793	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE 5. SO
WILCOFF, JAMES B. JR.			27 Sept 31	M	GS-6 SF
6. OFFICIAL POSITION TITLE			7. OFF/DIV OR OF ASSIGNMENT 8. CURRENT STATION		
FISCAL ACCT ASST			DDP/EE/SRO Tokyo		
9. CHECK (X) TYPE OF APPOINTMENT:			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):			<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
			1 Jul 62 - 30 Jun 63		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1					RATING LETTER
As Station Cashier, responsible for the daily receipt and disbursement of cash (Japanese yen, U. S. dollars, MPC).					P
SPECIFIC DUTY NO. 2					RATING LETTER
Consolidates all Station cash transactions to one voucher and verifies balance daily.					P
SPECIFIC DUTY NO. 3					RATING LETTER
Summarizes all Station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.					P
SPECIFIC DUTY NO. 4					RATING LETTER
Polices individual housing and vehicle advance accounts and audits related accountings.					P
SPECIFIC DUTY NO. 5					RATING LETTER
Maintains statistical records on all private rentals by individual house and cost center.					P
SPECIFIC DUTY NO. 6					RATING LETTER
Performs other related duties as assigned by the Finance Officer.					P
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER
20 JUN 1963					P



SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

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

17 3 38 PM '63  
MAIL ROOM

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

SECTION D

CERTIFICATION AND COMMENTS

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

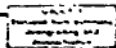
SECRET

CONFIDENTIAL

SECRET  
(When Filled In)

*James B. Wilcott*  
of Career Service Board

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
SECTION A. GENERAL				025778			
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SO	
WILCOTT, James B.			27 Sept 31	M	GS-6	SF	
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION		
Fiscal Acct Asst.			FE/Tokyo		Tokyo		
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
CAREER		RESERVE	TEMPORARY	INITIAL	REASSIGNMENT SUPERVISOR		
				X ANNUAL	REASSIGNMENT EMPLOYEE		
CAREER-PROVISIONAL (See instructions - Section C)				SPECIAL (Specify)			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to)			
				1 Apr 61 - 30 June 62			
SECTION B. PERFORMANCE EVALUATION							
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1							RATING LETTER
Station cashier responsible for the day to day receipt and disbursement of cash.							P
SPECIFIC DUTY NO. 2							RATING LETTER
Consolidates all station cash transactions to one voucher and verifies balance daily.							P
SPECIFIC DUTY NO. 3							RATING LETTER
Summarizes all station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.							S
SPECIFIC DUTY NO. 4							RATING LETTER
Polices individual housing and vehicle advance accounts and audits related accountings.							S
SPECIFIC DUTY NO. 5							RATING LETTER
Maintains statistical records on all private rentals by individual house and cost center.							P
SPECIFIC DUTY NO. 6							RATING LETTER
Performs other related duties as assigned by the Finance Officer.							P
OVERALL PERFORMANCE IN CURRENT POSITION							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.							RATING LETTER
							P



SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p> <p>Subject is conscientious, industrious, and willing to accept all responsibility given him. He has performed capably in a function for which he had no previous experience or training, and has shown a marked interest in learning all facets of his job. He has handled large sums of money with few errors, and maintains the necessary statistical records in a competent manner.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
19 July 1962	James B. Wilcott /s/		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
25			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
17 July 1962	Finance Officer	Elwood Martin	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
17 July 1962	Finance Officer	Clarence F. Norment	



SECRET  
(When Filled In)

*John P. Wilson*

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

SECTION A GENERAL			
1. NAME (Last) (First) (Middle) <b>WILCOX, James B</b>		2. DATE OF BIRTH <b>27 Sept 1931</b>	3. SEX <b>M</b>
4. SERVICE DESIGNATION <b>SF</b>		5. OFFICIAL POSITION TITLE <b>Fiscal Acct. Asst.</b>	
6. CAREER STAFF STATUS		7. OFF/DIV/DR. OF ASSIGNMENT <b>Tokyo Station</b>	
8. TYPE OF REPORT		9. TYPE OF REPORT	
<input type="checkbox"/> NOT ELIGIBLE	<input type="checkbox"/> MEMBER	<input type="checkbox"/> DEFERRED	<input type="checkbox"/> INITIAL
<input type="checkbox"/> PENDING	<input type="checkbox"/> DECLINED	<input type="checkbox"/> DENIED	<input checked="" type="checkbox"/> ANNUAL
10. DATE REPORT DUE IN O.P. <b>31 May 1961</b>		11. REPORTING PERIOD <b>27 May 60 to 31 Mar 61</b>	

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

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

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

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

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

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

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

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

**SECTION F CERTIFICATION AND COMMENTS**

**1. BY EMPLOYEE**

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

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

**2. BY SUPERVISOR**

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

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

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

OTHER (Specify):

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

**3. BY REVIEWING OFFICIAL**

I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

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

COMMENTS OF REVIEWING OFFICIAL

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

SECRET  
(When Filled In)

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

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

SECRET

SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

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

Subject has accepted a field assignment effective in June.

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

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

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

SECTION F CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

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

DATE 18 April 1960 SIGNATURE OF EMPLOYEE James H. Simpson

2. BY SUPERVISOR

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

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

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS REPORT MADE WITHIN LAST 90 DAYS OTHER (Specify): DATE 18 April 1960 OFFICIAL TITLE OF SUPERVISOR C/Voucher Review Unit TYPED OR PRINTED NAME AND SIGNATURE James H. Simpson

3. BY REVIEWING OFFICIAL

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

COMMENTS OF REVIEWING OFFICIAL

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

SECRET

REVIEWED BY: *Richard Johnson*

**SECRET**  
*When Filled In*

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

<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle) <b>Wilcott, Jr. James B.</b>		2. DATE OF BIRTH <b>27 Sept. 1931</b>		3. SEX <b>M</b>	4. GRADE <b>GS-5</b>
3. SERVICE DESIGNATION <b>SP</b>		6. OFFICIAL POSITION/TITLE <b>Time Leave Pay Clerk</b>		7. OFF/DIV/BN OF ASSIGNMENT <b>Compt/ Finance Division</b>	
9. CAREER STAFF STATUS			9. TYPE OF REPORT		
<input checked="" type="checkbox"/> NOT ELIGIBLE	<input type="checkbox"/> MEMBER	<input type="checkbox"/> DEFERRED	<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT/SUPERVISOR	<input type="checkbox"/> REASSIGNMENT/EMPLOYEE
<input type="checkbox"/> PENDING	<input type="checkbox"/> DECLINED	<input type="checkbox"/> DENIED	<input checked="" type="checkbox"/> ANNUAL		
10. DATE REPORT DUE IN O.P. <b>30 April 1959</b>		11. REPORTING PERIOD From To <b>1 Apr 58 - 31 Mar 59</b>		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 <b>Maintenance of Payroll</b>		RATING NO. <b>3</b>	SPECIFIC DUTY NO. 4 <b>Consulting liaison with Area Division on payroll problems</b>		RATING NO. <b>3</b>	
SPECIFIC DUTY NO. 2 <b>Preparation of all payroll documents considering base and premium pay and allowances</b>		RATING NO. <b>3</b>	SPECIFIC DUTY NO. 5 <b>Application of Agency pay regulations</b>		RATING NO. <b>4</b>	
SPECIFIC DUTY NO. 3 <b>Maintaining of leave records</b>		RATING NO. <b>3</b>	SPECIFIC DUTY NO. 6 <b>Processing of checks</b>		RATING NO. <b>3</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>3</b></td></tr> </table>	RATING NO.	<b>3</b>
RATING NO.			
<b>3</b>			

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

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.

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

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

**SECTION F CERTIFICATION AND COMMENTS**

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

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

**2. BY SUPERVISOR**

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

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

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

OTHER (Specify):

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

**3. BY REVIEWING OFFICIAL**

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

COMMENTS OF REVIEWING OFFICIAL:

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

(When Filled In)

### FITNESS REPORT (Part I) PERFORMANCE

#### INSTRUCTIONS

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

FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-373. It is recommended that you read the entire form before completing any question. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in item B. of Section 'A' below.

#### SECTION A. GENERAL

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

#### SECTION B. CERTIFICATION

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

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

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

B. THIS DATE 5 Dec. 1957	C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR Ben H. Horton	D. SUPERVISOR'S OFFICIAL TITLE Accounting Dir.
-----------------------------	---	---

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

BY DATE

Posted Pos. Certif. 10/18/57

Reviewed by WLD 12/1/57

CONTINUED ON ATTACHED SHEET

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

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

#### SECTION C. JOB PERFORMANCE EVALUATION

1. RATING ON GENERAL PERFORMANCE OF DUTIES

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

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

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

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

**DIRECTIONS:**

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

ORAL BRIEFING	HAS AND USES AREA KNOWLEDGE	CONDUCTS INTERVIEWS
GIVING LECTURES	DEVELOPS NEW PROGRAMS	PREPARES SUMMARIES
CONDUCTING SEMINARS	ANALYZES INDUSTRIAL REPORTS	TRANSLATES GERMAN
WRITING TECHNICAL REPORTS	MANAGES FILES	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.

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

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

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

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

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

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

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

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

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

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



SECRET

NOTIFICATION OF ESTABLISHMENT OF <b>MILITARY COVER BACKSTOP</b>		DATE <b>19 April 1965</b>
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, PERSONNEL OPERATIONS DIVISION	ESTABLISHED FOR
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action)	WH <b>WILCOTT, James B., Jr.</b>
ATTN:	<b>Mr. Mullane</b>	FILE NO. <b>K-9524</b>
REF:	<b>Continuation of backstopping cover</b>	ID CARD NO. <b>Returned</b>
	<b>MILITARY COVER BACKSTOP ESTABLISHED</b>	EMPLOYEE NO.
	<b>US Army Element, Composite Operations Group</b>	

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

- Block Records:  
(OPMEMO 20-800-12)
  - a. Temporarily for \_\_\_\_\_ days, effective \_\_\_\_\_
  - b. Continuing, effective \_\_\_\_\_ EOD \_\_\_\_\_
- Submit Form 642 to change limitation category.  
(HBB 20-7)
- Ascertain that **Army W-2** being issued.  
(HB 20-661-1)
- Submit Form 1322 for any change affecting this cover.  
(R 240-250)
- Submit Form 1323 for transferring cover responsibility.  
(R 240-250)
- Remarks: **Subject is going on PCS out of D.C. area.**
- NA Cover History

*James J. Franklin*

**XS CD/abief. MILITARY COVER. CCO**

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

FORM 1551  
6-64 USE PREVIOUS EDITION

SECRET

GROUP  
Excluded from automatic  
downgrading and declassification

*tw* (13-20-43)

SECRET

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

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

Block Records:  
(OPMEMO 23-800-11)

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

b. Continuing, effective May 60

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

Ascertain that **Army W-2** being issued.  
(HR 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 **Mar 57-May 60 Hdqs/overt**  
**May 60-Jul 64 DAC & DAFC/Japan**

*James H. Franklin*  
**ALR/aj** CHIEF, MILITARY COVER, CCA

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

SECRET  
(When Filled In)

DATE: 17 MAY 66

NOTIFICATION OF PERSONNEL ACTION

1 SERIAL NUMBER		2 NAME (LAST FIRST MIDDLE)					
025793		WILCOIT JAMES B JR					
3 NATURE OF PERSONNEL ACTION		4 EFFECTIVE DATE					
RESIGNATION*		04 15 66					
5 CATEGORY OF EMPLOYMENT		REGULAR					
6 FUNDS		7 COST CENTER NO CHARGEABLE					
<table border="1"> <tr> <td>V TO W</td> <td>W TO EF</td> </tr> <tr> <td>EF TO W</td> <td>EF TO EF</td> </tr> </table>		V TO W	W TO EF	EF TO W	EF TO EF	8. CSC OR OTHER LEGAL AUTHORITY	
V TO W	W TO EF						
EF TO W	EF TO EF						
		6132 1164 GRAN					
9 ORGANIZATIONAL DESIGNATIONS		10 LOCATION OF OFFICIAL STATION					
DUP/WH/US FIELD WH/C JM.WAVE DEP CHIEF OF STATION FOR CPS SUPPORT FINANCE BRANCH		JM.WAVE					
11. POSITION TITLE		12. POSITION NUMBER					
FISCA ACCT ASSI		1369					
13 SERVICE DESIGNATION		SF					
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)		15 OCCUPATIONAL SERIES					
GS		0501.03					
16 GRADE AND STEP		17. SALARY OR RATE					
07 4		6590					
18. REMARKS							
*STAFF EMPLOYEE SPECIAL							



LOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

2 STATION CODE	23 INTEGREE CODE	24 Months Code	25 DATE OF BIRTH	26 DATE OF GRADE	27 DATE OF LEI
			09 27 31		
28 DATA CODE	31 SEPARATION DATA CODE	32 CORRECTION/CANCELLATION DATA		33 SECURITY REQ NO.	34 SER
	1B00N4	EOD DATA			
35 COMP DATE	36 CAREER CATEGORY	37 FEGLI / HEALTH INSURANCE		40 SOCIAL SECURITY NO	
42 LEAVE CAT. CODE	43. FEDERAL TAX DATA		44. STATE TAX DATA		
	FORM EXECUTED CODE		FORM EXECUTED CODE		
	NO TAX EXEMPTIONS		NO TAX EXEMPTIONS		

SIGNATURE OR OTHER AUTHENTICATION:

*(Handwritten signature)*

FORM 1150 11 62

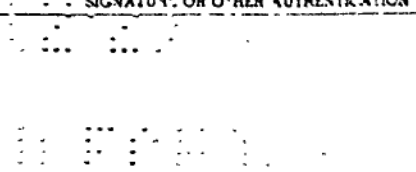
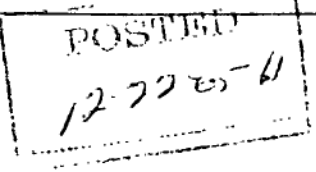
Use Previous Edition

SECRET

05780014  
(When Filled In)

FJH 21 DEC 65

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION																	
OAF																	
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)															
025798		WILCOTT JAMES B JR															
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE			5. CATEGORY OF EMPLOYMENT								
EXCEPTED APPT+ CAREER						NO. DA YR 11   21   65			REGULAR								
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE			8. USC OR OTHER LEGAL AUTHORITY								
CF TO V		X		CF TO CF		6135 1184 0000			50 USC 403 J								
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION											
DDP/WH U.S. FIELD WH/C JMWAVE DEP CHIEF OF STATION FOR OPS SUPPORT FINANCE BRANCH						JMWAVE											
11. POSITION TITLE						12. POSITION NUMBER			13. SERVICE DESIGNATION								
FISCAL ACCT ASST						1369			SF								
14. CLASSIFICATION SCHEDULE (GS, LR, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE									
GS				0501.03		07 4		6830									
18. REMARKS																	
*STAFF EMPLOYEE SPECIAL																	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																	
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGREE CODE		24. MONTH CODE		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI	
13		10		51550 WH		99999				2		08   27   31		09   15   63		09   13   64	
28. NTE EXP. RES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION CANCELLATION DATA				33. SECURITY REQ NO.		34. SEX			
NO DA YR		NO DA YR		1 - CSC 2 - FICA 3 - NONE		CODE		TYPE NO DA YR				EOD DATA 00000		M1			
35. VET. PREFERENCE		36. SERV. COMP. DATE		37. LONG COMP. DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE				40. SOCIAL SECURITY NO					
CODE		NO DA YR		NO DA YR		CAG BELL PRIV TEMP		CODE CODE 0 WAIVER 1 YES				HEALTH INS CODE					
1		06   26   53		03   04   57		C		1									
41. PREVIOUS GOVERNMENT SERVICE DATA						42. LEAVE CAT CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA					
CODE						CODE		FORM EXECUTED CODE				FORM EXECUTED CODE					
0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)						6		1 - YES 2 - NO				1 - YES 2 - NO					
SIGNATURE OR OTHER AUTHENTICATION																	
																	
																	

FORM 11 62 1150

Use Previous Edition

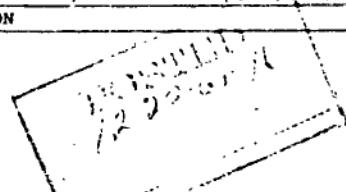
SECRET

EPSP-1  
Excluded from automatic  
downgrading and  
declassification

(When Filled In)

PUR: 21 DEC 65

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER 025798		2. NAME (LAST FIRST MIDDLE) <i>Wilcott, James B Jr</i>									
3. NATURE OF PERSONNEL ACTION RESIGNATION				4. EFFECTIVE DATE 11   24   65		5. CATEGORY OF EMPLOYMENT REGULAR					
6. FUNDS		V TO V		V TO CP		7. COST CENTER NO. CHARGEABLE 6135 1104 0000		8. CSC OR OTHER LEGAL AUTHORITY			
CP TO V		X		CP TO CP							
9. ORGANIZATIONAL DESIGNATIONS DDP: WH US FIELD WH/C JMWAVE DEP CHIEF OF STATION FOR OPERATIONAL SUPPORT FINANCE BRANCH					10. LOCATION OF OFFICIAL STATION JMWAVE						
11. POSITION TITLE FISCAL ACCT ASST					12. POSITION NUMBER 1353		13. SERVICE DESIGNATION SF				
14. CLASSIFICATION SCHEDULE (GS, LD, etc.) GS			15. OCCUPATIONAL SERIES 0501.03		16. GRADE AND STEP 07 4		17. SALARY OR RATE 6830				
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE 15	20. EMPLOY CODE 10	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. MGR CODE	25. DATE OF BIRTH		26. DATE OF GRADE	27. DATE OF LEI	
		NUMERIC ALPHABETIC					MO DA YR		MO DA YR	MO DA YR	
							11   24   31				
28. NTE EXPIRES		29. SPECIAL REFERENCE	30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ NO		34. SEX	
MO DA YR			1 - CSC 2 - FICA 3 - NONE		1ED0091	TYPE MO SA YR		EOD DATA			
35. VET PREFERENCE		36. SERV. COMP DATE		37. LONG COMP DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO	
CODE		NO. DA YR		NO DP YR		CAR BEV CODE		CODE 0 WAIVER 1 YES		HEALTH INS CODE	
0 - NONE 1 - 5 PT 2 - 10 PT						PROV TEMP					
41. PREVIOUS GOVERNMENT SERVICE DATA			42. LEAVE CAT	43. FEDERAL TAX DATA			44. STATE TAX DATA				
CODE			CODE	FORM EXECUTED CODE			NO TAX EXEMPTIONS		FORM EXECUTED		CODE NO TAX STATE CODE
0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)				1 - YES 2 - NO					1 - YES 2 - NO		EXEMP
SIGNATURE OR OTHER AUTHENTICATION											
<div style="text-align: right;">  </div>											

FORM 11 62 1150

Use Previous Edition

SECRET

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

(When Filled In)

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-301  
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,  
AS AMENDED, AND A-DCI POLICY DIRECTIVE DATED 4 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 OCTOBER 1965

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

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

OCS 09/27/65

1 SERIAL NUMBER

2 NAME (LAST FIRST MIDDLE)

625798

*Kilcath, James B*

3 NATURE OF PERSONNEL ACTION

4 EFFECTIVE DATE

5 CATEGORY OF EMPLOYMENT

REASSIGNMENT

MO DA YR  
05 31 65

6 FUNDS

V TO V

V TO CF

CF TO V

X

CF TO CF

7 COST CENTER NO CHARGEABLE

8 CVC OR OTHER LEGAL AUTHORITY

5135 1164 0000

9 ORGANIZATIONAL DESIGNATION

10 LOCATION OF OFFICIAL STATION

DDP/WH DIVISION  
US FLD D CH STA OP SUP

JMWAVE

11 POSITION TITLE

12 POSITION NUMBER

13 CAREER SERVICE DESIGNATION

FISCAL ACCT ASST

1369

SF

14 CLASSIFICATION SCHEDULE (GS, GS, etc.)

15 OCCUPATIONAL SERIES

16 GRADE AND STEP

17 SALARY OR RATE

05

0501.03

07

18 REMARKS

POSTED  
6-3-65 HT

SIGNATURE OR OTHER AUTHENTICATION

SECRET  
(When Filled In)

DLG: 27 APR 65

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER 025798		2. NAME (LAST FIRST MIDDLE) <i>Wheeler, James B</i>							
3. NATURE OF PERSONNEL ACTION CAREER EXCEPTED APPT				4. EFFECTIVE DATE MO. DA. YR. 04   25   65		5. CATEGORY OF EMPLOYMENT REGULAR			
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY	
		CF TO V		X		CF TO CF		5135 1164 0000 50 USC 403 J	
9. ORGANIZATIONAL DESIGNATIONS DDP/SAS U.S. FIELD FORWARD OPERATIONS STATION-JMWAVE DEPUTY FOR SUPPORT FINANCE BRANCH				10. LOCATION OF OFFICIAL STATION JMWAVE					
11. POSITION TITLE FISCAL ACCT ASST				12. POSITION NUMBER 1080		13. SERVICE DESIGNATION SF			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0501.03		16. GRADE AND STEP 07 4		17. SALARY OR RATE 6650			
18. REMARKS REPLACEMENT FOR EDNA C. JECENTHAL.									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE 13	20. EMPLOY CODE 10	21. OFFICE CODING NUM. ALPHABETIC 49760 SAS		22. STATION CODE 99999	23. INTERSEE CODE 2	24. MONTHS MO. DA. YR. 09   27   31		25. DATE OF BIRTH MO. DA. YR. 09   15   63	
26. DATE OF GRADE MO. DA. YR. 09   13   64	27. DATE OF LEI MO. DA. YR. 09   13   64	28. NTE EXPIRES MO. DA. YR.	29. SPECIAL REFERENCE	30. RETIREMENT DATA 1. CSC 2. FIRM 3. NONE 1	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE NO. DA. YR.		33. SECURITY REG NO 00000	34. SER 141
35. VET. PREFERENCE CODE 1	36. SERV COMP DATE MO. DA. YR. 06   26   53	37. LONG COMP. DATE MO. DA. YR. 04   57	38. CAREER CATEGORY CAP. DES. TEMP. C	39. FEGLI / HEALTH INSURANCE CODE CODE O. WAIVER HEALTH INS. CODE 1 1 1 - YES	40. SOCIAL SECURITY NO.				
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 1			42. LEAVE CAT CODE 6	43. FEDERAL TAX DATA FORM EXECUTED CODE NO. TAX EXEMPTIONS 1 - YES 0 0 2 - NO		44. STATE TAX DATA FORM EXECUTED CODE NO. TAX EXEMP STATE 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>04/28/65 JK</i></p> </div>									

POSTED ON  
OF-4b  
28 APR 1965

POSTED  
*04/28/65 JK*

*Jgd*

GROUP 1  
Excluded from automatic  
downgrading and  
declassification



SECRET  
(When Filled In)

DLB: 27 APR 65

DEF NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST MIDDLE)									
025798		WILCOTT JAMES B JR									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE			5. CATEGORY OF EMPLOYMENT		
RESIGNATION						MO DA YR 04 24 65			REGULAR		
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE			8. CSC OR OTHER LEGAL AUTHORITY		
X						5277 0003 0000					
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDS/OFFICE OF FINANCE CONFIDENTIAL FUNDS DIVISION COMPENSATION AND TAX ACCOUNTS BRANCH CONTRACT AGENTS ACCOUNTS SECTION						WASH., D. C.					
11. POSITION TITLE						12. POSITION NUMBER			13. SERVICE DESIGNATION		
FINANCE ASSISTANT						0470			SF		
14. CLASSIFICATION SCHEDULE (GS, LR, etc.)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP			17. SALARY OR RATE		
GS			0510.16			07 4			6650		
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE											
45											
20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGREE CODE		24. HOURS CODE		25. DATE OF BIRTH	
10		NUMBER C ALPHABETIC								MO DA YR 03 27 31	
26. DATE OF GRADE		27. DATE OF LES		28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE	
										1500091	
32. CORRECTION/CANCELLATION DATA		33. SECURITY REC NO.		34. SEX		35. VET PREFERENCE		36. SERV. COMP. DATE		37. LONG COMP. DATE	
38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.		41. PREVIOUS GOVERNMENT SERVICE DATA		42. LEAVE CAT CODE		43. FEDERAL TAX DATA	
44. STATE TAX DATA		45. FORM EXECUTED		46. NO TAX EXEMPTIONS		47. FORM EXECUTED		48. CODE		49. STATE CODE	
SIGNATURE OR OTHER AUTHENTICATION											

POSTED  
APR 29/65

FORM 11 62 1150

Use Previous Edition

SECRET

*Jgd*

GROUP 1  
EXCLUDED FROM AUTOMATIC  
DOWNGRADING AND  
DECLASSIFICATION

(When Filled In)

DLB: 9 OCT 64

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION															
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)													
025798		WILCOTT JAMES JR													
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT								
REASSIGNMENT AND TRANSFER TO VOUCHERED FUNDS					10   11   64		REGULAR								
6. FUNDS		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY											
<table border="1"> <tr><td>V TO V</td><td>V TO CF</td></tr> <tr><td>X</td><td></td></tr> <tr><td>CF TO V</td><td>CF TO CF</td></tr> </table>		V TO V	V TO CF	X		CF TO V	CF TO CF	5277 0003 0000		50 USC 403 J					
V TO V	V TO CF														
X															
CF TO V	CF TO CF														
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION										
DDS OFFICE OF FINANCE CONFIDENTIAL FUNDS DIVISION COMPENSATION & TAX ACCOUNTS BRANCH CONTRACT AGENTS ACCOUNTS SECTION					WASH., D. C.										
11. POSITION TITLE					12. POSITION NUMBER		13. SERVICE DESIGNATION								
FINANCE ASSISTANT					0470		SF								
14. CLASSIFICATION SCHEDULE (GS, LS, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE								
GS			0510.16		07 4		6650								
18. REMARKS															
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL															
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. REGIONS CODE	25. DATE OF BIRTH		26. DATE OF GRADE	27. DATE OF LEI					
10	10	NUMERIC	ALPHABETIC	75013			MO	DA	YR	MO	DA	YR	MO	DA	YR
		13500	FIN				09	27	61						
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REG NO		34. SEC			
MO DA YR		1. CSC 2. FICA 3. NONE		CODE		DATA CODE		TYPE MO DA YR		EOD DATA					
35. VET PREFERENCE		36. SERV. COMP DATE		37. LONG COMP DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO					
CODE		MO DA YR		MO DA YR		CAN DESL PHOL TEMP		CODE CODE 0 WAIVER 1 YES		HEALTH INS CODE					
0 - NONE 1 - 5 PT 2 - 10 PT															
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA					
CODE				CODE		FORM EXECUTED				STATE TAX DATA					
0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)						1 - YES 2 - NO				FORM EXECUTED 1 - YES 2 - NO					
SIGNATURE OR OTHER AUTHENTICATION										14.001					
FROM: FE B										<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <p style="text-align: center; margin: 0;">POSTED</p> <p style="text-align: center; margin: 0;">9 Oct 64</p> <p style="text-align: center; margin: 0;">JPS</p> </div>					

FORM 11 62 1150

Use Previous Edition

SECRET

*yga*

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

(When Filled In)



IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND OGI MEMORANDUM DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 9 JANUARY 1964.

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

11

1 Serial No		2 Name		3 Cost Center Number		4 LWOP Hours				
025798		WILCOTT JAMES B JR		49 380 CF		11F				
5 OLD SALARY RATE				6 NEW SALARY RATE				7 TYPE ACTION		
Grade	Step	Salary	Last EH Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADJ.
GS 07	3	\$ 5,910	09/15/63	GS 07	4	\$ 6,185	09/13/64			
8 Remarks and Authentication										
<ul style="list-style-type: none"> <li>/ / NO EXCESS LWOP</li> <li>/ / IN PAY STATUS AT END OF WAITING PERIOD</li> <li>/ / LWOP STATUS AT END OF WAITING PERIOD</li> </ul> <p style="text-align: right;">CLERKS INITIALS                      AUDITED BY</p> <p style="text-align: right;">04 742 08</p> <p>I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.</p> <p>SIGNATURE <i>[Signature]</i> DATE 1/1/64</p> <p style="text-align: right;"><i>mcr</i></p>										
PAY CHANGE NOTIFICATION										

SECRET  
(When Filled In)

OLS: 13 SEPT 63

NOTIFICATION OF PERSONNEL ACTION																	
1. SERIAL NUMBER		2. NAME (LAST FIRST-MIDDLE)															
025798		WILCOTT JAMES B JR															
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT									
PROMOTION						09   15   63		REGULAR									
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY									
CF TO V		X		CF TO CF		4137 7351 1000		50 USC 403 J									
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION											
DDP/FE FOREIGN FIELD FE/JKO-TOKYO STATION SUPPORT STAFF						TOKYO, JAPAN											
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION									
FISCAL ACCT ASST						3167		SF									
14. CLASSIFICATION SCHEDULE (GS, LB, etc)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP			17. SALARY OR RATE								
GS			0501.03			07 3			5910								
18. REMARKS																	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																	
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTERSEE CODE		24. HQ/IN CODE		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI	
22		10		45380 FE		37587		3		3		09   27   31		09   15   63		09   15   63	
28. BTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ NO.		34. SEX		EOD DATA			
NO DA YR		1 CSC 2 FICA 3 NONE		CODE		TYPE NO DA YR		NO DA YR		NO DA YR		NO DA YR					
35. VET PREFERENCE		36. SERV COMP DATE		37. LONG COMP DATE		38. CAREER CATEGORY		39. FEGLI/HEALTH INSURANCE		40. SOCIAL SECURITY NO.							
CODE		NO DA YR		NO DA YR		CAN CIVL PRIV TEMP		CODE CODE		O WAIVER I - YES		HEALTH INS CODE					
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA							
CODE				CODE		FORM EXEMPTED CODE NO TAX EXEMPTIONS				FORM EXECUTED CODE NO TAX EXEMPT STATE CODE							
0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)						1 - YES 2 - NO				1 - YES 2 - NO							
SIGNATURE OR OTHER AUTHENTICATION												POSTED		09/25/63 JK			

FORM 1150  
1-62

Use Previous Edition

SECRET

19 SEP 63

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

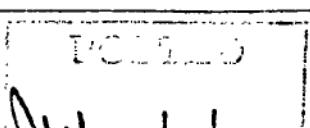
(When Filled In)

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87 - 727 AND  
 DCI MEMORANDUM DATED 1 AUGUST 1966, SALARY IS ADJUSTED AS FOLLOWS,  
 EFFECTIVE 15 OCTOBER 1962

NAME	SERIAL	ORGN	OLD		NEW	
			FUNDS	GR-ST	GR-ST	SALARY
WILCOTT JAMES B JR	025798	56380	CF 06 4	\$ 5325	06 4	\$ 5549

ARE:9 NOV 1961

SECRET  
 (When Filled In)

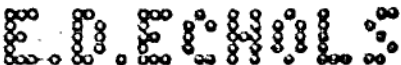
NOTIFICATION OF PERSONNEL ACTION											
OCF											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
025798		WILCOTT JAMES B JR									
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT					
PROMOTION				NO. DA. YR. 11 12 61		REGULAR					
A. FUNDS		V TO V		V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

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

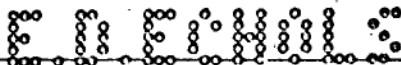
SD	NAME	SERIAL	ORGN	GR-ST	OLD SALARY	NEW SALARY
SF	WILCOTT JAMES R JR	525798	51 71	GS-05 3	\$ 4,340	\$ 4,675

/S/ EMMETT D. ECHOLS  
DIRECTOR OF PERSONNEL

SECRET  
(WHEN FILLED IN)

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

(When Filled In)

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

Form 560

Obsolete Previous Edition

SECRET

(4-61)

SECRET

(When Filled In)

AES: 6 MAY 1960

### NOTIFICATION OF PERSONNEL ACTION

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

PREVIOUS ASSIGNMENT

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

ACTION

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

PRESENT ASSIGNMENT

31. Organizational Designation	Code	32. Location Of Official Station	Station Code
DOP FE FE/JAO - TOKYO STATION SUPPORT STAFF - TOKYO	5171	TOKYO, JAPAN	37587
33. Dept. - Field	34. Position Title	35. Position No.	36. Serv. 37. Occup. Series
Dept - 1 USfld - 3 Fgrn - 5	Code 5 FISCAL ACCT ASST	3167	GS 0501.03
38. Grade & Step	39. Salary Or Rate	40. SD	41. Date Of Grade
05 3	\$ 4340	SF	Mo. 09, Da. 28, Yr. 57
		42. PSI Due	43. Appropriation Number
		Mo. 09, Da. 18, Yr. 60	0137 7351 3000

44. Remarks

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

POSTED

07-16-60 JUK



**SECRET**  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION														
AES: 2 OCT 1959														
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vet. Pref.		5. Sex		6. CS - EOD	
125798		WILCOTT JAMES B JR				09 27 31			None Code 1		M 1		03 04 57	
7. SCD		8. CSC Retmt.		9. CSC Or Other Legal Authority		10. Apmt. Affidav.			11. FEGLI		12. LCD		13. Mil. Crim. Con.	
06 26 53		Yes-1 Code No-2 1		50 USCA 403 J					Yes-1 Code No-2		03 04 57		Yes-1 Code No-2	

**PREVIOUS ASSIGNMENT**

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

**ACTION**

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

**PRESENT ASSIGNMENT**

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

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

1. EMP. SERIAL NO. 125798		2. NAME WILCOTT JAMES B JR			3. ASSIGNED ORGAN. JDS/COMPT 11			4. FUNDS V-20		5. ALLOCATION 26.3.46	
6. OLD SALARY RATE						7. NEW SALARY RATE					
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
GS	5	\$ 4,190	09	21	58	GS	5	\$ 4,340	09	20	59
TO BE COMPLETED BY THE OFFICE OF THE COMPTROLLER											
8. CHECK ONE IF EXCESS LWOP, CHECK FOLLOWING: <input type="checkbox"/> NO EXCESS LWOP <input checked="" type="checkbox"/> EXCESS LWOP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD						9. NUMBER OF HOURS LWOP					
						10. INITIALS OF CLERK			11. AUDITED BY		
TO BE COMPLETED BY THE OFFICE OF PERSONNEL											
12. PROJECTED SALARY RATE AND EFFECTIVE DATE						13. REMARKS					
GRADE	STEP	SALARY	MO	DA.	YR.						
14. AUTHENTICATION											
<b>PERIODIC STEP INCREASE - AUTHENTICATION</b>											

<b>NOTIFICATION OF PERSONNEL ACTION</b>													
MCM 25 MAR 59													
1. Serial No. 125798		2. Name (Last-First-Middle) WILCOTT JAMES B JR				3. Date of Birth Mo. Da. Yr. 09 27 31		4. Vet. Pref. Non-0 5 Pt-1 10 Pt-2		5. Sex Code M 1	6. CS - EOD Mo. Da. Yr. 03 04 57		
7. SCD Mo. Da. Yr. 05 26 53		8. CSC Reim. Yes-1 No-2		9. CSC Or Other Legal Authority Code 1		10. Appt. Auth. Div. Mo. Da. Yr.		11. FEGLI Yes-1 No-2		12. LCD Mo. Da. Yr. 03 04 57		13. Mil. Serv. Acc. Yes-1 No-2	
				50 USCA 403								2	

**PREVIOUS ASSIGNMENT**

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

**ACTION**

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

**PRESENT ASSIGNMENT**

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

44. Remarks

**POSTED**  
 27 MAR 59

ORIGINAL SALARY INCREASE RETROACTIVELY EFFECTIVE  
 12 JANUARY 1959 AUTHORIZED BY P. L. 85 - 617 AND 621  
 EFFECTIVE SALARY AS OF 15 JUNE 1959 ADJUSTED AS FOLLOWS

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

JORDON W. STEWART  
 ASST. DIRECTOR OF PERSONNEL

DECEMBER

IN LIFU OF FORM 1150 THIS NOTIFICATION EFFECTS RESLOTING RESULTING  
 FROM R-20-250

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

**SECRET**  
(WHEN FILLED IN)

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

FORM NO. 560  
1 MAR 58

**SECRET**

PERSONNEL FOLDER (4)

**SECRET**  
(When Filled In)

30200

NOTIFICATION OF PERSONNEL ACTION														
MCM28 APRIL 58														
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vet. Pref.		5. Sex		6. CS/EOD	
125798		WILCOTT, JAMES B JR				09 27 31			None-0 5 P-1 10 P-2		M 1		03 04 57	
7. SCD		8. CSC Reim.		9. CSC Or Other Legal Authority		10. Apmt. Affidav.			11. FEGLI		12. LCD		13. <small>Min. Serv. Credit</small>	
Mo. Da. Yr.		Yes-1 No-2		Code		Mo. Da. Yr.			Yes-1 No-2		Mo. Da. Yr.		Yes-1 No-2	
06 26 53		1		50 USCA 403							03 04 57		2	

**PREVIOUS ASSIGNMENT**

14. Organizational Designations				Code		15. Location Of Official Section				Station Code	
DDS OFFICE OF THE COMPTROLLER FINANCE DIVISION COMPENSATION AND TAX ACCTS BR CONTRACT AGENTS ACCTS SECTION				3803		WASH., D. C.				75013	
16. Dept. - Field		17. Position Title				18. Position No.		19. Serv.		20. Occup. Series	
Dept - 2 USfld - 4 Frqn - 6		FINANCE ASST				0521.03		GS		0510.14	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
05 1		\$ 3670		SF		02 22 57		04 21 58		8 6304 20	

**ACTION**

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
REASSIGNMENT		56		04 21 58		REGULAR		01			

**PRESENT ASSIGNMENT**

31. Organizational Designations				Code		32. Location Of Official Section				Station Code	
DDS OFFICE OF THE COMPTROLLER FINANCE DIV COMPENSATION & TAX ACCTS BR STAFF EMPLOYEES ACCTS SECTION				3803		WASH., D. C.				75013	
33. Dept. - Field		34. Position Title				35. Position No.		36. Serv.		37. Occup. Series	
Dept - 2 USfld - 4 Frqn - 6		TIME LV PAY CLK				0305.02		GS		0544.01	
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
05 1		\$ 3670		SF		04 22 57		09 21 58		8 6304 20	

44. Remarks

POSTED  
5/1/58 221

**SECRET**  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION														
MCM 21 FEB 58														
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vet. Pref.		5. Sex		6. CS - EOD	
125798		WILCOTT, JAMES B JR				03 27 31			10 Pt-1 10 Pt-2 1		M 1		03 04 57	
7. SCD		8. CSC Reamt.		9. CSC Or Other Legal Authority		10. Appt. Affidav.			11. FEGLI		12. LCD		13. Ret. Serv. Code	
06 26 53		No - 2		50 USCA 403					No-1 No-2		03 04 57		Yes - 1 No - 9 2	

**PREVIOUS ASSIGNMENT**

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

**ACTION**

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

**PRESENT ASSIGNMENT**

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

44. Remarks

POSTED  
4 MAR 1958  
211

**SECRET**  
(When Filled In)

**NOTIFICATION OF PERSONNEL ACTION**

1. Serial No. 1257		2. Name (Last-First-Middle) WILCOX, JAMES W.			3. Date Of Birth Mo. Da. Yr. 01 27 57			4. Vet Prof. None-0 5 Pt-1 10 Pt-2 1		5. Sex M 1		6. CS-EOD Mo. Da. Yr. 03 04 57		
7. SCB		8. CSC Rtnmt. Yes-1 No-2		9. CSC Or Other Legal Authority Code 50 USCA 403 J		10. Apmt. Affidav. Mo. Da. Yr.			11. FEGLI Yes-1 No-2		12. LCD Mo. Da. Yr.		13. <small>See Form 12a</small> Yes-1 No-2	

**PREVIOUS ASSIGNMENT**

14. Organizational Designations DPS OFFICE OF COMPTROLLER FISCAL DIVISION ACCOUNTS PAYABLE ALLOTMENT LEADER SECTION				Code		15. Location Of Official Station WASHINGTON, D. C.				Station Code		
16. Dept. - Field Dept - 2 USfld - 4 Frqn - 6		17. Position Title FISCAL ADJ CLK				18. Position No. 2001		19. Serv. GS		20. Occup. Series 0501 04		
21. Grade & Step GS 1		22. Salary Or Rate \$ 2115		23. SD SC		24. Date Of Grade Mo. Da. Yr.		25. PSI Due Mo. Da. Yr.		26. Appropriation Number 8 - 202 20		

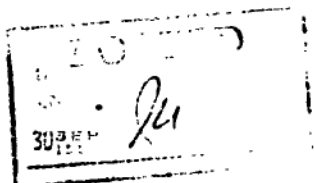
**ACTION**

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

**PRESENT ASSIGNMENT**

31. Organizational Designations DPS OFFICE OF COMPTROLLER FISCAL DIVISION ACCOUNTS PAYABLE ALLOTMENT LEADER SECTION				Code		32. Location Of Official Station WASHINGTON, D. C.				Station Code		
33. Dept. - Field Dept - 2 USfld - 4 Frqn - 6		34. Position Title FISCAL ADJ CLK				35. Position No. 2001		36. Serv. GS		37. Occup. Series 0501 04		
38. Grade & Step GS 1		39. Salary Or Rate \$ 2115		40. SD SC		41. Date Of Grade Mo. Da. Yr.		42. PSI Due Mo. Da. Yr.		43. Appropriation Number 8 - 202 20		

44. Remarks


  
 A rectangular stamp with a signature and the word "SUBMIT" is located in the Remarks section.

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

P.C. 9 Nov 56  
 0-5481 njw

1. NAME (MR - MRS - MS - ONE GIVEN NAME, INITIALS, AND SURNAME) <b>MR. JAMES B. WILCOFF, JR.</b>		2. DATE OF BIRTH <b>27 Sep 1931</b>	3. JOURNAL OR ACTION NO.	4. DATE <b>4 Mar 1957</b>										
This is to notify you of the following action affecting your employment:														
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) <b>Accepted Appointment</b>		6. EFFECTIVE DATE <b>4 Mar 1957</b>	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY <b>50 USCA 403 j</b>											
FROM		TO												
8. POSITION TITLE <b>Fiscal Acct Clerk</b>		<b>1-30.01-4</b>												
9. SERVICE, SERIES, GRADE, SALARY <b>GS-0501.04-4</b>		<b>\$3415.00 per annum</b>												
10. ORGANIZATIONAL DESIGNATIONS <b>380273</b>		DDI/Office of Comptroller Fiscal Division Accounts Branch Allotment Ledger Section												
11. HEADQUARTERS <b>2</b>		Washington, D. C.												
<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPT'L	<input type="checkbox"/> FIELD	<input checked="" type="checkbox"/> DEPARTMENTAL										
13. VETERAN'S PREFERENCE NONE WWII OTHER 5-PT. 10-POINT <table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>												14. POSITION CLASSIFICATION ACTION NEW VICE I. A. REAL <b>SD/SP</b>		
15. SEX <b>M</b>	16. APPROPRIATION FROM <b>7-6303-20</b>	17. SUBJECT TO C. 2. RETIREMENT ACT (YES-NO) <b>Yes</b>	18. DATE OF APPOINTMENT AFFIDAVIT (EXCEPTIONS ONLY) <b>4 Mar 1957</b>	19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:										
20. REMARKS. <p>Subject to the satisfactory completion of a trial period of one year.                  Subject to the satisfactory completion of a medical examination.                  RC-135</p> <p>DOC 03/04/57                  CSEOD 03/04/57                  LCD 03/04/57                  SCD 06/26/53</p> <p>PSI due 03/03/58</p> <p>2 EOD 03/04/57</p> <p style="text-align: right;">POSTED                  MAY 6 1957</p>														
ENTRANCE PERFORMANCE RATINGS: <table border="1"> <tr> <td>000</td> <td>000</td> <td>000</td> <td>000</td> <td>000</td> <td>000</td> <td>000</td> <td>000</td> <td>000</td> <td>000</td> </tr> </table>					000	000	000	000	000	000	000	000	000	000
000	000	000	000	000	000	000	000	000	000					

Director of Personnel

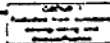
4. PERSONNEL FOLDER COPY

779 314157



**SECRET**  
(When Filled In)

FITNESS REPORT						EMPLOYEE SERIAL NUMBER
						025798
<b>SECTION A GENERAL</b>						
1. NAME <small>(Last) (First) (Middle)</small> Wilcott, James B., Jr.			2. DATE OF BIRTH 27 Sep 31	3. SEX M	4. GRADE GS-07	5. SD SF
6. OFFICIAL POSITION TITLE Fiscal Acct Asst			7. OFF/DIV/BR OF ASSIGNMENT DDF/WH/C	8. CURRENT STATION JMWAVE		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT			
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR		<input type="checkbox"/> REASSIGNMENT EMPLOYEE	
<input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C)			<input type="checkbox"/> ANNUAL			
<input type="checkbox"/> SPECIAL (Specify):			<input checked="" type="checkbox"/> SPECIAL (Specify): Resignation			
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to) 26 Apr 65 - 15 Apr 66			
<b>SECTION B PERFORMANCE EVALUATION</b>						
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>						
<b>SPECIFIC DUTIES</b>						
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).						
SPECIFIC DUTY NO. 1 Lists, computes and verifies four cover companies commercial payrolls involving approximately 200 persons. Prepares and verifies all salary checks. An accounting machine is used for payrollling						RATING LETTER <b>A</b>
SPECIFIC DUTY NO. 2 Maintains both overt commercial and covert pay records, files, etc. for staff employees, staff agents, contract employees and agents. Maintains leave records for WAE contract employees and all staff personnel						RATING LETTER <b>W</b>
SPECIFIC DUTY NO. 3 Responsible for timely payment of monthly tax deposits and preparation of the quarterly Federal Withholding and Social Security tax returns of the cover companies						RATING LETTER <b>A</b>
SPECIFIC DUTY NO. 4 Initiates dispatches and cables to Headquarters and Field Stations on all matters pertaining to pay, leave and payroll deductions of staff employees, staff agents and contract employees and agents						RATING LETTER <b>A</b>
SPECIFIC DUTY NO. 5						RATING LETTER
SPECIFIC DUTY NO. 6						RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>						
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations of talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER <b>A</b>



SECRET

**SECTION C NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give **OFFICE OF PERSONNEL TRAINING** Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B. Provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

JUL 15 10 37 AM '66

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

**SECTION D CERTIFICATION AND COMMENTS**

1. BY EMPLOYEE

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

2. BY SUPERVISOR

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

12 months Subject departed the Station without seeing this Report.

DATE OFFICIAL TITLE OF SUPERVISOR TYPED OR PRINTED NAME AND SIGNATURE

17 Jun 1966 Chief, Finance Branch /s/ H. Robert Graham

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

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

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

6 July 1966 Deputy Chief for Support /s/ William A. Jewett

SECRET

REVIEWED BY:

*P. H. Johnson*

SECRET  
(When Filled In)

### FITNESS REPORT

EMPLOYEE SERIAL NUMBER  
025798

#### SECTION A GENERAL

1. NAME (Last) (First) (Middle) WILCOTT, James E, Jr.		2. DATE OF BIRTH 27 Sep 1931	3. SEX M	4. GRADE GS-07	5. SO SF
6. OFFICIAL POSITION TITLE Finance Assistant		7. OFF/OIV/BR OF ASSIGNMENT Fin/CFD/C&TAB		8. CURRENT STATION Wash., D. C.	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/>	CAREER	<input type="checkbox"/>	RESERVE	<input type="checkbox"/>	TEMPORARY
CAREER-PROVISIONAL (See Instructions - Section C)			<input type="checkbox"/>	INITIAL	<input type="checkbox"/>
SPECIAL (Specify):			<input type="checkbox"/>	ANNUAL	<input checked="" type="checkbox"/>
11. DATE REPORT DUE IN O.P. ASAP			12. REPORTING PERIOD (From - to) 11 Oct. 1964 - 25 April 1965		
<input type="checkbox"/>			REASSIGNMENT SUPERVISOR		
<input type="checkbox"/>			REASSIGNMENT EMPLOYEE		

#### SECTION B PERFORMANCE EVALUATION:

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

#### SPECIFIC DUTIES

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

SPECIFIC DUTY NO.	RATING LETTER
1 Analyzing Payroll Accounts	P
2 Reconciling Tax and Retirement Accounts	P
3 Computing Staff and Career Agents' Pay and Allowances	P
4 Conducting Liaison with our Division regarding Payroll matters.	P
5 Preparing Correspondence	A
6 Maintaining Leave records and Agents' Pay Files	P

#### OVERALL PERFORMANCE IN CURRENT POSITION

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

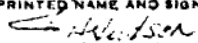

RATING LETTER  
**P**

5 MAY 1965

SECRET

(When Filled In)

OFFICE OF PERSONNEL

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B. Provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p>			
MAIL ROOM			
<p>In the six months that Mr. Wilcott was assigned to the Staff Agents Accounts Section, he demonstrated the ability to accept responsibilities and responded well to all work assignments. Mr. Wilcott was a great help in reconciling and analyzing Payroll, Tax, and Retirement accounts. He worked well with his associates and had a good disposition. Mr. Wilcott is very cooperative and dependable.</p>			
<p>This employee did not have any supervisory responsibilities and, therefore, is not being rated on Cost Consciousness.</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		
30 April 1965			
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
6	Employee had departed for PCS prior to this date.		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
30 April 1965	Chief, Staff Agents Accts. Sec.	 JOSEPH H. HUDSON	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
I concur.			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
30 April 1965	Chief, Compensation and Tax Div.	 Murray F. Strickland	

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
AM				025798			
<b>SECTION A</b>				<b>GENERAL</b>			
1. NAME (Last) (First) (Middle) Wilcott, James B. Jr			2. DATE OF BIRTH 27 Sep 31	3. SEX M	4. GRADE GS-07	5. SD SF	
6. OFFICIAL POSITION TITLE Fiscal Acct Asst			7. OFF/DIV/BR OF ASSIGNMENT DDP/FE/JKO		8. CURRENT STATION Tokyo		
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/>	CAREER	<input type="checkbox"/>	RESERVE	<input type="checkbox"/>	TEMPORARY	<input type="checkbox"/>	INITIAL
<input type="checkbox"/>	CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/>	ANNUAL	<input type="checkbox"/>	REASSIGNMENT SUPERVISOR
<input type="checkbox"/> SPECIAL (Specify):				<input type="checkbox"/> SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P. 31 Aug 64				12. REPORTING PERIOD (From - to) 1 July 1963 - 30 June 1964			
<b>SECTION B</b>				<b>PERFORMANCE EVALUATION</b>			
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).							
SPECIFIC DUTY NO. 1 As Station Cashier, responsible for the daily receipt and disbursement of cash (Japanese yen, U.S. dollars, MPC).						RATING LETTER P	
SPECIFIC DUTY NO. 2 Consolidates all Station cash transactions to one voucher and verifies balance daily.						RATING LETTER P	
SPECIFIC DUTY NO. 3 Summarizes all Station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.						RATING LETTER P	
SPECIFIC DUTY NO. 4 Polices individual housing and vehicle advance accounts and audits related accountings.						RATING LETTER P	
SPECIFIC DUTY NO. 5 Maintains statistical records on private rentals by individual house and cost center.						RATING LETTER P	
SPECIFIC DUTY NO. 6 Advices TDY travelers of their entitlements, audits the travel vouchers, and performs other related duties as assigned by the Finance Officer.						RATING LETTER P	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER P	
15 JUL 1964							

~~SECRET~~

SECTION C		NARRATIVE COMMENTS		OFFICE OF PERSONNEL
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p>				
<p>Subject has performed his duties in a competent manner. <del>UNAVAILABLE</del> huge sums of money with few errors, and maintains the necessary statistical records.</p> <p>Cost consciousness and management of organization assets does not apply to this position.</p>				
<b>SECTION D</b>				
<b>CERTIFICATION AND COMMENTS</b>				
<b>1. BY EMPLOYEE</b>				
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT				
DATE	SIGNATURE OF EMPLOYEE			
9 Jun 64	/s/ James Wilcott			
<b>2. BY SUPERVISOR</b>				
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION			
23				
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE		
9 Jun 64	Finance Officer	/s/ Frank Wells		
<b>3. BY REVIEWING OFFICIAL</b>				
COMMENTS OF REVIEWING OFFICIAL				
<p>Subject has held the position of Finance Disbursing Officer since his arrival at Tokyo Station in May 1960. He has performed well in a function for which he had no previous experience or training. With a realignment of the office workload in December he was given the additional responsibility of processing TDY travel. Due to his specialized work, he has not had the opportunity to be trained in other facets of finance work. He has been scheduled for Finance training upon his return to Headquarters in July 1964.</p>				
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE		
7 Jun 64	Finance Officer	/s/ Jack Randall		

Jun 9 9 44 AM '64

~~SECRET~~

FJTT 10,374, 31 May 63

**CONFIDENTIAL**  
SECRET  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				025798	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE
WILCOTT, JAMES B. JR.			27 Sept 31	M	GS-6 SF
5. OFFICIAL POSITION TITLE			7. OFF. DIV'N OR OF ASSIGNMENT		8. CURRENT STATION
FISCAL ACCT ASST			DDF/FE/JKO		Tokyo
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
CAREER	RESERVE	TEMPORARY	INITIAL	ANNUAL	REASSIGNMENT SUPERVISOR
			X		REASSIGNMENT EMPLOYEE
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From- to-)		
			1 Jul 62 - 30 Jun 63		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1					RATING LETTER
As Station Cashier, responsible for the daily receipt and disbursement of cash (Japanese yen, U. S. dollars, MPC).					P
SPECIFIC DUTY NO. 2					RATING LETTER
Consolidates all Station cash transactions to one voucher and verifies balance daily.					P
SPECIFIC DUTY NO. 3					RATING LETTER
Summarizes all Station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.					P
SPECIFIC DUTY NO. 4					RATING LETTER
Polices individual housing and vehicle advance accounts and audits related accountings.					P
SPECIFIC DUTY NO. 5					RATING LETTER
Maintains statistical records on all private rentals by individual house and cost center.					P
SPECIFIC DUTY NO. 6					RATING LETTER
Performs other related duties as assigned by the Finance Officer.					P
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER
					P

20 JUL 1963

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 promoting. 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>Subject is conscientious, industrious, and willing to accept all responsibility assigned him. He has performed his duties in a competent manner and has shown a marked interest in learning all facets of his job. Subject at times gives the impression (whether warranted or not) of being uncertain in his thinking, and he does not always seem to exercise his best judgment in reaching decisions, but he is striving to eradicate this impression.</p>					
<p style="text-align: right;">JUN 17 3 38 PM '63 MAIL ROOM</p>					
SECTION D			CERTIFICATION AND COMMENTS		
1. BY EMPLOYEE					
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT					
DATE	SIGNATURE OF EMPLOYEE				
21 May 1963	/s/ James B. Wilcott				
2. BY SUPERVISOR					
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION				
33					
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE			
21 May 1963	Finance Officer	/s/ Clarence Norment III			
3. BY REVIEWING OFFICIAL					
COMMENTS OF REVIEWING OFFICIAL					
Concur in the evaluation.					
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE			
21 May 1963	Adm Officer	/s/ Douglas S. Trabue			

SECRET

CONFIDENTIAL



REVIEWED BY:

**SECRET**  
(When Filled In)

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

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				025778			
<b>SECTION A</b>				<b>GENERAL</b>			
1. NAME (Last) <b>WILCOTT, James B.</b> (First) (Middle)			2. DATE OF BIRTH <b>27 Sept 31</b>	3. SEX <b>M</b>	4. GRADE <b>GS-6</b>	5. SO <b>SF</b>	
6. OFFICIAL POSITION TITLE <b>Fiscal Acct Asst.</b>			7. OFF/DIV/BR OF ASSIGNMENT <b>FE/Tokyo</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"/> CAREER-PROVISIONAL (See Instructions - Section C)		<input checked="" type="checkbox"/> SPECIAL (Specify):		<input checked="" type="checkbox"/> ANNUAL		<input type="checkbox"/> REASSIGNMENT SUPERVISOR	
<input type="checkbox"/> SPECIAL (Specify):				<input type="checkbox"/> SPECIAL (Specify):		<input type="checkbox"/> REASSIGNMENT EMPLOYEE	
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to) <b>1 Apr 61 - 30 June 62</b>			
<b>SECTION B</b>				<b>PERFORMANCE EVALUATION</b>			
<p><b>W - Weak:</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate:</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient:</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong:</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding:</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
Station cashier responsible for the day to day receipt and disbursement of cash.						P	
SPECIFIC DUTY NO. 2						RATING LETTER	
Consolidates all station cash transactions to one voucher and verifies balance daily.						P	
SPECIFIC DUTY NO. 3						RATING LETTER	
Summarizes all station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.						S	
SPECIFIC DUTY NO. 4						RATING LETTER	
Polices individual housing and vehicle advance accounts and audits related accountings.						S	
SPECIFIC DUTY NO. 5						RATING LETTER	
Maintains statistical records on all private rentals by individual house and cost center.						P	
SPECIFIC DUTY NO. 6						RATING LETTER	
Performs other related duties as assigned by the Finance Officer.						P	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER	
						P	

SECRET  
(When Filled In)

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>			
<p>Subject is conscientious, industrious, and willing to accept all responsibility given him. He has performed capably in a function for which he had no previous experience or training, and has shown a marked interest in learning all facets of his job. He has handled large sums of money with few errors, and maintains the necessary statistical records in a competent manner.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
19 July 1962	James B. Wilcott /e/		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
25			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
17 July 1962	Finance Officer	Elwood Martin	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
17 July 1962	Finance Officer	Clarence F. Norment	

SECRET

SECRET  
(When Filled In)

APPROVED BY:  
*Paul J. Oliver*  
SUPERVISOR

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

SECRET

(When Filled In)

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

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

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

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

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

**SECTION F CERTIFICATION AND COMMENTS**

<b>1. BY EMPLOYEE</b>		
I certify that I have seen Sections A, B, C, D and E of this Report.		
DATE 3 May 1961	SIGNATURE OF EMPLOYEE James B. Wilcott (Signed)	
<b>2. BY SUPERVISOR</b>		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 8	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.		
EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS	REPORT MADE WITHIN LAST 90 DAYS	
OTHER (Specify):		
DATE 3 May 1961	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE Elwood Martin
<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 3 May 1961	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE Clarence Norment

SECRET

**SECRET**  
(When Filled In)

REVIEWED BY:  
*Richard J. Johnson*  
SF CAREER SERVICE BOARD

FITNESS REPORT						EMPLOYEE SERIAL NUMBER			
<b>SECTION A GENERAL</b>									
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH		3. SEX	4. GRADE				
Wilcott, James B. Jr.		27 September 1931		M	5-3				
5. SERVICE DESIGNATION	6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT					
SF	Fiscal Accountant Clerk			Cont/Finance/Accts					
8. CAREER STAFF STATUS				9. TYPE OF REPORT					
<input checked="" type="checkbox"/> NOT ELIGIBLE	<input type="checkbox"/> MEMBER	<input type="checkbox"/> DEFERRED	<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT/SUPERVISOR					
<input type="checkbox"/> PENDING	<input type="checkbox"/> DECLINED	<input type="checkbox"/> DENIED	<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT/EMPLOYEE					
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD		12. SPECIAL (Specify)					
30 April 1960		From 1 APR 59 - 31 MAR 60							
<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		RATING NO.	SPECIFIC DUTY NO. 1 (continued)		RATING NO.				
Responsible for numbering, removing attachments, batching and totaling confidential funds posting vouchers to be processed by Machine			Records Division		4				
SPECIFIC DUTY NO. 2		RATING NO.	SPECIFIC DUTY NO. 2		RATING NO.				
Responsible for verifying the daily expenditure listing totals with the expended general ledger accounts.		4							
SPECIFIC DUTY NO. 3		RATING NO.	SPECIFIC DUTY NO. 3		RATING NO.				
Responsible for matching the attachments to the vouchers and filing when vouchers are returned from Machine Records Division.		4							
<b>SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION</b>									
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.									
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.					RATING NO. 4				
<b>SECTION D DESCRIPTION OF THE EMPLOYEE</b>									
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee									
1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree					
CHARACTERISTICS			NOT APPLI- CABLE	NOT OB- SERVED	RATING				
					1	2	3	4	5
GETS THINGS DONE								X	
RESOURCEFUL							X		
ACCEPTS RESPONSIBILITIES							X		
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES			X						
DOES HIS JOB WITHOUT STRONG SUPPORT								X	
FACILITATES SMOOTH OPERATION OF HIS OFFICE							X		
WRITES EFFECTIVELY			X						
SECURITY CONSCIOUS								X	
THINKS CLEARLY								X	
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS			X						
OTHER (Specify):									
SEE SECTION "E" ON REVERSE SIDE									

**SECRET**

*(When Filled In)*

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

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

Subject has accepted a field assignment effective in June.

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

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

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

APR 21 1 12 PM '60  
 U.S. DEPT. OF TREASURY

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

**2. BY SUPERVISOR**

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION <i>12 Months</i>	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 <i>18 April 1960</i>	OFFICIAL TITLE OF SUPERVISOR <i>C/Voucher Review Unit</i>	TYPED OR PRINTED NAME AND SIGNATURE <i>Louise H. Simpson</i> <i>Louise H. Simpson</i>
------------------------------	--	---

**3. BY REVIEWING OFFICIAL**

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

REVIEWED BY: *Robert L. Johnson*  
 SECRET *RA*  
 When Filled In *10/19/59*  
 FEDERAL BUREAU OF INVESTIGATION  
 EMPLOYEE SERIAL NUMBER 125798

**FITNESS REPORT**

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

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

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

1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior	7 - Outstanding
SPECIFIC DUTY NO. 1 Fundamental of Payroll		RATING NO. 3	SPECIFIC DUTY NO. 4 Conducting liaison with Area divisions on payroll problems		RATING NO. 3	
SPECIFIC DUTY NO. 2 Preparation of all payroll documents considering base and premium pay and allowances		RATING NO. 3	SPECIFIC DUTY NO. 5 Application of Agency pay regulations		RATING NO. 4	
SPECIFIC DUTY NO. 3 Maintaining of leave records		RATING NO. 3	SPECIFIC DUTY NO. 6 Processing of checks		RATING NO. 4	

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

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

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

**SECTION D DESCRIPTION OF THE EMPLOYEE**

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

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

SEE SECTION "E" ON REVERSE SIDE

SECRET

(When Filled In)

**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 ~~OFFER OF RESPONSIBILITY~~ for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

Mr. McCott is a genial and cooperative <sup>MAR 16 2 19 PM '59</sup> worker. He does get his work out in the required time but more stress should be put on accuracy. He is capable of more efficient work than he is doing at the present time. He does not abuse his leave privileges and as a whole, has a favorable attitude toward his work and the Agency.

**SECTION F CERTIFICATION AND COMMENTS**

1. BY EMPLOYEE

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

DATE March 10, 1959 SIGNATURE OF EMPLOYEE James S. McCott Jr. *James S. McCott Jr.*

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 3 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 March 10, 1959 OFFICIAL TITLE OF SUPERVISOR Time, Leave, Pay Supv. TYPED OR PRINTED NAME AND SIGNATURE Ann C. Robbins *Robbins*

3. BY REVIEWING OFFICIAL

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

COMMENTS OF REVIEWING OFFICIAL

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

SECRET



**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 except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any question. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in item 8, of Section A below.

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

**SECTION B. CERTIFICATION**

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

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

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

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

CONTINUED ON ATTACHED SHEET

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

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

**SECTION C. JOB PERFORMANCE EVALUATION**

1. RATING ON GENERAL PERFORMANCE OF DUTIES

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

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

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

**SECRET**

(When Filled In)

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

**DIRECTIONS:**

- 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 that specific duty.
- For supervisors, ability to supervise will always be rated as a specific duty (do not rate as supervisors those who supervise a secretary only).
- Compare in your mind, when possible, the individual being rated with others performing the same duty at a similar level of responsibility.
- Two individuals with the same job title may be performing different duties. If so, rate them on different duties.
- Be specific. Examples of the kind of duties that might be rated are:
 

ORAL BRIEFING	HAS AND USES AREA KNOWLEDGE	MAIL ROOMS 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

8. 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><b>DESCRIPTIVE RATING NUMBER</b></p> <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>
---	---

<p><b>SPECIFIC DUTY NO. 1</b> Records obligating instruments, supplements and adjustments relative to allotment accounting.</p> <p style="text-align: right;"><b>RATING NUMBER</b> 4</p>	<p><b>SPECIFIC DUTY NO. 4</b> Assists in the closing and reopening of the allotment ledger accounts at close of each fiscal year.</p> <p style="text-align: right;"><b>RATING NUMBER</b> 4</p>
<p><b>SPECIFIC DUTY NO. 2</b> Prepares current analysis of allotment ledger accounts of unliquidated obligations.</p> <p style="text-align: right;"><b>RATING NUMBER</b> 4</p>	<p><b>SPECIFIC DUTY NO. 5</b> Records liquidations and cancellations of obligations to individual allotment accounts.</p> <p style="text-align: right;"><b>RATING NUMBER</b> 4</p>
<p><b>SPECIFIC DUTY NO. 3</b> Checks and reconciles items of expenditures with those in the allotment ledger accounting records.</p> <p style="text-align: right;"><b>RATING NUMBER</b> 4</p>	<p><b>SPECIFIC DUTY NO. 6</b> Prepares summaries required for reconciliations and duplicate allotment records (copies) for forwarding to the various allottees.</p> <p style="text-align: right;"><b>RATING NUMBER</b> 4</p>

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

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

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

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

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

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

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

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

Standard Form No. 2873  
FPM Supplement 893.1  
MAY 1966

FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM  
NOTICE OF CHANGE IN HEALTH BENEFITS ENROLLMENT

GAO 3000  
2810 104

Part A—IDENTIFYING DATA

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

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

Part B—TERMINATION

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

Part C—CHANGE IN PLAN

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

Part D—TRANSFER OUT

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

Part E—TRANSFER IN

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

Part F—SUSPENSION

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

Part G—REINSTATEMENT

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

Part H—CHANGE IN NAME OF ENROLLEE

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

NAME

ADDRESS IF DIFFERENT FROM PART A, ITEM 4, ABOVE

DATE OF BIRTH

Part I—CHANGE IN ENROLLMENT—SURVIVOR ANNUITANT

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

YOUR NEW ENROLLMENT CODE NUMBER

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

Part J—REMARKS

Part K—DATE OF NOTICE

*J.P. Payne*  
**HEALTH BENEFITS OFFICER**  
 (ALTERNATE) NAME OF AGENCY: **Central Intelligence Agency**  
 ADDRESS: **Washington 25, D. C.**  
 DATE: **7/30/66**

QUADRUPPLICATE—To Employing Office

SECRET

CONTRACT INFORMATION AND CHECK LIST		CASE OFFICER Robert D. CASE	DIVISION DOP/AM
INSTRUCTIONS: Use HR 20-33 and HR 20-1000 for guidance. Circulate all items including this when items are not available. Forward original and two copies for preparation of contract.		TELEPHONE EXTENSION 6576	DATE 26 April 1959
SECTION I GENERAL			
1. NAME <input checked="" type="checkbox"/> PSEUDO <input type="checkbox"/> TRUE  ██████████ <i>DeLott, James E</i>	2A. PROJECT W/Date	3. ALLOTMENT NO. SJS-1164	4. SLOT NO. 1035
5. PREVIOUS CIA PSEUDONYM OR ALIASES None	2B. PERMANENT STATION ██████████	3A. FUNDS ██████████	
6. INDIVIDUAL HAS BEEN ENGAGED BY CIA OR ITS ALLIED ACTIVITIES IN SOME CAPACITY PRIOR TO THIS CONTRACT. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If yes, describe and include dates and salary.) Staff Employee converting to Staff Agent			
7. SECURITY CLEARANCE (Type and date) Top Secret	7A. MEDICAL CLEARANCE <input checked="" type="checkbox"/> OBTAINED <input type="checkbox"/> INITIATED <input type="checkbox"/> NOT REQ'D.	8. CONTRACT IS TO BE WRITTEN IN STERILE FORM I.E., "U.S. GOVERNMENT" <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
9. INDIVIDUAL WILL WORK UNDER "CONTROLLED CONDITIONS" I.E., REGULAR OFFICE HOURS AWAY FROM SUBJECT'S HOME AND PERFORMED UNDER THE SUPERVISION OF A STAFF EMPLOYEE OR STAFF AGENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		10. PROPOSED CATEGORY (Contract agent, contract employee, etc.) Staff Agent	
SECTION II PERSONAL DATA			
11. CITIZENSHIP U.S.A.	12. IF NOT U.S. CITIZEN, INDIVIDUAL IS A PERMANENT RESIDENT ALIEN <input type="checkbox"/> YES <input type="checkbox"/> NO	13. AGE 33	14. DATE OF BIRTH (Month, day, year) 21 September 27, 1931
15. LEGAL RESIDENCE (City and state or country) Cold Brook, N. Y.		16. CURRENT RESIDENCE (City and state or country) Forestville, Md.	
17. MARITAL STATUS (Check as appropriate) <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> ANNULLED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED			
18. NUMBER OF DEPENDENTS (Not including individual) RELATIONSHIP AND AGE: Wife 30 Son 6		19. INDIVIDUAL IS RELATED TO A STAFF EMPLOYEE, STAFF AGENT OR AN INDIVIDUAL CURRENTLY WORKING FOR THE AGENCY IN SOME CAPACITY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO RELATIONSHIP:	
SECTION III U.S. MILITARY STATUS			
20. RESERVE N.A.	21. VETERAN Yes	22. IF RETIRED, INDICATE CATEGORY (Longevity, combat disability, service disability non-combat)	
23. BRANCH OF SERVICE U. S. Army	24. RANK OR GRADE Corporal	25. DRAFT ELIGIBLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	26. DRAFT DEFERMENT OBTAINED BY CIA <input type="checkbox"/> YES <input type="checkbox"/> NO
SECTION IV COMPENSATION			
27. BASIC SALARY GS-07(4)	28. POST DIFFERENTIAL N.A.	29. COVER (Breakdown, if any) The gross cover compensation will be approximately the equivalent of subject's net Agency salary. The exact amount to be determined at finance briefing.	
		30. FEDERAL TAX WITHHOLDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
SECTION V ALLOWANCES (NORMALLY GRANTED ONLY TO RESIDENTS OF THE UNITED STATES)			
31. QUARTERS None	32. POST None	33. OTHER None	
34. COVER (Breakdown, if any)			
SECTION VI TRAVEL			
35. TYPES <input type="checkbox"/> PCS <input checked="" type="checkbox"/> DOMESTIC OPERATIONAL <input type="checkbox"/> FOREIGN OPERATIONAL			36. WITH DEPENDENTS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
37. HME TO BE SHIPPED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	37A. HME TO BE STORED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	38. PERSONAL VEHICLE TO BE SHIPPED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	39. TRANSPORTED VEHICLE TO BE USED FOR OPERATIONAL TRAVEL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
40. IF WITH DEPENDENTS STATE RELATIONSHIP, CITIZENSHIP, AGE AND DATE OF BIRTH			
Wife U.S.A. 30 9 Sept. 1934		Son U.S.A. 6 16 Feb. 1959	
41. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH <input checked="" type="checkbox"/> CIA REGULATIONS <input type="checkbox"/> COVER POLICIES AND PROCEDURES			
SECTION VII OPERATIONAL EXPENSES			
42. PURCHASE OF INFORMATION	43. ENTERTAINMENT	44. OTHER	
45. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH			

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

**SECTION VIII OTHER BENEFITS**

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

**Entitled to all benefits of a Staff Employee**

**SECTION IX COVER ACTIVITY**

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

49. IF COVER PAYMENTS ARE CONTEMPLATED, THEY WILL BE EFFECTED ON REIMBURSABLE BASIS

YES     NO     COMPLETE     PARTIAL

**SECTION X OFFSET OF INCOME**

50. OFFSET OF INCOME AND OTHER EMOLUMENTS DERIVED FROM COVER ACTIVITIES (If less than total, justify in separate memo attached hereto.)

TOTAL     PARTIAL     NONE

**SECTION XI TERM**

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

54. TERMINATION NOTICE (Number of days)

55. FORFEITURE OF RETURN TRAVEL FOR RESIGNATION PRIOR TO CONTRACT TERMINATION

YES     NO

**SECTION XII FUNCTION**

56. PRIMARY FUNCTION (CI, PI, PP, other)

**Support - Finance**

**SECTION XIII DUTIES**

57. GENERAL DESCRIPTION OF DUTIES TO BE PERFORMED

**Fiscal Accounting Assistant**

**SECTION XIV QUALIFICATIONS**

58. EXPERIENCE

**EOC CIA as Staff Employee 4 March 1957**

**SECTION XV EDUCATION**

59. EDUCATION (Check Highest Level Attained)	GRADE SCHOOL	HIGH SCHOOL GRADUATE	TRADE SCHOOL GRADUATE		
	BUSINESS SCHOOL GRADUATE	COMMERCIAL SCHOOL GRADUATE	COLLEGE (No degree)	COLLEGE DEGREE	POST GRADUATE

60. LANGUAGE COMPETENCY

(Check Appropriate Degree Competency)	LANGUAGE	SPEAK			WRITE			READ			61. INDIVIDUAL'S COUNTRY OF ORIGIN
		FLUENT	AVERAGE	POOR	FLUENT	AVERAGE	POOR	FLUENT	AVERAGE	POOR	
	German			X			X			X	
Japanese			X			X			X		

62. AREA KNOWLEDGE

**Okinawa, Japan**

**SECTION XVI EMPLOYMENT PRIOR TO CIA**

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

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

**SECTION XVII ADDITIONAL INFORMATION**

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

**Social Security No. 101-24-6095**

**APPROVAL**

DATE	DATE
TYPED NAME & SIGNATURE OF REQUESTING OPERATING OFFICIAL	TYPED NAME & SIGNATURE OF CONTRACT APPROVING OFFICER

Standard Form No. 2870  
CHAPTER 1-3 F.P.M.  
G.S.O. 3300

**HEALTH BENEFITS REGISTRATION FC 1 6781**  
FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959  
(Read instructions on back of last page. Use only typewriter or ballpoint pen.)

CAREER'S CONTROL NO  
**078128**

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

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

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

3. Are you now married?  
YES  NO

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

5. SEX  
MALE  FEMALE

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

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

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

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

NAME OF PLAN: **Association Benefit** OPTION (HIGH OR LOW): **Low** ENROLLMENT CODE NUMBER: **1 2 5**

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

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

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

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

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

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

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

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

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

(c) Any other reason.

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

1. Enrollment code number of present plan.

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

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

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

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

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

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

1. NAME AND ADDRESS OF EMPLOYING OFFICE

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

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

4. PAYROLL OFFICE NO.

5. FEDERAL ACTION (INITIALS AND DATE)

SIGNATURE OF AUTHORIZED AGENCY OFFICIAL: \_\_\_\_\_

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

*525772*

11367

## APPOINTMENT AFFIDAVITS

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

CENTRAL INTELLIGENCE AGENCY  
(Department or agency)

WASHINGTON, D. C.

(Bureau or division)

(Place of employment)

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

### A. OATH OF OFFICE

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

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

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

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

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

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

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

### E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

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

4 March 1957

(Date of entrance on duty)

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

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

at Washington,  
(City)

D. C.  
(State)

[SEAL]

Ann L. Phillips  
(Signature of official)

Appointment Clerk

(Title)

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

### DECLARATION OF APPOINTEE

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

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

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

2. (A) DATE OF BIRTH

7/27/31

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

Cleveland, Ohio

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

Mrs Geroldine Wisher

(B) RELATIONSHIP

sister

(C) STREET AND NUMBER, CITY AND STATE

1510 Brinkerhoff Ave Utica, N.Y.

(D) TELEPHONE NO.

4. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS?  YES  NO

If so, for each such relative fill in the blank below. If additional space is necessary, complete under Item 12.

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

INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN		YES	NO	INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN		YES	NO
5. (A) ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA, OR (B) AS A NATIVE OF AMERICAN SAMOA DO YOU OWE ALLEGIANCE TO THE UNITED STATES OF AMERICA?		X		10. (A) HAVE YOU EVER FILED A WAIVER OF LIFE INSURANCE COVERAGE UNDER THE FEDERAL EMPLOYEES' GROUP LIFE INSURANCE ACT?			X
6. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? If your answer is "Yes," give details in Item 12.			X	(B) IF YOU HAVE FILED SUCH A WAIVER, HAS IT BEEN CANCELED OR REVOKED?			
7. DO YOU RECEIVE OR HAVE YOU APPLIED FOR AN AWARD FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT, UNLESS ANY RETIREMENT AID OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? If your answer is "Yes," give details in Item 12.			X	11. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT: A. HAVE YOU BEEN DISCHARGED FROM EMPLOYMENT BECAUSE: (1) YOUR CONDUCT WAS NOT SATISFACTORY? (2) YOUR WORK WAS NOT SATISFACTORY?			X
8. HAVE YOU EVER BEEN DISCIPLINED OR CONVICTED BY COURT OR OTHER LAW ENFORCEMENT AGENCY FOR ANY VIOLATION OF FEDERAL, STATE, OR LOCAL LAWS, OR ANY FEDERAL, STATE, OR LOCAL LAWS, OR ANY FEDERAL, STATE, OR LOCAL LAWS, OR ANY FEDERAL, STATE, OR LOCAL LAWS, OR ANY FEDERAL, STATE, OR LOCAL LAWS? DO NOT INCLUDE TRAFFIC VIOLATIONS FOR WHICH A FINE OF \$50 OR LESS WAS IMPOSED. ALL OTHER CHARGES MUST BE INCLUDED EVEN IF THEY WERE PENALIZED. If your answer is "Yes," give in Item 12 for each case: (1) approximate date, (2) charge, (3) action taken.			X	B. HAVE YOU RECEIVED AFTER OFFICIAL NOTIFICATION THAT: (1) YOUR CONDUCT WAS NOT SATISFACTORY? (2) YOUR WORK WAS NOT SATISFACTORY?		X	X
9. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT, HAVE YOU BEEN BARRED BY THE U.S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATIONS OR ACCEPTING CIVIL SERVICE APPOINTMENTS? If your answer is "Yes," give dates of and reasons for such department in Item 12.			X	C. HAVE YOU BEEN DISCHARGED FROM THE ARMED SERVICES UNDER OTHER THAN HONORABLE CONDITIONS? If your answer to A, B, or C is "Yes," give details in Item 12 as clearly as you can remember, including the name and address of employer, approximate date, and reasons in each case.			X

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

ITEM NO.	ANSWERS

**INSTRUCTIONS TO APPOINTING OFFICER.**—You must determine that this appointment would be in conformance with the Civil Service Act, applicable Civil Service Rules and Regulations, and acts of Congress pertaining to appointments.

This form should be checked for holding of office, pension, any record of recent discharge for arrest, age, citizenship, and members of family. Also, to establish the identity of the appointee, you should particularly check (1) his signature and handwriting against the application and/or other pertinent papers and (2) his physical appearance against the medical certificate.



12 March 1959

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

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

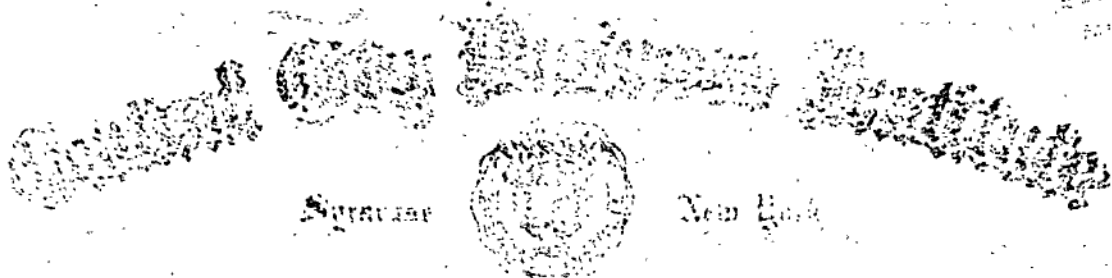
When I submitted my Personnel History Statement with my application for employment I was still attending business school. Therefore, my final transcript and graduation certificate were not included.

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

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

*James B. Wilcott Jr.*

JAMES B WILCOTT JR



Syracuse

New York



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

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

**Executive Business Administration and Accounting**

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

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

February 22, 1957

*James H. Wilcott*  
James H. Wilcott



1. NAME A. *James B. Wilcox*

2. ADDRESS *1000 ...*

3. CITY, STATE, ZIP  
4. PHONE NO.  
5. OCCUPATION  
6. EDUCATION  
7. MARITAL STATUS  
8. NUMBER OF CHILDREN  
9. DATE OF BIRTH  
10. DATE OF DEATH  
11. DATE OF MARRIAGE  
12. DATE OF DIVORCE  
13. DATE OF SEPARATION  
14. DATE OF REENTRY  
15. DATE OF DEPORTATION  
16. DATE OF RESIDENCE  
17. DATE OF CITIZENSHIP  
18. DATE OF NATURALIZATION  
19. DATE OF DEPORTATION  
20. DATE OF REENTRY

4. SOCIAL SECURITY NO. *1-123-45678*

5. SIGNATURE *James B. Wilcox*

6. NAME B. *James B. Wilcox*

7. ADDRESS *1000 ...*

8. CITY, STATE, ZIP  
9. PHONE NO.  
10. OCCUPATION  
11. EDUCATION  
12. MARITAL STATUS  
13. NUMBER OF CHILDREN  
14. DATE OF BIRTH  
15. DATE OF DEATH  
16. DATE OF MARRIAGE  
17. DATE OF DIVORCE  
18. DATE OF SEPARATION  
19. DATE OF REENTRY  
20. DATE OF DEPORTATION

11. SOCIAL SECURITY NO. *1-123-45678*

12. SIGNATURE *James B. Wilcox*

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

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

SECRET

(When Filled In)

PERIODIC SUPPLEMENT  
PERSONAL HISTORY STATEMENT

THIS DATE

## INSTRUCTIONS

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

## SECTION I

## GENERAL

1. FULL NAME (Last-First-Middle)

Wilcott, James Bernard Jr.

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

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

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

same

4. HOME TELEPHONE NUMBER

NA-8-3771 Ex 103

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

Washington, D.C.

## SECTION II

## PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

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

Mrs. Elsie L. Wilcott

2. RELATIONSHIP

Wife

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

2121 Virginia Ave NW Washington 7, D.C.

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

2430 E St. Washington, D.C.

5. HOME TELEPHONE NUMBER

NA 8-3771 EX 103

6. BUSINESS TELEPHONE NUMBER

EX 3-6115

7. BUSINESS TELEPHONE EXTENSION

EX 3229

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

## SECTION III

## MARITAL STATUS

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

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

NA

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

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

Elsie

Louise

Paul

Wilcott

4. DATE OF MARRIAGE

9/9/55

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

Eagle Bay, New York USA

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

Cold Brook, New York USA

CODED

7. LIVING

 YES  NO

8. DATE OF DEATH

9. CAUSE OF DEATH

NA

FOR

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

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

QUALIFIED  
DATE 15 AUG 1958

11. DATE OF BIRTH

9/9/34

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

Cold Brook, New York

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

NA

14. PLACE OF ENTRY

15. CITIZENSHIP (Country)

USA

16. DATE ACQUIRED

17. WHERE ACQUIRED (City, State, Country)

18. OCCUPATION

Govern. clerk steno

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

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

2430 E St. Washington, D.C.

SECTION III CONTINUED TO PAGE 2

SECRET

(When Filled In)

SECTION III CONTINUED FROM PAGE 1

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

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

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

5. SPECIAL REMARKS, IF ANY, CONCERNING THESE RELATIVES

**None**

SECTION V FINANCIAL STATUS

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

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

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

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

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

SECTION V CONTINUED TO PAGE 3

SECRET



SECRET

(When Filled In)

SECTION V CONTINUED FROM PAGE 2							
B. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS							
NAME OF INSTITUTION			ADDRESS (City, State, Country)				
The National Bank of Washington			Washington, D. C.				
7. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
8. IF YOU HAVE ANSWERED "YES" TO QUESTION 7 ABOVE, GIVE PARTICULARS, INCLUDING COURT AND DATE(S)							
SECTION VI CITIZENSHIP							
1. COUNTRY OF CURRENT CITIZENSHIP USA		2. CITIZENSHIP ACQUIRED BY - CHECK (X) ONE: <input checked="" type="checkbox"/> BIRTH <input type="checkbox"/> MARRIAGE <input type="checkbox"/> OTHER (Specify):					
3. HAVE YOU TAKEN STEPS TO CHANGE YOUR PRESENT CITIZENSHIP? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		4. GIVE PARTICULARS					
5. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, INDICATE PRESENT STATUS OF YOUR APPLICATION (File papers, etc.) NA							
SECTION VII EDUCATION							
1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED							
<input type="checkbox"/> LESS THAN HIGH SCHOOL GRADUATE			<input type="checkbox"/> OVER 70 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 checked="" 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		DATES ATTENDED		DEGREE REC'D	DATE REC'D	SEM/OTR HRS. COMPLETED (Specify)
	MAJOR	MINOR	FROM	TO			
Utica College of Syracuse Univ., Utica, NY	Math	Physics	Feb. 53	June 55	None		
3. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS							
NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL HOURS			
		FROM	TO				
Central City Business Institute	Accounting (2 years)	Feb. 1955	Feb. 1957				
4. MILITARY TRAINING (Full time duty in specialized schools such as Cadence, Intelligence, Communications, etc.)							
NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL WEEKS			
		FROM	TO				
Ft. Belvoir Engineer School	electrician	April 1949	June 1949	8			
5. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE At present taking a course at US Dept of Agr. Title - Elementary Federal Government Accounting							

SECRET

**SECRET**  
(When Filled In)

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

**SECRET**

**SECTION X CONTINUED FROM PAGE 8**

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

**None**

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

**None**

9. LIST ANY PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE

**None**

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

**None**

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

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

*(Use additional pages if required)*

SECRET

(When Filled In)

SECTION XII

CHILDREN AND OTHER DEPENDENTS

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

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

3. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS

NAME	RELATIONSHIP	YEAR OF BIRTH	MARRIAGE		CITIZENSHIP	ADDRESS
			M	F		
None						

ADDITIONAL COMMENT AND/OR CONTINUATION OF PRECEDING ITEMS

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

APR 14 10 23 AM '58

DATE COMPLETED 4/12/58

SIGNATURE OF EMPLOYEE [Signature]

SECRET

**CONFIDENTIAL**

(When Filled In)

1124

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

NAME OF EMPLOYEE (Last) <b>WILCOTT</b>	(First) <b>JAMES</b>	(Middle) <b>BERNARD JR.</b>	SOCIAL SECURITY NUMBER <b>103-24-6095</b>
---	-------------------------	--------------------------------	--

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

2. MARITAL STATUS (Check one)					
<input type="checkbox"/> SINGLE	<input checked="" type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> WIDOWED	<input type="checkbox"/> ANNULLED
IF MARRIED, PLACE OF MARRIAGE <b>ESBIE BAY, N.Y.</b>				DATE OF MARRIAGE <b>9/7/54</b>	
IF DIVORCED, PLACE OF DIVORCE DECREE				DATE OF DECREE	
IF WIDOWED, PLACE SPOUSE DIED				DATE SPOUSE DIED	
IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)					

3. MEMBERS OF FAMILY			
NAME OF SPOUSE <b>ELSIE LOUISE</b>	ADDRESS (No., Street, City, Zone, State) <b>COLD BROOK, N.Y.</b>	TELEPHONE NO.	
NAMES OF CHILDREN <b>STEVEN JAMES</b>	ADDRESS <b>COLD BROOK, N.Y.</b>	SEX <b>M.</b>	DATE OF BIRTH <b>2/16/59</b>
NAME OF FATHER (Or male guardian) <b>JAMES BERNARD WILCOTT</b>	ADDRESS <b>UNKNOWN</b>	TELEPHONE NO.	
NAME OF MOTHER (Or female guardian) <b>ESTHER MAUD WILCOTT</b>	ADDRESS <b>1510 BRINKERHFF AVE. UTICA N.Y.</b>	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.			

4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY	
NAME (Mr., Mrs., Miss) (Last-First-Middle) <b>GERALDINE FRANCIS HOSMER</b>	RELATIONSHIP <b>SISTER</b>
HOME ADDRESS (No., Street, City, Zone, State) <b>1510 BRINKERHFF AVE. UTICA N.Y.</b>	HOME TELEPHONE NUMBER
BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE	BUSINESS TELEPHONE & EXTENSION

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

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

CONTINUED ON REVERSE SIDE

**CURRENT RESIDENCE AND DEPENDENCY REPORT**

CONFIDENTIAL

(When Filled In)

8. VOLUNTARY ENTRIES

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

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

*CITIZEN'S BANK OF MARYLAND  
RIVERDALE, MD # 460-1-596*

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

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

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

9. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

SIGNED BY *Washington, D.C.* DATE *15 April 1965* SIGNATURE *James E. Wilcott Jr.*

CONFIDENTIAL

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

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

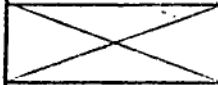
PART I—EMPLOYEE'S STATEMENT										PART II.—THIS COLUMN IS FOR PERSONNEL OFFICE USE		
1. NAME (Last, first, middle initial)					2. DATE OF BIRTH					9. RETENTION GROUP		
WILCOTT, JAMES BERNARD, JR.					27 Sept. 1931							
3. LIST THE FOLLOWING INFORMATION CONCERNING ALL FEDERAL AND DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD PRIOR TO YOUR PRESENT APPOINTMENT (Do not include military service.)										10. A. CSC STATUS <input type="checkbox"/> YES <input type="checkbox"/> NO B. TYPE OF PRESENT APPOINTMENT		
NAME AND LOCATION OF AGENCY	FROM—			TO—			TYPE OF APPOINTMENT IF KNOWN	11. SERVICE				
	YEAR	MONTH	DAY	YEAR	MONTH	DAY		YEAR	MONTH	DAY		
NONE												
4. LIST PERIODS OF ACTIVE SERVICE IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES IF YOU HAD NO ACTIVE MILITARY SERVICE, WRITE "NONE"												
BRANCH	FROM—			TO—			DISCHARGE (Hon or dishon.?)					
	YEAR	MONTH	DAY	YEAR	MONTH	DAY						
U. S. Army	1948	Dec	13	1952	Apr	30	Hon.	03 08 08				
5. DURING PERIODS OF EMPLOYMENT SHOWN IN ITEM 3, DID YOU HAVE A TOTAL OF MORE THAN 6 MONTHS ABSENCE WITHOUT PAY, INCLUDING PERIODS OF MERCHANT MARINE SERVICE, DURING ANY ONE CALENDAR YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO IF ANSWER IS "YES," LIST FOLLOWING INFORMATION.										12. TOTAL SERVICE 03-08-08		
TYPE IF KNOWN (ZWOP, Part, Susp, AWOL, Mee Mar)	FROM—			TO—			TOTAL			13. NONCREDITABLE SERVICE (Leave purposes only):		
	YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEARS	MONTHS	DAYS			
6. DURING THE FEDERAL SERVICE LISTED IN ITEM 3, DID YOU ACQUIRE A PERMANENT COMPETITIVE CIVIL SERVICE STATUS? <input type="checkbox"/> YES <input type="checkbox"/> NO (If answer is "Yes," in what agency were you employed at the time status was acquired?)										14. NONCREDITABLE SERVICE (RIF purposes only):		
7. ARE YOU:										15. REEMPLOYMENT RIGHTS		
A. THE WIFE OF A DISABLED VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										<input type="checkbox"/> YES <input type="checkbox"/> NO		
B. THE MOTHER OF A DECEASED OR DISABLED VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										<input type="checkbox"/> YES <input type="checkbox"/> NO		
C. THE UNREMARKED WIDOW OF A VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										<input type="checkbox"/> YES <input type="checkbox"/> NO		
8. TO BE EXECUTED BEFORE A NOTARY PUBLIC OR OTHER PERSONS AUTHORIZED TO ADMINISTER OATHS. I swear (or affirm) that the above statements are true to the best of my knowledge and belief.										17. EXPIRATION DATE OF RETENTION RIGHTS		
Subscribed and sworn to before me on this <u>4th</u> day of <u>March</u> 1957 at <u>Washington, D. C.</u> (DATE) (MONTH) (CITY) (STATE)												
S E A L												
NOTE: If oath is taken before a Notary Public, the date of expiration of his Commission should be shown.												
INSTRUCTIONS: File this form on the permanent side of the employee's official personnel folder immediately before or after the personnel action involved.												

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

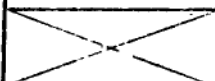
NAME OF AGENCY	SIGNATURE AND OFFICIAL TITLE	DATE

*Verified  
6/9/57*

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

	TOTAL SERVICE (Item 12)	NONCREDITABLE SERVICE (Item 13)	CREDITABLE SERVICE (Leave Purposes)	ENTRANCE ON DUTY DATE (Present Agency)	LESS CREDITABLE SERVICE (Leave Purposes)	SERVICE COMPUTATION DATE (Leave Purposes)
Years	03	/	03	57	03	53
Months	08	/	08	03	08	06
Days	08	/	08	04	08	26

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

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

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

REMARKS:



CONFIDENTIAL  
(When Filled In)

SECURITY APPROVAL

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

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

- A personal interview in the Office of Security must be arranged.
- A personal interview is not necessary.
- Please advise Chief, Clearance Branch, extension 5620 when Subject enters on duty.

4. This is a conversion case.

FOR THE DIRECTOR OF SECURITY:

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

CONFIDENTIAL  
(When Filled In)

STAFF AGENT CLEARANCE

DATE : 19 April 1965

YOUR REFERENCE: 32273

CASE NO. : #109301

TO : Chief, Contract Personnel Division

ATTN. : Staff Agents Branch

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

1. This is to advise that a security clearance is granted for the employment of the Subject as a Staff Agent, GS-07, by DDP/WH in the capacity of

Fiscal Acct. Asst., at JMWAVE.

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

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

4. As a part of entrance on duty processing:

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

A personal interview is not necessary.

*W. A. Cochran*

W. A. Cochran  
CHIEF, PERSONNEL SECURITY DIVISION, 43



JAMES B. WILCOTT JR  
MAR 57

# NEIL F. DOHERTY

## PERSONAL HISTORY STATEMENT

I, the undersigned, being duly sworn, depose and say that the foregoing is a true and correct copy of the original document as the same appears in the possession of the SAC at New York, New York, and that the same is a true and correct copy of the original document as the same appears in the possession of the SAC at New York, New York, and that the same is a true and correct copy of the original document as the same appears in the possession of the SAC at New York, New York.

HAVE YOU READ AND DO YOU UNDERSTAND THE INSTRUCTIONS ON THE REVERSE SIDE OF THIS DOCUMENT?

YES  NO

NAME: JAMES B. WILCOTT JR. DATE: 3/57

UNIT: NEW YORK

ADDRESS: 100 W. 42ND ST. NEW YORK, N.Y. 10018

TELEPHONE: 212-755-1234

EMPLOYER: [REDACTED]

EDUCATION: [REDACTED]

EMPLOYMENT HISTORY: [REDACTED]

TRAVEL HISTORY: [REDACTED]

REFERENCES: [REDACTED]

ADDITIONAL INFORMATION: [REDACTED]

DECLARATION: I declare under penalty of perjury that the foregoing is true and correct.

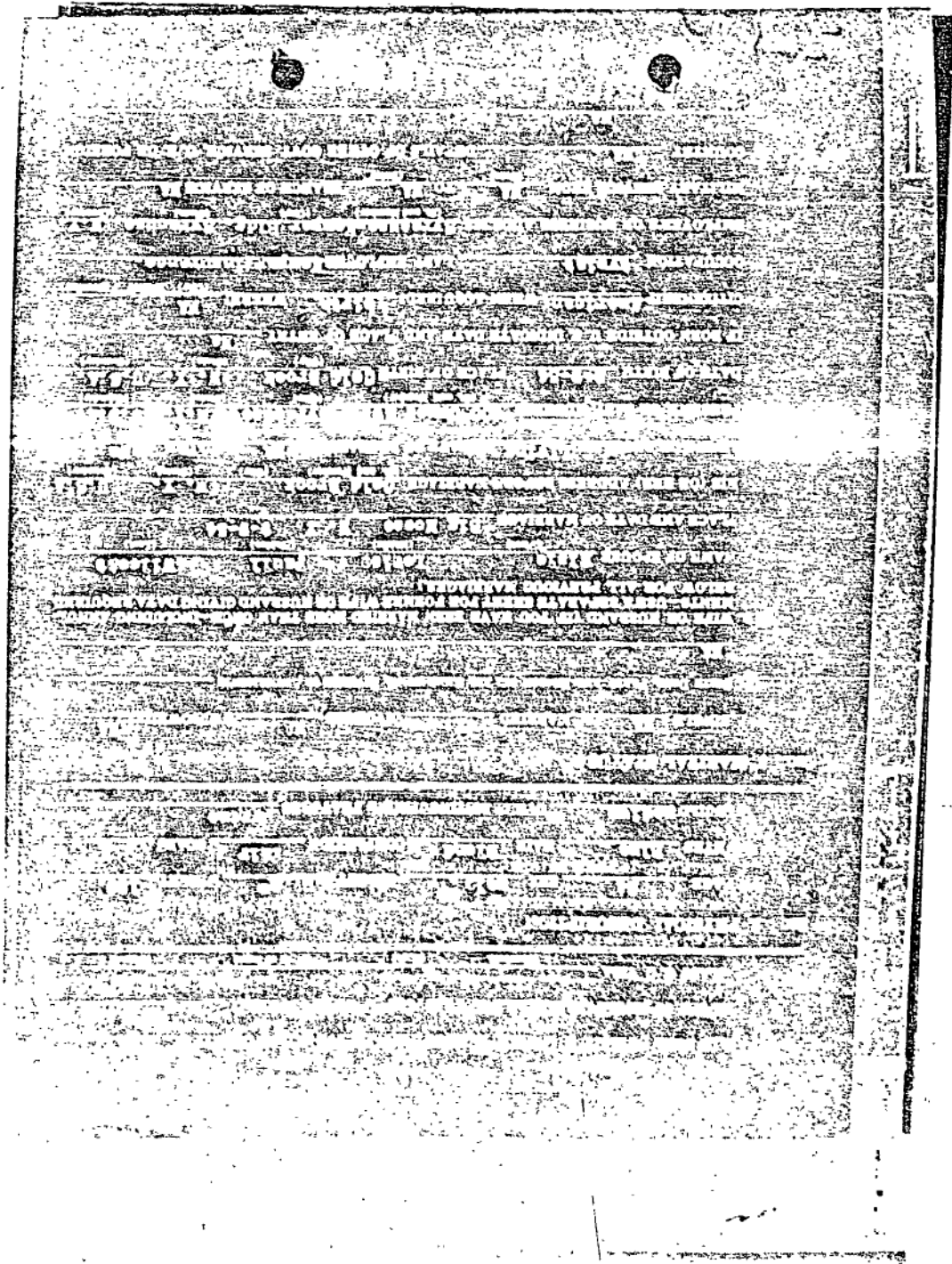
SUBSCRIBER: JAMES B. WILCOTT JR.

DATE: 3/57

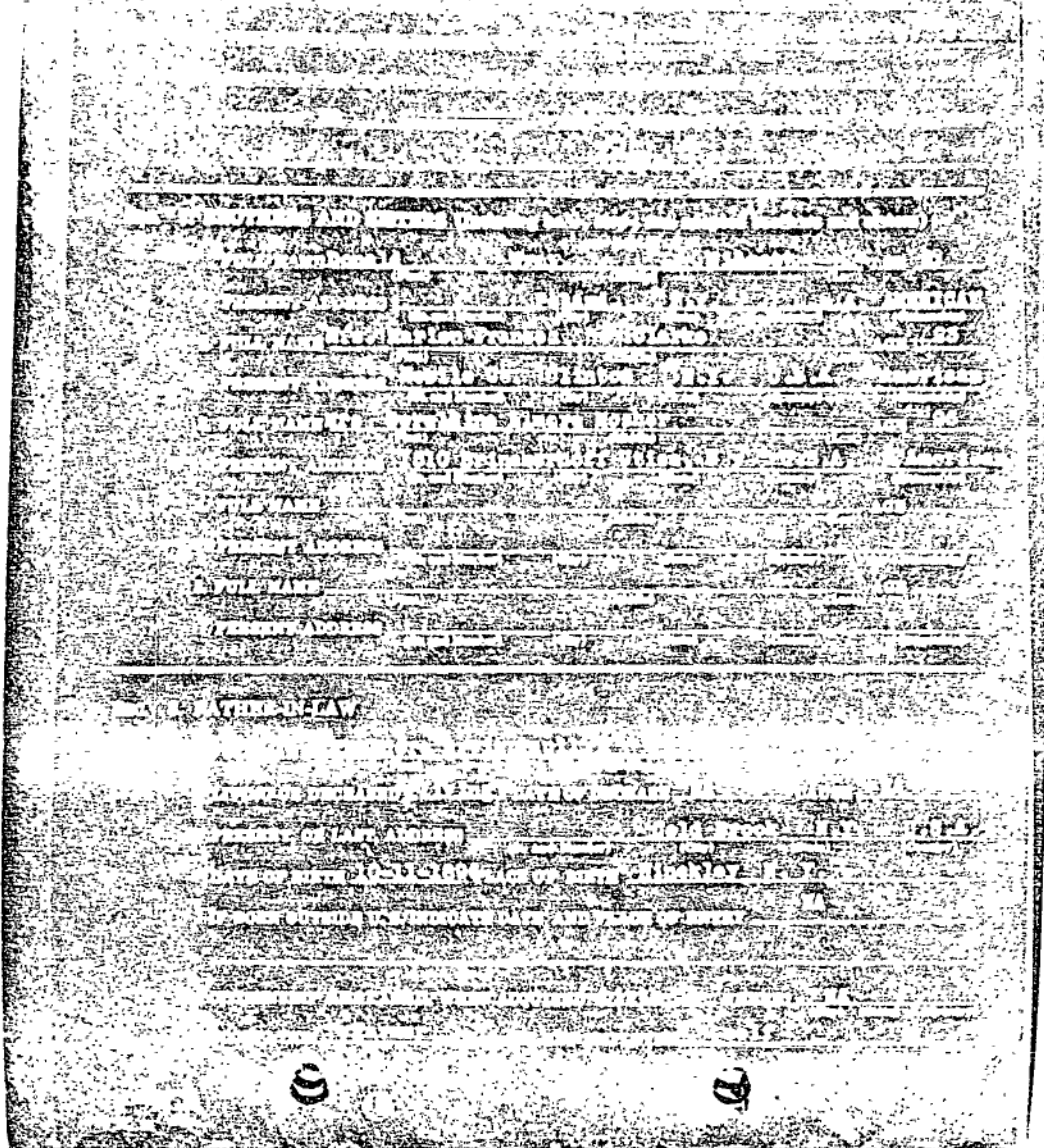
SWORN AND SUBSCRIBED TO before me this 5th day of March, 1957.

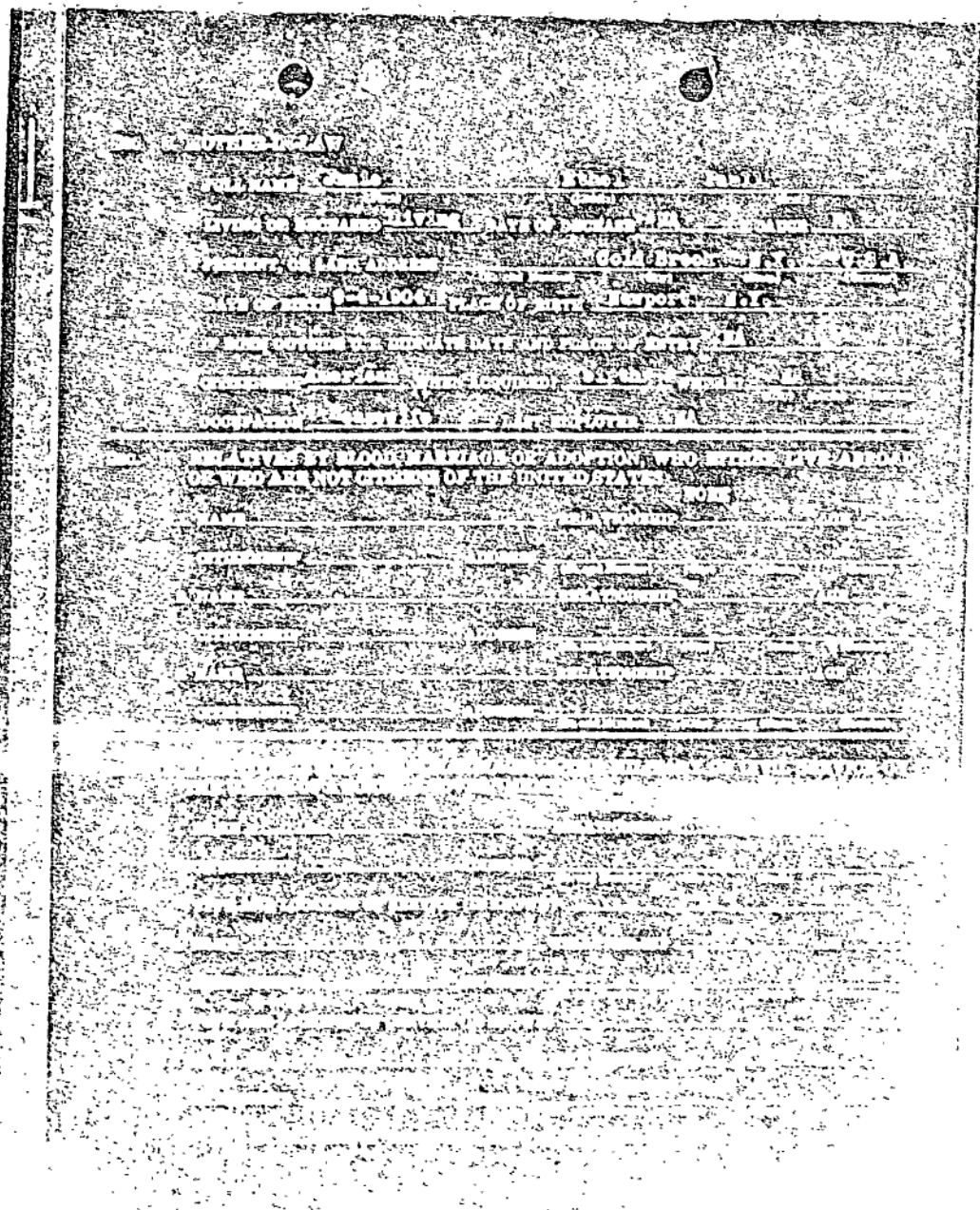
NOTARY PUBLIC: [REDACTED]

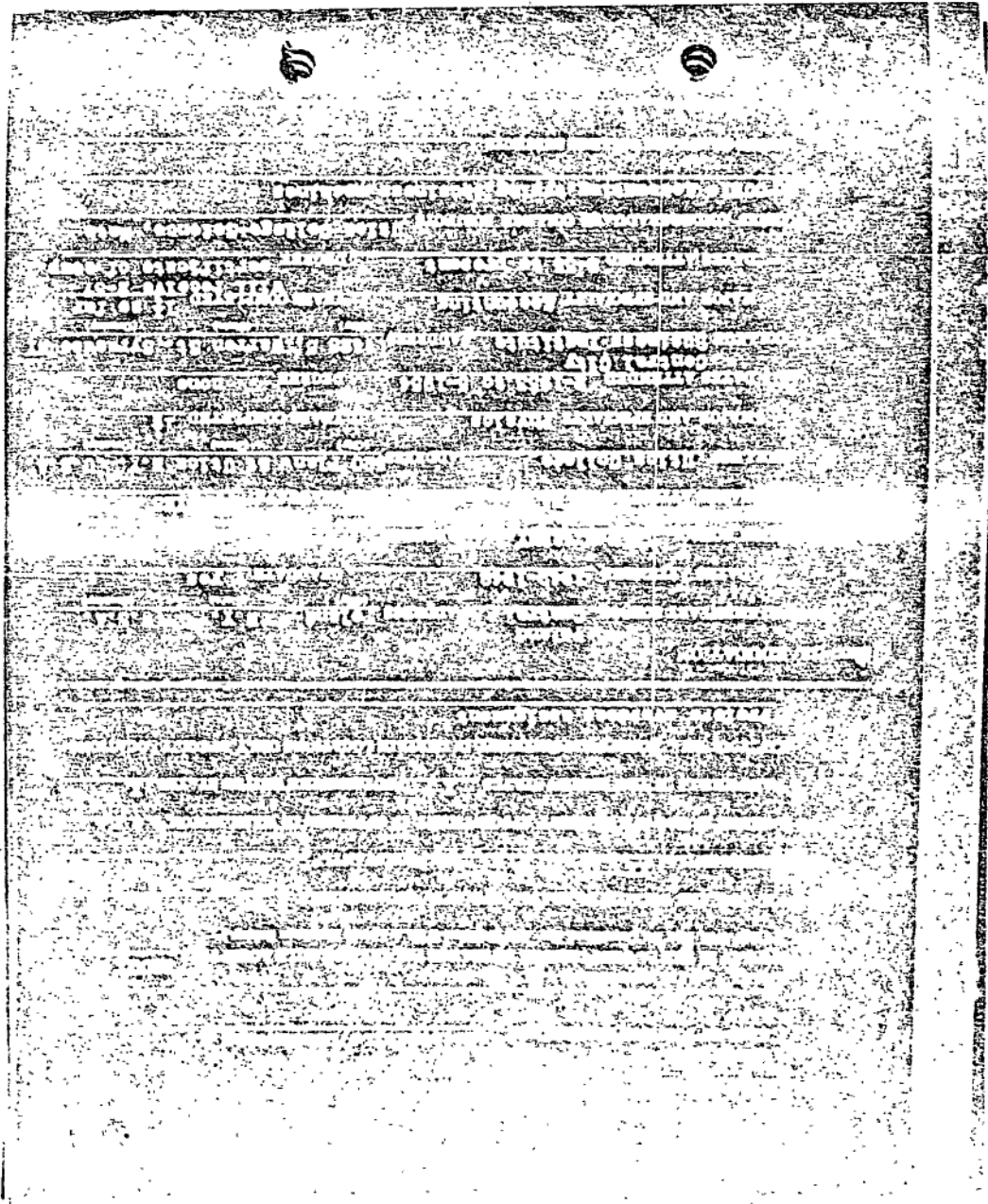
STATE OF NEW YORK



[The page contains several paragraphs of text that are extremely faint and difficult to read. The text appears to be organized into sections, possibly separated by horizontal lines. Some words are barely legible, but the overall structure suggests a formal document or report. The text is mostly centered on the page and occupies most of the vertical space.]









[The text in this block is extremely faint and mostly illegible. It appears to be a multi-page document with several sections and possibly a signature line at the bottom. Some recognizable words include "UNITED STATES OF AMERICA", "DEPARTMENT OF COMMERCE", "BUREAU OF ECONOMIC ANALYSIS", and "WASHINGTON, D.C.". There are also some numbers and dates that are difficult to discern. The document seems to be an official report or memorandum.]

1945

OFFICE OF THE  
DIRECTOR OF THE  
BUREAU OF THE  
CENSUS  
WASHINGTON, D. C.

MEMORANDUM FOR THE DIRECTOR

SUBJECT: [Illegible]

[Illegible text follows, consisting of several paragraphs of typed text that is mostly obscured by noise and grain in the scan.]

I HAVE BEEN ADVISED THAT YOU  
 WOULD LIKE TO REPAIR YOUR  
 DESIRE TO REPAIR. GIVE DETAILS  
 TO

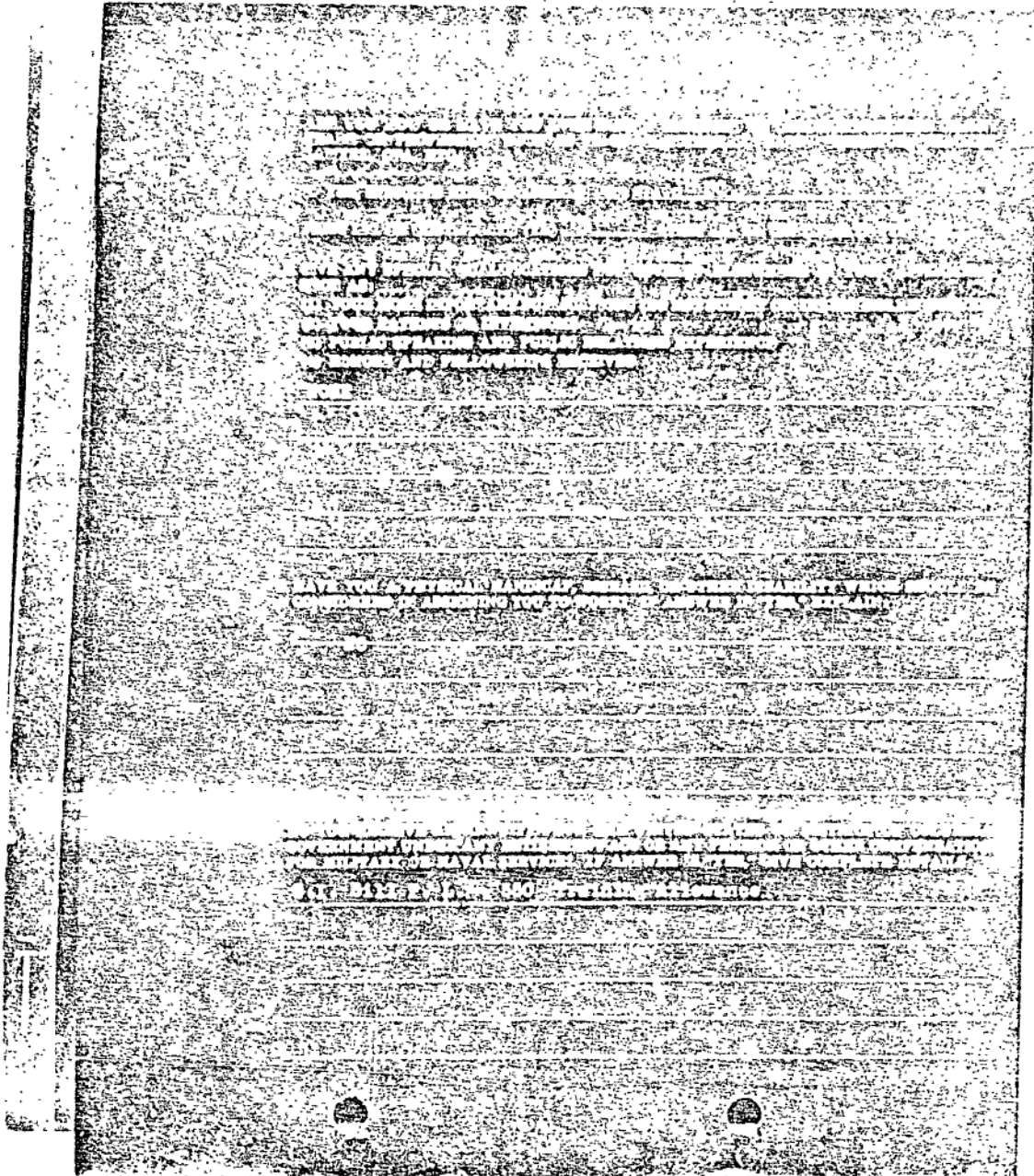
**GENERAL INFORMATION**  
 NAME  
 ADDRESS  
 CITY  
 STATE  
 ZIP  
 PHONE

I AM INTERESTED IN  
 REPAIRING MY  
 PARTS  
 CONTACT ME AT  
 NAME  
 ADDRESS  
 CITY  
 STATE  
 ZIP  
 PHONE

I AM INTERESTED IN  
 REPAIRING MY  
 PARTS  
 CONTACT ME AT  
 NAME  
 ADDRESS  
 CITY  
 STATE  
 ZIP  
 PHONE

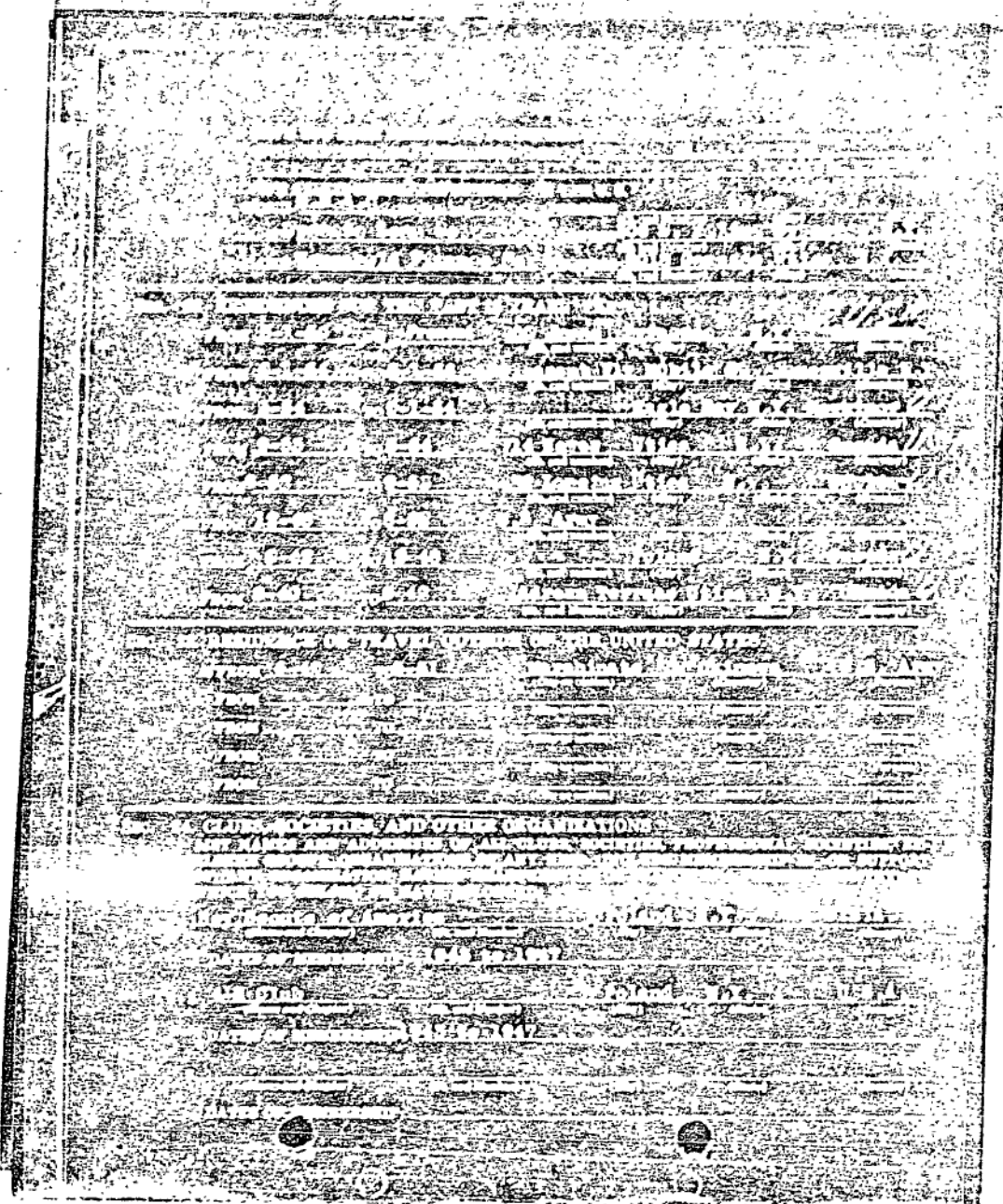
I AM INTERESTED IN  
 REPAIRING MY  
 PARTS  
 CONTACT ME AT  
 NAME  
 ADDRESS  
 CITY  
 STATE  
 ZIP  
 PHONE

**JAMES B WILCOTT JR**  
**MAR 57**



[The main body of the document contains several lines of text that are extremely faint and difficult to read. The text appears to be organized into sections, possibly including names, titles, and dates, but the specific content is illegible due to the quality of the scan.]

JAMES B WILCOTT JR  
 MAR 57



[The main body of the document contains several paragraphs of text that are extremely faint and illegible due to heavy noise and low contrast. The text appears to be organized into sections, possibly separated by horizontal lines or headings, but the specific content cannot be discerned.]

JAMES B. WILCOTT, JR.  
 MAR 57

*[The main body of the document is extremely faded and illegible due to heavy noise and low contrast. It appears to contain several paragraphs of text, possibly including a title and a body of descriptive or narrative content.]*

STATE OF CALIFORNIA, COUNTY OF ALBERTA AND COUNTY OF ...  
 OF THE POWER OF AND SEAL AND SIGNATURE OF ...  
 OR OMISSION AS TO A MATERIAL FACT WILL CONSTITUTE GROUND FOR THE  
 IMMEDIATE REVERSAL OF JUDICIAL OR EXECUTIVE ACTION.

*[Handwritten signatures and dates are present in this section. The signatures are illegible due to fading and noise. Some dates like '1/15/10' and '1/16/10' are partially visible.]*

USE THE FOLLOWING PAGES FOR EXTRA ANSWERS ACCORDING TO THE NUM-  
 BER OF THE QUESTIONS TO WHICH THEY RELATE. SIGN YOUR NAME AT THE END OF  
 THE ADDED MATERIAL. ADDITIONAL MATERIAL IS REQUIRED FOR EXTRA PAGES FOR  
 ANSWERS TO QUESTIONS 1 AND 2.

*[Small circular markings or stamps are visible at the bottom of the page.]*



JAMES B WILCOTT, JR  
MAR 57

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

Date: 9 November 1956

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

Your Reference: C-5841 Compt.

Case Number: 109301

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

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

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

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

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

*(Handwritten note)*  
W. M. Knott

**CONFIDENTIAL**