

STANDARD FORM 66
REVISED 1965
GSA GEN. REG. NO. 27
5010-106-01

SECRET

Official Personnel Folder

SECRET

(F)

NOV 1965

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

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The Black Vault for their archiving work.

maryferrell.org
theblackvault.com
github.com/vslavik/diff-pdf
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

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

JFKdiffs.com

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(When Filled In)

1. PASS. SERIAL NO.		BIOGRAPHIC PROFILE (PART I)				CDD: 2 Sep 1946	
2. NAME (Last, First, Middle)		3. SEX		4. DATE OF BIRTH		5. LONGEVITY EXP. DATE	
SWW, Robert Tyler		M		18 Jun 1925		8 Mar 1949	
6. MARITAL STATUS		7. DEPENDENT(S)		8. NO. YEARS OF MARR.		9. US NATURALIZATION DATE	
Married		2		3 1927 1955 1955		NA	
10. CANCELED STATE		11. MEMBERSHIP		12. OTHER STATUS		13. LAST REG. NO. DUAL. FOR	
1		5-1 1954		1		1	
14. CURRENT RESERV. STATUS		15. GRADE		16. DEFENSE DUTY WITH CIA		17. RELEASE TO MIL. SER.	
X				1		1	
18. ASSESSMENT DATE		19. PROFESSIONAL TEST DATE		20. LANGUAGE APTITUDE TEST DATE			
Jul 1947		None		None			
21. NON-CIA EMPLOYMENT 1942 FAD, Patterson Fld, Ohio - Messenger (summer) 1943-45 Military Service, US Army, Pfc - Military and Combat Intelligence 1947-48 Proctor & Gamble, Cincinnati, Ohio - Editor, Personnel Research Dept							
22. NON-CIA EDUCATION 1943; 1945 Ohio State Univ - Engineering, Liberal Arts 1944-45 Camp Ritchie, Md - Aerial Photos Interpret 1945-47 Univ of Arizona - El Spanish, Political Science, History 1965-66 USDA (Corresp) Mod Supv Practice (See #18 below)							
23. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Date Tested)		Spanish - R, S, U Native; W, P High (May 1960); Translate - May 1957					
24. AGENCY SPONSORED TRAINING 1948 Admin Proc 1956 CI Ops 1971 Wpnstrng/Defensive Driving 1948 Intel Orient 1962 Photo Ops 1972 Short Range Agent Contact 1949 Photo 1966 CES Sem 1973 Senior Seminar (Continued) 1949 Intel Orient 1968 Chell of WM Comm 1973 CA Ops Seminar							
25. CIA EMPLOYMENT HISTORY SINCE 10 SEPT 1947 (Personal History, Military Orders, and Principal Details)							
EFFECTIVE DATE	POSITION, TITLE & OCCUPATIONAL CODE	GRADE	SD	ORGANIZATION & ORG. TITLE (If Any)	LOCATION		
Mar 1948	I.O. (Trainee)	0132.06	5	OSO/Trainee Pool	Hq		
May 1948	"	0132.06	7	"	"		
Nov 1948	Reports Off	0132.53	7	OSO/Cps	"		
Dec 1949	I.O. Reports	0132.58	7	OSO/FDT/Venezuela Sta	Caracas		
Aug 1950	I.O. (Ops)	0132.06	9	"	"		
Jun 1952	Ops Off	0136.01	11	OSO/MI-1/Ecuador Sta/COB	Quayaquil		
Apr 1954	Area Ops Off	0136.01	12	DSP/MI-1/Ecuador Sta/COB	"		
Aug 1954	I.O. (PI)	0136.51	12	DSP/MI-3/Ch, Mexico Desk	Hq		
May 1956	Area Ops Off	0136.01	12	DSP/MI-3/Mexico Sta/COB	Nogales		
Feb 1957	"	0136.01	13	"	"		
Aug 1959	Instructor Ops	1711.50	13	OTR/Ops Sch/Fld Trng/Faculty	Isolation		
Dec 1961	"	1711.50	14	OTR/US Field Trng Off/Faculty	"		
Jan 1963	Ops Off	0136.01	14	DSP/TFN/PI-CI Sec	Hq		
Apr 1963	"	0136.01	14	DSP/MI-3/Mexico Sta	Mexico City		
Sep 1964	Chief of Station	0136.05	14	DSP/MI-2/Nicaragua Sta	Managua		
Sep 1968	July 1970 departure	0136.05	15	"	"		
Sep 1970	"	0136.05	15	DSP/MI-2/Honduras Sta/COS	Tegucigalpa		
Oct 1972	"	0136.01	15	DSP/MI/Ch, Br-2 (Cen Amer)	Hq		
Mar 1973	"	0136.01	15	DSP/MI/Ch, Br-2 (Cen Amer)	"		
Dec 1973	"	0136.01	15	DSP/MI/Ch Plans Staff	"		
26. DATE REVIEWED		27. PROFILE REVIEWED BY		28. DATE REVIEWED BY		29. VERIFIED BY EMPLOYEE	
20 Jan 1976		hms' cml		22 Dec 1959		31 Aug 1959	

FORM 1200 (PART I) USE PREVIOUS EDITIONS.

SECRET

PROFILE

141

SECRET
(When Filled In)

PERS. SERIAL NO.		BIOGRAPHIC PROFILE (Continuation Sheet)				
NAME (Last-First-Middle) GUY, Robert Allen						DATE OF BIRTH 18 Jun 1908
1975-1976: Chief of Station, Tokyo 1974-1975: Chief of Station, Tokyo 1971-1974: Chief of Station, Tokyo						
19. CIA EMPLOYMENT HISTORY SINCE 16 SEPT. 1947 (Personnel Actions, Military Orders, and Principal Details) (Cont'd.)						
EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	SO	ORGANIZATION & COMM. TITLE (If any)	LOCATION	
Apr 1975	Cys Off Ch 0136.01	16	LYB	DPO/IA/Ch, Plans & Programs Stf	Hq	
Aug 1975	Ops Officer 0136.01	16	DYB	DDO/IA/DevComp (Training)	Hq	
DATE REVIEWED: 20 Jan 1976 PROFILE REVIEWED BY: [Signature]						

FORM 10-7, 1200-1a

USE PREVIOUS EDITIONS

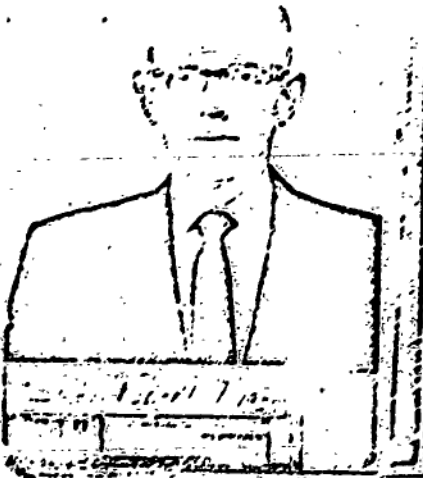
SECRET

F. I. DEPT. CL. BY: 637422

PROFILE 141

SECRET

(When Filled In)

PERS. SERIAL NO. 055195		BIOGRAPHIC PROFILE (PART 2)	
NAME (Last-First-Middle) SILAW, Robert Tyler		DATE OF BIRTH 18 Jun 1925	
			
24. SUMMARY OF CAREER PREFERENCE OUTLINE AND/OR FIELD REASSIGNMENT QUESTIONNAIRE			
25. IDENTITY OF OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL SEE COVER HISTORY ATTACHED			
26. ADDITIONAL INFORMATION Appreciation 1953 from the US Ambassador, Mexico City for invaluable services rendered during trip to Nogales, Mexicali and Tijuana. Appreciation 1953 from R.E. Cartwright for assistance on survey trip along the California Gulf Coast. Commendation 1959 from the US Ambassador, Mexico City for outstanding performance of duty while stationed in Mexico. Award 1955 Outstanding Prepared Speaker's Trophy by the Mexican Chapter of Toastmaster International as a result of a speech entitled "Stop Kicking the Foreign Service." Award 1974 of a Quality Step Increase in recognition of Subject's sustained excellent performance since 1972.			
27. DATE REVIEWED 20 Jan 1976		28. PROFILE REVIEWED BY hmc/col E 2 IMPDET CL 67 017422	

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP				DA.	FILE NO.
				19 March 1973	734
X TO: (Check)	X	CHIEF, CONTROL DIVISION, OP	SS NUMBER	268-28-0199	
		CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER	055495	
	X	CHIEF, OPERATING COMPONENT (For action) WH	ID CARD NUMBER		
ATTN: Chief Support Staff			OFFICIAL COVER	ESTABLISHED	
REF: Form 1322 dated 12 Mar 73				DISCONTINUED	
SUBJECT: SHAW, Robert T.			UNIT: Department of State		
KEEP ON TOP OF FILE WHILE COVER IN EFFECT					
X	ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS			CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS	
	☒ BASIC COVER PROVIDED EFFECTIVE DATE EOD ☐ OPERATIONAL COVER PROVIDED FOR TDY OTHER (Specify)			SUBMIT FORM 3254 W-2 TO BE ISSUED. (HNB 30-11) SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 30-7)	
X	SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 30-7)			EAA: CATEGORY I CATEGORY II RETURN ALL OFFICIAL DOCUMENTATION TO CCS	
X	SUBMIT FORM 3254 State W-2 TO BE ISSUED. (HNB 30-11)			SUBMIT FORM 2688 FOR HOSPITALIZATION CARD.	
X	SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (NR 240-20)			DO NOT WRITE IN THIS BLOCK	
X	SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (NR 240-20)				
X	EAA: CATEGORY I CATEGORY II				
X	SUBMIT FORM 2688 FOR AOE HOSPITALIZATION CARD				
REMARKS AND/OR COVER HISTORY MAR 48-OCT 49-HQS/OVERT OCT 49-FEB 52-VENEZUELA/STATENOM FEB 52-MAY 52-HQS/OVERT MAY 52-JUL 54-EQUADOR/STATE-NOM JUL 54-MAY 56-HQS/OVERT 17 MAY 56-MAY 59-MEXICO/STATE INT MAY 59-MAY 61-HQS/STATE INT MAY 61-MAR 63-HQS/OVERT MAR 63-JUL 66-MEXICO/STATE INT JUL 66-JUL 70-NICARAGUA/STATE INT JUL 70-AUG 72-HONDURAS/ DISTRIBUTION: JUL 70-AUG 72-STATE INT/AUG 72- COPY 1 - CO OR CPO STATE INT/AUG 72- COPY 2 - OPERATING COMPONENT 17 MAR 73- COPY 3 - SS/ARCO COPY 4 - OL/TB COPY 5 - CCS-FILE 18 MAR 73-HQS/STATE NOM					
				CHIEF, OFFICIAL COVER, CENTRAL COVER STAFF	

FORM 155 USE PREVIOUS EDITION

SECRET

E.S. IMPDET CL. DT. 037522

113-80-431

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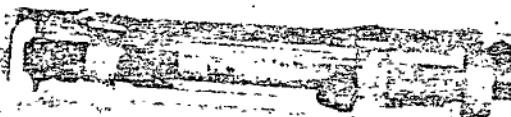
REPRODUCTION MASTERS

BIOGRAPHIC PROFILE

BIOGRAPHIC PROFILE

SECRET

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



144

Pre 1963 Request
for Personnel Action

Left

Post 1966 Requests for
Notification
of Personnel Action
and other memos



~~Sanitized~~
bio profile and
Cover Summary

ROBERT T SHAW

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		DATE	FILE NO.
		19 March 1973	734
X TO: (CHECK)	X CHIEF, CONTROL DIVISION, OP	SS NUMBER 263-23-1199	
	CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER 055495	
	X CHIEF, OPERATING COMPONENT (For action) VII	ID CARD NUMBER	
ATTN: Chief Support Staff		OFFICIAL COVER	☒ ESTABLISHED ☐ DISCONTINUED
REF: Form 1322 dated 12 Mar 73			
SUBJECT: SHAW, Robert T.		UNIT: Department of State	
KEEP ON TOP OF FILE WHILE COVER IN EFFECT			
X ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS		CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS EFFECTIVE DATE:	
☒ BASIC COVER PROVIDED EOD EFFECTIVE DATE		SUBMIT FORM 3254 _____ W-2 TO BE ISSUED. (HNB 20-11)	
☐ OPERATIONAL COVER PROVIDED FOR _____ TOY _____ OTHER (Specify)		SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)	
X SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)		EAA: CATEGORY I ☐ CATEGORY II ☐	
X SUBMIT FORM 3254 State W-2 TO BE ISSUED. (HNB 20-11)		RETURN ALL OFFICIAL DOCUMENTATION TO CCS	
X SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240-20)		SUBMIT FORM 2688 FOR _____ HOSPITALIZATION CARD.	
X SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-20)		DO NOT WRITE IN THIS BLOCK	
X EAA: CATEGORY I ☐ CATEGORY II ☒			
X SUBMIT FORM 2688 FOR ACF HOSPITALIZATION CARD			
REMARKS AND/OR COVER HISTORY			
MAR 63-JUL 66-MEXICO/STATE. INT			
DISTRIBUTION: COPY 1 - CD 04 CP COPY 2 - OPERATING COPY 3 - OS/SRAC COPY 4 - OL/TFB COPY 5 - CCS-FILE		CHIEF, OFFICIAL COVER, CENTRAL COVER STAFF	

SECRET

SECRET

1. PERSONAL SERIAL NO.		B BIOGRAPHIC PROFILE (PART I) SCD: 2 Sep 1946			
2. NAME (Last-First-Middle)		3. SEX	4. DATE OF BIRTH	5. LONGEVITY COMP. DATE	
SHAW, Robert Tyler		M	18 Jun 1925	3 Mar 1948	
6. MARITAL STATUS	7. DEPENDENT (Include POC)	8. US NATURALIZATION DATE			
Married	3 1927 1955 1955	NA	NA		
9. CAREER STATUS	10. LAST MO. RPT. QUAL. FOR	11. CURRENT RESERV. STATUS			
Staff	Jul 1954	Prop TTY			
12. ASSESSMENT DATE	13. PROFESSIONAL TEST DATE	14. LANGUAGE APTITUDE TEST DATE			
Jul 1947	None	None			
15. NON-CIA EMPLOYMENT 1942 FAD, Patterson Pld, Ohio - Messenger (summer) 1943-45 Military Service, US Army, Pfc - Military and Combat Intelligence 1947-48 Proctor & Gamble, Cincinnati, Ohio - Editor, Personnel Research Dept					
16. NON-CIA EDUCATION					
1943; 1945 Ohio State Univ - Engineering, Liberal Arts 1944-45 Camp Ritchie, Md - Aerial Photo Interpret 1945-47 Univ of Indiana - B.S. Spanish, Political Science, History 1965-66 USDA (Corresp) Mod Supv Practice (See 18 below)					
17. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Date Tested)		Spanish - R, S, U Native; W, P High (May 1960); Translate - May 1957			
18. ACQUIRED FOREIGN TRAINING					
1965-66 Mod Supv Pract/USDA (Continued)					
19. CIA EMPLOYMENT HISTORY SINCE 10 SEPT 1947 (Personnel Actions, Military Orders, and Principal Details)					
EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	30	ORGANIZATION & ORG. TITLE (if any)	LOCATION
Jan 1961	Ops Off	0136.01	14	D BDP/TFW/FI-CI Soc	Mexico City
Apr 1963	"	0136.01	14	DDP/WH-3/Mexico Sta	Mexico City
20. DATE REVIEWED					
30 Jun 1974	21. PROFILE REVIEWED BY 2 20000				
VERIFIED BY EMPLOYEE				31 Aug 1959	

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BIOGRAPHIC PROFILE (Continuation Sheet)

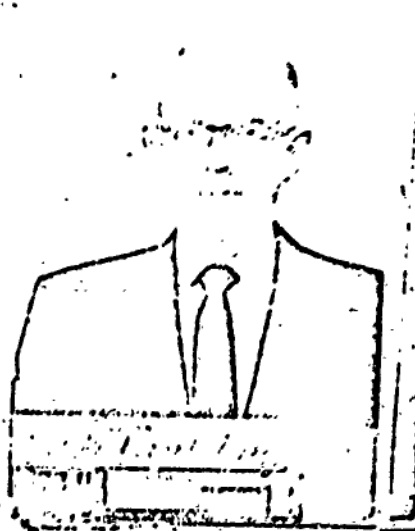
[illegible]

SECRET
(When Filled In)

FORM NO. 1200 (PART 2) BIOGRAPHIC PROFILE (PART 2)

NAME (Last-First-Middle)
CHAW, Robert Tyler

DATE OF BIRTH
18 Jun 1925



24. SUMMARY OF CAREER PREFERENCE OUTLINE AND/OR FIELD REASSIGNMENT QUESTIONNAIRE

25. IDENTITY OF OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL

SEE COVER HISTORY ATTACHED

26. ADDITIONAL INFORMATION

~~ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED~~
~~DATE 10/10/00 BY 1045~~
~~DATE 10/10/00 BY 1045~~
~~DATE 10/10/00 BY 1045~~
Award 1965 Outstanding Prepared Speaker's Trophy by the Mexican Chapter of Toastmaster International as a result of a speech entitled "Stop Kicking the Foreign Service."

27. DATE REVIEWED

20 Jan 1976

28. PROFILE REVIEWED BY

hmr/cal

22 INFDET

CL by 007422

FORM NO. 1200 (PART 2) REPLACES FORM 1200 (PART 2) SECRET

PROFILE

141

Date: 1/21/77

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

1. Please provide estimate of annuities for:

Name: ROBERT T. SHAW

Grade: GS-16

Component: E

DOB: 06 18 25

SCD: 09 02 46

System: CEH-2005

ETR: 11 100 1970 92 2525

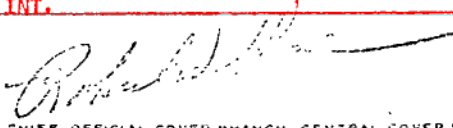
11 04 25 500 19

2. Remarks: 1. 11/11/76 11/11/76

HE SINCE I AM CHARGED WITH IT, COULD NOT FIND

MARK FILE

John McCombs
Counselor, ROB/RAD

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP				18 OCT 78		734	
TO: (Check)	☒	CHIEF, CONTROL DIVISION, OP		AS NUMBER 268-28-0199			
	☐	CHIEF, CONTRACT PERSONNEL DIVISION, OP		EMPLOYEE NUMBER 055495			
	☒	CHIEF, (OPERATING COMPONENT FOR ACTION) ATTN: IG		ID CARD NUMBER			
REF. FORM 1322 DATED 5 SEP 68				OFFICIAL COVER		ESTABLISHED ☐ CANCELLED ☒ CONTINUED	
STATUS		☒ STAFF	☐ CONTRACT				
SUBJECT SHAW, ROBERT T.				UNIT DEPARTMENT OF STATE			
KEEP ON TOP OF FILE WHILE COVER IN EFFECT							
ESTABLISHMENT OF OFFICIAL COVER (BLOCK RECORDS)				CANCELLATION OF OFFICIAL COVER (UNBLOCK RECORDS)			
☐ BASIC COVER PROVIDED EFFECTIVE DATE _____				☒ EFFECTIVE DATE: EOD			
☐ OPERATIONAL COVER PROVIDED FOR _____ TDY _____ OTHER (Specify) _____				☒ FORM 3254 CTA W-2 TO BE ISSUED (HNR 20-7)			
SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HNR 20-7)				☒ SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HNR 20-7)			
FORM 3254 _____ W-2 TO BE ISSUED. (HNR 20-11)				☒ EAA: CATEGORY I ☒ CATEGORY II			
				☒ RETURN ALL OFFICIAL DOCUMENTATION TO CGS			
				☒ SUBMIT FORM 2688 FOR GEHA HOSPITALIZATION CARD.			
SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240-20)				DO NOT WRITE IN THIS BLOCK THIS FILE MUST REMAIN ON TOP OF FILE			
SUBMIT FORM 1323 FOR TRANSFER OF COVER RESPONSIBILITY. (HR 240-20)							
EAA, CATEGORY I ☐ CATEGORY II ☐							
SUBMIT FORM 2688 FOR _____ HOSPITALIZATION CARD							
REMARKS AND/OR COVER HISTORY:							
MAR 48 - OCT 49 - HQS - OVERT OCT 49 - FEB 52 - VENEZUELA, CARACAS - STATE DESIGNEE FEB 52 - MAY 52 - HQS - OVERT MAY 52 - JULY 54 - ECUADOR - STATE DESIGNEE JULY 54 - MAY 56 - HQS - OVERT 17 MAY 56 - MAY 59 - MEXICO - STATE - INT. MAY 59 - MAY 61 - HQS - STATE - INT. MAY 61 - MAR 63 - HQS - OVERT MAR 63 - JULY 66 - MEXICO, MEXICO CITY - STATE - INT. JULY 66 - JULY 70 - NICARAGUA - STATE - INT.							
JUL 70-AUG 72-HONDURAS-STATE-INT. AUG 72-17 MAR 73-HQS-STATE-INT. 18 MAR 73-12 OCT 78-HQS-STATE NOM 13 OCT 78- -HQS- OVERT BACK TO EOD							
DISTRIBUTION COPY 1 - CD/TSB OR CPU CONTROL COPY 2 - OPERATING COMPONENT COPY 3 - OS/SWD COPY 4 - CC/CO/TFB COPY 5 - CCS-FILE				 CHIEF, OFFICIAL COVER BRANCH, CENTRAL COVER STAFF			

FORM 1551 JAN PREVIOUS EDITION 4-77

SECRET WN-SISM

E2, IMPDET CL. SY. 021964

(13-20-43)

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

SECRET

CLASSIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		DATE	FILE NO.
		19 March 1973	734
☒ CHIEF, CONTROL DIVISION, OP	AS NUMBER 268-28-0199		
CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER 055495		
☒ CHIEF, OPERATING COMPONENT (For action) WH	ID CARD NUMBER		
TH: Chief Support Staff	OFFICIAL COVER	☒ ESTABLISHED ☐ DISCONTINUED	
REF: Form 1322 dated 12 Mar 73			
SUBJECT: SHAW, Robert T.	UNIT: Department of State		
KEEP ON TOP OF FILE WHILE COVER IN EFFECT			
☒ ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS	CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS EFFECTIVE DATE:		
☒ BASIC COVER PROVIDED EFFECTIVE DATE EOD	SUBMIT FORM 3254 W-2 TO BE ISSUED. (HNB 20-11)		
☐ OPERATIONAL COVER PROVIDED FOR TDY OTHER (Specify)	SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)		
☒ SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)	EAA: CATEGORY I CATEGORY II		
☒ SUBMIT FORM 2254 State W-2 TO BE ISSUED. (HNB 20-11)	RETURN ALL OFFICIAL DOCUMENTATION TO CCS		
☒ SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240-20)	SUBMIT FORM 2688 FOR HOSPITALIZATION CARD.		
☒ SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-20)	DO NOT WRITE IN THIS BLOCK		
☒ EAA. CATEGORY I CATEGORY II			
☒ SUBMIT FORM 2688 FOR AGE HOSPITALIZATION CARD			
REMARKS AND/OR COVER HISTORY			
MAR 48-OCT 49-HQS/OVERT			
OCT 49-FEB 52-VENEZUELA/STATENOM			
FEB 52-MAY 52-HQS/OVERT			
MAY 52-JUL 54-ECUADOR/STATE NOM			
JUL 54-MAY 56-HQS/OVERT			
17 MAY 56-MAY 59-MEXICO/STATE INT			
MAY 59-MAY 61-HQS/STATE INT			
MAY 61-MAR 63-HQS/OVERT			
MAR 63-JUL 66-MEXICO/STATE INT			
JUL 66-JUL 70-NICARAGUA/STATE INT			
JUL 70-AUG 72-HONDURAS/STATE INT/AUG 72-			
COPY 1 - CL OF CPD 17 MAR 73-			
COPY 2 - OPERATING COMPONENT			
COPY 3 - CS/SSACO			
COPY 4 - GL/TED			
COPY 5 - CCS-FILE			
18 MAR 73-HQS/STATE NOM			
CHIEF, OFFICIAL COVER, CENTRAL COVER STAFF			

FORM 1551 USE PREVIOUS EDITION

SECRET

F-2, IMPDET CL BY 007512

(113-20-43)

Post 1966 Notifications
of Personnel Action

1. EMPLOYEE NUMBER 055495		2. NAME (LAST FIRST MIDDLE) SHAW ROBERT T	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT		4. EFFECTIVE DATE 12 100	
5. CATEGORY OF EMPLOYMENT REGULAR		6. COST CENTER NO. CHARGEABLE 104-0000	
7. FUNDS V TO V V TO CF CF TO V X CF TO CF		8. FTE OR OTHER LEGAL AUTHORITY 50 USC 405	
9. ORGANIZATIONAL DESIGNATION DUP/WH FOREIGN FIELD BRANCH 2 MANAGUA, NICARAGUA STATION		10. LOCATION OF OFFICIAL STATION MANAGUA, N. CARAGUA	
11. POSITION TITLE CONSULAR CF CONSUL W C CHIEF OF STATION		12. POSITION NUMBER 104	
13. SERVICE DESIGNATION D		14. CLASSIFICATION SCHEDULE (GS, LS, etc.) FSR GS	
15. OCCUPATIONAL SERIES 0136.05		16. GRADE AND STEP GS 2 14 4	
17. SALARY OR RATE 16391 16675		18. REMARKS MEXICO CITY, MEXICO	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE 37	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC 51650	22. STATION CODE WH 52073
23. DATE OF BIRTH MO DA YR 06 18 25	24. DATE OF GRADE MO DA YR 1 1	25. DATE OF LEI MO DA YR 1 1	26. SECURITY REQ. NO. 34. SER.
27. WFO EXPIRES MO DA YR	28. RETIREMENT DATA 1. CSC 2. FICA 3. NONE	29. SEPARATION DATA CODE TYPE NO. DA YR	30. CORRECTION/CANCELLATION DATA EOD DATA
31. VET. PREFERENCE CODE 0 - NONE 1 - 5 PT. 2 - 10 PT.	32. SERV. COMP. DATE MO DA YR	33. LONG COMP. DATE MO DA YR	34. CAREER CATEGORY CAN BNY PROB TEMP
35. FEGLI / HEALTH INSURANCE CODE 0 - WAIVER 1 - YES	36. SOCIAL SECURITY NO.	37. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)	38. LEAVE CAT CODE 42. FEDERAL TAX DATA FORM EXECUTED 1 - YES 2 - NO
39. STATE TAX DATA CODE 1 - YES 2 - NO	40. STATE CODE	SIGNATURE OR OTHER AUTHENTICATION	
POSTED 68-78-668			

FORM 1159

Use Previous Edition

SECRET

When

C/WH/2

G47

1. EMPLOYEE NUMBER 055495		2. NAME SHAW ROBERT T		3. Cost Center Number 01 000 CF		4. LWOP Reason	
5. OLD SALARY RATE Grade Step Salary Effective Date GS 14 4 16,075 12/00/64		6. NEW SALARY RATE Grade Step Salary Effective Date GS 14 5 17,175 12/04/64		7. TYPE ACTION PS LS AD			
8. Remarks and Authentication NO EXCESS LWOP (1) PAY STATUS AT END OF WAITING PERIOD (2) PAY STATUS AT END OF WAITING PERIOD CLERKS INITIALS AUDITED BY I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE SIGNATURE PAY CHANGE NOTIFICATION							

1. SERIAL NUMBER 055495		2. NAME (LAST FIRST MIDDLE) SHAW ROBERT T	
3. NATURE OF PERSONNEL ACTION DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM		4. EFFECTIVE DATE 07 03 66	
5. CATEGORY OF EMPLOYMENT REGULAR		6. COST CENTER NO. CHARGEABLE 7135 (990) (XXX)	
7. FUNDS V TO V C TO V X		8. CXC OR OTHER LEGAL AUTHORITY PL 88-643 SECT. 203	
9. ORGANIZATIONAL DESIGNATIONS DDP/WH		10. LOCATION OF OFFICIAL STATION MEXICO CITY, MEXICO	
11. POSITION TITLE		12. POSITION NUMBER	
13. CLASSIFICATION SCHEDULE (GS, LO, WH)		14. GRADE AND STEP 14	
15. OCCUPATIONAL SERIES		16. SALARY OR RATE	
17. REMARKS EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION.			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING NUMERIC ALPHABETIC	22. STATION CODE
23. INTEREST CODE	24. HOURS CODE	25. DATE OF BIRTH	26. DATE OF GRADE
27. DATE OF LBI	28. SECURITY RES NO.	29. SPECIAL REFERENCE	30. RETIREMENT DATA 1 - CDC 2 - FICA 3 - NONE
31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE NO DA YR	33. VET. PREFERENCE 0 - NONE 1 - 5 PT. 2 - 10 PT.	34. SERV. COMP. DATE
35. LONG COMP. DATE	36. CAREER CATEGORY CAR SERV PROV TEMP	37. FEGLI / HEALTH INSURANCE CODE CODE 0 - DRIVER 1 - YES	38. SOCIAL SECURITY NO.
39. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE LESS THAN 3 YRS 3 - BREAK IN SERVICE MORE THAN 3 YRS	40. LEAVE CAT. CODE	41. FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS 1 - YES 2 - NO	42. STATE TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS 1 - YES 2 - NO
SIGNATURE OF OTHER AUTHENTICATION			
POSTED 7-14-66 <i>QAS</i>			

FORM 1150
11-66

Use Previous
Edition

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

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

EFFECTIVE DATE OF PAY ADJUSTMENT: 3 JULY 1966

NAME	SERIAL	ORGN.	FUNDS	GR+STEP	OLD SALARY	NEW SALARY
SHAW ROBERT T	055495	51	A20	CF GS 14 4	\$10,200	\$10,870

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 49-311
 PURSUANT TO AUTHORITY OF ACT AS PROVIDED IN THE CIA ACT OF 1949,
 AS AMENDED, AND A-DCI POLICY DIRECTIVE DATED 4 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 OCTOBER 1965

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

14

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

FORM 360

Comptroller's Previous Edition

10-571

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

NAME	SERIAL	ORGN	FUNDS	GR-ST	OLD SALARY	NEW SALARY
SHAW ROBERT T	095495	51	700	CF GS 14 3	\$12,695	\$14,915

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI MEMORANDUM DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 14 OCTOBER 1962

NAME	SERIAL	ORGN	FUNDS	GR-ST	OLD SALARY	NEW SALARY
SHAW ROBERT T	095495	26720	V 14 1	\$12,210	14 1	\$12,845

275-251

1	Serial No.	2	Name	3	Gr & Career Number	4	LWOP Hours
	095495		SHAW ROBERT T		26 720 V		
5	OLD SALARY PAGE			6	NEW SALARY PAGE		
	Grade	Step	Salary	Effective Date	Grade	Step	Salary
	GS-14	1	\$12,845	12/10/61	GS-14	3	\$13,270
7	TYPE ACTION						
8	Remarks and Authorization						
	NO EXCESS LOOP IN PAY STATUS AT END OF WAITING PERIOD LOOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS <i>[Signature]</i> AUDITED BY <i>[Signature]</i>						
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.							
SIGNATURE: <i>[Signature]</i>				DATE: 8 Nov. 62			
PAY CHANGE NOTIFICATION							

SALARY CONVERTED TO RATE SHOWN FOR INDIVIDUAL'S GRADE AND STEP AS INDICATED IN CHART BELOW:

[illegible]

OLD SALARY RATE				NEW SALARY RATE				TYPE ACTION		
Grade	Step	Salary	Low 1st Date	Grade	Step	Salary	Effective Date	PD	IS	ADD
GS 14	2	\$13,270	12/09/62	GS 14	3	\$13,695	12/08/63			

NO EXCESS LVOP
 IN PAY STATUS AT END OF WAITING PERIOD
 LVOP STATUS AT END OF WAITING PERIOD
 CLERKS INITIALS
 AUDITED BY

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

SIGNATURE: *[Signature]* DATE: 29 October 63

PAY CHANGE NOTIFICATION

ABM: 30 APR 63

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER:		2. NAME (LAST-FIRST-MIDDLE)									
055495		SHAW ROBERT T									
3. NATURE OF PERSONNEL ACTION:						4. EFFECTIVE DATE:		5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT						04 30 63		REGULAR			
6. FUNDS		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY							
☒ U. S. G. ☐ F. R. S. ☐ M. I. S.		3135 5700 1000		50 USC 403 J							
9. ORGANIZATIONAL DESIGNATION:						10. LOCATION OF OFFICIAL STATION					
DDP WH BRANCH 3 MEXICO CITY, MEXICO STATION						MEXICO CITY, MEXICO					
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
CONSULAR OF CONSUL WC OPS OFFICER						0340		D			
14. CLASSIFICATION SCHEDULE (GS, FS, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
FSR GS				0136.01		04 0 14 2		11880 13270			
18. REMARKS MEXICO CITY, MEXICO											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY CODE	21. GRADE CODE	22. STATION CODE	23. CATEGORY CODE	24. GRADE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LST			
37-	10	64700 WH	45075	1	3	06 18 25					
28. DATE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA	33. SECURITY REQ NO			34. SEX			
					EOD DATA						
35. VET PREFERENCE	36. SERV COMP DATE	37. LONG COMP DATE	38. CAREER CATEGORY	39. FEELI / HEALTH INSURANCE	40. SOCIAL SECURITY NO						
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE LST CODE	43. FEDERAL TAX DATA		44. STATE TAX DATA				
SIGNATURE OR OTHER AUTHENTICATION											
POSTED <i>[Signature]</i>											

RZR: 29 MAR 63

SECRET
(When Filled In)

DDF NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)							
055495		SHAW ROBERT T							
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
INTEGRATION--DEPT OF STATE				03 27 63		REGULAR			
6. FUNDS		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY					
☐ 10-1 ☐ 10-2 ☒ 10-3 ☐ 10-4		3135 5700 1000		50 USC 403 J					
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION					
DDP/WH BRANCH 3 MEXICO CITY, MEXICO STATION				MEXICO CITY, MEXICO					
11. POSITION TITLE				12. POSITION NUMBER		13. SERVICE DESIGNATION			
CONSULAR OF, CONSUL WO OPS OFFICER				0418		D			
14. CLASSIFICATION SCHEDULE (GS, FSR, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
FSR GS		0136.01		04 0 14 2		11880 13270			
18. REMARKS									
SUBJECT IS TO BE PAID THE DIFFERENCE BETWEEN CIA SALARY OF \$13270 AND FSR SALARY OF \$11880 TO BE PAID BY DEPT. OF STATE AND ALLOWANCES IN ACCORDANCE THEREWITH. ALL SICK AND ALL HOURS ANNUAL LEAVE TO BE TRANSFERRED TO THE DEPT OF STATE. MARITAL STATUS: MARRIED DAUGHTER - DOB: 7/27/52, SONS- DOB: 9/10/55									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL (TWINS)									
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODES		22. STATION CODE		23. INTEGREE CODE	
55		10		64700 WH		45075		1	
24. NATE		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI			
3		06 18 25							
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA	
								EOD DATA	
33. VET PREFERENCE		34. SERV. COMP DATE		35. LONG COMP DATE		36. CAREER CATEGORY		37. FEGLI / HEALTH INSURANCE	
40. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA	
CODE 1: NO PREVIOUS SERVICE 2: NO BREAK IN SERVICE 3: BREAK IN SERVICE (LESS THAN 1 YRS) 4: BREAK IN SERVICE (MORE THAN 1 YRS)						FORM EXECUTED CODE NO TAX EXEMPTIONS 1: YES 2: NO		FORM EXECUTED CODE NO TAX EXEMPTIONS 1: YES 2: NO	
SIGNATURE OR OTHER AUTHENTICATION									
POSTED 4/1/63 ZJK									

FORM 1150
11-62Use Previous
Edition29 MAR
1963

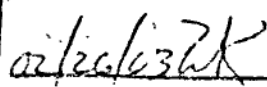
SECRET

 (SEE # 1)
 INCLUDE THE APPROPRIATE
 COMPLETION AND
 SIGNATURE

 (14-912)
 (When Filled In)

BAB: 15 FEB 63

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
055495		SHAW ROBERT T									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT AND TRANSFER TO CONFIDENTIAL FUNDS						02 17 63		REGULAR			
6. FUNDS		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY							
V TO V		3135 5700 1000		50 USC 403 J							
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP * WH BRANCH 3 MEXICO CITY, MEXICO STATION						MEXICO CITY, MEXICO					
11. POSITION TITLE						12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION			
OPS OFFICER						0418		D			
14. CLASSIFICATION SCHEDULE (GS, LO, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0136.01		14 2		13270			
18. REMARKS											
SUBJECT TO APPROVED MEDICAL CLEARANCE PRIOR TO BEING SENT OVERSEAS.											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. BIRTH CODE	25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LRI
20	10	64700 WH		45075	3	06	18 25				
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REG NO.	
NO. DA. YR.		80		1 - CSC 2 - FICA 3 - NONE				EOD DATA			
35. VET. PREFERENCE		36. SERV. COMP. DATE		37. LONG. COMP. DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.	
CODE		NO DA YR		NO DA YR		CAR DESV PROJ TEMP		CODE CODE		0 - WAIVER 1 - YES	
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA			
CODE				CODE		FORM EXECUTED CODE		NO. TAX EXEMPTIONS		FORM EXECUTED	
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		CODE NO. TAX EXEMPT STATE CODE	
SIGNATURE OR OTHER AUTHENTICATION											
POSTED 											

FORM 4-62 1150

Use Previous Edition

21 FEB 63

SECRET

 USE
 (When Filled In)

(When Filled In)

LLG: 4 JAN, 63

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
055495		SHAW ROBERT T									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT						01 04 63		REGULAR			
6. FUNDING						7. COST CENTER NO. CHARGABLE		8. CIO OR OTHER LEGAL AUTHORITY			
X						3232 1000 1000		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATION						10. LOCATION OF OFFICIAL STATION					
DOP TASK FORCE W FI/GI BRANCH						WASH., D.C.					
11. POSITION TITLE						12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION			
OPS. OFF ICER						0678		D			
14. CLASSIFICATION SCHEDULE (EX. 1A, 4A)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0136.01		14 2		13270			
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODE	22. STATION CODE	23. INTEGRAL CODE	24. HOURS CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LST			
37	10	61300 TFW	75013			06 18 25					
28. DATE EXPIRES		29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA	33. SECURITY REG. NO.		34. SER			
						EOD DATA					
35. PEF. PREFERENCE		36. SERV. COMP. DATE	37. LONG COMP. DATE	38. CAREER CATEGORY	39. FEGLI/HEALTH INSURANCE	40. SOCIAL SECURITY NO.					
41. PREVIOUS GOVERNMENT SERVICE DATA			42. LEAVE CAT CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA						
SIGNATURE OR OTHER AUTHENTICATION											
POSTED 1/15/63 WK											

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6-62Use Previous
Edition

JAN 1963

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 LAST 1
 (When Filled In)

(When Filled In)

Pte 1963 Notification
of Personnel Action

Post 1966
Fetters Rpt

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				055495	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE
SHAW, Robert T.			18 Jun 1925	M	GS-14
5. OFFICIAL POSITION TITLE			6. OFF/DIV/BR OF ASSIGNMENT	7. CURRENT STATION	
Ops Officer			DDP/WI/1	Mexico City	
8. CHECK (X) TYPE OF APPOINTMENT			9. CHECK (X) TYPE OF REPORT		
☒ CAREER ☐ RESERVE ☐ TEMPORARY ☐ CAREER-PROVISIONAL (See Instructions - Section C) ☐ SPECIAL (Specify)			☐ INITIAL ☒ ANNUAL ☐ REASSIGNMENT SUPERVISOR ☐ REASSIGNMENT EMPLOYEE ☐ SPECIAL (Specify)		
10. DATE REPORT DUE IN O.A.			11. REPORTING PERIOD (From - to)		
31 May 1965			1 June 64 - 31 March 1965		
SECTION B PERFORMANCE EVALUATION					
W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C. A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence. P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner. S - Strong Performance is characterized by exceptional proficiency. O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 Agent handling and exploitation. The management, direction and training of existing agent assets. Attention to full operational exploitation of such assets.					RATING LETTER
DEF					O
SPECIFIC DUTY NO. 2 Development and handling of new operations: target studies, spotting, assessment and recruitment of new agent assets and potentials.					RATING LETTER
DE 14 / 15					S
SPECIFIC DUTY NO. 3 Operational management and administration. Maintenance of project records, preparation of contact reports, memoranda, dispatches and cables as required.					RATING LETTER
DA 12					O
SPECIFIC DUTY NO. 4 General operational support. Liaison with PBSWING, servicing of third country requirements, management of safe houses, etc.					RATING LETTER
DD 12					P
SPECIFIC DUTY NO. 5 Intelligence reporting.					RATING LETTER
DP 41					O
SPECIFIC DUTY NO. 6 Supervision of personnel.					RATING LETTER
JCS					P
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER
16 JUN 1965					O

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

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

JUN 16 11 15 AM '65

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

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

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

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
3 June 65	Robert T. Shaw /s/	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
3 June 65	Operations Officer	David A. Phillips /s/
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
Para 2 of covering dispatch RUMT 5493 in its entirety: "COS is in complete agreement with this excellent report on Shaw and recommends that Shaw be promoted to GS-15."		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
3 June 65	COS	Winston M. Scott /s/

SECRET

No Reply

6 September 1966

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

1. Robert T. Shaw [REDACTED] is under (PCS) transfer to the position of COS, Managua, and is scheduled to depart Mexico City on or about 17 September 1966.
Shaw.
2. This memorandum is to report that [REDACTED] has continued to perform duties assigned to him at the Mexico City Station in the same exceptional manner reported in HMHT-6516 in which he was rated as outstanding for the year April 1965-April 1966. His duties have been the same as reported in HMHT-6516 and a detailed report on his performance would be a repetition of his previous report.
Shaw.
3. It is again recommended that [REDACTED] be promoted to GS-15 in view of his performance and qualifications.

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

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

Employee Number: 055495

W

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				055495	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
SHAW Robert T.		18 Jun 1925	M	GS-14	D
6. OFFICIAL POSITION TITLE		7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION	
Ops Officer		DDP/WH/1		Mexico City 12/10	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
☐ CAREER ☐ RESERVE ☐ TEMPORARY ☒ CAREER-PROVISIONAL (See Instructions - Section C)			☒ INITIAL ☐ REASSIGNMENT SUPERVISOR ☐ ANNUAL ☐ REASSIGNMENT EMPLOYEE		
SPECIAL (Specify):			SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
31 May 1966			1 April 1965 - 30 April 1966		
SECTION B PERFORMANCE EVALUATION					
W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C. A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence. P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner. S - Strong Performance is characterized by exceptional proficiency. O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 Manage Station PBRUMEN Operations Section. Supervise 3 other staff personnel (incl one GS-14) inside and one (GS-16) staff agent and contract personnel outside. Assign work responsibilities, provide operational guidances, review intelligence production and reporting, evaluate performances, etc.					RATING LETTER S
SPECIFIC DUTY NO. 2 Agent handling and exploitation. Manage agents and other operational assets working against the PBRUMEN target with particular attention to full exploitation of such assets.					RATING LETTER O
SPECIFIC DUTY NO. 3 Planning and implementation of new operations, including technical operations, against the PBRUMEN target. Spotting, assessment, development, recruiting, training, and handling new agent assets.					RATING LETTER S
SPECIFIC DUTY NO. 4 Operational management and administration. Preparation of FIR's, dispatches (including operational progress reports), cables, memoranda, contact reports, file reviews, etc., as required.					RATING LETTER O
SPECIFIC DUTY NO. 5					RATING LETTER DU 50
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER O
25 MAY 1966					

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

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

This officer possesses highly developed professional skills. He is dedicated; his work is always well done and his reports are well written.

Subject has repeatedly demonstrated that he is aware of the value of government funds which he spends as necessary but always conscientiously.

This officer is articulate in speech and in his writing. He has excellent Spanish, an essential in the position he has occupied.

This officer is an asset to KUBARK and his family are excellent representatives abroad.

Subject could assume command of a station and he would make an excellent Chief of Station in the opinion of the rating officer.

It is again recommended that this officer be promoted to GS-15.

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
21 April 1966	/s/ Robert T. Shaw	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
21 April 1966	Chief of Station	/s/ Winston M. Scott
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
I concur generally with the assessment made of Mr. Shaw and agree that Shaw has turned in a highly commendable job and is an excellent operations officer. From here and not having the advantage of on-scene observation I would have rated Shaw with straight S' and overall rating of 'Strong' as compared to 'Outstanding.' Nevertheless, I strongly endorse the COS' recommendation for promotion for Shaw.		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
10 MAY 1966	C/WR/1	W.J. Kaufman

SECRET

SECRET

Section C (Continued)

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

SECRET

SECRET
(When Filled In)

EV'S ONLY

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				055495			
SECTION A GENERAL							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD	
SLAW Robert T.			18 Jun 1925	M	GS-14	D	
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION		
Instructor Operations			CTR		ISOLATION WAC/CS		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT				
CAREER ☐ RESERVE ☐ TEMPORARY ☐			INITIAL ☐ REASSIGNMENT SUPERVISOR ☐				
CAREER-PROVISIONAL (See Instructions - Section C)			ANNUAL ☐ REASSIGNMENT EMPLOYEE ☐				
SPECIAL (Specify)			SPECIAL (Specify)				
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)				
20 July 1962			21 July 1962 - 25 January 1963				
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 abilities MUST be rated on their ability to supervise (Indicate number of employees supervised).							RATING LETTER
SPECIFIC DUTY NO. 1 Supervises a group of instructors as departmental chairman in the Operations Branch							S
SPECIFIC DUTY NO. 2 Instructs clandestine operations by lecture, seminar and practical exercises.							P
SPECIFIC DUTY NO. 3 Instructs by role-playing as agent or operations officer opposite student case officers							S
SPECIFIC DUTY NO. 4 Counsels and guides students individually.							S
SPECIFIC DUTY NO. 5 Participates in course planning and contributes to course substance.							S
SPECIFIC DUTY NO. 6 Prepares instructional presentations and materials for use in clandestine operations courses.							P
OVERALL PERFORMANCE IN CURRENT POSITION							RATING LETTER
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits, habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.							S

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

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

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

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

SECTION D

CERTIFICATION AND COMMENTS

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

SECRET

Pre 1963 Fitness Rpts

Post 1966 Training
of insurance loss.



DEPARTMENT OF STATE
FOREIGN SERVICE INSTITUTE
WASHINGTON

June 28, 1966

Dear Mr. Shaw:

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

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

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

Sincerely,

Evert T. Little

Evert T. Little
Chief

Extension Training Division

Mr. Robert T. Shaw
American Embassy
MEXICO

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

K. W. Wauld
10/16/66

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

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

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

INSTRUCTIONS

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

PCS DATES OF SERVICE

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

TDY DATES OF SERVICE

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

SOURCE OF RECORD DOCUMENT

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

DOCUMENT IDENTIFICATION NO. IN 99956	DOCUMENT DATE/PERIOD 9/20/66
--	--

REMARKS

PREPARED BY	☒ REPORT ANNOTATED ON SOURCE DOCUMENT	SIGNATURE Jackie E. Peringer
	DATE 9/22/66	
☒ C & E DIVISION		
☐ C & T DIVISION		

ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED

FORM 10-64 1451a USE PREVIOUS EDITIONS.

SECRET

GROUP 1
Excluded from automatic
downgrading and declassification

(4-10)

SECRET

1. NAME (Last, First, Middle)		2. DATE OF BIRTH		3. GRADE	
SEAW, ROBERT T.		27 AUGUST 1925		GS-14 4	
4. OFFICE, DIVISION, BRANCH (Overseas station and existing cover if lateral assignment)		5. PRESENT POSITION		6. EMPLOYEE EXTENSION	
DDP/WH/MEXICO CITY STATION (ODACID)		OPS OFFICER/340		FIELD	
7. PROPOSED STATION		8. PROPOSED POSITION (Title, number, grade)			
MANAGUA, NICARAGUA		COS, OPS OFFICER/0141/GS-00			
9. TYPE OF COVER AT NEW STATION		10. ESTIMATED DATE OF DEPARTURE		11. NO. OF DEPENDENTS TO ACCOMPANY	
DEPARTMENT OF STATE		1 JULY 1966		4	
12. NAME OF DEPENDENT TO ACCOMPANY		13. RELATIONSHIP		14. DATE OF BIRTH	
				MONTH YEAR	
JANET L.		WIFE		APR 27	
BARBARA L.		DAUG		JUL 52	
RICHARD W.		SON		AUG 55	
THOMAS R.		SON		AUG 55	
15. COMMENTS					
SUBJECT AND DEPENDENTS WILL TAKE PHYSICALS IN THE FIELD IN ACCORDANCE WITH THE DEPARTMENT OF STATE REGULATIONS.					
17. DATE OF REQUEST		18. SIGNATURE OF REQUESTING OFFICIAL		19. ROOM NUMBER AND BUILDING	
2 MAY 1966		Frank A. Lane WH/PERS		GH-56, Hqs.	
20. EXTENSION					
6815					
21. EVALUATION AND SIGNATURE OF APPROVING OFFICIAL					
8 July 66 75617 WH/PERS 75 55 10 52 WH, PERS					
REQUEST FOR PCS OVERSEAS EVALUATION					

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

Information Record

Robert T. Shaw

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

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

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

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

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

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

Helen Kempfer

Helen Kempfer, Head
Correspondence Program

AMERICAN EMBASSY
MEXICO, D. F.

June 3, 1965

EMBASSY MEMORANDUM

TO : All FSOs, FSSs and FSRs in Mexico City

FROM : Ralph Scarritt, ^{Kevin, Jr.} Administrative Officer

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

REF. : CA-12771 dated May 28, 1965

Following is the text of the referenced communication:

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

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

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

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

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

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

4. COMMUNICATIONS

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

16. SOLVING

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

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

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

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

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

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

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

Information Record

Robert T. Shaw

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

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

Correspondence Program

A -- 90-100 EXCELLENT	F -- BELOW 50 FAILURE
B -- 80-89 GOOD	T -- AUDITOR
C -- 70-79 FAIR	I -- INCOMPLETE
D -- 60-69 PASSABLE	W -- WITHDRAWN

Helen Kempfer
Helen Kempfer, Head
Correspondence Program

AMERICAN EMBASSY
MEXICO, D. F.

June 3, 1965

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

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

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

1. WORKING WITH PEOPLE. Basic principles.
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3. COMMUNICATIONS I. Conferences: Planning and uses. Effective use of speeches and discussion. Making one's own talk more persuasive. Problem solving. Efficient listening.

4. COMMUNICATIONS

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

16. SOLVING

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

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

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

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

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

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

SECRET

FIELD REASSIGNMENT QUESTIONNAIRE			
DO NOT COMPLETE FOR HEADQUARTERS USE ONLY			
AUTHENTICATION OF SIGNATURES AND VERIFICATION OF ITEMS 1 THROUGH 7, BELOW:			
NAME OF EMPLOYEE (true)	DATE (from item 5.1)	NAME OF SUPERVISOR (true)	DATE (from item 5.2)
Robert Shaw	14 Aug 1964	Winston M. Scott	14 Aug 1964
NAME AND SIGNATURE OF OFFICIAL AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE SIGNATURES AND VERIFY DATA IN ITEMS NOS. 1 THROUGH 7, BELOW:			DATE
Murray Benthall WH/PERS			2 Sept 1964
TO BE COMPLETED BY EMPLOYEE			
1. DATE OF BIRTH	2. GRADE	3. CURRENT POSITION TITLE AND GRADE	7A. DATE OF PCS ARRIVAL IN FIELD ON THIS TOUR
18 June 25	GS-14	Operations Officer GS-14	24 April 1963
4. SERVICE DESIGNATION (if known)	5. CURRENT STATION OR FIELD BASE		7B. EXPECTED DATE OF DEPARTURE FROM FIELD
D	Mexico City		On leave - Summer 65
6. OTHER DUTY STATIONS OR FIELD BASES DURING CURRENT TOUR			7C. EXPECTED DATE OF ARRIVAL AT HEADQUARTERS PCS
None			
8. WRITE A DESCRIPTION OF YOUR MAJOR DUTIES DURING THE CURRENT TOUR OF DUTY (see special note on Transmittal Form):			
Conduct of operations aimed at the PERUMEN target. Aquisition and management of agents; operational and intelligence reporting.			
9. PREFERENCE FOR NEXT ASSIGNMENT:			
A. WRITE A BRIEF DESCRIPTION OF THE TYPE OF WORK YOU WOULD PREFER FOR YOUR NEXT ASSIGNMENT IF IT DIFFERS FROM THAT INDICATED IN ITEM NO. 3, ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICES.			
If my request for reassignment to current Station (first preference) is approved, I would expect to continue to operate primarily against the PERUMEN target in view of the priority assigned to that effort in the current RMD for Mexico. I would like to have an opportunity to do some work in other lines, however, especially in host government penetration and possibly in Soviet/Satellite penetration. If I am to be assigned elsewhere, I would prefer not to work on PERUMEN operations to the exclusion of other operations. I would prefer to retain ODACID cover which I have been using since 1948. If transferred elsewhere, would prefer assignment as Chief of a field installation -- have twice been COB in WHD. I do not wish a HQS assignment at this time. I have already had three HQS tours.			
B. INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE IN ORDER TO INCREASE YOUR VALUE TO THE ORGANIZATION (refer to catalog of courses, if available):			
In 1963 I completed a four-year stint as an instructor at ISOLATION -- do not believe further training is in order at this time.			

SECRET

9. PREFERENCE FOR NEXT ASSIGNMENT (continued)	
C. INDICATE YOUR PREFERENCE FOR NEXT ASSIGNMENT BY INSERTING NUMBERS 1, 2 AND 3 (for 1st, 2nd and 3rd choice) IN THE BOXES BELOW:	
☐ RETURN TO MY CURRENT STATION	THIS IS BY FAR FIRST CHOICE
D. BE ASSIGNED TO HEADQUARTERS FOR A TOUR OF DUTY, WITH RESPECT TO POSSIBLE ASSIGNMENT IN HEADQUARTERS. INDICATE CHOICE OF COMPONENT:	
1ST. CHOICE <u>DOD/Field</u>	2ND. CHOICE <u>OTR/ISO</u> 3RD. CHOICE <u>DCI/Staff</u>
E. BE ASSIGNED TO ANOTHER FIELD STATION, WITH RESPECT TO POSSIBLE REASSIGNMENT TO ANOTHER FIELD STATION. INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIFIC STATION, BASED ON QUALIFICATIONS:	
1ST. CHOICE <u>Barcelona (COB)</u>	2ND. CHOICE <u>Madrid (DCOS)</u> 3RD. CHOICE <u>Sao Paulo (CNS)</u>
10. HOW MUCH LEAVE DO YOU DESIRE BETWEEN ASSIGNMENTS? INDICATE NUMBER OF WORK DAYS <u>45</u>	
11. INDICATE THE NUMBER AND AGE OF DEPENDENTS WHO WILL BE TRAVELLING OR MOVING WITH YOU:	
Wife <u>37</u>	Total dependents - <u>4</u>
Daughter <u>12</u>	
Twin sons <u>9</u>	
11A. INDICATE ANY CHANGE IN YOUR PERSONAL OR FAMILY SITUATION WHICH SHOULD BE CONSIDERED IN DETERMINING YOUR NEXT ASSIGNMENT	
Children are all of school age. In case of transfer, would prefer assignment to Station having good schools.	
12. SIGNATURE: COMPLETE ITEM NO. 8-1, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF ABOVE PORTION OF THIS FORM.	
TO BE COMPLETED BY SUPERVISOR AT FIELD STATION	
13. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE STATION, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:	
It is urged that this officer be allowed to return to Mexico City Station for a second tour. He has excellent Spanish; he has many worthwhile contacts with Mexican governmental, political and business figures not known to other Station personnel. He has excellent contacts with ODURGE (border) officials. His unique (for this Station) <u>ODACID cover</u> enables him to meet persons of interest. He knows and likes Mexico; he is in the midst of a long-range program which can best be done by continuity.	
14. SIGNATURE: COMPLETE ITEM NO. 8-2, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF THIS PORTION OF THE FORM.	
TO BE COMPLETED BY APPROPRIATE CAREER SERVICE OFFICER OR PERSONNEL OFFICER AT HEADQUARTERS	
15. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE COMPONENT TO WHICH HE IS CURRENTLY ASSIGNED, INDICATE YOUR RECOMMENDATIONS FOR HIS NEXT ASSIGNMENT AND TRAINING:	
WH Division recommends that Mr. Shaw return for a second tour of duty in Mexico City following home leave in the summer of 1965.	
16. NAME OF CAREER SERVICE OFFICER OR PERSONNEL OFFICER ROBERT D. CASHMAN C/WH/PERS DATE	SIGNATURE <i>[Signature]</i>
FOR USE OF CAREER SERVICE	
17. EMPLOYEE ☐ HAS ☐ HAS NOT BEEN NOTIFIED OF PLANNED REASSIGNMENT	18. REFERENCE DISPATCH NO. <u>90005 3759</u> CABLE NO. _____
19. TYPED OR PRINTED NAME <u>RONALD GAGE</u>	20. SIGNATURE <u>Ronald Gage</u>
21. TITLE <u>Officer ALCSPC</u>	22. DATE <u>16/16/64</u>
23. COMMENTS <u>New Tour after home leave in summer 65</u> <u>P. Hall</u>	

SECRET

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

TO:

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

EMPLOYEE SERIAL NO. 1-6	NAME OF EMPLOYEE			OFFICE/COMPONENT 29-36
	LAST (Print)	FIRST 7-26	MIDDLE	
55495	SHAW	ROBERT	T.	51

INSTRUCTIONS

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

PCS DATES OF SERVICE

TYPE OF DATA 1 - PCS (Basic) 2 - CORRECTION 3 - CANCELLATION	CODE 27	ARRIVAL			DEPARTURE			COUNTRY	CWIT 40-42
		MONTH 28-29	DAY 30-31	YEAR 32-33	MONTH 34-35	DAY 36-37	YEAR 38-39		
1	04	23	63				MEXICO	450	

TDY DATES OF SERVICE

TYPE OF DATA 1 - TDY (Basic) 2 - CORRECTION 3 - CANCELLATION	CODE 27	DEPARTURE			RETURN			AREA(S)	CWIT 46-48
		MONTH 28-29	DAY 30-31	YEAR 32-33	MONTH 34-35	DAY 36-37	YEAR 38-39		

SOURCE OF RECORD DOCUMENT

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

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

REMARKS

PREPARED BY PACIFIC DIVISION	REPORT APPROVED BY SOURCE DOCUMENT DATE 5/11/63	ABOVE DATA VERIFIED CORRECT BASED UPON SOURCE DOCUMENT CITED SIGNATURE
---------------------------------	--	---

FORM 1051a 1-63

SECRET

16-191

SECRET

VERIFIED RECORD OF OVERSEAS SERVICE

354833 JAN 25 63

TO:

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

EMPLOYEE SERIAL NO.	NAME OF EMPLOYEE			OFFICE/COMPONENT
	LAST (Print)	FIRST	MIDDLE	
55495	Shaw	Robert	T	51 24.28

INSTRUCTIONS

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

PCS DATES OF SERVICE

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

TDY DATES OF SERVICE

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

2 26 09 62 12 19 62 10 # 811

SOURCE OF RECORD DOCUMENT

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

DOCUMENT IDENTIFICATION NO.

DOCUMENT DATE/PERIOD

REMARKS

PREPARED BY

REPORT APPROVED BY
SOURCE ELEMENTAPPROVE DATA VERIFIED CORRECTLY. DATES AND SOURCE
DOCUMENT CITED

FISCAL DIVISION

DATE

SIGNATURE

FINANCE DIVISION

FORM 1451a

SECRET

16-101

CONFIDENTIAL
(when filled in)

IMPORTANT

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

MEMORANDUM OF UNDERSTANDING

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

Robert Shaw
Signature

14 February 1963
Date

ROBERT SHAW

CONFIDENTIAL

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

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

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

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

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

3. MEMBERS OF FAMILY

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

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

4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

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

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

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

CONTINUED ON REVERSE SIDE

CURRENT RESIDENCE AND DEPENDENCY REPORT

CONFIDENTIAL

(When Filled In)

3. 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 THE BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED. AMERICAN SECURITY & TRUST CO., WASH 13, D.C. — ROBERT T. & JANET LEE SHAW ACCT. # 606-10-247		
HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? ☒ YES ☐ NO. (If "Yes" where is document located?) AMONG PERSONAL EFFECTS		
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 EXECUTED A POWER OF ATTORNEY? ☐ YES ☒ NO. (If "Yes", who possess the power of attorney?)		
4. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS		
SIGNED AT: NPS. DATE: 14 Feb 1963 SIGNATURE: R. Shaw		

CONFIDENTIAL

SECRET

ASD

Supplement to Staff Employee Personnel

Action for Integration of Robert T. Shaw

Effective 27 March 1961

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

1. As an employee of this organization, at the present grade and salary of GS-14 \$13,270. per annum, you will accept **cover** employment with another instrumentality of the Government (hereinafter referred to as "**your cover facility**") effective as of 27 March 1961. You will, insofar as consistent with your basic responsibility to this organization, abide by all the rules, regulations, practices and policies of your **cover facility**; in order to appear as a conventional member of that establishment. Your appointment to your **cover facility** is being effected at PBR-4 and salary of \$11,800. per annum. You are prohibited, except as specifically authorized herein, from retaining emoluments paid **by your cover facility**.

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

SECRET

SECRET

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

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

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

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

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

c. Consistent with **your cover activity**, you will continue to be responsible for compliance with the rules and regulations of this organization.

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

SECRET

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

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

UNITED STATES GOVERNMENT

BY Rose Marie Corrado
Personnel Office

ACCEPTED:

Robert T. Shaw
Robert T. Shaw

Pre 1963 Training &
related loss.

Medical clearances

Pre 1963 Documents
(application forms,
awards, PHS supplements)

TELEPHONE REQUEST FOR RECORDS OR INFORMATION NATIONAL PERSONNEL RECORDS CENTER, TCPS 111 Minnebago Street St. Louis, MO 63118		DATE OF REQUEST 6-9-78		EMPLOYEE'S INITIALS [Handwritten initials]	
CAUTION: Complete all items Former Federal Employee informed of Privacy Act compliance requirements per instructions in NPRC-1067.43.		DATE OF BIRTH MONTH: 6 DAY: 18 YEAR: 25		SOCIAL SECURITY NUMBER 268 280 199	
CURRENT NAME (Last, first, middle) SHAW, ROBERT T.		NAME UNDER WHICH FORMERLY EMPLOYED FEDERALLY (if different than current name)			
PREVIOUS FEDERAL EMPLOYMENT					
AGENCY AND BUREAU	LOCATION	FROM	TO		
WAR DEPT	PATTERSON H7B	Summer 1941	86-42 ✓		
STATE DEPT		1952	3-17-73 ✓		
RECORDS OR INFORMATION REQUESTED ☒ OFFICIAL PERSONNEL FOLDER ☒ Forward to requesting agency. ☐ Deliver to information desk for review by Federal Agent. ☐ Deliver to the appropriate Correspondence Unit Supervisor for review by employee. ☐ STATEMENT OF SERVICE ☐ Mail to requester. ☐ Deliver to information desk. ☐ FEDERAL EMPLOYEES GROUP LIFE INSURANCE ☐ Prepare and furnish duplicate original SF-56. ☐ Furnish SF-56. ☐ CALL BACK (Specify information wanted below).			RECORDS OR INFORMATION SENT ☒ Folder enclosed. 6-13-78 RA ☐ Folder was sent to your agency on ☐ Folder forwarded in place of information requested. Retain if person is rehired. ☐ Folder not received. Suggest you contact last employing office. ☐ Folder not located. Suggest further search in your agency. If still unlocated, verify correctness of name, and furnish date forwarded and several names of other folders in same shipment. ☐ Folder believed in custody of following agency. Original of your request sent to that agency for action.		
TELEPHONE: ☐ ST ☒ COMMERCIAL/HOME 351-6144		NAME OF CALLER: MR. HENDRICKS			
REMARKS:					

CIA
 PERSONNEL OFFICE
 WASHINGTON, D.C.
 20505

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

GENERAL SERVICES ADMINISTRATION

GSA FPMR 6895

PERSONNEL FILES SECTION, DEPARTMENT OF STATE.

SHAW, ROBERT T. 06-18-25
 168-38-0199

Date: 1/23/79

MEMORANDUM FOR: Sup. Gr., ROB
SUBJECT : Request for Estimate of Annuities

JB
86

1. Please provide estimate of annuities for:

Name: Robert T Shaw

Grade: GS-16

Component: IG

DOB: 06 18 25

SCD: 09 02 46

System: CDRDS

ETR: 11 Jan 1958

2. Remarks: OP FILE ATTACHED ROBEKEDW

COULD NOT FIND CDRDS FILE

JOHN McGUIRE
Counselor, ROB/RAD

CONFIDENTIAL (when filled in)

FORM DS 1037

11-63
Department of State
Form DS 1037, 11-63

NOTIFICATION OF PERSONNEL ACTION

JOURNAL NUMBER

SERVICE

FS

1 NAME (LAST, FIRST, MIDDLE)		MR MISS MRS		2 EMPLOYEE NO & SEX	3 BIRTH DATE (MM-DD-YY)	4 SOCIAL SECURITY NO
SHAW ROBERT T		MR		539700 M	06-12-25	268-28-0199
5 OFFICIAL POSITION	6 PAY GRADE	7 PAY RATE	8 PAY BAND	9 PAY BAND	10 PAY BAND	11 PAY BAND
2	(3)	06	08-28-48	00		
9 FICU	10 COVERED	11 PAYABLE	12 ADDED	13 PAYMENT	14 PAYMENT	15 PAYMENT
1				1	05-65	
12 NATURE OF ACTION				13 EFFECTIVE DATE	14 CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
317 RESIGNATION				03-17-73		
15 FROM POSITION TITLE AND NUMBER				16 PAY PLAN AND OCCUPATION CODE	17 GRADE	18 SALARY
S-00000-00 REASSIGNMENT				FR-97072	03	PA\$29,462.00
DE -						
19 NAME AND LOCATION OF EMPLOYING OFFICE						
DEPARTMENT OF STATE, WASHINGTON, D. C. 20520						
MISCELLANEOUS ASSIGNMENTS						

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

26 DUTY STATION		27 LOCATION CODE	28 APPOINTMENT NUMBER	29 STATE
WASHINGTON DC			110010001	AZ
27 ADDRESS		28 APPOINTMENT NUMBER	29 STATE	
0113.0-1097-298600-000		2		

30 REMARKS		31 SIGNATURE		32 DATE	

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

REASON: PERSONAL - NO OTHER INFORMATION AVAILABLE

FINAL PAYMENT TO BE MADE BY THE DEPARTMENT

FGLI COVERAGE-REGULAR ONLY

MR. ROBERT T. SHAW
3715 ACOSTA ROAD
FAIRFAX, VIRGINIA 22030

33 DATE OF APPOINTMENT ACTION		34 SIGNATURE		35 DATE	
				03-21-73	
36 OFFICE MAILING ADDRESS FOR PERSONNEL FILES		37 OFFICE MAILING ADDRESS FOR PERSONNEL FILES			
38 CODE EMPLOYING DEPARTMENT OR AGENCY		39 DATE			
XXXX DEPARTMENT OF STATE		DIRECTOR GENERAL			
ST00		SUBMITTING OFFICE NO 2951			

2 PERSONNEL FILES

Form 09-1081

(3) Approved by HR 101 approved by
101 and 102 of 10 July 1967

REQUEST FOR PERSONNEL ACTION

1105

PART I. REQUESTING OFFICE (to be completed by the requesting office)

A. DATE OF REQUEST 3/14/73		B. PROPOSED EFFECTIVE DATE		C. REQUEST NUMBER		D. SERVICE FS		E. MGT/PS/TRANS MGT/PS/TRANS	
1. NAME (Last, First, Middle) SHAW, ROBERT T. MR.				2. EMPLOYEE NO. / SSN 539700 M		3. BIRTH DATE 2/1/27		4. SOCIAL SECURITY NO. 268-28-0199	
7. KIND OF ACTION REQUESTED (1) PERSONNEL (Specify appropriate management requirement in 1)						RIF CODE		G. POSITION SKILL CODES	
12. POSITION (Specify position name, selected on 1)						H. POSITION VACATED 1. Release Period 2. Unpaid 3. Absent			
5. VETERAN PREFERENCE 1. NO 2. 5 PT 3. 10 PT DISAB 4. 10 PT COMP 5. 10 PT OTHER		6. TENURE CODE		7. SERVICE COMP DATE		8. PHYSICAL HANDICAP CODE			
9. FEEL 1. COVERED 2. INELIGIBLE 3. WAIVED		10. RETIREMENT 1. CS 2. PCS		11. PS 1. NONE 2. OTHER		10A. MO & YR OF GRADE		11. (For CM only)	
12. NATURE OF ACTION 317 RESIGNATION				13. EFFECTIVE DATE (M/D/Y) 03-17-73		14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY			

15. FROM POS NO. S-00000-00		POSITION TITLE FOREIGN SERVICE RESERVE OFFICER		16. PAY PLAN AND OCCUPATION CODE FR-7072		17. GRADE OR LEVEL 03		18. SALARY pa\$ 2142	
19. ORGANIZATION DESIGNATION MISCELLANEOUS ASSIGNMENTS									

20. TO POS NO.		POSITION TITLE		21. PAY PLAN AND OCCUPATION CODE		22. GRADE		STEP		23. SALARY		24. ORGANIZATION DESIGNATION	
OPL CODE										NEXT PD DUE			

25. DUTY STATION (If any other) WASHINGTON, D. C.				26. LOCATION CODE			
27. APPROBATION COXA 0113.0-1097-298600-000				28. POSITION OCCUPIED 1. COMPETITIVE SERVICE 2. EXCEPTED SERVICE		29. APPOINTMENT POSITION FROM TO STATE	

1. REMARKS (If applicable, any adverse additional modified reasons for resignation)

REASON: PERSONAL - No additional information available.

ADDRESS: 3715 Acosta Road
Fairfax, Virginia 22030.

3. REQUESTED BY SIGNATURE TITLE CA/FS/EUR - Barbara B. Prather			4. REQUEST APPROVED BY SIGNATURE TITLE CA/FS/EUR - Charles R. Stout, Chief		
PART II. TO BE COMPLETED BY PERSONNEL OFFICE (If no change from data in PART I above, also to be completed)					
1. CLEARANCE		INITIALS OR SIGNATURE		DATE	
(1)				MAR-15-1973	
(2) CELL OR POS CONTROL					
(3) CLASSIFICATION					
(4) EMPLOYMENT					
(5)					
(6) APPROVED BY					
1. CLEARANCE		INITIALS OR SIGNATURE		DATE	
(1)					
(2) CELL OR POS CONTROL					
(3) CLASSIFICATION					
(4) EMPLOYMENT					
(5)					
(6) APPROVED BY					

PART III. TO BE COMPLETED BY EMPLOYEE

RESIGNATION IMPORTANT: NOTE TO EMPLOYEE: Your resignation must be submitted to your supervisor. Do not submit resignation to HR or to the Public Personnel Bureau.

I RESIGN FOR THE FOLLOWING REASONS:

RECEIVED

15 MAR 1973 PM 8.49

DEPARTMENT OF STATE

INTEREST: ATTENTION: PERSONNEL
VOLUNTARY: DATE: VOLUNTARY: 10/10/73

REASON: RESIGNATION - NO VOLUNTARY: 10/10/73 (10/10/73)

THE EFFECTIVE DATE OF MY RESIGNATION WILL BE

10/10/73 - 10/10/73

(Signature)

PART IV. SEPARATION DATA

FOR MAIL COMMUNICATIONS INCLUDING SALARY CHECKS AND BONDS TO THE FOLLOWING ADDRESS

(Name)

(City)

(State)

(Zip)

PART I. (Continued)

WE NAME THE RESIGNING OFFICE

3/19/73

SHAW, ROBERT T

SHAW, ROBERT T

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

NOT ENROLLED IN HEALTH BENEFITS PLAN

ADDRESS:

3715 ACOSTA ROAD
FAIRFAX, VIRGINIA 22030

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

MSB

100 000 000 000



DEPARTMENT OF STATE

Washington, D.C. 20520

March 9, 1973

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

Dear Mr. Secretary:

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

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

Sincerely,

Robert T. Shaw

Robert T. Shaw

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

**IMPORTANT
AGENCY INSTRUCTIONS
ON BACK OF ORIGINAL**

TO COMPLETE THIS FORM—

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

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

NAME (last)	(first)	(middle)	DATE OF BIRTH (month, day, year)	SOCIAL SECURITY NUMBER
SHAW	ROBERT	TYLER	JUNE 18, 25	268 28 0199
EMPLOYING DEPARTMENT OR AGENCY			LOCATION (City, State, ZIP Code)	
STATE - FOREIGN SERVICE			EMBASSY, MANAGUA	

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

Mark here
if you
WANT BOTH
optional and
regular
insurance



ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE

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

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



DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE

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

Mark here
if you
WANT NEITHER
regular nor
optional
insurance



WAIVER OF LIFE INSURANCE COVERAGE

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

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

SIGNATURE (do not print)

Robert Shaw

DATE

February 9, 1968

FOR EMPLOYING OFFICE USE ONLY

(official receiving date stamp)

February 9, 1968

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

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

STANDARD FORM NO. 170-1
REVISED 1968
GSA GEN. REG. NO. 27 1968
(78-101)

Standard Form No. 200
REVISED 10-2-58
5-1440-0000

HEALTH BENEFITS REGISTRATION FORM

U.S. FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959

6438716

Old Carrier's Control No.

TO EMPLOYING OFFICE: SHOW OLD CARRIER'S CONTROL NO. ONLY IF PREVIOUSLY IN PLAN
CANCEL ENROLLMENT OR TO CHANGE OPTION OR TYPE OF ENROLLMENT IN THE SAME PLAN

PART A

ALL WHO
REGISTER
MUST FILL
IN THIS
PART.

1. NAME (LAST) (FIRST) (MIDDLE INITIAL) DATE OF BIRTH (Month, Day, Year)
SHAW ROBERT T. 6 18 25

2. YOUR MAILING ADDRESS (ST. NUMBER AND STREET) (CITY AND STATE AND ZIP CODE) (STATE)

3. ARE YOU NOW MARRIED?

YES ☒ 1
NO ☐ 2

4. SEX

MALE ☐ 1
FEMALE ☐ 2

IMPORTANT

IT IS ESSENTIAL FOR AN EMPLOYEE OR A MEMBER OF HIS FAMILY TO BE COVERED UNDER ONLY ONE ENROLLMENT. IF YOU ARE ALREADY COVERED THROUGH THE ENROLLMENT OF ANOTHER FEDERAL OR DISTRICT OF COLUMBIA EMPLOYEE OR ANNUITANT YOU MUST ENROLL WITH THAT EMPLOYER OR ANNUITANT. IF YOU ARE ALREADY COVERED THROUGH AN ENROLLMENT OF ANOTHER EMPLOYEE OR ANNUITANT, YOU CANNOT ENROLL WITH THIS EMPLOYER OR ANNUITANT. IF YOU ARE ALREADY COVERED THROUGH AN ENROLLMENT OF ANOTHER EMPLOYEE OR ANNUITANT, YOU CANNOT ENROLL WITH THIS EMPLOYER OR ANNUITANT. IF YOU ARE ALREADY COVERED THROUGH AN ENROLLMENT OF ANOTHER EMPLOYEE OR ANNUITANT, YOU CANNOT ENROLL WITH THIS EMPLOYER OR ANNUITANT.

PART B

FILL IN THIS
PART IF YOU
WISH TO EN-
ROLL OR CHANGE
YOUR ENROLL-
MENT IN A
HEALTH BENEFITS
PLAN.

If enrollment
is for self only,
answer item 1.
If enrollment
is for self and
family, also
answer item 2
and item 3 if
it applies.

IF YOU ARE
CHANGING YOUR
ENROLLMENT,
ALSO FILL IN
PART D.

1. I wish to enroll in a health benefits plan as shown below. I authorize the plan to obtain information from me and from my family members to determine my eligibility for the plan and to determine the amount of my contribution to the plan.

NAME OF PLAN	OPTION (HIGH OR LOW)	ENROLLMENT CODE (SEE INSTRUCTIONS)

2. To whom below list all eligible family members without exception. List your wife or husband first, then your unmarried children under age 19 (include adopted children, and stepchildren and illegitimate children who are with you in a regular parent-child relationship. Include stepchildren who are over 19 who became dependent before age 19 and who, because of the disability, is incapable of self support. Attach a doctor's certificate for a disabled child age 19 or over, if one is not already on file.)

NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)	RELATIONSHIP TO EMPLOYEE	DATE OF BIRTH (Month, Day, Year)
Wife or Husband	1		6
	2		7
	3		8
	4		9
	5		10

3. If you are a female employee or annuitant, does the family plan above include a dependent who is incapable of self support because of a physical disability which can be reported to employers for those states that require it? (See instructions.) 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 2, WHICHEVER APPLIES.

1. I elect NOT TO ENROLL IN A PLAN UNDER THE FICA HEALTH BENEFITS REGISTRATION ACT. ☒

2. I elect TO CANCEL MY PREVIOUS ENROLLMENT UNDER THE FICA HEALTH BENEFITS REGISTRATION ACT. ☐

PART D

FILL IN THIS
PART, AS WELL
AS PART B, TO
CHANGE YOUR
ENROLLMENT.

1. I wish to change my enrollment from the plan shown below to the plan shown below.

NAME OF PLAN	OPTION (HIGH OR LOW)	ENROLLMENT CODE (SEE INSTRUCTIONS)

2. DATE OF EVENT WHICH CAUSED CHANGE: MONTH DAY YEAR

PART E

ALL WHO
REGISTER
MUST FILL
IN THIS PART.

Signature: Robert Shaw Date: Mar 27, 1963

PART F

TO BE
COMPLETED
BY AGENCY.

Department of State
Washington 25, D. C.
Personnel Operations Division
John G. McKay

3/28/63 3/31/63

19-00-0001

REMARKS
PAGE ONE ONLY
TO BE COMPLETED
BY AGENCY

Mar 27-63
Personnel Operations Division
John G. McKay

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

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

INFORMATION CONCERNING THE INSURED:

NAME (Last) (First) (Middle) DATE OF BIRTH (Month, day, year)
SHAW ROBERT TYLER JUNE 18, 1925

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

☒ **AM EMPLOYEE** ☐ **RETIRED OR AN APPLICANT FOR RETIREMENT** ☐ **RECEIVING FEDERAL EMPLOYEES' COMPENSATION BENEFITS OR AN APPLICANT FOR SUCH BENEFITS**

IF YOU ARE RETIRED OR RECEIVING FEDERAL EMPLOYEES' COMPENSATION BENEFITS, GIVE YOUR "CSA," "CSL," OR "X" NUMBER

(CSA or CSL or X number)

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

DEPT. OF STATE

ARA

WASH 25, D.C.

(Department or agency)

(Bureau)

(Division)

(Location—City and State)

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

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
JANET LEE SHAW	909 N. CAMPBELL AVE. TUCSON, ARIZONA	WIFE	ALL

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

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

Mar 27, 1963

(Date of execution—month, day, year)

Robert T. Shaw

(Signature of insured)

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

<i>[Signature]</i> (Signature of witness)	1114 Ellen Ave. (Number and street)	Falls Church, Va. (City, zone number, and State)
<i>[Signature]</i> (Signature of witness)	2114 P. St. N.E. (Number and street)	Wash. D.C. (City, zone number, and State)

PRINT OR TYPE NAME AND ADDRESS OF INSURED

Robert T. Shaw

909 Campbell Ave.
Tucson, Ariz.

THIS SPACE RESERVED FOR RECEIVING AGENCY

PER/END

MAR 27 1963

(Indicate date and be above initials)

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

EXAMPLES OF DESIGNATIONS

How To Designate One Beneficiary

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

How To Designate More Than One Beneficiary

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

How To Designate A Contingent Beneficiary

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

How To Cancel A Designation Of Beneficiary So That Amount Due Will Be Payable As Provided In The Law

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

*The first name must be M. E. Brown or be Mrs. John M. Brown.
**The share must be paid to the several beneficiaries and up to 100 percent.

DESIGNATION OF BENEFICIARY

**UNPAID COMPENSATION OF
DECEASED CIVILIAN EMPLOYEE**

IMPORTANT

Read instructions
on back of duplicate
before filling in this form

INFORMATION CONCERNING THE EMPLOYEE:

NAME— (Last)	(First)	(Middle)	DATE OF BIRTH (Month, day, year)
SHAW	Robert	Tyler	6-18-25

DEPARTMENT OR AGENCY IN WHICH EMPLOYED

Department of State

Foreign Service

Mexico City

I, the employee identified above, canceling any and all previous Designations of Beneficiary heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any UNPAID COMPENSATION due and payable under existing law after my death. I understand that this Designation of Beneficiary relates solely to Unpaid Compensation as defined in section 2 of the act of August 8, 1950, Public Law 630, and in no wise will affect the disposition of any benefit which may become payable under the Retirement Act applicable to my Government service. I further understand that this Designation of Beneficiary will remain in full force and effect, unless or until canceled by me in writing, so long as I am continuously employed in the above department or agency.

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
JANET LEE SHAW	909 N. CAMPBELL AVE. TUCSON, ARIZONA	WIFE	ALL

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

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

3-27-63

(Date of execution - month, day, year)

Robert T. Shaw

(Signature of employee)

WITNESSES TO SIGNATURE:

Maddie Little

(Name of witness)

1114 Ellen Ave.

(Number and street)

Elks Church, Va

(City, town number, and State)

Ursula B. Shice

(Signature of witness)

216 E. ST. NW

(Number and street)

Wash D.C.

(City, town number, and State)

PRINT OR TYPE NAME AND ADDRESS OF EMPLOYEE

Robert T. Shaw

909 Campbell Ave
Tucson, Arizona

**THIS SPACE RESERVED FOR RECEIVING DATA
OF EMPLOYING AGENCY**

PER/EMO

MAR 27 1963

(Indicate date and by whom received)

DELIVER BOTH COPIES TO THE PROPER OFFICE OF YOUR AGENCY-ORIGINATOR WILL BE NOTED AND RETURNED

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

EXAMPLES OF DESIGNATIONS

How To Designate One Beneficiary

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

How To Designate More Than One Beneficiary

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

How To Designate A Contingent Beneficiary

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

How To Cancel A Designation Of Beneficiary So That Amount Due Will Be Payable As Provided In The Law

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

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

**Be sure that the share to be paid to the named beneficiary add up to 100 percent.

Standard Form No. 2800 CHAPTER I - FPMR 5 GAO 5000		HEALTH BENEFITS REGISTRATION FORM FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959 (Part I) (Print or type in block of last page. Use only hyphen or hyphenation.)				153281																														
PART A ALL WHO REGISTER MUST FILL IN THIS PART.	1 NAME (Last, first, middle initial)	SHAW ROBERT T.		2 DATE OF BIRTH (Month, day, year)	6	18	25																													
	4 YOUR MAILING ADDRESS (Number, street, city and zone number, state)	BOX 1447, WILLIAMSBURG, VA.		5 Are you now married?	YES	X	1																													
	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		7 Place an "X" in proper box to show your annual basic salary range.	UNDER \$4,000	1	\$4,000 TO \$9,999	2																												
PART B FILL IN THIS PART IF YOU WISH TO EN- ROLL 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 premium. (Copy the information requested below from inside cover of brochure of the plan you select.)				NAME OF PLAN																															
	2. In space below list all eligible family members without exception. List your wife or husband first. If you are unmarried, list your dependent child first. Include illegitimate children who live with you in a regular parent-child relationship. Include children who are under age 19 and who, because of the disability, are incapable of self-support. (Attach a doctor's certificate for a disabled child age 19 or over.)				OPTION (HIGH OR LOW)																															
	<table border="1"> <thead> <tr> <th>NAMES OF FAMILY MEMBERS</th> <th>DATE OF BIRTH (Month, day, year)</th> <th>NAMES OF FAMILY MEMBERS</th> <th>DATE OF BIRTH (Month, day, year)</th> </tr> </thead> <tbody> <tr> <td>Wife or Husband</td> <td>1</td> <td></td> <td>2</td> </tr> <tr> <td></td> <td>3</td> <td></td> <td>4</td> </tr> <tr> <td></td> <td>5</td> <td></td> <td>6</td> </tr> <tr> <td></td> <td>7</td> <td></td> <td>8</td> </tr> <tr> <td></td> <td>9</td> <td></td> <td>10</td> </tr> </tbody> </table>				NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, day, year)	NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, day, year)	Wife or Husband	1		2		3		4		5		6		7		8		9		10	<table border="1"> <thead> <tr> <th>EMPLOYMENT STATUS</th> <th>PLAN</th> <th>COVERAGE</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			EMPLOYMENT STATUS	PLAN	COVERAGE		
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Wife or Husband	1		2																																	
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	5		6																																	
	7		8																																	
	9		10																																	
EMPLOYMENT STATUS	PLAN	COVERAGE																																		
3. If you are a female (employee or annuitant), does the family listed above include a husband who is incapable of self-support by reason of mental or physical disability which can be expected to continue for more than one year? (If answer is "Yes," attach a doctor's certificate.)				YES																																
PART C FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CANCEL YOUR ENROLLMENT.	1. I elect not to enroll in any plan under the Health Benefits Act.				2. The reason for my election is (Place an "X" in proper box):																															
	2. I elect to cancel my present enrollment under the Health Benefits Act.				(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. I wish to change my enrollment from plan _____ to plan _____.				2. I wish to change my enrollment from plan _____ to plan _____.																															
	3. I wish to change my enrollment from plan _____ to plan _____.				4. I wish to change my enrollment from plan _____ to plan _____.																															
PART E ALL WHO REGISTER MUST FILL IN THIS PART.	1. NAME AND ADDRESS OF EMPLOYER'S OFFICE				2. DATE RECEIVED BY EMPLOYER'S OFFICE																															
	3. NAME AND ADDRESS OF EMPLOYEE'S OFFICE				4. DATE RECEIVED BY EMPLOYEE'S OFFICE																															
PART F TO BE COMPLETED BY AGENCY.	1. NAME AND ADDRESS OF EMPLOYER'S OFFICE				2. DATE RECEIVED BY EMPLOYER'S OFFICE																															
	3. NAME AND ADDRESS OF EMPLOYEE'S OFFICE				4. DATE RECEIVED BY EMPLOYEE'S OFFICE																															
REMARKS FOR USE ONLY BY ASSISTANTS AND AGENCY.																																				

Standard Form No. 2800 CHAPTER 1-11 PM 6 GAO 1-10		HEALTH BENEFITS REGISTRATION FORM FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959 (Part 1) Returns on back of last page. Use only November 1960.		CAUTION: FORM NO. 153281	
PART A ALL WHO REGISTER MUST FILL IN THIS PART.	1. NAME (LAST) FIRST INITIAL SURNAME		2. DATE OF BIRTH (This number)		3. Are you now married?
	SHAW ROBERT T.		MONTH DAY YEAR 6 19 25		YES ☒ NO ☐
	4. YOUR MARITAL ADDRESS (NUMBER AND STREET) (CITY AND ZIP NUMBER) (STATE)		5. SEX		6. Are you covered by, or is any family member listed below covered by, 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)?
BOX 1447, WILLIAMSBURG, VA.		MALE ☒ FEMALE ☐		7. Place an "X" in proper box to show your annual basic salary	
YES ☐ NO ☒		UNDER \$4,000 ☐ \$4,000 TO \$9,999 ☒ \$10,000 OR OVER ☐			
PART B FILL IN THIS PART IF YOU WISH TO EN- ROLL 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		COST (HIGH OR LOW)		EMPLOYER'S SHARE (PERCENT)
2. In space below list all eligible family members without exception. List your wife or husband first, then your unmarried children under age 19, including legally adopted children, and dependent children. If you are a female, list your husband with you in a separate section. 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)	NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)	
Wife or Husband		1			6
		2			7
		3			8
		4			9
		5			10
3. If you are a female (employee or annuitant)—does the family listed above include a husband who is incapable of self-support by reason of mental or physical disability which can be expected to continue for more than one year? (If answer is "Yes," attach a doctor's certificate.) YES ☐ NO ☒					
PART C FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CHANGE YOUR ENROLLMENT.	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. I want to change my enrollment as follows: (a) I want to enroll in the _____ plan. (b) I want to change my enrollment from _____ to _____.				
	2. I want to change my enrollment as follows: (a) I want to enroll in the _____ plan. (b) I want to change my enrollment from _____ to _____.				
PART E ALL WHO REGISTER MUST FILL IN THIS PART.	1. SIGNATURE OF EMPLOYEE OR ANNUITANT				
	Robert T. Shaw June 29, 1960				
PART F TO BE COMPLETED BY AGENCY.	2. NAME AND ADDRESS OF EMPLOYER OR ANNUITANT		3. DATE RECEIVED BY EMPLOYER OR ANNUITANT		4. EFFECTIVE DATE OF ENROLLMENT
REMARKS FOR USE ONLY BY AGENTS AND AGENT.					

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

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

INFORMATION CONCERNING THE INSURED:

NAME (Last) (First) (Middle) DATE OF BIRTH (Month, day, year)
SHAW ROBERT TYLER JUNE 18, 1925

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

Dept. of State FS PER/POD
(Department or agency) (Bureau) (Division)

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

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:

Name or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
JANET LEE RUGGLES SHAW	3000 N. OAKLAND, ARLINGTON, VA.	WIFE	100%

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

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

MAY 17, 1956
(Date of execution - month, day, year)

Robert T. Shaw
(Signature of insured)

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

James B. Shaw 823 22nd St. N.W. Wash. D.C.
(Signature of witness) (Number and street) (City, zone number, and State)

Michael A. Shaw 2150 Penn. Ave. N.W. D.C.
(Signature of witness) (Number and street) (City, zone number, and State)

PRINT OR TYPE NAME AND ADDRESS OF INSURED

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

THIS SPACE RESERVED FOR RECEIVING AGENCY

5-17-56

PER/POD

(Indicate date and by whom received)

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

EXAMPLES OF DESIGNATIONS

HOW TO DESIGNATE ONE BENEFICIARY

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

HOW TO DESIGNATE MORE THAN ONE BENEFICIARY

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

HOW TO DESIGNATE A CONTINGENT BENEFICIARY

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

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

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

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

FEDERAL PAY ADJ.EX.ORDER 11691 DEC.15,1972 EFF. JAN.7,1973

PREPARED CN 01/17/73
DATA AS OF 01/07/73

NEW NAME	SOC SEC NUMBER	NEW ORG-CD	NP	NR	PAY STEP	OLD SALARY	NEW SALARY
SHAW ROBERT T	268280199	298600	FR	03	07	2802200	2946200

 DEPARTMENT OF STATE PERSONNEL ACTION AND AUTHORIZATION OF OFFICIAL TR. Applicable Regulations: 6 FAM 100 & FM 1 510.4														
You are hereby authorized to perform official travel at Government expense as indicated herein. Unless otherwise noted, all expenses and the maximum per diem under the regulations are authorized. Unless otherwise noted, shipment of effects is authorized from station of origin to station of destination if allowances are shown in item 15.														
1. NAME, ADDRESS AND EMPLOYMENT TITLE		2. EMPLOYEE NUMBER	3. AUTHORIZATION NUMBER											
SHAW, ROBERT T AMERICAN EMBASSY TEGUCIGALPA, HONDURAS		533700	3-60799											
		4. SOCIAL SECURITY NUMBER												
		268-28-0199												
		5. CLASS	6. AUTHORIZATION DATE											
		R-03	JULY 18, 1972											
7. NEW POSITION TITLE, NUMBER AND OCCUPATION CODE		7072 ()	8. DO NOT START TRAVEL PRIOR TO											
FOREIGN SERVICE RESERVE OFFICER		S-00000-00(P)												
9. ACCOUNTING CLASSIFICATION: The coding A through E must be shown on all documents issued under this authority and must appear on all vouchers, invoices, etc.														
<table border="1"> <thead> <tr> <th>A. FUND</th> <th>B. ALLOTMENT</th> <th>C. OBLIGATION NUMBER</th> <th>D. ORGANIZATION CODE</th> <th>E. FUNCTION</th> </tr> </thead> <tbody> <tr> <td>1930113</td> <td>2025</td> <td>360799</td> <td>298000</td> <td>52-23</td> </tr> </tbody> </table>					A. FUND	B. ALLOTMENT	C. OBLIGATION NUMBER	D. ORGANIZATION CODE	E. FUNCTION	1930113	2025	360799	298000	52-23
A. FUND	B. ALLOTMENT	C. OBLIGATION NUMBER	D. ORGANIZATION CODE	E. FUNCTION										
1930113	2025	360799	298000	52-23										
10A. STATION OF ORIGIN		10B. LOCATION CODE		11. OBJECT										
TEGUCIGALPA, HONDURAS		0113.0-2081		2099										
12. STATION OF DESTINATION		13. AMOUNT												
WASHINGTON, D.C. (CA)														
14. QUARTERS AVAILABLE		15. ALLOWANCES FOR SHIPMENT AND/OR STORAGE OF HOUSEHOLD EFFECTS (SEE WEIGHT)		16. FOREIGN MOTOR VEHICLE										
1. UNKNOWN 2. UNFURNISHED 3. FURNISHED 2		A. SHIPPED SHIPMENT 00000 B. TOTAL ALLOWANCE 13000		A. SHIPMENT AUTHORIZED 1. YES 2. NO 2										
17. NUMBER OF DEPENDENTS		18. EXCESS BAGGAGE (For air travel)		19. TOTAL NUMBER OF TRAVEL DAYS AUTHORIZED BY THIS AUTHORIZATION INCLUDING THOSE WITHOUT PER DIEM UNDER THIS AUTHORIZATION AND AMENDMENTS										
A. ADULTS 4 B. CHILDREN 0		A. EXCESS BAGGAGE (For air travel) 000		B. TRAVELING (CALENDAR DAYS) 000										
THIS SECTION FOR PERSONNEL ACTION ONLY. When completed for permanent change of station, this document constitutes a valid personnel action for transfer between posts. DO NOT USE FOR R. T. HOME LEAVE OR FIELD AMENDMENTS.														
20. SALARY		21. SALARY APPROPRIATION AND ALLOTMENT		22. DATE OF RECOMPUTATION										
BA \$ 28,022		0113.01027		728 10-15-72										
23. SPECIAL INSTRUCTIONS, SPECIAL AUTHORIZATION, AND REMARKS		24. DATE												
		1070XXXX												
I HAVE 17 CONSIDERABLE EXPERIENCE AT TUCSON, ARIZONA AND TRANSFER. THE PERSONAL AND HOUSEHOLD EFFECTS OF THIS EMPLOYEE AND MEMBERS OF HIS FAMILY ARE ELIGIBLE FOR DUTY-FREE ENTRY UNDER ITEM 317.00 OF THE TARIFF SCHEDULE OF THE U. S. REMOVAL OF EFFECTS FROM STORAGE AT BALTIMORE, MARYLAND WHERE STORED UNDER T.A. 2-19303-3252 AND SHIPMENT TO WASHINGTON, D.C. AUTHORIZED. REMOVAL OF EFFECTS FROM STORAGE AT MEXICO CITY, MEXICO WHERE STORED UNDER T.A. 2-95952-0011 AND SHIPMENT TO WASHINGTON, D.C. AUTHORIZED. AUTHORITY FOR STORAGE OF EFFECTS AT GOVERNMENT EXPENSE ISSUED PRIOR TO THE DATE OF THIS AUTHORIZATION WILL TERMINATE THREE MONTHS AFTER YOUR ARRIVAL AT STATION OF DESTINATION. TOUR OF DUTY OF FOUR YEARS (SUBJECT TO THE NEEDS OF SERVICE). DEPENDENTS: W/JANET; D/BARBARA 7/27/52; S/RICHARD 9/10/55; S/THOMAS 9/10/55														
25. EFFECTIVE DATE		26. AUTHORIZING OFFICER												
08/72		10/72												
27. AUTHORITY FOR TRAVEL (SEE 101.10)														
TEGUCIGALPA/TUCSON, ARIZONA/ WASHINGTON, D.C.														
28. TRAVEL AND TRAVELER														
A. OFFICE		B. OFFICE												
CA/ES/EUR		CRSOUT/REBATHED												
29. DATE		07/17/72												
		GBS												

PAGE 469

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

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

NEW NAME	SIC SEC NUMBER	N PP	N GR	PSI	CID SALARY	NEW SALARY
SHARPE THOMAS J	051376442	FS	07	162	1003300	1058300
SHAUGHNESSY THOMAS H	157037254	GS	11	124	1514100	1597300
SHAWER EILEEN G	437247649	GS	05	022	693900	731900
SHAW BASIL	087039063	GS	13	102	1835300	1936200
SHAW C GRAY	387246094	FR	02	002	3259300	3430700
SHAW CHARLES W	543146550	FS	05	042	1247200	1315900
SHAW DAVID G	115246671	FO	04	002	1776130	1873700
SHAW ELLEN J	367003790	GS	09	154	1291300	1362200
SHAW JIMM H	267469829	FS	05	042	1140400	1203100
SHAW OLIVER C	587148679	FS	06	162	1086700	1146400
SHAW ROBERT T	269280199	FR	03	002	2656300	2802200
SHAW SUSAN REIM	476000437	GS	06	162	772700	819300
SHAY GERTUDE E	317348828	FS	05	153	1287400	1393500
SHAY SHARON K	166365892	FS	08	262	874000	922100
SHEA DIANNE R	218505259	FS	08	702	827600	867900
SHEA JAMES F	045141065	FO	04	CCC	2131100	2248700
SHEA JAMES R	123267050	ST	00	CCC	2817900	2967800
SHEA JOHN J	126164630	FR	03	002	2434900	2568800
SHEA LAUREL M	021366236	GG	09	152	1081900	1141400
SHEA MARIE T	578762530	GS	03	132	552400	582800
SHEA TERENCE J	037180477	RU	03	002	2587500	2724400

FD-97 05-10-68
3500

DEPARTMENT OF STATE
PAY ROLL CHANGE SLIP

268280199

PL	ORG CODE	POSITION NO.	ALLOT. & ACTIVITY & PURPOSE	EFFECTIVE DATE	DATE OF LAST EQUIV. INCREASE
1101161A	3126		1101 2101	07-01-71	
EMPLOYEE'S NAME	EMPLOYEE NO.	PAY & PLAN	NEW SALARY	OLD SALARY	
SHAW ROBERT T	539700	FR 03	25825	24368	

LWOP DATA in appropriate spaces covering LWOP during following periods:
 Periods:
☐ No excess LWOP. TOTAL EXCESS LWOP _____
 (Check applicable box in case of excess LWOP)
☐ IN PAY STATUS AT END OF WAITING PERIOD.
☐ IN LWOP STATUS AT END OF WAITING PERIOD.

Remarks: _____
 Performance rating is satisfactory or better.
 JOHN H BURNS
 (Signature or other authentication)
 PERSONNEL COPY

PAGE 8894

FEDERAL PAY COMPATABILITY ACT OF 1970, PL 91-656

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

NAME	EMPLOYEE NUMBER	SEC SEC NUMBER	PAY PLAN	GRADE	NEXT PSI	OLD SALARY	NEW SALARY
SHAW ROBERT T	539700	268280199	FR	03	001	24368	25825
						24368	25825

RECORD COUNT = 1

APPOINTMENT AFFIDAVITS

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

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

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

A. OATH OF OFFICE

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

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

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

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

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

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

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

Robert T. Shaw
(Signature of appointee)

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

at Tegucigalpa
(City)

[SEAL]

Honduras
Allan E. McLean, Jr.
(Signature of officer)
Allan E. McLean, Jr.
(Title)

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

Consul of the United States of America
(Title)

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

FORM 11-69 DS 1037

NOTIFICATION OF PERSONNEL ACTION

JOURNAL NUMBER

SERVICE

FB

1 NAME (LAST, FIRST, MIDDLE) SHAW, ROBERT T. MR.		2 EMPLOYEE NO. & GRADE 539700M	3 BIRTH DATE 06-18-25	4 SERIAL SECURITY NO. 268-28-0199
5 2	6 (3)	7 06	8 08-28-48	9 0
10 1		11 05-63		
12 APPOINTMENT AS SECRETARY IN THE DIPLOMATIC SERVICE OF THE USA 9808		13 EFFECTIVE DATE 11-20-70		
14 SEC. 524 OF THE F.S. ACT				
15 FROM POSTAL ADDRESS AND NUMBER INTERNATIONAL RELATIONS OFFICER GENERAL - CONSUL		16 PAY GRADE AND OCCUPATION CODE	17 GRADE	18 SALARY
19 NAME AND LOCATION OF EMPLOYING OFFICE DEPARTMENT OF STATE, WASHINGTON, D. C. 20520				

20 TO POSTAL ADDRESS AND NUMBER 00-068 INTERNATIONAL RELATIONS OFFICER GENERAL D2 1ST SECRETARY-CONSUL	21 PAY GRADE AND OCCUPATION CODE (PR-5510)	22 GRADE 03	23 SALARY (pa\$24,368) F
24 NAME AND LOCATION OF EMPLOYING OFFICE DEPARTMENT OF STATE, WASHINGTON, D. C. 20520			

25 LOCATION OF POSTAL ADDRESS TEGUCIGALPA, HONDURAS	26 LOCATION CODE 918000430
27 APPOINTMENT NO. 0113.0-2081-312601-000 09720972	28 APPOINTMENT DATE 2

29 REMARKS	30 SERVICE CONTRACT NO. (IF ANY)
------------	----------------------------------

This notification is subject to applicable laws, rules, and regulations of the United States Government, as amended, and is subject to the approval of the United States Civil Service Commission.

NOMINATED: 09-28-70. CONFIRMED: 11-20-70. ATTESTED: 11-20-70.

APPOINTMENT BY THE PRESIDENT AS SECRETARY IN THE DIPLOMATIC SERVICE OF THE U.S.A., 11-20-70.

FEGLI COVERAGE REGULAR AND OPTIONAL.

EXECUTE BY 61.

DATE OF APPOINTMENT ACTION

DATE OF APPOINTMENT ACTION

DATE OF APPOINTMENT ACTION

DATE OF APPOINTMENT ACTION

DATE OF APPOINTMENT ACTION

DATE OF APPOINTMENT ACTION

DATE OF APPOINTMENT ACTION

DATE OF APPOINTMENT ACTION

DATE OF APPOINTMENT ACTION

DATE OF APPOINTMENT ACTION

DATE OF APPOINTMENT ACTION

2 PERSONNEL FOLDER

11 20 70

Form 100-100

(Exception to 47 U.S. approved by
CSC and R of D July 1967)

REQUEST FOR PERSONNEL ACTION

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

1. DATE OF REQUEST 6/22/70	2. REQUESTING OFFICE FS	3. REQUEST NUMBER 11-24-70, 847	4. SERVICE (1-3 or 4) FS	5. POSITION TRANS	6. SOCIAL SECURITY NO.
7. NAME (Last, First, Middle) SHAW, ROBERT T.	8. EMPLOYEE NO. & GRADE MR. 539700 M	9. BIRTH DATE (Mo, Da, Yr) 06/18/25	10. POSITION CREATED 1. Remain funded 2. Funded 3. Abolished		
11. KIND OF ACTION REQUESTED (Specify appointment, reassignment, resignation, etc.)			12. POSITION (Specify establish, reestablish, abolished, etc.)		

13. VETERAN PRECEDENCE 1-NO 2-PT 3-PT 4-PT	14. SERVICE CAMP DATE	15. PHYSICAL HANDICAP CODE
16. VETERAN PRECEDENCE 1-NO 2-PT 3-PT 4-PT	17. GRADE OR LEVEL	18. SALARY
19. ORGANIZATION DESIGNATION CINT	20. ORGANIZATION DESIGNATION TEGUCIGALPA	21. ORGANIZATION DESIGNATION TEGUCIGALPA

22. GRADE OR LEVEL 5510	23. SALARY 124,368
24. ORGANIZATION DESIGNATION TEGUCIGALPA	25. DUTY STATION (City and State) TEGUCIGALPA, HONDURAS

26. DUTY STATION (City and State) TEGUCIGALPA, HONDURAS	27. APPOINTMENT 0113.0 - 2081 - 312601-CCO	28. POSITION REQUESTED 2	29. APPOINTMENT 918 000430
---	--	------------------------------------	--------------------------------------

30. REMARKS (Show if applicable, any known additional modified reasons for request) 04720972	31. EFFECTIVE DATE OF TRANSFER 9/6/70
--	---

EFFECTIVE DATE OF TRANSFER: 9/6/70

32. REQUESTED BY MEASHE, ARA:LA:POD	33. REQUESTED BY JCLARK
---	-----------------------------------

34. PART II. TO BE COMPLETED BY PERSONNEL OFFICE (fill in items heavy lines in PART I above, also to be completed)	35. PART II. TO BE COMPLETED BY PERSONNEL OFFICE (fill in items heavy lines in PART I above, also to be completed)
36. CLEARANCES (1) (2) (3) (4) (5)	37. CLEARANCES (1) (2) (3) (4) (5)
38. TITLE & RANK - BLGROVES	39. TITLE & RANK - BLGROVES
40. ARA:LA:POD:MEASHE	41. ARA:LA:POD:MEASHE

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

தமிழகம் 60 வருஷங்களுக்கு முன்பு

THE DATING OF AN INSCRIPTION

FORWARD COMMUNICATIONS, INCLUDING SALARY CHECKS AND BONDS, TO THE FOLLOWING ADDRESS:

REMARKS BY REQUESTING OFFICE:

0152

838 + 368

221

DL

10-68-1970

James A. [illegible]

43

 DEPARTMENT OF STATE PERSONNEL ACTION AND AUTHORIZATION OF OFFICIAL TRAVEL Applicable Regulations: 6 FAM 100 & FM-1 510.4				
You are hereby authorized to perform official travel of Government expense as indicated herein. Unless otherwise noted, all expenses and the maximum per diem under the regulations are authorized. Unless otherwise noted, shipment of effects is authorized from station of origin to station of destination if allowances are shown in item 15.				
1. NAME, ADDRESS AND DIPLOMATIC TITLE		2. EMPLOYEE NUMBER	3. AUTHORIZATION NUMBER	
SHAW, ROBERT T. AMERICAN EMBASSY MANAGUA, NICARAGUA		539700	0-64968	
4. NEW POSITION TITLE NUMBER AND OCCUPATION CODE		5. SOCIAL SECURITY NUMBER		
POLITICAL OFFICER		268-28-0199		
6. CLASS		7. AUTHORIZATION DATE		
R-03		JUN. 24, 1970		
8. DO NOT START TRAVEL PRIOR TO:		9. DO NOT START TRAVEL PRIOR TO:		
10-025 (P)		JUL. 9, 1970		
10. ACCOUNTING CLASSIFICATION: The coding (A through E) must be shown on all documents issued under this authority and must appear on all vouchers, invoices, etc.				
A. FUND	B. ALLOTMENT	C. OBLIGATION NUMBER	D. ORGANIZATION CODE	E. FUNCTION
1900113	2025	064968	312601	51-24
11. STATION OF ORIGIN		12. LOCATION CODE		13. OBJECT
MANAGUA, NICARAGUA		313001		2099
14. STATION OF DESTINATION		15. AMOUNT		
TEGUCIGALPA, HONDURAS				
16. QUARTERS AVAILABILITY		17. ALLOWANCES FOR SHIPMENT AND/OR STORAGE OF HOUSEHOLD EFFECTS - NET WEIGHT		18. FOREIGN MOTOR VEHICLE
1. UNKNOWN 2. UNFURNISHED 3. FURNISHED		A. LIMITED SHIPMENT B. TOTAL ALLOWANCE		A. SHIPMENT AUTHORIZED B. MEETS CRITERIA OF 6 FAM 165.8 SUBSECTION
1		04500 13000		2 1. YES 2. NO
19. NUMBER OF DEPENDENTS		20. EXCESS BAGGAGE (if over travel)		21. TOTAL NUMBER OF NON TRAVEL DAYS AUTHORIZED, BELOW, INCLUDING THOSE WITHOUT PER DIEM UNDER THIS AUTHORIZATION (AND AMENDMENTS)
A. ADULTS B. 2 to 12 C. Under 2		A. CONSULTATION (WORKDAYS) B. TRAINING (CALENDAR DAYS) C. TDY (CALENDAR DAYS)		
4 0 0		000 05 000 000		
THIS SECTION FOR PERSONNEL ACTION ONLY. When completed for permanent change of station, this document constitutes a valid personnel action for transfer between posts. DO NOT USE FOR R. T. HOME LEAVE OR FIELD AMENDMENTS.				
22. SALARY		23. SALARY APPROPRIATION AND ALLOTMENT		24. NATURE OF ACTION AND EFFECTIVE DATE
pa \$ 24,368		0113.0-2081		727 09/06/70
25. ITINERARY, SPECIAL INSTRUCTIONS, SPECIAL AUTHORIZATION AND REMARKS		26. DPL CODE		
09720972		06250		
Leave at Government expense at Tucson, Arizona and transfer. Approximately five (05) workdays consultation authorized in the Department after home leave. Tour of duty of two years followed by home leave and transfer (subject to needs of the service). "*ONLY AFTER OFFICIAL NOTIFICATION FROM THE DEPARTMENT THAT OFFICER HAS BEEN COMMISSIONED AS A SECRETARY IN THE DIPLOMATIC SERVICE (3 FAM 615.3)"				
DEPENDENTS:				
WIFE-JANET				
DAU -BARBARA LEE 07/27/52				
SON -RICHARD W. 09/10/55				
SON -THOMAS R. 09/10/55				
27. STD (Old post)		28. ETA (New post)		29. AUTHORIZING OFFICER
		09/70		
30. AUTHORIZED ITINERARY FOR DEPENDENTS				
MANAGUA/TUCSON/TEGUCIGALPA				
31. TRAVEL REQUESTED BY				
A. OFFICE		B. OFFICER		
ARA/LA/PCD		NEASHE CAR/52		

FORM DS-1042
5-3-69

DEPARTMENT OF STATE
PAY ROLL CHANGE SLIP

5668200149

POST	ORG CODE	POSITION ID.	ALLOT. & ACTIVITY & PURPOSE	EFFECTIVE DATE	UNIT OF LAST EQUIV. INCREASE
MALAGUA	3330		0133 3-81	07-01-70	
EMPLOYEE'S NAME	EMPLOYEE NO.	CATG & CLASS SERV. & GRADE	NEW SALARY RATE	OLD SALARY RATE	
SHAW ROBERT T	939700	FSH 03	\$24,368	\$23,072	☒ Periodic Step-Increase

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

- ☐ NO EXCESS LWOP. TOTAL EXCESS LWOP _____
- ☐ (Check applicable box in case of excess LWOP)
- ☐ IN PAY STATUS AT END OF WAITING PERIOD.
- ☐ IN LWOP STATUS AT END OF WAITING PERIOD.

- ☐ Other Step-Increase _____
- ☐ Pay Adjustment _____

Initials of Clerk

REMARKS

Performance rating is satisfactory or better.

JOHN M BURNS

(Signature or other authentication)

PERSONNEL COPY

PAGE 324

FEDERAL SALARY 1970-1970, PL 90-231, SEC 23,1343

PREPARED BY 05/01/70
DATA AS OF 04/24/70

NAME	EMPLOYEE NUMBER	SEC SEC NUMBER	PAY PLAN	GRADE	NEXT POST	OLD SALARY	NEW SALARY
SHARP MAY P	539037	327125192	GS	11	052	12103	12840
SHARP RONALD W	539049	479509701	FS	09	190	7094	7519
SHARPE RICHARD G	539125	185242276	FS	05	051	10745	11432
SHARPE THOMAS J	539132	053726442	FS	08	252	8739	8734
SHAUGHNESSY THOMAS H	539200	157032254	GS	11	131	13103	13890
SHAW CHARLES W	539300	543345540	FS	05	051	10785	11432
SHAW C GRANT	539319	387246074	FR	02	000	27354	28995
SHAW DAVID G	539325	115246771	FO	05	000	14132	14980
SHAW ELLEN J	539400	362093790	GS	09	161	11186	11955
SHAW JEAN ANN	539438	045404155	FS	09	120	6568	6961
SHAW JOSEPH R	539445	267467323	FS	06	170	9388	9951
SHAW JOHN E	539500	577165944	FO	02	CCC	29841	31632
SHAW JOHN P	539525	579207044	FO	01	001	31705	33609
SHAW LAURENA ANN	539535	577307648	GS	04	CCC	5522	5853
SHAW OLIVER C	539615	489349179	FS	06	170	9104	9649
SHAW ROBERT T	539700	268280197	FR	03	000	22332	23672
SHAY GERTRUDE E	539800	313349828	FS	05	163	11419	12104
SHAY SHARON K	539806	166365992	FS	09	029	6865	7276
SHEA DIANNE E	539848	218505259	FS	08	210	6865	7276
SHEA JAMES F	540000	054141035	FO	04	000	18447	19555
SHEA JOHN J	540100	126164639	FR	03	000	20361	21584
SHEA LAUREL M	540103	021366275	GS	07	160	7894	8368
SHEA TIMOTHY F	540106	022205456	FS	08	110	7552	8005
SHEA TERENCE J	540107	017133177	GS	14	071	20385	21608
SHEAFFER MELVIN H	540108	204305089	FS	05	041	10469	11096
SHEAGDEN BARBARA J	540109	389248172	FS	04	041	11316	11995

EMPLOYEE SHAW ROBERT T
 ACTION DATA NAME DATA ELEMENTS

PERSONNEL TRANSACTION REGISTER

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

S 268-28-C199

SECTION 01

EMPLOYEE NUMBER 939700
 SSN IC CODE S
 SCC SEC NUMBER 268-28-C199
 NEW PAY PLAN FR
 NEW GRACE C3
 NEW SALARY 22332
 PSI PAY PERIOD C00
 FORM CTL CODE 902
 NAT ACTION CODE PUBLIC LAN PAY INCREASE

• ERROR

EFFECTIVE DATE 07/13/69

FORM DS-1042
3-64

DEPARTMENT OF STATE
PAY ROLL CHANGE SLIP

POST MANAGUA	ORG CODE 3110	POSITION NO.	ALLOT & ACTIVITY & PURPOSE 3110 2-81	EFFECTIVE DATE 4-1-69	DATE OF LAST EQUIV. INCREASE
EMPLOYEE'S NAME SPAN MICHELLE T	EMPLOYEE NO. 315700	CATS & CLASS SERV. & GRADE FSM-3	NEW SALARY RATE 122.333	OLD SALARY RATE 119.737	Periodic Step Increase ☒

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

Period(s):

☐ NO EXCESS LWOP. TOTAL EXCESS LWOP _____

(Check applicable box in case of excess LWOP)

☐ IN PAY STATUS AT END OF WAITING PERIOD.

☐ IN LWOP STATUS AT END OF WAITING PERIOD.

☐ Other Step-Increase _____

☐ Pay Adjustment _____

REMARKS

Performance rating is satisfactory or better.

JOHN H STEEVES

(Signature of other authorization)

PERSONNEL COPY

FORM DS-1042
3-15-60

DEPARTMENT OF STATE
PAY ROLL CHANGE SLIP

POST MANAGUA	ORG CODE 3110	POSITION NO.	ALLOT & ACTIVITY & PURPOSE 3110 2-81	EFFECTIVE DATE 7-01-68	DATE OF LAST EQUIV. INCREASE
EMPLOYEE'S NAME SPAN MICHELLE T	EMPLOYEE NO. 315700	CATS & CLASS SERV. & GRADE FSM-3	NEW SALARY RATE 118.678	OLD SALARY RATE 117.724	Periodic Step-Increase ☒

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

Period(s):

☐ NO EXCESS LWOP. TOTAL EXCESS LWOP _____

(Check applicable box in case of excess LWOP)

☐ IN PAY STATUS AT END OF WAITING PERIOD.

☐ IN LWOP STATUS AT END OF WAITING PERIOD.

☐ Other Step-Increase _____

☐ Pay Adjustment _____

REMARKS

Performance rating is satisfactory or better.

JOHN H. STEEVES

(Signature of other authorization)

PERSONNEL COPY

FEDERAL EMPLOYEES SALARY ACT OF 1967

PUB. LAW 90-206

JULY 14 1968

5397C0 SHAW ROBERT T

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

FORM 10-100
11-62

Replaces Form 10-100 (Rev. 1-60)
(Use only if 10-100 form is not available)

NOTIFICATION OF PERSONNEL ACTION

JOURNAL NUMBER

OFFICE

78

1 NAME (LAST, FIRST, MIDDLE) SHAW, ROBERT T. MR.		2 EMPLOYEE NO. & SER. 539700M	3 BIRTH DATE - MM-DD-YY 06-18-25	4 SOCIAL SECURITY NO. 268-28-0199
5 VETERAN PREFERENCE 1 NONE 2 5% 3 10% 4 15% 5 20% 6 30% 7 40% 8 50% 9 60% 10 70% 11 80% 12 90% 13 100%		6 PAY PLAN AND OCCUPATION CODE (3) 06	7 SERVICE COMP. DATE 08-28-48	8 PHYSICAL HANDICAP CODE 0
9 STATUS 1 CONTINUED 2 INELIGIBLE 3 REVOKED		10 EFFECTIVE DATE 03-27-68	11 GRADE 05-65	12 PAY PLAN AND OCCUPATION CODE 03-138
13 NO. OF ACTION 760		14 ACTION (SEE OTHER LEGAL AUTHORITY) SEC. 522.3, P.L. 724 79TH CONGRESS AS AMENDED		
15 FROM POSITION TITLE AND NUMBER		16 TO POSITION TITLE AND NUMBER POLITICAL OFFICER ATTACHE CONSUL		
17 NAME AND LOCATION OF EMPLOYING OFFICE DEPARTMENT OF STATE, WASHINGTON, D. C. 20520		18 SALARY (pa\$17,724) 1		

19 TO POSITION TITLE AND NUMBER 1-067		20 PAY PLAN AND OCCUPATION CODE (PR-5550)	21 GRADE 03	22 SALARY (pa\$17,724) 1
23 NAME AND LOCATION OF EMPLOYING OFFICE DEPARTMENT OF STATE, WASHINGTON, D. C. 20520		24 LOCATION CODE 917000665		

25 DATE OF ACTION MANAGUA, NICARAGUA		26 LOCATION CODE 917000665	
27 APPROBATION 0113.0-2081-313001-000.10700768		28 POSITION OCCUPIED 1. CLASS TITLE 2	

29 REMARKS A. SUBJECT TO COMPLETION OF B. SERVICE COUNCIL MEMBERS CARRIED FOR PERMANENT FUTURE FROM	
---	--

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

This action is subject to the provisions of the Civil Service Commission of the United States and the provisions of the Civil Service Commission of the United States. The provisions of the Civil Service Commission of the United States are hereby incorporated by reference into this form.

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

31 DATE OF APPOINTMENT OR DATE OF ACTION	32 SIGNATURE (PRINT NAME AND TITLE)
33 OFFICE EMPLOYING PERSONNEL OFFICE	34 DATE
35 OFFICE EMPLOYING PERSONNEL OFFICE	36 SIGNING OFFICE NO. 2051

MI 3-5
P

2 PERSONNEL FOLDER

Form 1091

REQUEST FOR PERSONNEL ACTION

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

A DATE OF REQUEST 2/23/68	B PERIODS EFFECTIVE DATE	C REQUEST NUMBER	D SERVICE FS	E DRAFTING ARA FM/PC 2/26/68 LEAVE & RET 3/27/68	F TRANS	G APPROVED 6/1/68
1 NAME (CAPS) Last First Middle SHAW, ROBERT T.			2 EMPLOYEE NO. & SEA 539700 M		3 BIRTH DATE (MM/DD/YY) 6/18/25	4 SOCIAL SECURITY NO.
5 VETERAN PREFERENCE 1. NO 2. 5 PT 3. 10 PT 4. 15 PT 5. 10 PT OTHER			6 TENURE C/C/A	7 SERVICE COMP DATE	8 PHYSICAL HANDICAP CODE	
9 REGU 1. COVERED 2. INELIGIBLE 3. WAIVED			10 RETIREMENT 1. CS 2. PCA	11A MO & YR OF GRADE	11 (If C/C/A)	
12 NATURE OF ACTION EXTENSION FOR LIMITED APPOINTMENT			13 EFFECTIVE DATE (MM/DD/YY) 3/27/68	14 CIVIL SERVICE OR OTHER LEGAL AUTHORITY Sec. 522.3, P.L. 724-79 Congress as amended		
15 FROM POS NO 1-067			16 PAY PLAN AND OCCUPATION CODE PR-5550		17 GRADE OR LEVEL 03	18 SALARY \$16,941
19 ORGANIZATION DESIGNATION MANAGUA						

20 TO POS NO 1-067	POSITION TITLE POLITICAL OFFICER	21 PAY PLAN AND OCCUPATION CODE PR-5550	22 GRADE 03	23 SALARY \$17,724	WORK SCHED
24 ORGANIZATION DESIGNATION MANAGUA		25 DUTY STATION (If any) MANAGUA, Nicaragua			

26 TO POS NO 1-067	POSITION TITLE POLITICAL OFFICER ATTACHE CONSUL	27 PAY PLAN AND OCCUPATION CODE PR-5550	28 GRADE 03	29 SALARY \$17,724	WORK SCHED
30 ORGANIZATION DESIGNATION MANAGUA		31 DUTY STATION (If any) MANAGUA, Nicaragua			

32 TO POS NO 0113.0	POSITION TITLE POLITICAL OFFICER	33 PAY PLAN AND OCCUPATION CODE PR-5550	34 GRADE 03	35 SALARY \$17,724	WORK SCHED
36 ORGANIZATION DESIGNATION MANAGUA		37 DUTY STATION (If any) MANAGUA, Nicaragua			

REMARKS: Limited appointment effective 3-27-63 is hereby extended for a period not to exceed five years or needs of employee, whichever is less. NTE 3-26-73.

service, whichever is less. NTE 3-26-73

ACTIVE 3/27/63

SIGNATURE
MEASHE, ARA:MGT:SOP

REQUEST APPROVED
SIGNATURE
ROBERTIN, ARA:MGT:SOP

PART II. TO BE COMPLETED BY PERSONNEL OFFICE

1. CLEARANCES	INITIALS FOR SIGNATURE	DATE	2. SUBJECT TO COMPLETION LEFT	3. SUCCESSOR POSITION EMPLOYEE RETAINED IN THE COMPLEMENTARY SERVICE
2. CLASSIFICATION			4. SUCCESSOR POSITION EMPLOYEE RETAINED IN THE COMPLEMENTARY SERVICE	
3. EMPLOYMENT			5. SUCCESSOR POSITION EMPLOYEE RETAINED IN THE COMPLEMENTARY SERVICE	
4. APPROVED BY			6. SUCCESSOR POSITION EMPLOYEE RETAINED IN THE COMPLEMENTARY SERVICE	

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

FEDERAL EMPLOYEES SALARY ACT OF 1967

PUB. LAW 90-206

OCTOBER 6 1967

339700 SHAW ROBERT T

FR 03-03 316,941 317,724 319,001

FEDERAL EMPLOYEES SALARY ACT OF 1966

PUB. LAW 89-504

1 JAN 1 1966

339700 SHAW ROBERT T

FR 03-02 315,929 316,391 312801

DEPARTMENT OF STATE

PAY ROLL CHANGE SLIP

FORM DS-1042
7-15-60

POST MANAGUA	ORG. CODE 3130	POSITION NO.	ALLOT. & ACTIVITY & PURPOSE 01130 2081	EFFECTIVE DATE 7-01-67	DATE OF LAST EQUIV. INCREASE
EMPLOYEE NAME SHAW ROBERT T	EMPLOYEE NO. 339700	CATG. & CLASS NEW SERV. & GRADE RATE FR 03	SALARY 316,941	OLD SALARY RATE 316,391	☒ Periodic Step-Increase ☐ Other Step Increase ☐ Pay Adjustment

EXCESS DATA (if in appropriate spaces covering LAGP during following period)

EXCESS LWOP. TOTAL EXCESS LWOP

IN PAY STATUS AT END OF WAITING PERIOD

IN LAGP STATUS AT END OF WAITING PERIOD.

Initials of Clerk

Performance rating is satisfactory or better.

JOHN M. STEEVES

Signature of other person



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

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

1. NAME, ADDRESS AND DIPLOMATIC TITLE SHAW, ROBERT T. AMERICAN EMBASSY MEXICO, D.F., MEXICO CONSUL ATTACHE		2. EMPLOYEE NUMBER 539700	3. AUTHORIZATION NUMBER 7-60514	
		4. SOCIAL SECURITY NUMBER 268-28-0199		
		5. CLASS R-03	6. AUTHORIZATION DATE JULY 6, 1966	
7. NEW POSITION TITLE, NUMBER AND OCCUPATION CODE POLITICAL OFFICER		1011	8. DO NOT START TRAVEL PRIOR TO 1-067(P)	
9. ACCOUNTING CLASSIFICATION: The coding "A" through "E" must be shown on all documents issued under this authority and must appear on all vouchers, invoices, TRs, CBs, etc.				
A. FUND 1970113	B. ALLOTMENT 2025	C. OBLIGATION NUMBER 760514	D. ORGANIZATION CODE 313001	E. FUNCTION 50-05
10. STATION OF ORIGIN MEXICO, D.F., MEXICO		10B. LOCATION CODE 312001		11. OBJECT 2099
12. STATION OF DESTINATION MANAGUA, NICARAGUA		13. AMOUNT		
14. QUARTERS AVAILABILITY: 1. UNKNOWN 2. UNFURNISHED 3. FURNISHED 1		15. ALLOWANCES FOR SHIPMENT AND/OR STORAGE OF HOUSEHOLD EFFECTS - NET WEIGHT A. LIMITED SHIPMENT 03900 B. TOTAL ALLOWANCE 13000		16. FOREIGN MOTOR VEHICLE A. SHIPMENT AUTHORIZED 2 1. YES 2. NO B. MEETS CRITERIA OF 6 FAM 103.2, SUBSECTION 1
17. NUMBER OF DEPENDENTS: A. ADULTS 2 B. 2 to 12 2 C. Under 2 0		18. EXCESS BAGGAGE (For air travel) 000		
		19. TOTAL NUMBER OF NONTRAVEL DAYS AUTHORIZED BELOW, INCLUDING THOSE WITHOUT PER DIEM UNDER THIS AUTHORIZATION (AND AMENDMENTS) A. CONSULTATION (TWO DAYS) 00 B. TRAINING (CALENDAR DAYS) 000 C. TDY (CALENDAR DAYS) 000		
THIS SECTION FOR PERSONNEL ACTION ONLY. When completed for permanent change of station, this document constitutes a valid personnel action for Transfer between Posts. DO NOT USE FOR R. T. HOME LEAVE OR FIELD AMENDMENTS.				
20. SALARY pa \$ 16,391		21. SALARY APPROPRIATION AND ALLOTMENT 01130 2081		22. PAY PERIOD AND EFFECTIVE DATE 727 07-17-66
23. DPL CODE Q		24. ITINERARY, SPECIAL INSTRUCTIONS, SPECIAL AUTHORIZATION AND REMARKS 10700700 00036 Transfer. Tour of duty of four years with home leave after two years (Subject to the needs of the Service).		
25. ETD (DD FORM) MEXICO/MANAGUA		26. ETA (New post) 00036		
27. AUTHORIZED ITINERARY FOR DEPENDENTS MEXICO/MANAGUA		28. AUTHORIZING OFFICER JOHN M. STEEVES		
29. TRAVEL REQUESTED BY A. OFFICE ARA/EX B. OFFICER JONES				

REQUEST FOR PERSONNEL ACTION

PART I. REQUESTING OFFICE (Full name and complete address on lines 1-3)										
A. DATE OF REQUEST 7/5/66		B. PROPOSED EFFECTIVE DATE		C. REQUEST NUMBER		D. SERVICE FS		E. REASON 7/5		
1. NAME (Last, First, Middle) SHAW, Robert T.		MR. MISS MRS Mr.		2. EMPLOYEE NO. OR SEA XALS 539700		3. GRADE/CLASS 06/16/25		4. SOCIAL SECURITY NO. 268-28-0199		
F. KIND OF ACTION REQUESTED (1) PERSONNEL (2) PROPERTY (3) OTHER (4) OTHER (5) OTHER						RIF CODE		G. POSITION SKILL CODES		
12. POSITION (1) Vacant (2) Transfer (3) Promotion (4) Other						H. POSITION VACATED 1. Former holder 2. Listed 3. Other				
3. VETERAN PREFERENCE 1. NO 2. 5 PT 3. 10 PT DISAB 4. 10 PT COMP		5. 10 PT OTHER		6. TENURE CODE		7. SERVICE COMP DATE		8. PHYSICAL HANDICAP CODE		
9. FEEL 1. COVERED 2. INELIGIBLE 3. WAIVED		10. RETIREMENT 1. CS 2. FICA		3. FS 4. NONE 5. OTHER		10A. MO. & YR. OF GRADE		11. (For CEC use)		
12. NATURE OF ACTION 727 Transfer CODE				13. EFFECTIVE DATE (M/D/Y) 7/17/66		14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY				
15. FROM: POS. NO. 3-229		POSITION TITLE Consul Consular Officer			16. PAY PLAN AND OCCUPATION CODE FR-3011		17. GRADE OR LEVEL 03		18. SALARY pay 15,395 16,391	
19. ORGANIZATION DESIGNATION Mexico, D.F. Mexico										
20. TO: POS. NO. 1-067		POSITION TITLE Political Officer Consul - Attache			21. PAY PLAN AND OCCUPATION CODE FR-1011		22. GRADE 03		23. SALARY pay 15,395 16,391 NEXT PD DUE 15,727	
24. ORGANIZATION DESIGNATION MANAGUA (V. PATTON) 1070 0768										
25. DUTY STATION (City, State) Managua, Nicaragua								26. LOCATION CODE		
27. APPROPRIATION CODE 01130 2-2081 313001 C-CC				28. POSITION OCCUPIED 1. COMPETITIVE SERVICE 2. EXCEPTED SERVICE		29. APPOINTMENT POSITION FROM TO		30. STATE		

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

ETA: 7/15/66.

[illegible]

FORM DS-1042
7-15-60

DEPARTMENT OF STATE
PAY ROLL CHANGE SLIP

POST	ORG CODE	POSITION NO.	ALLOT & ACTIVITY & PURPOSE	EFFECTIVE DATE	DATE OF LAST EQUIV. INCREASE
MEXICO D.F.	3128		01138 2081	7-01-66	
EMPLOYEE'S NAME	EMPLOYEE NO.	CATG. & CLASS SERV. & GRADE	NEW SALARY RATE	OLD SALARY RATE	
SHAW ROBERT T	539700	FSR 03	\$15,980	\$15,395	☒ Periodic Step-Increase

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

Period(s):

☐ NO EXCESS LWOP. TOTAL EXCESS LWOP _____

☐ Check applicable box in case of excess LWOP:

☐ IN PAY STATUS AT END OF WAITING PERIOD.

☐ IN LWOP STATUS AT END OF WAITING PERIOD.

Initials of Clerk _____

REMARKS

Performance rating is satisfactory or better.

JAMES E. MOOPHAGLE

(Signature or other authentication)

PERSONNEL COPY

FEDERAL EMPLOYEES SALARY ACT OF 1965

PUB. LAW 89-301

15 NOVEMBER 1965

539700 SHAW ROBERT T

FSR 03-01 \$14,860 \$15,395 \$12801

DS 1032

1. Approved on 12-10-65 by the
1. Approved on 12-10-65 by the

NOTIFICATION OF PERSONNEL ACTION

JOURNAL NUMBER

SERVICE

PS

1 NAME (LAST, FIRST, MIDDLE) SHAW, ROBERT T. MR.		2 EMPLOYEE NO. & SER. 539700M	3 BIRTH DATE (M, D, Y) 06-18-25	4 SOCIAL SECURITY NO. 268-28-0199
5 VETERAN PRESENCE 1. YES 2. NO 2	6 10 PT. DNAS 7 10 PT. COMP 8 10 PT. OTHER (3) 06	9 SERVICE COMP. DATE 08-28-48	10 PHYSICAL HANDICAP CODE 0	
11 REGU. 1. COVERED 2. INELIGIBLE 3. WAIVED 1		12 EFFECTIVE DATE 05-26-65	13 CIVIL SERVICE OR OTHER LEGAL AUTHORITY 05-65	
14 NATURE OF ACTION 702 PROMOTION		15 FROM POSITION TITLE AND NUMBER FR-	16 PLAN AND OCCUPATION CODE 04	17 GRADE (pa\$13,335)
18 NAME AND LOCATION OF EMPLOYING OFFICE DEPARTMENT OF STATE, WASHINGTON, D. C. 20520				

20 TO POSITION TITLE AND NUMBER 3-229 CONSULAR OFFICER		21 PAY PLAN AND OCCUPATION CODE (FR-03011) 007	22 GRADE 03	23 SALARY (pa\$14,860) 1
24 NAME AND LOCATION OF EMPLOYING OFFICE DEPARTMENT OF STATE, WASHINGTON, D. C. 20520				

25 DUTY STATION MEXICO, D.F., MEXICO		26 LOCATION CODE 915300595	
27 APPROPRIATION 0113.0-2081-312801-000 08680965		28 POSITION OCCUPIED 1. PERMANENT 2. TEMPORARY 2	29 APPROPRIATION POSITION FROM TO 1. PHILIPPO 2. WAIVED 2 2

30 REMARKS
A. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY PERIOD COMMENCING
B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TENURE FROM
SEPARATION (FROM HEREIN BELOW) AS NOTED BY 1. IF APPLICABLE 2. IF APPLICABLE 3. IF APPLICABLE
1. IF APPLICABLE 2. IF APPLICABLE 3. IF APPLICABLE
The grade of the position to which you are officially assigned may be subject to change by the Department or by the Civil Service Commission.

31 DATE OF APPROVEMENT AFFIDAVIT 12-10-65	32 OFFICE MAINTAINING PERSONNEL RECORDS DEPARTMENT OF STATE	33 OFFICE MAINTAINING DEPARTMENT OR AGENCY DEPARTMENT OF STATE	34 SIGNATURE OF APPROVING OFFICIAL AND TITLE 12-10-65
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JL

2

PERSONNEL FOLDER

SUBMITTING OFFICE NO 2951

RAY INC. FFF. 7-5-64 PL AR-426

NAME

PAY PLAN CLASS FROM SALARY TO SALARY STEP ORGAN

SHAW ROBERT T

F R

4

12.860

13.335

4

312801

DEPARTMENT OF STATE
PAY ROLL CHANGE SLIP

FORM DS-1042
7-13-60

POST MEXICO CITY	ORG CODE AJ 3128	POSITION NO.	ALLOT & ACTIVITY & PURPOSE NO CHANGE	EFFECTIVE DATE 7-01-64	DATE OF LAST EQUIV INCREASE
EMPLOYEE'S NAME SHAW ROBERT T	EMPLOYEE NO 830760	CATG & CLASS PSR 4	NEW SALARY \$ 12,830	OLD SALARY \$ 12,490	Periodic Step-Increase ☒
LWOP DATA (Fill in appropriate spaces covering LWOP during following periods): ☐ NO EXCESS LWOP TOTAL EXCESS LWOP ☐ IN PAY STATUS AT END OF WAITING PERIOD ☐ IN LWOP STATUS AT END OF WAITING PERIOD			☐ Other Step-Increase ☐ Pay Adjustment		

REMARKS

Performance rating is satisfactory or better

EARL D. SOMM

(Signature of other authorization)

PERSONNEL COPY

SHAW ROBERT T FR 04 \$ 11,880 \$ 12,495 03 312801

STANDARD FORM NO. 618
REVISED JUNE 1960
APPROVED BY
COMP. GEN. U.S.
MARCH 1960
U.S. CIVIL SERVICE COMMISSION
F. P. M. CHAPTER 46

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

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

I, Robert T. Shaw
(Type name in full)

Arizona
(State)

do solemnly swear (or affirm) that

A. OATH OF OFFICE

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

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

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

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

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

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

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

Robert T. Shaw
(Type name of appointee)

Robert T. Shaw
(Signature of appointee)

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

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

[SEAL]

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

Department of State
(Department or agency)

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

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

Consul
(Position to which appointed)

September 10, 1963
(Date of signature on duty)

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

FORM 05-1032

PERSONAL NUMBER

1-10-63
 1-10-63
 1-10-63

NOTIFICATION OF PERSONNEL ACTION

SERVICE

FS

1 NAME (LAST, FIRST, MIDDLE) SHAW, ROBERT T. MR.		2 EMPLOYEE NO. (SEE) 539700M	3 BIRTH DATE (MM, DD, YYYY) 06-18-25	4 SOCIAL SECURITY NO. 268-28-0199
5 VETERAN'S PREFERENCE 1 NO 2 YES	6 TENURE 1 PERMANENT 2 TEMPORARY 3 OTHER	7 SERVICE START DATE 08-28-48	8 PHYSICAL HANDICAP CODE 0	
9 REGULARITY 1 COVERED 2 UNCOVERED 3 UNPAID	10 RETIREMENT 1 YES 2 NO 3 OTHER	11A MONTH OF GRADE 03-63	11 PAY RATE 03-63	
12 NATURE OF ACTION 980 GRANTING OF CONSULAR TITLE		13 EFFECTIVE DATE 09-10-63	14 CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
15 FROM POSITION TITLE AND NUMBER CONSULAR OFFICER		16 PAY PLAN AND OCCUPATION CODE FO	17 GRADE (04)	18 SALARY (pa\$11,880) 1
19 NAME AND LOCATION OF EMPLOYING OFFICE DEPARTMENT OF STATE, WASHINGTON 25, D.C.				

20 TO POSITION TITLE AND NUMBER 3-229 CONSULAR OFFICER	21 PAY PLAN AND OCCUPATION CODE (FR-3011) FO	22 GRADE (04)	23 SALARY (pa\$11,880) 1
24 NAME AND LOCATION OF EMPLOYING OFFICE DEPARTMENT OF STATE, WASHINGTON 25, D.C.			

25 DUTY STATION (City and State) MEXICO CITY, D.F., MEXICO	26 LOCATION CODE 915300595
27 APPOINTMENT AJ -A-2081- 312801-32 A78	28 POSITION OCCUPIED 1. COMMENSAL 2. EXCEPTED SERVICE 2
29 APPOINTMENT POSITION FROM TO STATE 2	

30 REMARKS A. SUBJECT TO CONFIRMATION B. SUBJECT TO CONFIRMATION	
--	--

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

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

EXECUTE SF-61A.

APPOINTED BY THE PRESIDENT **A5 CONSUL OF THE USA 09-10-63.**

31 DATE OF APPOINTMENT ATTACHED 09-10-63	32 SIGNATURE OF APPOINTING OFFICER AND TITLE ROBERT T. SHAW
33 DATE OF APPOINTMENT ATTACHED 09-10-63	34 SIGNATURE OF APPOINTING OFFICER AND TITLE ROBERT T. SHAW
35 DATE 09-10-63	36 SIGNATURE OF APPOINTING OFFICER AND TITLE ROBERT T. SHAW

CHP

2

PERSONNEL FOLDER

SUBMITTING OFFICE NO. 2951

Form 88-1081

Approved by AF 12 approved by
AF 12 approved by AF 12

REQUEST FOR PERSONNEL ACTION

PES

PART I. REQUESTING OFFICE (fill in name and address of the office)

A. DATE OF REQUEST 2/26/63	B. REQUESTED SERVICE DATE ASAP	C. SERVICE PS	D. REASONING TERMINATION FOD:TR	E. FOD:ARA FOD:TR	F. FOD:AS FOD:TR
1. NAME (Last, First, Middle) SHAW, ROBERT T.		2. EMPLOYEE NO. AND TITLE 539700M	3. BIRTH DATE 06/18/25	4. SOCIAL SECURITY NO. 260-28-0199	
5. KIND OF ACTION REQUESTED (fill in personnel action requested) 121 POSITION (Specify position to be filled or vacant)			6. POSITION VACATED 1. Reason (check one) a. Death b. Resignation c. Retirement d. Other		

7. VETERAN PREFERENCE 1. NO 2. 5 PT 3. 10 PT (MAB) 4. 10 PT (MAB) 5. 10 PT (OTHER)	8. TENURE CODE 3 G	9. PHYSICAL HANDICAP CODE 08-28-48
10. FICIL 1. COVERED 2. INELIGIBLE 3. WAIVED	11. RETIREMENT 1. CS 2. FICA	12. EFFECTIVE DATE (M/Y) 03-63
13. NATURE OF ACTION 980 CODE Granting of Consular Title		14. CIVIL SERVICE (check one) Section 5-2-3 24th Congress as amended

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

21. TO POS NO 3-229	22. POSITION TITLE Consular Officer Consul	23. PAY PLAN AND OCCUPATION CODE FBR 3011 FQ	24. GRADE 04 06	25. STEP 15	26. SALARY (p.a. \$11,800)	27. ORGANIZATION DESIGNATION
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28. INSTITUTION Mexico City, Mexico	29. APPROPRIATION CODE A-2081 PROGRAM	30. POSITION OCCUPIED 1. COMPLETE SERVICE 2. PARTIAL SERVICE	31. APPORTIONED POSITION FROM TO STATE
--	--	--	---

Presidential Commission required.

APPOINTED BY THE PRESIDENT AS ~~CONSUL OF THE U. S. A.~~ 09-10-63.

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

EXECUTE SF 61a

APPOINTED BY THE PRESIDENT AS ~~CONSUL~~ CONSUL OF THE U. S. A. 09-10-63.

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

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

do solemnly swear (or affirm) that

A. OATH OF OFFICE

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

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

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

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

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

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

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

Robert Tyler Shaw

(Type name of appointee)

Robert Tyler Shaw

(Sign name of appointee)

Subscribed and sworn before me this 27th day of March, A. D. 1963.

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

Ronald B. Smith

(Signature of officer)

[SEAL]

Sec. 206, Act of June 28, 1948
(Title)

Department of State

(Department or agency)

Foreign Service

(Bureau or division)

Mexico City

(Place of employment)

Consular Officer - FCR-4

(Position to which appointed)

FCR 3-27-63

(Date of entrance on duty)

NOTE.—The oath of office must be administered by a person specified in 5 U. S. C. 18, or by a person designated to administer oaths under Section 206, Act of June 28, 1948, 5 U. S. C. 16a. If by a Notary Public, the date of expiration of his commission should be shown.

JOURNAL NUMBER

25 DUTY STATION (To and From Dates) MEXICO D.F., MEXICO		26 LOCATION CODE 915300595	
27 APPROPRIATION AJ	ORG OR POST CODE -A-2081-32 12801	CITY CODE A78	28 POSITION OCCUPIED - CURRENT TITLE 2
29 APPROPRIATION POSITION FROM 1		TO 2	
30 REMARKS		31 PERIOD OF SERVICE 1. FROM 1	
		2. TO 2	
		3. FROM 1	
		4. TO 2	
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		100. TO 2	

SEPARATIONS SHOW REASON BELOW, AS REQUIRED

CHECK IS VOUCHER

1. 10. 1990

[illegible]

There is no other person who is responsible for the death of the victim. The only person who is responsible for the death of the victim is the person who shot the victim.

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

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

31 DATE OF APPOINTMENT AFFIDAVIT	174 NATIONALE	AND TITLE
32 OFFICE MAINTAINING PERSONAL FILE		
33 OFFICE EMPLOYING DEPARTMENT OF AGENCY	1244 -	
ST 01 DEPARTMENT OF STATE		
CIP		

2

PERSONNEL TOGETHER

08 JUL 70 0000Z

Form 05-1081

(If completed by the Department of Defense, it shall be submitted to the Department of Defense, Office of Personnel Management, Washington, D.C. 20315)

REQUEST FOR PERSONNEL ACTION

PART I. REQUESTING OFFICE (Fill in except where indicated otherwise)

1. DATE OF REQUEST 2/26/63		2. PROPOSED EFFECTIVE DATE ASAP		3. REQUEST NUMBER		4. SERVICE PROGRAM FS		5. POSITION POSITION 344		6. POSITION POSITION 344	
7. NAME (Last, First, Middle) SHAW, ROBERT T.				8. MR, MRS, MISS MR.		9. EMPLOYEE NO. AND ASSN. 559700 M		10. BIRTH DATE, MONTH, DAY 06/18/25		11. SOCIAL SECURITY NO. 262-28-0199	
12. POSITION (Specify number, name, grade, etc.)								13. POSITION VACATED		14. POSITION VACATED	
15. FROM POS NO. 3-229		POSITION TITLE Consular Officer Consul (when confirmed)		16. PAY PLAN AND OCCUPATION CODE FR-3011 P6		17. GRADE OR LEVEL 04 0-6		18. SALARY (p.a. \$11,880) 1		19. ORGANIZATION DESIGNATION vices: Stewart	
20. TO POS NO. 3-229		POSITION TITLE Consular Officer Consul (when confirmed)		21. PAY PLAN AND OCCUPATION CODE FR-3011 P6		22. GRADE 04 0-6		23. SALARY (p.a. \$11,880) 1		24. ORGANIZATION DESIGNATION vices: Stewart	

25. DUTY STATION Mexico City, Mexico		26. POSITION CODE 915300595	
27. PROGRAM A-2091		28. ACTION CODE 3128-32 A73	

Authorize travel of appointee and dependents from Falls Church, Virginia to Mexico City. Authorize shipment of effects from Falls Church, Virginia and Williamsburg, Virginia to Mexico City. Authorize shipment of unaccompanied baggage from Falls Church, Virginia and/or Williamsburg, Virginia to Mexico City. Appointment limited to 5 years, or need of employee's services, whichever is less. Also separate DD 1081 for Granting of Consular Title.

Tour of duty (a)

APPROVED: PCD:AS - Pierre M. Graham, Chief
 APPROVED: PCD:AS - David C. Jelinek
 APPROVED: PCD:AS - David C. Jelinek

PART II TO BE COMPLETED BY PERSONNEL OFFICE

29. ACTION CODE 3128-32 A73		30. ACTION CODE 3128-32 A73	
31. ACTION CODE 3128-32 A73		32. ACTION CODE 3128-32 A73	

PER:CDIARA:RE: 2/26/63 Appd CM /

NOTIFICATION OF SECURITY CLEARANCE UNDER E.O. 10450

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

DATE: February 1, 1963

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

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

☐ EMPLOYEE.

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

Investigative requirements of Executive Order 10450 have been complied with.

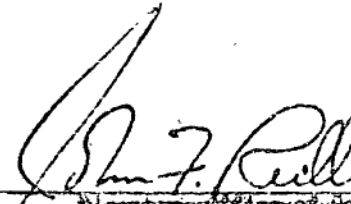
It has been determined that the employment or retention in employment of subject is clearly consistent with the interests of national security.

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

REMARKS:

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

☐



Deputy Assistant Secretary for Security

ATTACHMENTS

O/SY:JFR:llly:ec

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

UNCLASSIFIED/Hardee City

STANDARD FORM 144
REVISED SEPTEMBER 1954
U.S. GOVERNMENT PRINTING OFFICE
25-50815-1 (1-54) AND 52

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

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

PART I—EMPLOYEE'S STATEMENT										PART II—THIS COLUMN IS FOR PERSONNEL OFFICE USE		
1. NAME (Last, first, middle initial) SHAW, Robert T.						2. DATE OF BIRTH 6-18-25				9. RETENTION GROUP		
3. LIST THE FOLLOWING INFORMATION CONCERNING ALL FEDERAL AND DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD PRIOR TO YOUR PRESENT APPOINTMENT (Do not include military service.)										10. A. CSC STATUS ☐ YES ☐ NO B. TYPE OF PRESENT APPOINTMENT		
NAME AND LOCATION OF AGENCY		FROM—			TO—			TYPE OF APPOINTMENT IF ANY		11. SERVICE		
		YEAR	MONTH	DAY	YEAR	MONTH	DAY			YEAR	MONTH	DAY
FOREIGN SERVICE DEPT OF STATE		49	10		52	2						
		52	5		54	7						
DEPT OF DEFENSE		54	7		56	5						
FOREIGN SERVICE		56	6		61	5						
DEPT OF STATE		61	5		63	3						
4. LIST PERIODS OF ACTIVE SERVICE IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES. IF YOU HAD NO ACTIVE MILITARY SERVICE, WRITE "NONE."												
BRANCH		FROM—			TO—			DISCHARGE (Kind or dishonorable)				
		YEAR	MONTH	DAY	YEAR	MONTH	DAY					
ARMY		43	9	11	45	3	8	HON.				
5. DURING PERIODS OF EMPLOYMENT SHOWN IN ITEM 3, DID YOU HAVE A TOTAL OF MORE THAN 6 MONTHS ABSENCE WITHOUT PAY, INCLUDING PERIODS OF MERCHANT MARINE SERVICE, DURING ANY ONE CALENDAR YEAR? ☐ YES ☒ NO IF ANSWER IS "YES," LIST FOLLOWING INFORMATION.										12. TOTAL SERVICE		
TYPE IF KNOWN (ED OP, Full, Susp, AWOL, Mor Mor)		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? ☐ YES ☒ NO										14. NONCREDITABLE SERVICE (RIF purposes only)		
7. ARE YOU: A. THE WIFE OF A DECEASED VETERAN? ☐ YES ☒ NO B. THE WIDOW OF A DECEASED OR DISABLED VETERAN? ☐ YES ☒ NO C. THE UNEMPLOYED WIFE OF A VETERAN? ☐ YES ☒ NO										15. RETIREMENT RIGHTS 1. ☐ YES ☒ NO 2. ☐ YES ☒ NO 3. ☐ YES ☒ NO 17. EXPIRATION DATE OF SENIORITY RIGHTS		
8. TO BE EXECUTED BEFORE A NOTARY PUBLIC OR OTHER PERSONS AUTHORIZED TO ADMINISTER OATHS. I swear (or affirm) that the above statements are true to the best of my knowledge and belief.												
EOB 3-27-63 (Date) Submitted and sworn to before me on this 27th day of March, 1963 at Washington, D. C. REAL <i>Robert T. Shaw</i> (Signature) <i>Ronald C. Smith</i> (Signature)												
NOTE: If oath is taken before a Notary Public, the date, time, and place of administration shall be shown. INSTRUCTIONS: Fill this form on the permanent side of the employee's official personnel folder immediately before or after the personnel action is applied.												

(OVER)

FORM DSP-34
9-1-53

DEPARTMENT OF STATE

SUPPLEMENT TO STANDARD FORM 57

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

Adopted Bureau No. 47-2071.4
Approval Expires June 30, 1955

1. NAME (Print Name)

Robert Tyler Shaw

2. ADDRESS

3000 N. Oakland Street
Arlington 7, Virginia

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

☒ Foreign Service only

☐ Departmental only

☐ Foreign service and departmental

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

3000 N. Oakland Street; Arlington 7, Virginia

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

5a. ARE YOU NOW INVOLVED IN ANY LITIGATION OR SEPARATION AGREEMENT? ☐ YES ☒ NO

5b. DO YOU KNOW OF ANY PROSPECTIVE LITIGATION IN WHICH YOU MAY BE INVOLVED? ☐ YES ☒ NO

(Give details, if answer is yes to a. or b.)

5c. IF DIVORCED GIVE NAME OF COURT, LOCATION, AND DECREE.

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

\$

Per Year

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

None

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

Janet Lee Ruggles Shaw

8b. DATE OF BIRTH

12 April 1927

8c. PLACE OF BIRTH (City, State or Province, and Country)

Three Rivers, Michigan

9. IF BORN OUTSIDE THE UNITED STATES, HOW WAS CITIZENSHIP ACQUIRED?

9a. IF NATURALIZED, GIVE PLACE, DATE, AND NO. OF NATURALIZATION CERTIFICATE

NAME OF DEPENDENT	RELATIONSHIP	DATE OF BIRTH	WILL RESIDE WITH YOU OVERSEAS?
Janet Lee Ruggles Shaw	Wife	12 April 1927	☒
Barbara Lee Shaw	Daughter	27 July 1952	☒
Richard Wilson Shaw	Son	10 September 1955	☒
Thomas Ruggles Shaw	Son	10 September 1955	☒

10a. FATHER'S NAME

Maj. Gen. Franklin P. Shaw

10b. PRESENT ADDRESS

Evell & Battle Sts, Kansas, Va.

10c. PLACE OF BIRTH

Newport, Kentucky

11a. MOTHER'S NAME

Mary Ines Skene Shaw

11b. PRESENT ADDRESS

B

11c. PLACE OF BIRTH

Elizabethtown, Ky.

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

FATHER

☐ YES

☐ NO

MOTHER

☐ YES

☐ NO

13. HAVE YOU EVER APPLIED FOR A POSITION WITH THE DEPARTMENT OF STATE OR TAKEN AN EXAMINATION FOR A POSITION WITH THE DEPARTMENT OF STATE? ☒ YES ☐ NO

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

Asst. Attache, PSS-7, Caracas, Venezuela, 1949-52

Vice Consul, PSS-9, Guayaquil, Ecuador, 1952-54.

FORM 517-31 9-1-57		PAGE 7
18. RELATIVES BY BLOOD OR MARRIAGE NOW RESIDING IN FOREIGN COUNTRIES		
NAME	RELATIONSHIP	ADDRESS
Maj. F. P. Shaw, Jr.	Brother	Tokyo, Japan
19. LIST PRESENT OR FORMER FOREIGN CONNECTIONS:		
A. BUSINESS B. EMPLOYMENT		
20. DOES YOUR FINANCIAL POSITION PERMIT DISCHARGE OF ALL DEBTS INCURRED? ☒ YES ☐ NO IF "NO," STATE INFORMATION REQUESTED BELOW:		
NAMES OF CREDITORS	AMOUNTS DUE	DATES ON WHICH OBLIGATIONS WERE CONTRACTED
21. HAVE YOU EVER BEEN MEDICALLY DISCHARGED FROM THE ARMED SERVICES? ☐ YES ☒ NO 22. HAVE YOU EVER BEEN UNDER TREATMENT FOR A MENTAL OR EMOTIONAL DISORDER? ☐ YES ☒ NO IF "YES," GIVE DETAILS IN ITEM 39 OF FORM 57.		
23. PRESENT MILITARY STATUS		
A. ARE YOU REGISTERED WITH A SELECTIVE SERVICE BOARD? ☐ YES ☒ NO IF "YES," STATE BELOW THE NUMBER AND ADDRESS OF THE BOARD, AND YOUR CLASSIFICATION:		
B. DO YOU HAVE A MILITARY RESERVE STATUS? ☐ YES ☒ NO IF "YES," STATE BELOW, THE BRANCH OF SERVICE, YOUR SERIAL NUMBER, YOUR ORGANIZATION UNIT AND HEADQUARTERS:		
LIST DECORATIONS (Exclusive of service ribbons), CITATIONS, AND OFFICIAL LETTERS OF COMMENDATION RECEIVED FOR SERVICE IN THE ARMED FORCES:		
24. LIST OTHER NAMES, IF ANY, BY WHICH YOU HAVE BEEN KNOWN INCLUDING MARRIED NAMES, IF MARRIED MORE THAN ONCE, GIVE DATES DURING WHICH NAMES WERE USED.		
25. REFERENCES: LIST FIVE PERSONS, EXCLUSIVE OF SUPERVISORS, LIVING IN THE UNITED STATES WHO ARE NOT RELATED TO YOU AND WHO HAVE DEFINITIVE KNOWLEDGE OF YOUR QUALIFICATIONS AND FITNESS FOR THE POSITION FOR WHICH YOU ARE APPLYING. (Repeat names listed in Item 24, Form 57 and add two additional references.)		
FULL NAME	PRESENT BUSINESS OR HOME ADDRESS (Give complete current address, including street and number)	BUSINESS OR OCCUPATION
Norman Armour	c/o Dept. of State	Retired, FSO
Paul C. Hutton	c/p Dept. of State	FSO/Dept.
Raymond G. Luddy	c/o Dept. of State	FSO/Dept.
Gen. Douglas MacArthur	Remington Rand, N.Y.C.	Corp. President
Maj. Gen. R. C. Harmon	Dept. of Air Force	Judge Advocate
26. HAVE YOU EVER BEEN UNDER THE CIVIL SERVICE RETIREMENT SYSTEM? Yes		27. SOCIAL SECURITY NUMBER, IF ANY: 268-28-1199
28. If you believe the information you have supplied on this application does not fully show your qualifications for Departmental or Foreign Service Employment, state in Item 33 of Form 57 or on a separate sheet, any additional appropriate data that you wish to be considered.		
DATE 10 February 1956		SIGNATURE Robert P. Shaw

STATE - C, WASHINGTON, D.C.

47-191

DO NOT WRITE IN THIS SPACE

17. AVAILABILITY INFORMATION

10. ACTIVE MILITARY SERVICE AND VETERAN'S PREFERENCE: C

THIS SPACE FOR USE OF APPOINTING OFFICER ONLY

The information given in answer to Question 18 has been verified with the discharge certificate and on other proof which shows that the separation was under honorable conditions.

VETERAN PREFERENCE ALLOWED ☐ 5-point ☐ 10-point Comp. Disab. ☐ Other 10-point ☐ None

2000-2001

Index

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PLEASE BE SURE TO READ ATTACHED INSTRUCTIONS BEFORE COMPLETING ITEM 19

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

May inquiry be made of your present employer regarding your character, qualifications, and record of employment? ☒ Yes ☐ No				
1	Dates of employment (month, year) From May 1961 To present time		Exact title of position Political Officer	Number and kind of employees you supervise 8 - 10
Salary or earnings Starting \$12,210 per yr Present \$13,270 per yr		Classification Grade (If in Federal service) GS-14	Place of employment (City & State) Washington, D. C.	Kind of business or organization (Manufacturing, accounting, insurance, etc.) U.S. Govt
Name and address of employer (firm, organization, etc.) Department of State			Name, title, and present address of immediate supervisor Thomas Linthicum	
Reason for leaving Desire to re-enter Foreign Service				
Description of work Analysis of political and economic reporting from Embassies and Consulates in Latin American countries; preparation of special studies based on these reports; conduct of official business with representatives of Latin American Governments in Washington.				
2	Dates of employment (month, year) From June 1958 To May 1961		Exact title of position Vice Consul & Consul	Number and kind of employees you supervised 1 (Secretary)
Salary or earnings Starting \$7,490 per annum Final \$9,900 per annum		Classification Grade (If in Federal service) FSR-4	Place of employment (City & State) Nogales, Mexico & Dept of State	Kind of business or organization (Manufacturing, accounting, insurance, etc.) U.S. Govt
Name and address of employer (firm, organization, etc.) Dept of State, Washington, D.C.			Name, title, and present address of immediate supervisor Consul Gen Robert Martindale Consul Gen Terrence Leonhardy	
Reason for leaving Accept employment in the Department				
Description of work General duties of a Foreign Service Reserve Officer at the American Consulate in Nogales. Handled a considerable number of protection cases, maintained extensive contacts in the state and national governments, handled political reporting for the consulate. Transferred to Department in July 1959.				
3	Dates of employment (month, year) From July 1954 To May 1956		Exact title of position Foreign Affairs Officer	Number and kind of employees you supervised 2 (Secretary & Clerk)
Salary or earnings Starting \$ per Final \$7,785 per annum		Classification Grade (If in Federal service) GS-12	Place of employment (City & State) Washington, D.C.	Kind of business or organization (Manufacturing, accounting, insurance, etc.) U.S. Govt
Name and address of employer (firm, organization, etc.) Dept of Defense Joint Chiefs of Staff			Name, title, and present address of immediate supervisor Oliver W. Anthony	
Reason for leaving Re-enter Foreign Service				
Description of work Preparation of studies and reports for the military departments and the Joint Chiefs of Staff on Inter-American Defense matters.				

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

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

57-202

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

1. NAME (First, Middle, Maiden (if any), Last) ROBERT TYLER SHAW	2. DATE OF BIRTH (month, day, year) JUNE 18, 1925
3. KIND OF SERVICE (Army, Navy, Air Force, Marine Corps, Coast Guard, etc.) FOREIGN SERVICE	4. DATE OF THIS CONTINUATION SHEET

5. DATES OF EMPLOYMENT (month, year) FROM May 1952 TO July 1954		6. EXACT TITLE OF YOUR POSITION Vice Consul	
7. SALARY OR EARNINGS STARTING \$ PER FINAL \$ PER		8. CLASSIFICATION GRADE (if in Federal Service) PSS-9	9. PLACE OF EMPLOYMENT CITY Guayaquil, STATE Ecuador
10. NAME AND ADDRESS OF EMPLOYER (firm, organization, etc.) Dept of State		11. KIND OF BUSINESS OR ORGANIZATION (manufacturing, accounting, insurance, etc.) U.S. Govt	
		12. NAME AND TITLE OF IMMEDIATE SUPERVISOR Consul Gen Paul W. Meyer	

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

13. DATES OF EMPLOYMENT (month, year) FROM Oct 1949 TO Feb 1952		14. EXACT TITLE OF YOUR POSITION Asst Attache	
15. SALARY OR EARNINGS STARTING \$ PSS-10 PER FINAL \$ PSS-9 PER		16. CLASSIFICATION GRADE (if in Federal Service) PSS-9	17. PLACE OF EMPLOYMENT CITY Washington & STATE Caracas, Ven
18. NAME AND ADDRESS OF EMPLOYER (firm, organization, etc.) Dept of State		19. KIND OF BUSINESS OR ORGANIZATION (manufacturing, accounting, insurance, etc.) Government	
		20. NAME AND TITLE OF IMMEDIATE SUPERVISOR Ambassadors Donnally, Sparks, Armour	

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

21. DATES OF EMPLOYMENT (month, year) FROM Nov 1947 TO Oct 1949		22. EXACT TITLE OF YOUR POSITION Editor	
23. SALARY OR EARNINGS STARTING \$ \$2400 PER ANNUM FINAL \$ \$3600 PER		24. CLASSIFICATION GRADE (if in Federal Service)	25. PLACE OF EMPLOYMENT CITY Cincinnati STATE Ohio
26. NAME AND ADDRESS OF EMPLOYER (firm, organization, etc.) Procter & Gamble		27. KIND OF BUSINESS OR ORGANIZATION (manufacturing, accounting, insurance, etc.) Soap & Chemical manufacture	
		28. NAME AND TITLE OF IMMEDIATE SUPERVISOR Carl Frantz Chief, Personnel Relations	

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

ATTACH SUPPLEMENTAL SHEETS OR FORMS HERE

• ANSWER ALL QUESTIONS CORRECTLY AND FULLY

20. SPECIAL QUALIFICATIONS AND SKILLS

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

21. EDUCATION

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

22. FOREIGN TRAVEL

Have you lived or traveled in any foreign countries?

☒ Yes ☐ No

If Yes, give in Item 23 names of countries, dates and length of time spent there and reason or purpose (military service, business, education, or vacation)

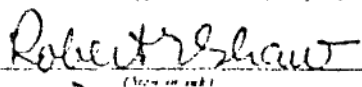
23. FOREIGN LANGUAGES

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

24. REFERENCES

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

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

DATE OF EMPLOYMENT (month, year)		EXACT TITLE OF YOUR POSITION	
ANSWER ALL QUESTIONS BY PLACING "X" IN PROPER COLUMN			
25. Are you a citizen of the United States of America? If "No," give country of which you are a citizen:	YES	NO	
	☒	☐	
26. Are you now, or have you ever been, a member of the Communist Party, U.S.A., the Communist Political Association, the Young Communist League, or any Communist organization?	☐	☒	
27. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group, or combination of persons which is totalitarian, fascist, Communist, or subversive, or which has adopted, or shows, a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means? If your answer to 26 and/or 27 above is "Yes," state on a separate sheet attached to and made a part of this application the names of all such organizations, associations, movements, groups or combination of persons and date of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities. (See Instruction Sheet)	☐	☒	
28. Have you any physical handicap, chronic disease, or other disability?	☐	☒	
29. Have you ever had a nervous breakdown?	☐	☒	
30. Have you ever had tuberculosis? If your answer to 28, 29, or 30 above is "Yes," give details in Item 39.	☐	☒	
31. Have you ever been barred by the U.S. Civil Service Commission from taking examinations or accepting civil service appointment? (If your answer is "Yes," give dates of and reasons for such debarment in Item 39.)	☐	☒	
32. Does the United States Government employ in a civilian capacity any relative of yours (by blood or marriage) with whom you live or have lived within the past 24 months? If your answer is "Yes," give in Item 40 for EACH such relative (1) full name; (2) present address; (3) relationship; (4) department or agency by which employed, and (5) kind of appointment.	☐	☒	
33. Do you receive or have you applied for an annuity from the United States or District of Columbia Government under any retirement act or any pension or other compensation for military or naval service? If your answer is "Yes," give details in Item 39.	☐	☒	
34. Are you an official or employee of any State, territory, county, or municipality? If your answer is "Yes," give details in Item 39.	☐	☒	
35. Have you ever been discharged (fired) from employment for any reason?	☐	☒	
36. Have you ever resigned (quit) after being informed that your employer intended to discharge (fire) you for any reason? If your answer to 35 or 36 above is "Yes," give details in Item 39. Show the name and address of employer, approximate date, and reason, in each case. This information should agree with statements made in Item 19—Experience.	☐	☒	
37. Have you ever been arrested, taken into custody, held for investigation or questioning, or charged by any law enforcement authority? (You may omit: (1) Traffic violations for which you paid a fine of \$30.00 or less, and (2) anything that happened before your 16th birthday. All other incidents must be included, even though they were dismissed or you merely forfeited collateral.)	☐	☒	
38. While in the military service were you ever arrested for an offense which resulted in a trial by court-martial, special, or general court-martial? If your answer to 37 or 38 is "Yes," give details in Item 39, showing for each incident: (1) date, (2) charge, (3) place, (4) law enforcing authority or type of court or court-martial, and (5) action taken.	☐	☒	
39. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS. Indicate item numbers to which answers apply.			
Item No.	Answer	Item No.	Answer
22	China - Reside w/parents 1931-34	Venezuela/Asst Att/1949-52	
	Mexico - Travel since 45, Vice Consul & Consul at Havana 1956-59	Ecuador/Vice Consul/Guayaquil/1952-54	
		Visits to Colombia, Panama, Trinidad, Barbados, Brazil, Hawaii, Philippines	
		Hong Kong	
If more space is required, use full sheets of paper approximately the same size as this page. Write on each sheet your name, date of birth, and exact position title. Attach on inside of this application.			
ATTENTION: READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING THIS APPLICATION			
A false or dishonest answer to any question in this application may be grounds for rating you ineligible for Federal employment, or for dismissing you after appointment, and may be punishable by fine or imprisonment (U.S. Code, Title 18, Sec. 1001). All statements made in the application are subject to investigation, including a check of your fingerprints, police records, and former employers. All information will be considered in determining your present fitness for Federal employment.			
CERTIFICATION			
I CERTIFY that all of the statements made in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith.			
Signature of applicant			Date
	(Print or ink)		11 January 63

FORM DS-1031 (Exception to SF-32 approved by CSC and B of B April 27, 1950)				REQUEST NO. A		SERVICE ROUTING 1. WF 2. LV 3. TRANS		4. 164		5. 111	
DEPARTMENT OF STATE REQUEST FOR PERSONNEL ACTION				DATE OF REQUEST 04/21/61		EMPLOYEE NUMBER 539700		3. E.O.D. DATE 05-12-61		4. SERIAL POST 712V	
1. NAME Mr. Robert T. SHAW				7. APPT. AFF. DATE		8. SOCIAL SECURITY NO. 06-18-25 01-22-4505-72-52123-55-111		9. LEGAL RESIDENCE FLA VA		10. STATE OF BIRTH ATL GA	
11. DATE OF BIRTH				12. MARITAL STATUS 1		13. NO. OF DEPENDENTS 2		14. UNCL. / 15. HRP 1		16. MARY EXPT. AND STATUS PRICE 25	
17. NATURE OF ACTION Resignation for Personal Reasons Without Prejudice				18. EFFECTIVE DATE OF ACTION 05-12-61		19. NA CODE S		20. APPORTIONED POSITION 1-YES 2-NO 3-WAIVED		18A. PROP. EFF. DATE	
21. LEGAL AUTHORITY FROM -				22. POSITION TITLE Foreign Service Reserve Officer		23. FULL-STAFFING 2		24. POSITION IS IN THE 1-YES 2-NO		25. CODE	
2333 FSR-04-44-\$10,945-0-0000-000				26. DPL-CONS TITLE 2		27. PAYROLL CODE 2		28. DATE ASSIGNED 05-12-61		29. SCHEDULE - SERIES - GRADE - SALARY - POSITION NUMBER	
Department - Group I-C				30. ORGANIZATION DESIGNATION OR POST		31. POS. VACATED - 1-REMOVE, 2-REMAINS 9-99-03		32. ORG-POST CODE 44-FT		33. TENURE	
34. CITY & CLASS 02-59				35. MO. YR. GRADE Ag-1A-7026		36. ALLOTMENT 1		37. RETIREMENT 1		38. EXCEPTED SCHED. F.S. REASON FOR TRANSFER 12	
42. DATE ASSIGNED				43. C.B.C. CODE		44. P.S. SALARY		45. MONTH & YEAR OF GRADE		46. FULL-STAFFING	
47. DATE ASSIGNED				48. C.B.C. CODE		49. P.S. SALARY		50. MONTH & YEAR OF GRADE		51. FULL-STAFFING	
52. POSITION TITLE				53. DPL-CONS TITLE		54. PAYROLL CODE		55. DATE ASSIGNED		56. SCHEDULE - SERIES - GRADE - SALARY - POSITION NUMBER	
57. ORGANIZATION				58. DESIGNATION OR POST		59. POS. VACATED - 1-REMOVE, 2-REMAINS		60. ORG-POST CODE		61. TENURE	
62. CITY & CLASS				63. MO. YR. GRADE		64. ALLOTMENT		65. RETIREMENT		66. EXCEPTED SCHED. F.S. REASON FOR TRANSFER	
67. DATE ASSIGNED				68. C.B.C. CODE		69. P.S. SALARY		70. MONTH & YEAR OF GRADE		71. FULL-STAFFING	
72. POSITION TITLE				73. DPL-CONS TITLE		74. PAYROLL CODE		75. DATE ASSIGNED		76. SCHEDULE - SERIES - GRADE - SALARY - POSITION NUMBER	
77. ORGANIZATION				78. DESIGNATION OR POST		79. POS. VACATED - 1-REMOVE, 2-REMAINS		80. ORG-POST CODE		81. TENURE	
82. CITY & CLASS				83. MO. YR. GRADE		84. ALLOTMENT		85. RETIREMENT		86. EXCEPTED SCHED. F.S. REASON FOR TRANSFER	
87. DATE ASSIGNED				88. C.B.C. CODE		89. P.S. SALARY		90. MONTH & YEAR OF GRADE		91. FULL-STAFFING	
92. POSITION TITLE				93. DPL-CONS TITLE		94. PAYROLL CODE		95. DATE ASSIGNED		96. SCHEDULE - SERIES - GRADE - SALARY - POSITION NUMBER	
97. ORGANIZATION				98. DESIGNATION OR POST		99. POS. VACATED - 1-REMOVE, 2-REMAINS		100. ORG-POST CODE		101. TENURE	
102. CITY & CLASS				103. MO. YR. GRADE		104. ALLOTMENT		105. RETIREMENT		106. EXCEPTED SCHED. F.S. REASON FOR TRANSFER	
107. DATE ASSIGNED				108. C.B.C. CODE		109. P.S. SALARY		110. MONTH & YEAR OF GRADE		111. FULL-STAFFING	
112. POSITION TITLE				113. DPL-CONS TITLE		114. PAYROLL CODE		115. DATE ASSIGNED		116. SCHEDULE - SERIES - GRADE - SALARY - POSITION NUMBER	
117. ORGANIZATION				118. DESIGNATION OR POST		119. POS. VACATED - 1-REMOVE, 2-REMAINS		120. ORG-POST CODE		121. TENURE	
122. CITY & CLASS				123. MO. YR. GRADE		124. ALLOTMENT		125. RETIREMENT		126. EXCEPTED SCHED. F.S. REASON FOR TRANSFER	
127. DATE ASSIGNED				128. C.B.C. CODE		129. P.S. SALARY		130. MONTH & YEAR OF GRADE		131. FULL-STAFFING	
132. POSITION TITLE				133. DPL-CONS TITLE		134. PAYROLL CODE		135. DATE ASSIGNED		136. SCHEDULE - SERIES - GRADE - SALARY - POSITION NUMBER	
137. ORGANIZATION				138. DESIGNATION OR POST		139. POS. VACATED - 1-REMOVE, 2-REMAINS		140. ORG-POST CODE		141. TENURE	
142. CITY & CLASS				143. MO. YR. GRADE		144. ALLOTMENT		145. RETIREMENT		146. EXCEPTED SCHED. F.S. REASON FOR TRANSFER	
147. DATE ASSIGNED				148. C.B.C. CODE		149. P.S. SALARY		150. MONTH & YEAR OF GRADE		151. FULL-STAFFING	
152. POSITION TITLE				153. DPL-CONS TITLE		154. PAYROLL CODE		155. DATE ASSIGNED		156. SCHEDULE - SERIES - GRADE - SALARY - POSITION NUMBER	
157. ORGANIZATION				158. DESIGNATION OR POST		159. POS. VACATED - 1-REMOVE, 2-REMAINS		160. ORG-POST CODE		161. TENURE	
162. CITY & CLASS				163. MO. YR. GRADE		164. ALLOTMENT		165. RETIREMENT		166. EXCEPTED SCHED. F.S. REASON FOR TRANSFER	
167. DATE ASSIGNED				168. C.B.C. CODE		169. P.S. SALARY		170. MONTH & YEAR OF GRADE		171. FULL-STAFFING	
172. POSITION TITLE				173. DPL-CONS TITLE		174. PAYROLL CODE		175. DATE ASSIGNED		176. SCHEDULE - SERIES - GRADE - SALARY - POSITION NUMBER	
177. ORGANIZATION				178. DESIGNATION OR POST		179. POS. VACATED - 1-REMOVE, 2-REMAINS		180. ORG-POST CODE		181. TENURE	
182. CITY & CLASS				183. MO. YR. GRADE		184. ALLOTMENT		185. RETIREMENT		186. EXCEPTED SCHED. F.S. REASON FOR TRANSFER	
187. DATE ASSIGNED				188. C.B.C. CODE		189. P.S. SALARY		190. MONTH & YEAR OF GRADE		191. FULL-STAFFING	
192. POSITION TITLE				193. DPL-CONS TITLE		194. PAYROLL CODE		195. DATE ASSIGNED		196. SCHEDULE - SERIES - GRADE - SALARY - POSITION NUMBER	
197. ORGANIZATION				198. DESIGNATION OR POST		199. POS. VACATED - 1-REMOVE, 2-REMAINS		200. ORG-POST CODE		201. TENURE	
202. CITY & CLASS				203. MO. YR. GRADE		204. ALLOTMENT		205. RETIREMENT		206. EXCEPTED SCHED. F.S. REASON FOR TRANSFER	
207. DATE ASSIGNED				208. C.B.C. CODE		209. P.S. SALARY		210. MONTH & YEAR OF GRADE		211. FULL-STAFFING	
212. POSITION TITLE				213. DPL-CONS TITLE		214. PAYROLL CODE		215. DATE ASSIGNED		216. SCHEDULE - SERIES - GRADE - SALARY - POSITION NUMBER	
217. ORGANIZATION				218. DESIGNATION OR POST		219. POS. VACATED - 1-REMOVE, 2-REMAINS		220. ORG-POST CODE		221. TENURE	
222. CITY & CLASS				223. MO. YR. GRADE		224. ALLOTMENT		225. RETIREMENT		226. EXCEPTED SCHED. F.S. REASON FOR TRANSFER	
227. DATE ASSIGNED				228. C.B.C. CODE		229. P.S. SALARY		230. MONTH & YEAR OF GRADE		231. FULL-STAFFING	
232. POSITION TITLE				233. DPL-CONS TITLE		234. PAYROLL CODE		235. DATE ASSIGNED		236. SCHEDULE - SERIES - GRADE - SALARY - POSITION NUMBER	
237. ORGANIZATION				238. DESIGNATION OR POST		239. POS. VACATED - 1-REMOVE, 2-REMAINS		240. ORG-POST CODE		241. TENURE	
242. CITY & CLASS				243. MO. YR. GRADE		244. ALLOTMENT		245. RETIREMENT		246. EXCEPTED SCHED. F.S. REASON FOR TRANSFER	
247. DATE ASSIGNED				248. C.B.C. CODE		249. P.S. SALARY		250. MONTH & YEAR OF GRADE		251. FULL-STAFFING	
252. POSITION TITLE				253. DPL-CONS TITLE		254. PAYROLL CODE		255. DATE ASSIGNED		256. SCHEDULE - SERIES - GRADE - SALARY - POSITION NUMBER	
257. ORGANIZATION				258. DESIGNATION OR POST		259. POS. VACATED - 1-REMOVE, 2-REMAINS		260. ORG-POST CODE		261. TENURE	
262. CITY & CLASS				263. MO. YR. GRADE		264. ALLOTMENT		265. RETIREMENT		266. EXCEPTED SCHED. F.S. REASON FOR TRANSFER	
267. DATE ASSIGNED				268. C.B.C. CODE		269. P.S. SALARY		270. MONTH & YEAR OF GRADE		271. FULL-STAFFING	
272. POSITION TITLE				273. DPL-CONS TITLE		274. PAYROLL CODE		275. DATE ASSIGNED		276. SCHEDULE - SERIES - GRADE - SALARY - POSITION NUMBER	
277. ORGANIZATION				278. DESIGNATION OR POST		279. POS. VACATED - 1-REMOVE, 2-REMAINS		280. ORG-POST CODE		281. TENURE	
282. CITY & CLASS				283. MO. YR. GRADE		284. ALLOTMENT		285. RETIREMENT		286. EXCEPTED SCHED. F.S. REASON FOR TRANSFER	
287. DATE ASSIGNED				288. C.B.C. CODE		289. P.S. SALARY		290. MONTH & YEAR OF GRADE		291. FULL-STAFFING	
292. POSITION TITLE				293. DPL-CONS TITLE		294. PAYROLL CODE		295. DATE ASSIGNED		296. SCHEDULE - SERIES - GRADE - SALARY - POSITION NUMBER	
297. ORGANIZATION				298. DESIGNATION OR POST		299. POS. VACATED - 1-REMOVE, 2-REMAINS		300. ORG-POST CODE		301. TENURE	
302. CITY & CLASS				303. MO. YR. GRADE		304. ALLOTMENT		305. RETIREMENT		306. EXCEPTED SCHED. F.S. REASON FOR TRANSFER	
307. DATE ASSIGNED				308. C.B.C. CODE		309. P.S. SALARY		310. MONTH & YEAR OF GRADE		311. FULL-STAFFING	
312. POSITION TITLE				313. DPL-CONS TITLE		314. PAYROLL CODE		315. DATE ASSIGNED		316. SCHEDULE - SERIES - GRADE - SALARY - POSITION NUMBER	
317. ORGANIZATION				318. DESIGNATION OR POST		319. POS. VACATED - 1-REMOVE, 2-REMAINS		320. ORG-POST CODE		321. TENURE	
322. CITY & CLASS				323. MO. YR. GRADE		324. ALLOTMENT		325. RETIREMENT		326. EXCEPTED SCHED. F.S. REASON FOR TRANSFER	
327. DATE ASSIGNED				328. C.B.C. CODE		329. P.S. SALARY		330. MONTH & YEAR OF GRADE		331. FULL-STAFFING	
332. POSITION TITLE				333. DPL-CONS TITLE		334. PAYROLL CODE		335. DATE ASSIGNED		336. SCHEDULE - SERIES - GRADE - SALARY - POSITION NUMBER	
337. ORGANIZATION				338. DESIGNATION OR POST		339. POS. VACATED - 1-REMOVE, 2-REMAINS		340. ORG-POST CODE		341. TENURE	
342. CITY & CLASS				343. MO. YR. GRADE		344. ALLOTMENT		345. RETIREMENT		346. EXCEPTED SCHED. F.S. REASON FOR TRANSFER	
347. DATE ASSIGNED				348. C.B.C. CODE		349. P.S. SALARY		350. MONTH & YEAR OF GRADE		351. FULL-STAFFING	
352. POSITION TITLE				353. DPL-CONS TITLE		354. PAYROLL CODE		355. DATE ASSIGNED		356. SCHEDULE - SERIES - GRADE - SALARY - POSITION NUMBER	
357. ORGANIZATION				358. DESIGNATION OR POST		359. POS. VACATED - 1-REMOVE, 2-REMAINS		360. ORG-POST CODE		361. TENURE	
362. CITY & CLASS				363. MO. YR. GRADE		364. ALLOTMENT		365. RETIREMENT		366. EXCEPTED SCHED. F.S. REASON FOR TRANSFER	
367. DATE ASSIGNED				368. C.B.C. CODE		369. P.S. SALARY		370. MONTH & YEAR OF GRADE		371. FULL-STAFFING	
372. POSITION TITLE				373. DPL-CONS TITLE		374. PAYROLL CODE		375. DATE ASSIGNED		376. SCHEDULE - SERIES - GRADE - SALARY - POSITION NUMBER	
377. ORGANIZATION				378. DESIGNATION OR POST		379. POS. VACATED - 1-REMOVE, 2-REMAINS		380. ORG-POST CODE		381. TENURE	
382. CITY & CLASS				383. MO. YR. GRADE		384. ALLOTMENT		385. RETIREMENT		386. EXCEPTED SCHED. F.S. REASON FOR TRANSFER	
387. DATE ASSIGNED				388. C.B.C. CODE		389. P.S. SALARY		390. MONTH & YEAR OF GRADE		391. FULL-STAFFING	
392. POSITION TITLE				393. DPL-CONS TITLE		394. PAYROLL CODE		395. DATE ASSIGNED		396. SCHEDULE - SERIES - GRADE - SALARY - POSITION NUMBER	
397. ORGANIZATION				398. DESIGNATION OR POST		399. POS. VACATED - 1-REMOVE, 2-REMAINS		400. ORG-POST CODE		401. TENURE	
402. CITY & CLASS				403. MO. YR. GRADE		404. ALLOTMENT		405. RETIREMENT		406. EXCEPTED SCHED. F.S. REASON FOR TRANSFER	
407. DATE ASSIGNED				408. C.B.C. CODE		409. P.S. SALARY		410. MONTH & YEAR OF GRADE		411. FULL-STAFFING	
412. POSITION TITLE				413. DPL-CONS TITLE		414. PAYROLL CODE		415. DATE ASSIGNED		416. SCHEDULE - SERIES - GRADE - SALARY - POSITION NUMBER	
417. ORGANIZATION				418. DESIGNATION OR POST		419. POS. VACATED - 1-REMOVE, 2-REMAINS		420. ORG-POST CODE		421. TENURE	
422. CITY & CLASS				423. MO. YR. GRADE		424. ALLOTMENT		425. RETIREMENT		426. EXCEPTED SCHED. F.S. REASON FOR TRANSFER	
427. DATE ASSIGNED				428. C.B.C. CODE		429. P.S. SALARY		430. MONTH & YEAR OF GRADE		431. FULL-STAFFING	
432. POSITION TITLE				433. DPL-CONS TITLE		434. PAYROLL CODE		435. DATE ASSIGNED		436. SCHEDULE - SERIES - GRADE - SALARY - POSITION NUMBER	
437. ORGANIZATION				438. DESIGNATION OR POST		439. POS. VACATED - 1-REMOVE, 2-REMAINS		440. ORG-POST CODE		441. TENURE	
442. CITY & CLASS				443. MO. YR. GRADE		444. ALLOTMENT		445. RETIREMENT		446. EXCEPTED SCHED. F.S. REASON FOR TRANSFER	
447. DATE ASSIGNED				448. C.B.C. CODE		449. P.S. SALARY		450. MONTH & YEAR OF GRADE		451. FULL-STAFFING	
452. POSITION TITLE				453. DPL-CONS TITLE		454. PAYROLL CODE		455. DATE ASSIGNED		456. SCHEDULE - SERIES - GRADE - SALARY - POSITION NUMBER	
457. ORGANIZATION				458. DESIGNATION OR POST		459. POS. VACATED - 1-REMOVE, 2-REMAINS		460. ORG-POST CODE		461. TENURE	
462. CITY & CLASS				463. MO. YR. GRADE		464. ALLOTMENT		465. RETIREMENT		466. EXCEPTED SCHED. F.S. REASON FOR TRANSFER	
467. DATE ASSIGNED				468. C.B.C. CODE		469. P.S. SALARY		470. MONTH & YEAR OF GRADE		471. FULL-STAFFING	
472. POSITION TITLE				473. DPL-CONS TITLE		474. PAYROLL CODE		475. DATE ASSIGNED		476. SCHEDULE - SERIES - GRADE - SALARY - POSITION NUMBER	
477. ORGANIZATION				478. DESIGNATION OR POST		479. POS. VACATED - 1-REMOVE, 2-REMAINS		480. ORG-POST CODE		481. TENURE	
482. CITY & CLASS				483. MO. YR. GRADE		484. ALLOTMENT		485. RETIREMENT		486. EXCEPTED SCHED. F.S. REASON FOR TRANSFER	
487. DATE ASSIGNED				488. C.B.C. CODE		489. P.S. SALARY		490. MONTH & YEAR OF GRADE		491. FULL-STAFFING	
492. POSITION TITLE				493. DPL-CONS TITLE		494. PAYROLL CODE		495. DATE ASSIGNED		496. SCHEDULE - SERIES - GRADE - SALARY - POSITION NUMBER	
497. ORGANIZATION				498. DESIGNATION OR POST		499. POS. VACATED - 1-REMOVE, 2-REMAINS		500. ORG-POST CODE		501. TENURE	
502. CITY & CLASS				503. MO. YR. GRADE		504. ALLOTMENT		505. RETIREMENT		506. EXCEPTED SCHED. F.S. REASON FOR TRANSFER	
507. DATE ASSIGNED				508. C.B.C. CODE		509. P.S. SALARY		510. MONTH & YEAR OF GRADE		511. FULL-STAFFING	
512. POSITION TITLE				513. DPL-CONS TITLE		514. PAYROLL CODE		515. DATE ASSIGNED		516. SCHEDULE - SERIES - GRADE - SALARY - POSITION NUMBER	
517. ORGANIZATION				518. DESIGNATION OR POST		519. POS. VACATED - 1-REMOVE, 2-REMAINS		520. ORG-POST CODE		521. TENURE	
522. CITY & CLASS				523. MO. YR. GRADE		524. ALLOTMENT		525. RETIREMENT		526. EXCEPTED SCHED. F.S. REASON FOR TRANSFER	
527. DATE ASSIGNED				528. C.B.C. CODE		529. P.S. SALARY		530. MONTH & YEAR OF GRADE		531. FULL-STAFFING	
532. POSITION TITLE				533. DPL-CONS TITLE		534. PAYROLL CODE		535. DATE ASSIGNED		536. SCHEDULE - SERIES - GRADE - SALARY - POSITION NUMBER	
537. ORGANIZATION				538. DESIGNATION OR POST		539. POS. VACATED - 1-REMOVE, 2-REMAINS		540. ORG-POST CODE		541. TENURE	
542. CITY & CLASS				543. MO. YR. GRADE		544. ALLOTMENT		545. RETIREMENT		546. EXCEPTED SCHED. F.S. REASON FOR TRANSFER	
547. DATE ASSIGNED				548. C.B.C. CODE		549. P.S. SALARY		550. MONTH & YEAR OF GRADE		551. FULL-STAFFING	
552. POSITION TITLE				553. DPL-CONS TITLE		554. PAYROLL CODE		555. DATE ASSIGNED		556. SCHEDULE - SERIES - GRADE - SALARY - POSITION NUMBER	
557. ORGANIZATION				558. DESIGNATION OR POST		559. POS. VACATED - 1-REMOVE, 2-REMAINS		560. ORG-POST CODE		561. TENURE	
562. CITY & CLASS				563. MO. YR. GRADE		564. ALLOTMENT		565. RETIREMENT		566. EXCEPTED SCHED. F.S. REASON FOR TRANSFER	
567. DATE ASSIGNED				568. C.B.C. CODE		569. P.S. SALARY		570. MONTH & YEAR OF GRADE		571. FULL-STAFFING	
572. POSITION TITLE				573. DPL-CONS TITLE		574. PAYROLL CODE		575. DATE ASSIGNED		576. SCHEDULE - SERIES - GRADE - SALARY - POSITION NUMBER	
577. ORGANIZATION				578. DESIGNATION OR POST		579. POS. VACATED - 1-REMOVE, 2-REMAINS		580. ORG-POST CODE		581. TENURE	
582. CITY & CLASS				583. MO. YR. GRADE		584. ALLOTMENT		585. RETIREMENT		586. EXCEPTED SCHED. F.S. REASON FOR TRANSFER	
587. DATE ASSIGNED				588. C.B.C. CODE		589. P.S. SALARY		590. MONTH & YEAR OF GRADE		591. FULL-STAFFING	
592. POSITION TITLE				593. DPL-CONS TITLE		594. PAYROLL CODE		595. DATE ASSIGNED		596. SCHEDULE - SERIES - GRADE - SALARY - POSITION NUMBER	
597. ORGANIZATION				598. DESIGNATION OR POST		599. POS. VACATED - 1-REMOVE, 2-REMA					

Robert T. Shaw NO 123456789

Resignation COB 5/12/61

No lump sum payment authorized for leave.

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

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

123456789

123456789

SEPARATION DATA

RESIGNATION

Washington, D.C.
April 20, 1961

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

Dear Mr. Secretary:

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

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

Respectfully,

RT Shaw

Robert T. Shaw
Foreign Service Reserve Officer

5-12-61

A1950 SHAW ROBERT Y

FSR- 4 FROM 10175 TO 10965 PAY RAISE 65% 10965 PL568

DEPARTMENT OF STATE
PAY ROLL CHANGE SLIP

POST	ORG. CODE	POSITION NO.	APPR. & ALLOT.	EFFECTIVE DATE	DATE OF LAST ADJUV. INCREASE
DEPARTMENT	0011		1A-7025	7-1-65	2-59
EMPLOYEE'S NAME	EMPLOYEE NO.	CATS. & CLASS SERV. & GRADE	NEW SALARY RATE	OLD SALARY RATE	
SHAW ROBERT Y	A1950	FSR-4	110,175	57,900	

LWOP DATA (fill in appropriate box, check only ONE box, following instructions):

☐ NO EXCESS LWOP - TOTAL EXCESS LWOP _____

☐ Check appropriate box in case of excess LWOP:

☐ IN PAY STATUS AT END OF WAITING PERIOD

☐ IN LWOP STATUS AT END OF WAITING PERIOD

☐ Civil or Step Increase _____

☐ Pay Adjustment _____

REMARKS _____

Performance rating: Satisfactory or better _____

Signature of official authorizing _____

RECORDING COPY

DEPARTMENT OF STATE

WASHINGTON 25, D. C.

NOTIFICATION OF PERSONNEL ACTION

SECRET

☒ FS ☐ DFEL

A1950

1. NAME - Mr. Robert T. Shaw		2. DATE OF BIRTH 6-18-25	3. JOURNAL OR ACTION NO. FA-54	4. DATE 7-21-59
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (Use standard terminology) Transfer		6. EFFECTIVE DATE 7-26-59	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
FROM:		TO:		
Political Officer 1-1011-009 Consul FSR-4 \$9900 Mogales		Foreign Service Reserve Officer FSR-4 \$9900 Department		
☐ FIELD ☐ Regular		☐ DEPARTMENTAL ☐ Resident		
☐ Non-US		☐ FIELD ☐ Regular		
☐ DEPARTMENTAL ☐ Resident		☐ Non-US		
12. VETERAN'S PREFERENCE NONE ☐ 5 PT ☐ 10 POINT ☐ DISAB ☐ OTHER ☐		14. POSITION CLASSIFICATION ACTION NEW ☐ VICE ☐ I. A. ☐ REAL ☐ Group I-6		
13. SEX M	15. APPROPRIATION FROM OA-4011 TO OA-3025	17. RETIREMENT COVERAGE ☒ OSC ☐ FS ☐ NONE	18. DATE OF APPOINTMENT AFFIDAVITS (Accession Only)	19. LEGAL RESIDENCE ☐ CLAIMED ☐ PROVED STATE:
20. This action is subject to all applicable laws, rules and regulations and may be subject to investigation and approval by the United States Civil Service Commission or the Department				
ENTRANCE PERFORMANCE RATING				
21. SIGNATURE OR OTHER AUTHENTICATION				

PERSONNEL FOLDER

Form DB-1031 Reception to SF-53 Approved by the Bureau of the Budget May 1954		ROUTING 1. WROS 1-16 2. ARA 1-16 3. AAB 1-16		4. T-16/17 5. 3 6. TRANS 7. 11		SERVICE XX DPYL																																																		
DEPARTMENT OF STATE REQUEST FOR PERSONNEL ACTION																																																								
1. NAME (Mr.-Miss-Mrs.-One given name, initial (s), and surname) Mr. Robert T. SHAW		2. DATE OF BIRTH 6-18-25		3. REQUEST NO.		4. DATE OF REQUEST 3-26-59																																																		
5. NATURE OF ACTION REQUESTED A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Direct Transfer to the Department (DR-#11) B. POSITION (Specify whether establish, change grade or title, etc.)				6. EFFECTIVE DATE A. PROPOSED: TDR B. APPROVED: 7-26-59		7. C.B. OR OTHER LEGAL AUTHORITY																																																		
FROM: Political Officer 1-1011-009 Consul		8. POSITION TITLE AND NUMBER Diplomatic or Consular Title		TO: Foreign Service Reserve Officer																																																				
9. SCHEDULE, SERIES NO., GRADE, SALARY FSR-4 \$9900		10. ORGANIZATIONAL DESIGNATIONS Post		11. HEADQUARTERS Department		12. DE CATEGORY FSR Category																																																		
13. VETERAN PREVIOUS SERVICE NONE 9-PT. 10-PT. 11-PT. DISAB OTHER		14. FULL STAFFING ALLOTMENT YES NO FROM TO		15. POSITION CLASSIFICATION ACTION NEW VICE I.A. REAL		Group I-e																																																		
16. RESERVE STATUS ACTIVE INACTIVE		17. RETIREMENT COVERAGE DEC PS FICA NONE		18. DATE OF APPOINTMENT AFFIDAVITS (Accessions only)		19. LEGAL RESIDENCE CLAIMED PROVED STATE																																																		
20. REQUESTED BY (Name and title) TJudd, Chief, WROS		21. REQUEST APPROVED BY Signature and title DPD WNS, Asst. Chief, PER/POD																																																						
22. CLEARANCES A. B. C. CLASSIFICATION		23. INITIAL OR SIGNATURE DATE		24. CLEARANCES D. REPLACEMENT OR ENPL E. APPROVED BY AAE 3/31/59																																																				
REMARKS																																																								
<table border="1"> <tr> <td>TRAVEL AUTHORIZATION</td> <td>EFFECT DATE</td> <td>TERMINATED DATE</td> <td>PER/TO ENCUMBRANCE FUNDS AVAILABLE</td> <td>PER/TO ENCUMBRANCE FUNDS AVAILABLE</td> <td>FROM Hogales</td> <td>TO Washington, DC</td> </tr> <tr> <td></td> <td></td> <td></td> <td>APPR.</td> <td>W: Janet</td> <td>VIA</td> <td>DETAILS ENROUTE</td> </tr> <tr> <td></td> <td></td> <td></td> <td>ALLOT.</td> <td>D: Barbara 7/52</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>ORIG. NO.</td> <td>B: Richard 9/55</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>DATE</td> <td>S: Thomas 9/55</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>SIGNATURE</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>T.O. DATE</td> <td>T.O. NO.</td> <td>SHIPMENT OF EFFECTS FROM: Hogales TO: Washington, DC</td> <td></td> </tr> </table>								TRAVEL AUTHORIZATION	EFFECT DATE	TERMINATED DATE	PER/TO ENCUMBRANCE FUNDS AVAILABLE	PER/TO ENCUMBRANCE FUNDS AVAILABLE	FROM Hogales	TO Washington, DC				APPR.	W: Janet	VIA	DETAILS ENROUTE				ALLOT.	D: Barbara 7/52						ORIG. NO.	B: Richard 9/55						DATE	S: Thomas 9/55						SIGNATURE							T.O. DATE	T.O. NO.	SHIPMENT OF EFFECTS FROM: Hogales TO: Washington, DC	
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REMARKS Authorize travel and full shipment of effects as indicated.																																																								
ETD 5/30 ROD 4/10/59 PER:POD:WROS:ms TJCH																																																								

Form DS-1032
Exception to 50-60
Approved by the
Bureau of the Budget
May 1954

DEPARTMENT OF STATE
WASHINGTON 25, D. C.

NOTIFICATION OF PERSONNEL ACTION

A1950

SERIAL

☒ FS ☐ DFTL

1. NAME (Mr., Mrs., Miss, etc. given name, middle initial and surname)		2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
Mr. Robert T. Shaw		6-18-25	FS -107	2-19-59
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (Use standard terminology)		6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
Promotion		2-22-59		
FROM:		TO:		
PSR-5 \$8965		Political Officer Consul PSR-4 \$9900 Nogales		
☐ FIELD ☐ DEPARTMENTAL ☐ Regular ☐ Resident ☐ Non-US		☐ FIELD ☐ DEPARTMENTAL ☐ Regular ☐ Resident ☐ Non-US		
13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION		
NONE ☐ 5-PT ☐ 10-POINT ☐ Disab. ☐ Other ☐		NEW ☐ VICE ☐ I. A. ☐ REAL ☐		
15. SEX	16. APPROPRIATION	17. RETIREMENT COVERAGE	18. DATE OF APPOINTMENT AFFIDAVIT (Accession Only)	19. LEGAL RESIDENCE
M	FROM TO 9A-4011	CSG ☐ FS ☐ ☐ FICA ☐ NONE ☐		☐ CLAIMED ☐ PROVED STATE:
20. This action is subject to all applicable laws, rules and regulations and may be subject to investigation and approval by the United States Civil Service Commission or the Department.				
ENTRANCE PERFORMANCE RATING				
21. Signature of Official Authorizing				

Form DB-1031 Exemption to SF-53 Approved by the Bureau of the Budget May 1954		ROUTING 1. WROS 2. ARA 3. AAR		4. 1/2/59 5. 3 6. TRANS 7. 11		SERVICE EX- ☐ DPTL																																							
DEPARTMENT OF STATE REQUEST FOR PERSONNEL ACTION																																													
1. NAME (Mr., Mrs., One given name, initial (i), and surname) Mr. Robert T. SHAW		2. DATE OF BIRTH 6-18-25		3. REQUEST NO.		4. DATE OF REQUEST 3-26-59																																							
5. NATURE OF ACTION REQUESTED A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Direct Transfer to the Department (DT-#11) B. POSITION (Specify whether establish, change grade or title, etc.)				6. EFFECTIVE DATE A. PROPOSED 7-26-59 B. APPROVED		7. C.S. OR OTHER LEGAL AUTHORITY																																							
FROM: Political Officer 1-1011-009 Consul FSR-4		8. POSITION TITLE AND NUMBER Diplomatic or Consular Title		TO: Foreign Service Reserve Officer		9. SCHEDULE, SERVICE, GRADE, BAGGAGE FSR-4 \$9900																																							
10. ORGANIZATIONAL DESIGNATIONS Post 11. HEADQUARTERS 12. DE CATEGORY FSS-Category		13. DEPARTMENTAL Department		14. FIELD ☐ FIELD ☐ DEPARTMENTAL ☐ RESIDENT		15. VETERAN PRECEDENCE NONE ☐ SPT. ☐ 10-PT. ☐ OTHER ☐																																							
16. ONE M		17. APPROPRIATION FROM: 9A-4011 TO: 9A-3025		18. RETIREMENT COVERAGE ☒ SC ☐ PS ☐ FICA ☐ NONE		19. DATE OF APPOINTMENT AFFIDAVIT (Accessions only)																																							
20. RESERVE STATUS ☐ ACTIVE ☐ INACTIVE		21. MARITAL STATUS ☒ MARRIED ☐ SINGLE ☐ WIDOWED ☐ WIDOW ☐ DIVORCED ☐ SEPARATED		22. REQUESTED BY (Name and title) TJudd, Chief, WROS - T M Judd		23. REQUEST APPROVED BY Signature and title: DPDowns, Asst. Chief, FSR/POD																																							
24. CLEARANCES A. ☐ B. ☐ C. ☐		25. INITIAL OR SIGNATURE DATE		26. CLEARANCES D. ☐ E. ☐		27. INITIAL OR SIGNATURE DATE																																							
28. CEIL. OR POS. CONTROL		29. CLASSIFICATION		30. APPROVED BY AAR		31. DATE 3/31/59																																							
REMARKS																																													
<table border="1"> <tr> <td rowspan="5">REQUEST FOR TRAVEL AUTHORIZATION</td> <td>OBJECT CLASS</td> <td>ESTIMATED COST</td> <td>PER/TC ENCUMBRANCE FUNDS AVAILABLE</td> <td>SERIAL OF DEPENDENTS AND DATES OF BIRTH OF CHILDREN UNDER 21</td> <td>FROM Nogales</td> <td>TO Washington, DC</td> </tr> <tr> <td></td> <td></td> <td>APPR.</td> <td>W: Janet</td> <td>VIA</td> <td>DETAILS ENROUTE</td> </tr> <tr> <td></td> <td></td> <td>ALLOT.</td> <td>D: Barbara 7/52</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>DATE</td> <td>S: Richard 9/55</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>SIGNATURE</td> <td>S: Thomas 9/55</td> <td></td> <td></td> </tr> <tr> <td colspan="2">TOTAL</td> <td colspan="2"></td> <td colspan="3">SHIPMENT OF EFFECTS FROM: Nogales TO: Washington, DC</td> </tr> </table>								REQUEST FOR TRAVEL AUTHORIZATION	OBJECT CLASS	ESTIMATED COST	PER/TC ENCUMBRANCE FUNDS AVAILABLE	SERIAL OF DEPENDENTS AND DATES OF BIRTH OF CHILDREN UNDER 21	FROM Nogales	TO Washington, DC			APPR.	W: Janet	VIA	DETAILS ENROUTE			ALLOT.	D: Barbara 7/52					DATE	S: Richard 9/55					SIGNATURE	S: Thomas 9/55			TOTAL				SHIPMENT OF EFFECTS FROM: Nogales TO: Washington, DC		
REQUEST FOR TRAVEL AUTHORIZATION	OBJECT CLASS	ESTIMATED COST	PER/TC ENCUMBRANCE FUNDS AVAILABLE	SERIAL OF DEPENDENTS AND DATES OF BIRTH OF CHILDREN UNDER 21	FROM Nogales	TO Washington, DC																																							
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			SIGNATURE	S: Thomas 9/55																																									
TOTAL				SHIPMENT OF EFFECTS FROM: Nogales TO: Washington, DC																																									
REMARKS: Authorize travel and full shipment of effects as indicated. ETD 5/30 FOD 4/20/59 PER: POD: WROS: WROS																																													

DEPARTMENT OF STATE		Organization Code		Pay Roll Period		Block No.		Step No.						
NOGALES		AL-50		9										
Employee's Name				Grade and Salary		Prepared		Audited by						
SHAW ROBERT T				FCR 5 2000										
PAY ROLL CHANGE DATA														
	A. Base Non-Fac	C. Prom. Non-Fac	B. Base Fac	D. Prom. Fac	F. C.S.R.	U. F.S.R.	T. F.S.V.	G. Fed. Tax	BOND H. Ded. J. Ret.	P. State Tax	E. Fac	V. Other	I. Life Insurance	Not Pay
P. N.														
N. N.														
P. T.														
P. T.														
App														
Alt														
REMARKS:														
☐ Periodic step-increase ☐ Pay adjustment ☐ Other step-increase														
Effective date	Date last equivalent increase	Old salary rate	New salary rate	Performance rating satisfactory or not										
7-1-36	7-27	8690	8985	WILL STUART (Check applicable box in case of excess LWOP) ☐ In pay status at end of waiting period. ☐ In LWOP status at end of waiting period.										
☐ No excess LWOP. Total excess LWOP _____														
05-1042a Form approved by Comp. Gen., U.S., June 29, 1954														

PAY ROLL CHANGE SLIP—PERSONNEL COPY

SHAW ROBERT T

PAY RAISE 85TH CONGRESS FROM 2000 TO 2500

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

PER FILE

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

do solemnly swear (or affirm) that

A. OATH OF OFFICE

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

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

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

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

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

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

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

Robert Tyler Shaw
(Type name of appointee)

(Signature of appointee)

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

at Nogales, Sonora, Mexico.

Service No. 22863

Item No. 58

Fee: Nil

[SHAW]

Chas. H. Kiersey
(Signature of officer)

Chas. H. Kiersey
American Consul

Consul of The United States of America

Department of State Foreign Service of the U.S., Nogales, Sonora, Mexico
(Department of State) (Signature of official) (Place of signing)

Consul of the United States of America
(Signature of official)

August 5, 1957.
(Date of signing)

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

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

DEPARTMENT OF STATE

WASHINGTON 25, D. C.

NOTIFICATION OF PERSONNEL ACTION

1. NAME (Mr., Miss, Mrs., One given name, initial(s) and surname)			2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
Mr. Robert T. Shaw			6-18-25	FS -49	8-12-57
This is to notify you of the following action affecting your employment:					
5. NATURE OF ACTION (Use standard terminology)			6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
Change of Consular Title			8-5-57		
FROM:			TO:		
Political Officer Vice Consul			8. POSITION TITLE <i>Diplomatic or Consular Title</i>	Political Officer Consul	
			9. SCHEDULE, SERIES RD, GRADE, SALARY	FSR-5 \$7900 8425	
			10. ORGANIZATIONAL DESIGNATIONS	Regales	
			11. HEADQUARTERS		
☐ FIELD ☐ DEPARTMENTAL ☐ Regular ☐ Resident ☐ Non-US			12. DS CATEGORY FS Category	☐ FIELD ☐ DEPARTMENTAL ☐ Regular ☐ Resident ☐ Non-US	
13. VETERAN'S PREFERENCE			14. POSITION CLASSIFICATION ACTION		
NONE ☐ 10% ☐ 15% ☐ 20% ☐ Other ☐			NEW ☐ VICE ☐ L & A ☐ REAL ☐		
15. PAY			1-1011-009		
16. APPROPRIATION			17. AFFIDAVIT OF SUPPORT		
FROM TO 84-8011			18. DATE OF AFFIDAVIT (Affidavit Only)		
			19. (FEEL FREE TO STATE) Va.		

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

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

Execute SF-61a as **Consul of the USA** in accordance with 1 FAM-IV 124.

L. L. COMLES

PERSONNEL INFORMATION

PERSONNEL FOLDER

DEPARTMENT OF STATE		Organization Code		Pay Roll Period		Check No.		Slip No.								
FOGALRS		8486														
Employee's Name		Grade and Salary		Payroll No.		Audited by										
ROBERT T. SHAW		89713		VER-5 \$7,900												
PAY ROLL CHANGE DATA																
	A	C	B	D	E	F	G	H	I	J	K	L	M	N	O	P
	Base New-Frs	Plan New-Frs	Base Frs	Plan Frs	CSR	FSR	FSV	Tax	Unl. H. Paid A. Pay	Yrs Tax	Fica	Other	Life Insurance	Net Pay		
P																
N																
N																
P																
P																
Age																
Alt																
REMARKS:																
☐ Periodic step-increase ☐ Pay adjustment ☐ Other description:																
Effective Date		Date last adjustment		Old salary rate		New salary rate		Performance rating (enter in box)								
7/1/57		5/17/56		\$7,650		\$7,900		D-P PUNCHED								
LWOP date (if in appropriate special coverage) _____ During following period(s): _____ ☐ No action LWOP Total across LWOP _____																
Check applicable box in case of action (WOP): ☐ Is pay shown at end of waiting period ☐ Is LWOP shown at end of waiting period																
DS-1012 Form approved by Comp. Gen., U.S., June 29, 1954 PAY ROLL CHANGE SLIP - EMPLOYEE'S COPY																

SALARY ADJ EFF 7-28-56 PL028 CA 1166 9-7-56
SHAW ROBERT T PFR 4 7490 PSP 5 7650

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

1. ROBERT TYLER SHAW WASHINGTON D.C.
(Name in full) (State)
do solemnly swear (or affirm) that 1950 AUG 21 AM 10 25

A. OATH OF OFFICE

PERSONNEL FILES

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

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

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

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

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

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

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

Robert Tyler Shaw
(Type name of appointee)

Robert Tyler Shaw
(Signature of appointee)

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

at Nogales, Sonora, Mexico
(City) (State)

Chester H. Kline
(Signature of official)

Chester H. Kline
Consul of the United States of America
(Title)

Department of State
(Department of origin)

Foreign Service
(Department of destination)

Nogales, Sonora, Mexico
(Place of appointment)

Vice Consul
(Position to which appointed)

July 21, 1950
(Date of appointment)

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

DEPARTMENT OF STATE
WASHINGTON 25, D. C.

NOTIFICATION OF PERSONNEL ACTION

SERVICE

☒ PS ☐ DFTL

1. NAME (Mr., Mrs., One given name, initial, and surname) Mr. Robert T. Shaw	2. DATE OF BIRTH 6-18-25	3. JOURNAL OR ACTION NO. PS 148	4. DATE 7-27-56
--	------------------------------------	---	---------------------------

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

5. NATURE OF ACTION (Use standard terminology) Granting of Consular Title	6. EFFECTIVE DATE 7-21-56	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
---	-------------------------------------	---

FROM:

TO:

Political Officer

8. POSITION TITLE
Diplomatic or Consular Title

**Political Officer
Vice Consul**

9. SCHEDULE, SERIES
NO., GRADE,
SALARY

PSR-4 \$7,490

10. ORGANIZATIONAL
DESIGNATIONS

Nogales

11. HEADQUARTERS

☐ FIELD ☐ DEPARTMENTAL
☐ Regular ☐ Resident ☐ Non-US

12. DS CATEGORY ☐ FIELD ☐ DEPARTMENTAL
PS Category ☐ Regular ☐ Resident ☐ Non-US

13. VETERAN'S PREFERENCE

None	5-PT	10-POINT
		Disab. Other
	X	

14. POSITION CLASSIFICATION ACTION

NEW	VICE	I. A.	REAL
X			

1-1011-009

15. SEX

16. APPROPRIATION

FROM

194-9011

17. AFFIDAVIT OF
FIDELITY
☐ CSC ☐ PS
☒ CSC ☐ NONE

18. DATE OF APPOINTMENT
AFFIDAVIT
(Accessions Only)

19. LEGAL RESIDENCE

☐ CLAIMED ☐ PROVED

STATE:

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

Reinstated: 7-17-56.
Confirmed: 7-21-56.
Attested: 7-21-56.

Execute SF-61a in accordance with 1 PCM IV 124 as **Vice Consul of the USA.**

PERSONNEL FILES
AUG 2 AM 10
RECEIVED
OFFICE OF PERSONNEL

ENTRANCE PERFORMANCE RATING

21. SIGNATURE OR OTHER AUTHENTICATION

Form DS-1557 (Exception to SF 32) Approved by the Bureau of the Budget May 1954 DEPARTMENT OF STATE REQUEST FOR PERSONNEL ACTION		PER/EM 4/30 AAB 5-31 TRANS PER-Green 5/1		SERVICE III ☐ OFF	
1. NAME (Mr., Mrs., Miss, etc. (and given name, initial(s), and surname) Mr. Robert T. SHAW		2. DATE OF BIRTH 6-18-25		3. REQUEST NO. 7-21-56	
4. DUTY STATION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Granting of Consular Title B. POSITION (Specify whether establish, change grade or title, etc.)		5. EFFECTIVE DATE A. PROPOSED: ASAP B. APPROVED: 7-21-56		6. DATE OF RECEIPT 7-27-56	
7. FROM: Political Officer (Vice Consul when confirmed)		8. POSITION TITLE AND NUMBER Diplomatic or Consular Title Political Officer Vice Consul		9. SCHEDULE, SERIES NO., GRADE, SALARY FSR-4 \$7490	
10. ORGANIZATIONAL DESIGNATIONS Post Legation		11. HEADQUARTERS FSS Category REGULAR		12. FIELD ☐ FIELD ☐ DEPARTMENTAL ☐ RESIDENT	
13. VETERAN PRECEDENCE NONE ☐ YES ☒		14. POSITION CLASSIFICATION ACTION NEW ☒ VICE ☐ I. A. REAL ☐		15. DATE OF APPOINTMENT AFFIDAVIT (Accessions only) NO 1-1011-009	
16. APPROPRIATION FROM: 3-3013		17. RETIREMENT COVERAGE * CIVIC ☐ PS ☐ * VICA ☐ NONE ☐		18. LEGAL RESIDENCE ☐ CLAIMED ☐ PROVEN STATE: Va.	
19. RECEIVED STATUS None ☒ ACTIVE ☐ INACTIVE ☐		20. MARITAL STATUS * MARRIED ☒ SINGLE ☐ * WIDOWED ☐ DIVORCED ☐ SEPARATED ☐		21. REQUEST APPROVED BY Signature and title: Charles W. Bass PER/EM Charles W. Bass	
22. CLEARANCES INITIAL OR SIGNATURE: Charles W. Bass		23. PLACEMENT OR EMPL. INITIAL OR SIGNATURE: Charles W. Bass		24. APPROVED BY PER/EM 4/30	
25. REMARKS: 7-17-56 7-21-56 7-21-56 Presidential Commission Necessary.		26. REMARKS: Exempt SF-61 as an accession with FSM-124 as Vice Consul of the USA		27. REMARKS: No travel involved.	

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

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

do solemnly swear (or affirm) that

A. OATH OF OFFICE

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

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

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

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

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

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

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

Robert T. Shaw

(Type name of appointee)

R. T. Shaw
(Signature of appointee)

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

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

Earl C. Fuller
(Signature of officer)

[SEAL]

Sec. 206, Act June 26, 1943
(Title)

Department of State Foreign Service Washington, D.C.
(Department or agency) (Bureau or division) (Place of employment)
Political Officer,
Foreign Service Reserve Officer of Class-4 May 17, 1956
(Position to which appointed) (Date of entrance on duty)

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

Form DS-1052
Exception to SF-50
Approved by the
Director of the Bureau
May 1956

DEPARTMENT OF STATE
WASHINGTON 25, D. C.

NOTIFICATION OF PERSONNEL ACTION

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

Form DS-1031 Exception to SF-32 Approved by the Bureau of the Budget May 1954		DEPARTMENT OF STATE REQUEST FOR PERSONNEL ACTION		PER/EM/12 ARA 4/30 PER-Green		AAB 5-3 TRANS		SERVICE XX PS. ☐ DPTL																																																		
1. NAME (Mr., Miss, Mrs., One given name, initial(s), and surname) Mr. Robert T. SHAW				2. DATE OF BIRTH 6-18-25		3. REQUEST NO.		4. DATE OF REQUEST 6-27-56																																																		
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Limited Appointment Section 522.1				6. EFFECTIVE DATE A. PROPOSED: ASAP B. APPROVED:		7. C.S. OR OTHER LEGAL AUTHORITY																																																				
8. POSITION (Specify whether establish, change grade or title, etc.)				9. POSITION TITLE AND NUMBER Political Officer *(Vice Consul when confirmed)*		10. SCHEDULE, SERIES NO., GRADE, SALARY FSR-4 \$7490																																																				
11. ORGANIZATIONAL DESIGNATIONS NOGALES				12. HEADQUARTERS NOGALES		13. DS CATEGORY PS Category																																																				
14. VETERAN PREFERENCE NONE ☐ SPT ☐ 10-PT ☐ DISAB ☐ OTHER ☒ YES				15. POSITION CLASSIFICATION ACTION NEW ☒ VICE ☐ L. A. REAL ☐ NO 1-1011-009		16. DATE OF APPOINTMENT AFFIDAVITS (Accessions only)																																																				
17. SEX M				18. RETIREMENT COVERAGE ☒ CSC ☐ FS ☐ FICA ☐ NONE		19. LEGAL RESIDENCE ☐ CLAIMED ☐ PROVED STATE: Va.																																																				
20. RESERVE STATUS None ☐ ACTIVE ☐ INACTIVE				21. MARITAL STATUS ☐ WIDOWED ☐ WIDOW ☒ MARRIED ☐ SINGLE ☐ DIVORCED ☐ SEPARATED		22. REQUEST APPROVED BY Signature and title Charles W. Bass PER/EM Charles W. Bass																																																				
23. REQUESTED BY AS Miller, Acting Reg. Dir. Off.				24. CLEARANCES INITIAL OR SIGNATURE AS		25. CLEARANCES INITIAL OR SIGNATURE																																																				
26. CENL OR POS. CONTROL Entirely 5/1/56				27. PER/TR PER/TR		28. APPROVED BY MB. Bass 5/1/56 PER 5-1-56																																																				
REMARKS: * See separate DS-1031 for Commissioning for Vice Consul - med. - wife																																																										
<table border="1"> <tr> <td rowspan="5">REQUEST FOR TRAVEL AUTHORIZATION</td> <td>OBJECT CLASS</td> <td>ESTIMATE & COST</td> <td>PER TO ENCUMBRANCE FUNDS AVAILABLE</td> <td>NAME OF DEPENDENT AND DATE OF BIRTH OF CHILDREN UNDER 21</td> <td>FROM</td> <td>TO</td> </tr> <tr> <td></td> <td></td> <td>APPR.</td> <td>W-Janet L.</td> <td>Arlington, Va.</td> <td>Nogales</td> </tr> <tr> <td></td> <td></td> <td>ALLOT.</td> <td>D-Barbara L.</td> <td>VIA</td> <td>DETAILS ENROUTE</td> </tr> <tr> <td></td> <td></td> <td>ORIG. NO.</td> <td>7-27-52</td> <td>NO LBS. EXCESS BAGGAGE AUTH.</td> <td></td> </tr> <tr> <td></td> <td></td> <td>DATE</td> <td>8-Richard W.</td> <td>SHIPMENT OF EFFECTS</td> <td></td> </tr> <tr> <td></td> <td></td> <td>SIGNATURE</td> <td>9-10-55</td> <td>FROM: Arlington, Va.</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>8-Thomas R.</td> <td>TO: Nogales</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>9-10-55</td> <td></td> <td></td> </tr> </table>										REQUEST FOR TRAVEL AUTHORIZATION	OBJECT CLASS	ESTIMATE & COST	PER TO ENCUMBRANCE FUNDS AVAILABLE	NAME OF DEPENDENT AND DATE OF BIRTH OF CHILDREN UNDER 21	FROM	TO			APPR.	W-Janet L.	Arlington, Va.	Nogales			ALLOT.	D-Barbara L.	VIA	DETAILS ENROUTE			ORIG. NO.	7-27-52	NO LBS. EXCESS BAGGAGE AUTH.				DATE	8-Richard W.	SHIPMENT OF EFFECTS				SIGNATURE	9-10-55	FROM: Arlington, Va.					8-Thomas R.	TO: Nogales					9-10-55		
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REMARKS: Authorize travel of appointee and dependents from Arlington, Va. to Nogales, Mexico.																																																										

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

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

PART I.—EMPLOYEE'S STATEMENT										PART II.—THIS COLUMN IS FOR PERSONNEL OFFICE USE		
1. NAME (Last, first, middle initial)					2. DATE OF BIRTH					9. RETENTION GROUP		
Shaw, Robert T.					6/18/25							
3. LIST THE FOLLOWING INFORMATION CONCERNING ALL FEDERAL AND DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD PRIOR TO YOUR PRESENT APPOINTMENT (Do not include military service.)										10. A. CSC STATUS ☐ YES ☐ NO B. TYPE OF PRESENT APPOINTMENT		
NAME AND LOCATION OF AGENCY		FROM—			TO—			TYPE OF APPOINTMENT IF KNOWN		11. SERVICE		
		YEAR	MONTH	DAY	YEAR	MONTH	DAY			YEAR	MONTH	DAY
FOREIGN SERVICE		49	OCT	19	52	FEB	6			2	3	18
FOREIGN SERVICE		52	MAY	28	54	JULY	30			2	2	3
DEPT. OF DEFENSE, WASH.		54	JUL	31	56	APR	6			1	8	6
NO SICK OR ANNUAL LEAVE TO BE PICKED UP.												
4. LIST PERIODS OF ACTIVE SERVICE IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES. IF YOU HAD NO ACTIVE MILITARY SERVICE, WRITE "NONE."												
BRANCH		FROM—			TO—			DISCHARGE (Hon. or dishon.)				
		YEAR	MONTH	DAY	YEAR	MONTH	DAY					
U.S. ARMY		43	SEP	11	45	MAR	8	HON.		1	5	25
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? ☐ YES ☒ NO IF ANSWER IS "YES," LIST FOLLOWING INFORMATION.										12. TOTAL SERVICE		
TYPE IF KNOWN (LWOP, Furl, Susp, AWOL, Mor Mar)		FROM—			TO—			TOTAL		7 25		
		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? ☐ YES ☐ NO (If answer is "Yes," in what agency were you employed at the time status was acquired?)										13. NONCREDITABLE SERVICE (Leave purposes only):		
7. ARE YOU A. THE WIFE OF A DISABLED VETERAN? ☐ YES ☐ NO B. THE MOTHER OF A DECEASED OR DISABLED VETERAN? ☐ YES ☐ NO C. THE UNMARRIED WIDOW OF A VETERAN? ☐ YES ☐ NO										14. NONCREDITABLE SERVICE (RIF purposes only):		
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.										15. EMPLOYMENT RIGHTS ☐ YES ☐ NO		
EOC May 17, 1956 (DATE)										16. RETENTION RIGHTS ☐ YES ☐ NO		
Subscribed and sworn to before me on this 17th day of May 19 56 at Washington, D.C. (MONTH) (CITY) (STATE)										17. EXPIRATION DATE OF RETENTION RIGHTS		
S R 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 personnel side of the employee's official personnel folder immediately before or after the personnel action involved.												

(OVER)

10-67429-8

NOTIFICATION OF SECURITY CLEARANCE UNDER E.O. 10450

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

DATE: May 7, 1956

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

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

☐ EMPLOYEE.

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

Investigative requirements of Executive Order 10450 have been complied with.

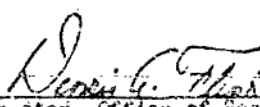
It has been determined that the employment or retention in employment of subject is clearly consistent with the interests of national security.

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

REMARKS:

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

☐



Director, Office of Security
Dennis A. Flinn

ATTACHMENTS

SCA:SY:WBDs:Ora:ce:ntw

UNCLASSIFIED
Authorized by William O. Hall
Director General of the

This memorandum may be considered as CONFIDENTIAL USE ONLY - Open removal of attachments.

APPLICATION FOR FEDERAL EMPLOYMENT

CWB 4-27-56

1. Kind of position applied for or name of examination 2. Option(s) (if mentioned in examination announcement) 3. Place of employment applied for (city and State) Foreign Service 4. Name (Last, first, middle, and maiden, if any) Robert Tyler Shaw 5. Street and number or R. D. number 3000 N. Oakland St., Arlington 7, Va. 6. City or post office (including postal zone) and State Arlington 7, Virginia 7. Place of birth Washington 8. State or foreign country D. C. 9. Date of birth (month, day, year) 18 June 1925 10. Sex ☒ Male ☐ Female 11. Height without shoes 5 feet 7 inches 12. Weight 160 pounds 13. If you have ever been employed by the Federal Government, indicate last grade GS-12 14. Dates of service in that grade From July 1954 To present	DO NOT WRITE IN THIS BLOCK For Use of Civil Service Commission Only <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"> ☐ Approved ☐ Not approved </td> <td style="width: 33%;"> ☐ Material Submitted ☐ Material Returned </td> <td style="width: 33%;"> ☐ Interest Registered </td> </tr> <tr> <td colspan="2"> Notations </td> <td> App. Review </td> </tr> <tr> <td colspan="3"> Approved </td> </tr> <tr> <td> Option </td> <td> Grade </td> <td> Exam. Rating </td> </tr> <tr> <td></td> <td></td> <td> ☐ 3 Points (tent.) ☐ 10 Points Comp. Dis. ☐ Other 10 Point ☐ Disal. ☐ Being Investigated </td> </tr> <tr> <td colspan="3"> Initials and Date </td> </tr> </table>	☐ Approved ☐ Not approved	☐ Material Submitted ☐ Material Returned	☐ Interest Registered	Notations		App. Review	Approved			Option	Grade	Exam. Rating			☐ 3 Points (tent.) ☐ 10 Points Comp. Dis. ☐ Other 10 Point ☐ Disal. ☐ Being Investigated	Initials and Date		
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Notations		App. Review																	
Approved																			
Option	Grade	Exam. Rating																	
		☐ 3 Points (tent.) ☐ 10 Points Comp. Dis. ☐ Other 10 Point ☐ Disal. ☐ Being Investigated																	
Initials and Date																			
15. Home phone JA 2-1586 16. Office phone		17. Legal or voting residence (State) Virginia																	
18. AVAILABILITY INFORMATION. A. Indicate the lowest salary you will accept \$ _____ per year. You will not be considered for any position with a lower minimum salary. B. If you are now a Federal employee, indicate the lowest grade you will accept _____ C. Will you accept appointment for ☐ 1 to 3 months? ☐ 3 to 6 months? ☐ 6 to 12 months? Acceptance or refusal of a short term appointment will not affect your consideration for another appointment. D. Are you willing to travel ☐ Occasionally? ☒ Frequently? ☐ Constantly? E. Will you accept appointment ☐ In Washington, D. C.? ☐ Anywhere in United States? ☒ Outside U. S.? F. If you will accept appointment only in certain locations, list them: _____																			
19. MILITARY EXPERIENCE. A. If you claim 1-point preference based on war or military service, indicate: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"> Date of entry into active service September 1943 </td> <td style="width: 33%;"> Date of separation March 1945 </td> <td style="width: 33%;"> Branch of service (Army, Navy, Air Force, etc.) Army </td> </tr> <tr> <td colspan="2"> Serial number. If not a, give grade or other identification 35228658 </td> <td></td> </tr> </table> B. Do you claim 1-point preference as a peacetime campaign veteran? ☐ Yes ☐ No C. Do you claim 1-point preference? ☐ Yes ☐ No D. Have you ever been granted 10-point veteran preference or 1-point preference as a peacetime campaign veteran by the U. S. Civil Service Commission? ☐ Yes ☐ No. If yes, indicate below the office which granted this preference to you. Attach point value of preference if available. It will be reflected in your rating. E. Name of U. S. Civil Service Commission office or name of Board of U. S. Civil Service Examiners: _____ Address of Commission office or Board of Examiners: _____ City: _____ State: _____			Date of entry into active service September 1943	Date of separation March 1945	Branch of service (Army, Navy, Air Force, etc.) Army	Serial number. If not a, give grade or other identification 35228658													
Date of entry into active service September 1943	Date of separation March 1945	Branch of service (Army, Navy, Air Force, etc.) Army																	
Serial number. If not a, give grade or other identification 35228658																			
20. THIS SPACE IS FOR THE APPOINTING OFFICER ONLY. The selection was based on written examination. The appointing officer has reviewed the application and the examination results and has determined that the applicant is qualified for the position under the conditions of the job. Signature: _____ Agency: _____ Date: _____																			

1. In EXPERIENCE (Start with your present position and work back) Dates of employment (month, year) From July 1954 To present time		Exact title of your position Foreign Affairs Officer	
Salary of earnings Starting \$ 7785 per annum Final 7785 per annum	(If position is comparable to Federal service) GS-12	Place of employment City Washington State D.C.	Kind of business or organization (manufacturing, accounting, insurance, etc.) U.S. Government
Name and address of employer (firm, organization, etc.) Dept. of Defense, Joint Chiefs of Staff		Name and title of immediate supervisor Oliver W. Anthony	
Reason for wanting to leave Re-enter Foreign Service			
Description of work Preparation of studies and reports for the military departments and the Joint Chiefs of Staff on Inter-American Defense matters.			
2. Dates of employment (month, year) From May 1952 To July 1954		Exact title of your position Vice Consul	
Salary of earnings Starting \$ 7785 per annum Final \$ 7785 per annum	(If position is comparable to Federal service) GS-9	Place of employment City Guayaquil State Ecuador	Kind of business or organization (manufacturing, accounting, insurance, etc.) Government
Name and address of employer (firm, organization, etc.) Dept. of State		Name and title of immediate supervisor Consul General Paul W. Meyer	
Reason for leaving Position with Dept. of Defense			
Description of work General duties of a Foreign Service Staff Officer in the Economic and Commercial Section of the Consulate General in Guayaquil. Also performed political reporting functions and assisted in visa and citizenship matters.			
3. Dates of employment (month, year) From October 1949 To February 1952		Exact title of your position Asst. Attache	
Salary of earnings Starting \$ 7785 per annum Final \$ 7785 per annum	(If position is comparable to Federal service) GS-9	Place of employment City Washington & Caracas, Venez.	Kind of business or organization (manufacturing, accounting, insurance, etc.) Government
Name and address of employer (firm, organization, etc.) Department of State		Name and title of immediate supervisor Ambassadors Donnelly, Sparks	
Reason for leaving Accompany wife to U.S. for medical attention			
Description of work General duties of a Foreign Service Staff Officer in the Political Section, Embassy Caracas. Preparation of reports for the Department and memoranda for the Ambassador, consultation with officials of the local government and American companies (esp. of the petroleum industry operating in Venezuela) Assistance in the Consular Section with visa affairs.			

Robert T. Shaw
18 June 1925

3000 N. Oakland St.
Arlington 7, Virginia

STANDARD FORM 57 - continuation
916
5.

September 1943 - March 1945

Pfc

U. S. Army

United States

Honorable Discharge

Anti-Aircraft

ATTACH SUPPLEMENTAL SHEETS OR FORMS HERE

Dates of employment (month, year) From November 1947 To October 1949		Exact title of your position Editor																							
Salary or earnings Salary \$ 2400 per year Paid \$ 3600 per year		Place of employment City Cincinnati State Ohio	Kind of business or organization (Manufacturing, distribution, service, etc.) Soap and chemical manufacture																						
Name and address of employer (firm, organization, etc.) Proctor & Gamble		Name and title of immediate supervisor Carl Frantz, Chief																							
Reason for leaving Desire for Foreign Service																									
Description of work Supervision of preparation (compilation through final printing and binding) of sales manuals for entire company sales force. Preparation of aptitude tests and general qualifications questionnaires used by company in recruitment of salesmen and administrative employees. Preparation of material for Company "house magazine". Maintenance of close liaison with other personnel departments. Work with company print shop and private printing establishments.																									
If you had additional experience blocks, use supplemental sheets. SEE INSTRUCTION SHEET.																									
17. SPECIAL QUALIFICATIONS AND SKILLS																									
(A) Licenses and permits are a list of the kind of license or certificate and the State or other issuing authority which granted it, for example, pilot, mechanic, electrician, lawyer, sales representative, C. P. A., etc.		(B) List any special qualifications not covered elsewhere in your report, such as: (1) Your most important publications. (Do not exceed space unless essential) (2) Your patents or inventions. (3) Public speaking and public relations experience. (4) Membership in professional or scientific societies, etc. (5) Honors and fellowships received.																							
Kind of license License (Do not list any special skills you possess and machines and equipment you can use, such as short wave radio, multimeter, computer, key-punch, turret lathe, moulder or professional devices.)		(5) Phi Beta Kappa																							
(C) Approximate number of words per minute in: Typing Standard																									
18. EDUCATION																									
A. Give the highest elementary or high school grade completed 12 If you completed high school, give date 1943		B. Name and location of last high school attended: Bath High School, Osborn, Ohio																							
C. Name and location of college or university		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Date attended</th> <th colspan="2">Year completed</th> <th rowspan="2">Credit hours</th> <th rowspan="2">Degrees received</th> </tr> <tr> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>Mar 43</td> <td>Sept 43</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Mar 43</td> <td>Sept 43</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sept 43</td> <td>Sept 43</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Date attended	Year completed		Credit hours	Degrees received	From	To	Mar 43	Sept 43				Mar 43	Sept 43				Sept 43	Sept 43			
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D. List undergraduate college subjects		E. Check grades in college subjects																							
Spanish Political Science		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Grade</th> <th colspan="4">Semester or Quarter</th> </tr> <tr> <th>1st</th> <th>2nd</th> <th>3rd</th> <th>4th</th> </tr> </thead> <tbody> <tr> <td>Spanish</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Political Science</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Grade	Semester or Quarter				1st	2nd	3rd	4th	Spanish					Political Science							
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	1st	2nd	3rd	4th																					
Spanish																									
Political Science																									
F. (A) Give dates of training, such as course, for annual, Armed Forces or foreign. Give dates of course and location of school, dates attended, and course studied, verbatim, as far as subject permits.																									
Jan. 44-May 44 (Camp Callan, California): Basic anti-aircraft schooling in fire control, specialization in anti-air use of AA weapons.																									
G. Have you ever received a foreign passport?																									
(X) Yes () No																									
H. Have you ever received a foreign passport?		I. Check grades in foreign languages																							
Spanish French		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Grade</th> <th colspan="4">Semester or Quarter</th> </tr> <tr> <th>1st</th> <th>2nd</th> <th>3rd</th> <th>4th</th> </tr> </thead> <tbody> <tr> <td>Spanish</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> </tr> <tr> <td>French</td> <td>X</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Grade	Semester or Quarter				1st	2nd	3rd	4th	Spanish	X	X	X	X	French	X						
Grade	Semester or Quarter																								
	1st	2nd	3rd	4th																					
Spanish	X	X	X	X																					
French	X																								

[illegible]

Form 100-100-100-100
Exception to SF-50
Approved by the
Bureau of the Census
May 1955

DEPARTMENT OF STATE
WASHINGTON 25, D. C.

NOTIFICATION OF PERSONNEL ACTION

1. NAME (Mr., Mrs., Miss, etc. (give name, initials) and surname)		2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
Mr. Robert T. SHAW		6/18/25	FS 20	12/9/54
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (Use standard terminology) Resignation for Personal Reasons without Prejudice		6. EFFECTIVE DATE COB 7/30/54	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
FROM:		TO:		
Economic Officer OC-11 Vice Consul PSS-9 85079 Quayaquil		8. POSITION TITLE AND NUMBER Diplomatic or Consular Title 9. SCHEDULE, SERIES NO., GRADE, SALARY 10. ORGANIZATIONAL DESIGNATIONS Post 11. HEADQUARTERS 12. DS CATEGORY FS Category		
☐ FIELD ☐ DEPARTMENTAL ☐ Regular ☐ Resident ☐ Non-US		☐ FIELD ☐ DEPARTMENTAL ☐ Regular ☐ Resident ☐ Non-US		
13. VETERAN'S PREFERENCE CODE S-P 10-POINT None Other		14. POSITION CLASSIFICATION ACTION GEN VICE I. A. REAL		
15. SEX M		16. APPROPRIATION FROM TO 5A-6011		17. RETIREMENT COV. ERAGE ☒ CAS ☐ FS ☐ FICA ☐ NONE
		18. DATE OF APPOINT. SENT AFFIDAVIT (Addresses Only)		19. LEGAL RESIDENCE ☐ CLAIMED ☐ PROVED STATE:
20. This action is subject to all applicable laws, rules and regulations and may be subject to investigation and approval by the United States Civil Service Commission or the Department.				
Employment status-Indefinite				
All leave transferred.				
Address: Robert T. Shaw 1714 Huntington St. Arlington, Va.				
21. SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN				
22. SIGNATURE OF OFFEREE				

100-100-100-100

PERSONNEL FOLDER

100-100-100-100

Fig. 1. A. Chromatogram of the eluate from the column. B. The elution of the column.

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

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

Robert T Shaw

~~and~~ *and* ~~William A. Shaw~~

~~Phoenix, Arizona~~

1714 HUNTINGTON ST N.
ARLINGTON, Va



ADDRESS OFFICIAL COMMUNICATIONS TO
THE SECRETARY OF STATE
WASHINGTON 25, D. C.



DEPARTMENT OF STATE
WASHINGTON

Washington, D.C.
July 19, 1954

Division of Personnel Operations
Department of State
Washington 25, D.C.

Attn: Mr. Leap

Gentlemen:

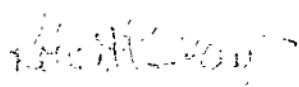
I hereby submit my resignation from the Foreign Service Staff Corps in which I hold the grade of Foreign Service Staff Officer Class 9. This resignation is submitted in order that I may devote full time to post-graduate studies.

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

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

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

Yours very truly,


Robert T. Shaw

NOTIFICATION OF SECURITY CLEARANCE UNDER E.O. 10450

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

DATE: 6 July 1954

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

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

☒ EMPLOYEE.

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

Investigative requirements of Executive Order 10450 have been complied with.

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

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

REMARKS:

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

☐

William C. Brown

Director, Office of Security

ATTACHMENTS

SY: W. L. FRANKLIN

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

2

FORM FS-549
11-4-49

DEPARTMENT OF STATE
DIVISION OF FOREIGN SERVICE PERSONNEL
PERSONNEL ACTION

DATE
June 5, 1953
JOURNAL NO. 147

NAME (Last, First, Middle) Shaw Robert T.		DATE OF BIRTH		LEGAL AUTHORITY	
This is to notify you of the following action concerning your employment		EFFECTIVE DATE June 7, 1953		SERVICE F88 DATE OF OATH	
NATURE OF ACTION PERIODIC STEP INCREASE		FROM		TO	
FUNCTIONAL TITLE					
DIP. CONSULAR OR OTHER TITLE	same				
POST	Guayaquil				
CLASS AND SALARY	F88-9 \$4719				
APPROPRIATION	3A 2011				
POSITION NUMBER	same				
NATURE OF EMPLOYMENT	PERMA-NENT	TEMPO-RARY	OTHER	FULL PART	PERMA-NENT
RETIREMENT DEDUCTIONS	YES	REGULAR STAFF			NATURE OF POSITION
	NO	LOCAL STAFF			NEW
VETERAN		NON-US			ADDITIONAL
NON-VETERAN					REALLOCATION
SEX	MARITAL STATUS, CHILDREN, AND DEPENDENTS				LEGAL RESIDENCE

Conditions and requirements: Above action and continuance of status effected thereby are subject to such conditions and requirements listed on reverse of this page as are cited herewith.

REMARKS:

Last salary increase May 23, 1952.
Performance rating meets required standards.

2

TITLE

FOLDER

FORM FS-349
11-4-49

DEPARTMENT OF STATE
DIVISION OF FOREIGN SERVICE PERSONNEL

78

DATE
Dec. 5, 1952

JOURNAL NO. 21

PERSONNEL ACTION

(Last) (First) (Middle)
NAME SHAW Robert T. DATE OF BIRTH Apr. 12, 1927

LEGAL AUTHORITY

This is to notify you of the following action concerning your employment

NATURE OF ACTION

EFFECTIVE DATE

SERVICE
FSS

DATE OF OATH

Change in Title

Dec. 5, 1952

	FROM				TO			
FUNCTIONAL TITLE	Consular Officer				Economic Officer			
DIP., CONSULAR OR OTHER TITLE	Vice Consul				Vice Consul			
POST	Guayaquil				Guayaquil			
CLASS AND SALARY	FSS-9 \$4719				FSS-9 \$4719			
APPROPRIATION ALLOTMENT	3A 2011				3A 2011			
POSITION NUMBER	GQ-9				GQ-11			
NATURE OF EMPLOYMENT	PERMA-NENT	TEMPO-RARY	OTHER	FULL PART	PERMA-NENT	TEMPO-RARY	OTHER	FULL PART
			Indef				Indef	
RETIREMENT DEDUCTIONS	YES	REGULAR STAFF			NATURE OF POSITION			
	NO							
		LOCAL STAFF			NEW			
VETERAN NON-VETERAN		NON-US			ADDITIONAL			
					REALLOCATION			
SEX Male	MARITAL STATUS, CHILDREN, AND DEPENDENTS Married-1				LEGAL RESIDENCE			

Conditions and requirements: Above action and continuance of status affected thereby are subject to such conditions and requirements listed on reverse of this page as are cited herewith.

REMARKS:

[Signature]
(Signature)

TITLE

2

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

DEC 4 1952

107M FS-349 11-4-49				vnu			
DEPARTMENT OF STATE DIVISION OF FOREIGN SERVICE PERSONNEL						DATE May 19, 1952	
PERSONNEL ACTION						JOURNAL NO 18	
(last)		(first)		(middle)		DATE OF BIRTH	
NAME		Bhav,		Robert		T. June 18, 1925	
LEGAL AUTHORITY						PL 724 79th	
SERVICE						FSS	
NATURE OF ACTION						EFFECTIVE DATE	
Indefinite Appointment NO 10180						5/28/52	
FROM						TO	
FUNCTIONAL TITLE						Consular Officer	
DIP., CONSULAR OR OTHER TITLE						Vice Consul	
POST						Guayaquil	
CLASS AND SALARY						FSS-9 \$4719	
APPROPRIATION ALLOTMENT						2A 5011	
POSITION NUMBER						QQ-9	
NATURE OF EMPLOYMENT		PERMANENT		TEMPORARY		OTHER	
RETIREMENT DEDUCTIONS		YES ☒		NO		NATURE OF POSITION	
VETERAN		X		NON-VETERAN		NEW	
SEX		Male		Married		LEGAL RESIDENCE	
MARITAL STATUS, CHILDREN, AND DEPENDENTS		Married		Arizona		VICE (name)	
Conditions and requirements: Above action and continuance of status effected thereby 'are' subject to such conditions and requirements listed on reverse of this page as are cited herewith. REMARKS: Items: a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, r, s, t, u, v, w, x, y, z, 1(619) m. No military reserve status. Forms 85 and 87 submitted to BY. Position description requested from Post in quadruplicate within 30 days after employee reports at Post. 93/T: Authorize travel of appointee from Arlington, Va. via Washington, D.C. to Guayaquil. Wife: From Arlington, Va. to Guayaquil. Shipment of effects: From Arlington, Va. and/Arizona to Guayaquil. Janet Lee Ruggles-wife.							

CIVIL OFF., CL.
APPOINTMENT AFFIDAVITS
(As defined in 5 USC 21a and 21b)

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

A. OATH OF OFFICE

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

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

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

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

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

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

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

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

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

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

Maurice W. Wheel
(Signature of officer)

[SEAL]

My commission expires December 14, 1953

Notary Public
(Title)

Department of State
(Department or agency)

Foreign Service
(Bureau or division)

Washington, D.C.
(Place of employment)

Foreign Service Staff Officer, Class 9

Vice Consul, Consular Officer
(Position to which appointed)

May 28, 1952
(Date of entrance on duty)

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

STATEMENT OF PRIOR FEDERAL AND MILITARY SERVICE

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

PART I.—EMPLOYEE'S STATEMENT

PART II.—THIS COLUMN IS FOR PERSONNEL OFFICE USE

1. NAME (Last, first, middle initial) SHAW, ROBERT T.		2. DATE OF BIRTH 18 JUNE 25		3. RETENTION GROUP						
3. LIST THE FOLLOWING INFORMATION CONCERNING ALL FEDERAL AND DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD PRIOR TO YOUR PRESENT APPOINTMENT (Do not include military service.)				10. CSC STATUS (For permanent employees only) ☐ YES ☐ NO						
NAME AND LOCATION OF AGENCY	FROM—			TO—			TYPE OF APPOINTMENT IF KNOWN	11. SERVICE		
	YEAR	MONTH	DAY	YEAR	MONTH	DAY		YEAR	MONTH	DAY
U.S. GOVERNMENT FOREIGN SERVICE	49	10	24	52	2	15	—	2	3	22
	52	5	28	54	7	30		2	2	3
4. LIST PERIODS OF SERVICE IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES. IF YOU HAD NO MILITARY SERVICE, WRITE "NONE."										
BRANCH	FROM—			TO—			DISCHARGE (Hon. or dishon.?)	12. TOTAL SERVICE		
	YEAR	MONTH	DAY	YEAR	MONTH	DAY				
U.S. ARMY	43	9	11	45	3	8	HON	1	5	27
5. DURING PERIODS OF EMPLOYMENT CHOSEN IN ITEM 3, DID YOU HAVE A TOTAL OF MORE THAN 6 MONTHS ABSENCE WITHOUT PAY, INCLUDING PERIODS OF MERCHANT MARINE SERVICE, DURING ANY ONE CALENDAR YEAR? ☐ YES ☒ NO IF ANSWER IS "YES," LIST FOLLOWING INFORMATION.								6 6 23		
TYPE IF KNOWN (LWOP, Purl, Susp., AWOL, Mer Mer)	FROM—			TO—			TOTAL	13. NONCREDITABLE SERVICE (Leave purposes only):		
	YEAR	MONTH	DAY	YEAR	MONTH	DAY		YEARS	MONTHS	DAYS
6. DURING THE FEDERAL SERVICE LISTED IN ITEM 3, DID YOU ACQUIRE A PERMANENT COMPETITIVE CIVIL SERVICE STATUS? ☐ YES ☒ 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: A. THE WIFE OF A DISABLED VETERAN? ☐ YES ☒ NO B. THE MOTHER OF A DECEASED OR DISABLED VETERAN? ☐ YES ☒ NO C. THE UNBORN AND WIDOW OF A VETERAN? ☐ YES ☒ NO								15. REEMPLOYMENT RIGHTS ☐ YES ☒ NO		
								16. RETENTION RIGHTS ☐ YES ☒ 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. Sept 28, 1954 (DATE) Robert T. Shaw (SIGNATURE) Subscribed and sworn to before me on this _____ day of _____, 1954 at _____ (CITY) _____ (STATE) SEAL _____ NOTE: If oath is taken before a Notary Public, the date of expiration of his Commission should be shown.								17. EXPIRATION DATE OF RETENTION RIGHTS		

(OVER)

15-56452-3

Office Memorandum • UNITED STATES GOVERNMENT

TO : FP - Mr. Howard Mace

DATE: April 29, 1952

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

SUBJECT: SHAW, Robert Tyler

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

SECURITY:

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

REMARKS:

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

ATTACHMENTS:

CC:SY:HMLinneman:cfs

Form DSP-34
3-26-51

DEPARTMENT OF STATE
**APPLICATION FOR FOREIGN SERVICE
AND DEPARTMENTAL EMPLOYMENT**
(Use with Standard Form 57)

POST BUREAU NO. 47-8072.3
APPROVAL EXPIRES August 31, 1952

1. a. NAME (Print)

Robert Tyler SHAW

b. ADDRESS

1714 Huntington
Arlington, Va.

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

2. USE OF APPLICATION - Check one box below to indicate whether you wish this application to be considered for Foreign Service employment only, or for both Foreign Service and Departmental employment. Completion of this form is not required for Department employment only. Standard Form 57 must be filled out in any case.

☒ FOREIGN SERVICE ONLY

☐ FOREIGN SERVICE AND DEPARTMENTAL

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

909 North Campbell Ave., Tucson, Arizona

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

5. a. ARE YOU NOW INVOLVED IN ANY LITIGATION OR SEPARATION AGREEMENT? ☐ YES ☒ NO

b. DO YOU KNOW OF ANY PROSPECTIVE LITIGATION IN WHICH YOU MAY BE INVOLVED? ☐ YES ☒ NO
(Give details, if answer is yes to a. or b.)

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

-8

PER YEAR

7. WHAT RESTRICTIONS ARE THERE, IF ANY, ON YOUR IMMEDIATE AVAILABILITY FOR DUTY IN ANY PART OF THE WORLD?

None

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

Janet Lee Ruggles SHAW (wife)

b. DATE OF BIRTH

12 April 1927

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

d. IF BORN OUTSIDE THE UNITED STATES, HOW WAS CITIZENSHIP ACQUIRED?

e. IF NATURALIZED, GIVE PLACE, DATE, AND NO. OF NATURALIZATION CERTIFICATE.

NAMES OF DEPENDENTS	RELATIONSHIP	DATE OF BIRTH	WILL BE WITH YOU, IF YES	NO
Janet Lee Ruggles SHAW	wife	12 April 1927	☒	☐

10. a. FATHER'S NAME

Maj. Gen. Franklin E. Shaw

b. PRESENT ADDRESS

Dept. of Defense, Wash.

c. PLACE OF BIRTH

Newport, Ky.

11. a. MOTHER'S NAME (maiden)

Mary Inez Sheen Shaw

b. PRESENT ADDRESS

1714 Huntington, Arlington,
Virginia

c. PLACE OF BIRTH

Elizabethtown, Ky.

12. IF PARENTS BORN OUTSIDE THE UNITED STATES, DID THEY EVER OBTAIN UNITED STATES CITIZENSHIP? (Place and date of naturalization)

FATHER

☐ YES

☐ NO

MOTHER

☐ YES

☐ NO

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

☐ YES

☐ NO

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

NAME		RELATIONSHIP	ADDRESS
NONE			

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

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

16. LIST PRESENT OR FORMER FOREIGN CONNECTIONS:
 A. BUSINESS
 B. EMPLOYMENT
 C. MILITARY

17. DATES AND PLACES OF RESIDENCE FOR LAST 10 YEARS

DATES	STREET AND NUMBER	CITY	STATE OR COUNTRY
1949-1952	American Embassy	Caracas	Venezuela
1947-1949	40 Henry Ave.,	Fort Thomas	Kentucky
1945-1947	1734 E. 2nd	Tucson	Arizona
1943-1945	US Army		
1942-1943	702 D. St.	Wright Field	Ohio

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

NAMES OF CREDITORS	AMOUNTS DUE	DATES ON WHICH OBLIGATIONS WERE CONTRACTED

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

20. PRESENT MILITARY STATUS

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

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

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

22. HAVE YOU EVER BEEN UNDER THE CIVIL SERVICE RETIREMENT SYSTEM? (23. SOCIAL SECURITY NUMBER, IF ANY.)
 Yes

24. If you believe the information you have supplied on this application does not fully show your qualifications for foreign Service Employment, state in Item 36 of Form 57 or on a separate sheet, any additional appropriate data that you wish to have considered.

DATE: _____ SIGNATURE: Robert E. Green

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

APPLICATION FOR FEDERAL EMPLOY. JT

INSTRUCTIONS: In order to prevent delay in consideration of your application, please submit your application in duplicate, and if possible, in triplicate. Write in ink. In applying for a position, read the examination announcement carefully, and follow all directions. If you are applying for a written examination, follow the

instructions on the advertisement and regarding disposition of this application. If you are applying for an UNWRITTEN examination, mail this application to the office named in the advertisement. Be sure to mail to the same office any other forms required by the advertisement. Notify the office with which you file this application of any change in your address.

1. NAME OF EXAMINATION OR NAME OF POSITION APPLIED FOR 2. POSITION (if mentioned in examination announcement) 3. PLACE OF EMPLOYMENT APPLIED FOR (City and State) 4. DATE OF THIS APPLICATION		DO NOT WRITE IN THIS BLOCK For Use of Civil Service Commission Only	
		☐ APPROVED ☐ MATERIAL ☐ ENTERED REGISTER ☐ RECOMMENDED ☐ SUBMITTED ☐ RETURNED	
5. NAME (First name) (Middle) (Surname, if any) (Last) 6. (a) STREET AND NUMBER OR R. D. NUMBER 7. (b) CITY OR POST OFFICE (including postal zone) AND STATE		NOTATIONS APPROVED:	
8. (a) LEGAL OR VOTING RESIDENCE (State) (b) OFFICE PHONE (c) HOME PHONE 9. DATE OF BIRTH (month, day, year) 10. IF PLACE OF BIRTH (city and State, if born outside U.S., name city and country) 11. (a) SEX (b) HEIGHT (c) WEIGHT (d) HAIR (e) EYES (f) COMPLEXION (g) BLOOD TYPE (h) MARITAL STATUS (i) RELIGION (j) RACE (k) DISABILITIES (l) OTHER INFORMATION		APPROVED: OPTION GRADE EARNED RATING PREFERENCE AUGMENT RATING ☐ 8 POINTS (TENT.) ☐ 10 POINTS ☐ WIFE OR WIDOW ☐ DISAB. ☐ BEING INVESTIGATED	
12. (a) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? ☐ YES ☐ NO (b) IF YES, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE		13. (a) CHECK IF YOU WILL ACCEPT APPOINTMENT IF OFFERED. ☐ IN WASHINGTON, D. C. ☐ ANYWHERE IN THE UNITED STATES ☒ OUTSIDE THE UNITED STATES (b) IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, GIVE ACCEPTABLE LOCATIONS.	
14. (a) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? \$ _____ PER YEAR You will not be considered for any position with a lower entrance salary. (b) CHECK IF YOU WILL ACCEPT SHORT TERM APPOINTMENT IF OFFERED, FOR ☐ 1 TO 3 MONTHS ☐ 3 TO 6 MONTHS ☐ 6 TO 12 MONTHS NOTE: Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a permanent appointment. (c) IF YOU ARE WILLING TO TRAVEL, SPECIFY ☐ OCCASIONALLY ☒ FREQUENTLY ☐ CONSTANTLY		15. EXPERIENCE. It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the operating offices of agencies to give you full credit in determining your qualifications. Use a separate block for each position. Start with your present position and work back, explaining briefly the principal tasks which you performed in each position. Do not exceed 100 words for each position. If you have been employed in a position for less than 12 months, you may omit the last sentence of the paragraph. If you have been employed in a position for less than 6 months, you may omit the last two sentences of the paragraph. If you have been employed in a position for less than 3 months, you may omit the last sentence of the paragraph. If you have been employed in a position for less than 1 month, you may omit the last sentence of the paragraph.	
PRESENT POSITION DATE OF EMPLOYMENT (month, year) _____ NAME AND TITLE OF YOUR PRESENT POSITION _____ CLASSIFICATION GRADE (if in Federal Service) _____ STARTING \$ _____ PER ANNUUM PRESENT \$ _____ PER ANNUUM NAME AND TITLE OF IMMEDIATE SUPERVISOR _____ NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and location) _____ NAME AND ADDRESS OF IMMEDIATE SUPERVISOR _____ REASON FOR LEAVING TO OBTAIN THIS POSITION _____			
16. DESCRIPTION OF YOUR WORK Unemployed. Desire to resume career in Foreign Service. (Consultation with physicians establishes fact that wife's condition completely cured and her health will not be impaired by residence abroad)			

(CONTINUED ON NEXT PAGE)

48-40000-3

15 (CONTINUED)

② DATES OF EMPLOYMENT (month, year) FROM Oct. 1949 TO Feb. 1952		EXACT TITLE OF YOUR POSITION Assistant Attache	CLASSIFICATION GRADE (if in Federal service) PSS-9	SALARY OR EARNINGS STARTING \$ 205.10 PER FINAL \$ 225.10 PER
PLACE OF EMPLOYMENT (city and State) Washington, D.C. and Caracas, Venezuela		NAME AND TITLE OF IMMEDIATE SUPERVISOR Ambassador		
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) Department of State		NAME AND ADDRESS OF EMPLOYER (if not Federal) Government		
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU 3 clerks		REASON FOR LEAVING To accompany wife to U.S. for immediate medical attention		
DESCRIPTION OF YOUR WORK General duties of a Foreign Service Staff Officer in the Political Section, Embassy Caracas. Preparation of reports for the Department and memoranda for the Ambassador, consultation with officials of the local government and American companies (esp. of the petroleum industry operating in Venezuela). Assistance in the consular section with visa affairs.				

③ DATES OF EMPLOYMENT (month, year) FROM Nov 1947 TO Oct 1949		EXACT TITLE OF YOUR POSITION Editor	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS STARTING \$ 3,400 PER FINAL \$ 3,400 PER
PLACE OF EMPLOYMENT (city and State) Cincinnati, Ohio		NAME AND TITLE OF IMMEDIATE SUPERVISOR Carl Frantz, Chief		
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) Procter & Gamble		NAME AND ADDRESS OF EMPLOYER (if not Federal) Soap and chemical manufacture		
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU 2 clerks, various printshop employees		REASON FOR LEAVING Desire for Foreign Service		
DESCRIPTION OF YOUR WORK Supervision of preparation (composition through final printing and binding) of sales manuals for entire company sales force. Preparation of aptitude tests and general qualifications questionnaires used by company in recruitment of salesmen and administrative employees. Preparation of material for company "house magazine". Maintenance of close liaison with other personnel departments. Work with company printshop and private printing establishments.				

④ DATES OF EMPLOYMENT (month, year) FROM TO		EXACT TITLE OF YOUR POSITION	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS STARTING \$ PER FINAL \$ PER
PLACE OF EMPLOYMENT (city and State)		NAME AND TITLE OF IMMEDIATE SUPERVISOR		
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division)		NAME AND ADDRESS OF EMPLOYER (if not Federal)		
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		REASON FOR LEAVING		
DESCRIPTION OF YOUR WORK				

5. FROM: <u>1944</u> TO: <u>1944</u>		EXACT TITLE OF YOUR POSITION		CLASSIFICATION GRADE (if in military service)		SALARY OR EARNINGS STARTING \$ <u> </u> PER <u> </u> FINAL \$ <u> </u> PER <u> </u>	
PLACE OF EMPLOYMENT (city and State)				NAME AND TITLE OF IMMEDIATE SUPERVISOR			
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division)				KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale silk, insurance agency, manufacture of books, etc.)			
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU				REASON FOR LEAVING			
DESCRIPTION OF YOUR WORK							
If more space is required, use a continuation sheet (Standard Form No. 58) or a sheet of paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.							
17. MILITARY TRAINING In the space below, describe any training received in the Armed Services (not already listed under Item 16) that would assist in placing you most effectively. Indicate actual amount of training received, such as hours per week. Detailed information regarding any special service schools you attended is especially important. (Extra pages may be used to give full descriptions.)							
DATES FROM TO		LOCATION		DESCRIPTION OF TRAINING			
Jan 1944 May 1944		Camp Callan, Calif.		Basic anti-aircraft schooling in fire control, specialization in anti-armor use of AA weapons.			
18. EDUCATION (Circle highest grade completed): 1 2 3 4 5 6 7 8 9 10 11 12 <u>12</u>							
MARK (X) THE APPROPRIATE BOX TO INDICATE SATISFACTORY COMPLETION OF: ☐ ELEMENTARY SCHOOL ☐ JUNIOR HIGH SCHOOL ☐ SENIOR HIGH SCHOOL							
(A) GIVE NAME AND LOCATION OF LAST HIGH SCHOOL ATTENDED <u>Bath High School, Ogborn, Ohio</u>				(B) SUBJECTS STUDIED IN HIGH SCHOOL WHICH APPLY TO POSITION DESIRED <u>Languages, History, Geography</u>			
(C) NAME AND LOCATION OF COLLEGE OR UNIVERSITY		MAJOR AND SPECIALTY		DATES ATTENDED FROM TO DAY MONTH		DEGREES COMPLETED TITLE DATE	
<u>The Ohio State University</u>		<u>LA</u>		<u>Mar 1943 Sept 1943</u>			
<u>University of Arizona</u>		<u>LA</u>		<u>Mar 1945 Sept 1945</u>			
<u>University of Arizona</u>		<u>LA</u>		<u>Sept 1945 July 1947</u>		<u>BA July 1947</u>	
Spanish Political Science							
(D) OTHER TRAINING SUCH AS VOCATIONAL BUSINESS STUDY COURSES GIVEN THROUGH THE ARMED FORCES INSTITUTE (name name and location of school) OR IN SERVICE TRAINING IN PUBLIC OR PRIVATE EMPLOYMENT							
19. INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES				22. ARE YOU OR HAVE YOU EVER BEEN LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (such as pilot, electrician, radio operator, teacher, lawyer, CPA, etc.)			
Spanish French		X X X X X		☐ YES ☐ NO GIVE KIND OF LICENSE AND STATE: FIRST LICENSE OR CERTIFICATE (YEAR) LATEST LICENSE OR CERTIFICATE (YEAR)			
20. IF YOU HAVE BEEN LICENSED OR CERTIFIED IN ANY TRADE OR PROFESSION, INDICATE THE NAME OF THE LICENSE OR CERTIFICATE AND THE STATE OR COUNTRY WHERE IT WAS OBTAINED (e.g., military license, bookkeeper, teacher, etc.)				23. LIST ANY SPECIAL ACHIEVEMENTS AND AWARDS (e.g., decorations, medals, etc.)			
21. LIST ANY SPECIAL ACHIEVEMENTS AND AWARDS (e.g., decorations, medals, etc.)							

Phi Beta Kappa

24. REFERENCE: List three persons living in the United States or Territories of the United States who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of a reference listed under Item 1A (REFERENCE).			
FULL NAME		BUSINESS OR OCCUPATION	
Norman Armour		e/o Dept. of State	
Edward Sparks		e/o Dept. of State	
Walter J. Donnelly		e/o Dept. of State	
INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN		YES NO	
25. HAVE YOU BEEN DEBARRED BY YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER, QUALIFICATIONS, ETC?		X	
26. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?		X	
27. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY U.S.A. OR ANY COMMUNIST ORGANIZATION?		X	
28. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?		X	
29. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, OR COMBINATION OF PERSONS WHICH IS OR HAS BEEN OR IS BEING FORMED FOR THE PURPOSE OF ADVOCATING OR ATTEMPTING TO ADVOCATE THE ABOLITION OF THE CONSTITUTION OF THE UNITED STATES OR OF ANY STATE, OR TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS?		X	
If your answer to question 27, 28, or 29 above is "yes," state in Item 30 the names of all such organizations, associations, movements, groups, or combination of persons and dates of membership. Give complete details of your activities therein and attach any explanation you desire regarding your membership or activities therein.			
30. SINCE YOUR 14th BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, INDICTED, OR SUMMONED TO COURT AS A DEFENDANT IN A CRIMINAL PROSECUTION OR CONVICTED, FINED, OR IMPRISONED OR PLACED ON PROBATION OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, REGULATION OR ORDINANCE INCLUDING VIOLATION OF TRAFFIC LAWS FOR WHICH A FINE OR FORTUITURE OF \$20 OR LESS WAS IMPOSED?		X	
If your answer is "Yes," list all such cases under Item 31 below. Give in each case (1) the date; (2) the nature of the offense or violation; (3) the name and location of the court; (4) the penalty imposed, if any; or other disposition of the case. If arrested, your fingerprints will be taken.			
31. HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION?		X	
If your answer is "Yes," give in Item 32 the name and address of employer, date, and reason in each case.			
32. HAVE YOU EVER BEEN GARNISHED BY THE U.S. CIVIL SERVICE COMMISSION FROM FUTURE EMPLOYMENT OR RECEIVING CIVIL SERVICE APPOINTMENTS?		X	
If your answer is "Yes," give dates of and reasons for such garnishment in Item 33.			
33. HAVE YOU EVER BEEN CONVICTED OF A CRIME OR OTHER OFFENSE?		X	
If your answer is "Yes," give complete details in Item 34.			
34. HAVE YOU EVER BEEN CONVICTED OF A CRIME OR OTHER OFFENSE?		X	
If your answer is "Yes," give complete details in Item 35.			
35. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY OR MUNICIPALITY?		X	
If your answer is "Yes," give details in Item 36.			
36. DOES THE UNITED STATES GOVERNMENT EMPLOY IN A CIVILIAN CAPACITY ANY RELATIVE OF YOURS (BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS?		X	
If your answer is "Yes," show in Item 37 for EACH such relative (1) full name; (2) present address; (3) relationship; (4) Department or Agency by which employed, and (5) kind of appointment.			
SPECIAL INSTRUCTIONS FOR CLAIMING VETERAN PREFERENCE			
A. If you are claiming preference as a PEACETIME VETERAN who has been awarded a campaign badge or service ribbon, or as a DISABLED VETERAN, or as the WIFE OF A DISABLED VETERAN, or as the WIDOW OF A WARRIOR OR CAMPAIGN VETERAN, attach Veteran Preference Claim, CSC Form 14, together with proof of such status.			
B. If you are a WAR TIME VETERAN not claiming disability preference, you should NOT submit your discharge with this application. Preference will be tentatively credited to you and if appointed, you will be required to submit to the appointing officer prior to entry on duty, official evidence of separation from active service to the armed forces of the United States in time of war.			
37. (A) WERE YOU EVER IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING TIME OF WAR?		YES NO	
X			
(B) IS THE WORD "HONORABLE" OR THE WORD "SATISFACTORY" USED IN YOUR DISCHARGE OR SEPARATION PAPERS TO SHOW THE TYPE OF YOUR DISCHARGE OR SEPARATION?		X	
(C) WAS SERVICE PERFORMED ON AN ACTIVE FULL-TIME BASIS WITH FULL MILITARY PAY AND ALLOWANCES?		X	
(D) DATE OF ENTRY OR ENTRIES INTO SERVICE		DATE OF SEPARATION OR SEPARATIONS	
Sept. 1943		March 1945	
Branch or Service (Army, Navy, Marine Corps, Coast Guard, etc.)		Serial No. (if none, give grade or rating at time of separation)	
Army		35228658	
38. IF YOU SERVED IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING PEACETIME ONLY, DID YOU PARTICIPATE IN A CAMPAIGN OR EXPEDITION AND RECEIVE A CAMPAIGN BADGE OR SERVICE RIBBON?		YES NO	
X			
(A) ARE YOU A DISABLED VETERAN?		YES NO	
X			
If so, and you have not listed your disability in answer to Item 33, explain in Item 39 below.			
(B) ARE YOU A VETERAN'S WIFE WHO HAS NOT REMARRIED?		YES NO	
X			
THIS SPACE FOR USE OF APPOINTING OFFICER ONLY			
This information contained in the answers to questions 37 through 39, in conjunction with the discharge and service record, is to be used by the appointing officer for the purpose of determining the type of appointment to be made.			
Agency: _____ Title: _____			
25. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable) of each reference (in which answers apply)			
ITEM NO. 1. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 2. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 3. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 4. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 5. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 6. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 7. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 8. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 9. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 10. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 11. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 12. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 13. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 14. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 15. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 16. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 17. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 18. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 19. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 20. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 21. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 22. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 23. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 24. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 25. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 26. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 27. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 28. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 29. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 30. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 31. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 32. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 33. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 34. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 35. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 36. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 37. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 38. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 39. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 40. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 41. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 42. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 43. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 44. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 45. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 46. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 47. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 48. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 49. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 50. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 51. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 52. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 53. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 54. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 55. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 56. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 57. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 58. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 59. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 60. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 61. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 62. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 63. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 64. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 65. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 66. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 67. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 68. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 69. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 70. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 71. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 72. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 73. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 74. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 75. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 76. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 77. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 78. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 79. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 80. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 81. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 82. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 83. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 84. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 85. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 86. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 87. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 88. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 89. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 90. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 91. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 92. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 93. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 94. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 95. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 96. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 97. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 98. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 99. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			
ITEM NO. 100. NAME, ADDRESS, PHONE NUMBER, SIGNATURE AND CERTIFICATE NUMBER (if applicable)			

APPLICATION FOR FEDERAL EMPLOYMENT

INSTRUCTIONS: In order to prevent delay in consideration of your application, answer every question in this form clearly and completely. Type, write or print in INK. In applying for a specific United States Civil Service examination, read the examination announcement carefully and follow all directions. If you are applying for a **WHITTEN** examination, follow the

instructions on the admission card regarding disposition of this application. If you are applying for an UNWRITTEN examination, mail this application to the office named in the announcement. Be sure to mail to the same office any other forms required by the announcement. Notify the office with which you file this application of any change in your address.

[illegible]

16 CONTINUED

② DATES OF EMPLOYMENT (month, year) FROM Oct. 1949 TO Dec. 1951 EXACT TITLE OF YOUR POSITION Assistant Attache CLASSIFICATION GRADE (if in Federal service) FSS-9 SALARY OR EARNINGS (if in Federal service) STARTING \$ PER FINAL \$ 4,290 PER yr

PLACE OF EMPLOYMENT (city and State)

Washington, D.C. and Caracas, Venezuela
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division)

NAME AND TITLE OF IMMEDIATE SUPERVISOR

Ambassador
KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale silk, insurance agency, manufacture of locks, etc.)

Department of State

Government

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU

REASON FOR LEAVING

2 clerks
DESCRIPTION OF YOUR WORK

Better opportunity in private industry

General duties of Foreign Service Staff Officer (Embassy - political section.) Preparation of reports for the Department and memoranda for the Ambassador. Consultation with officials of the local government and American companies (especially petroleum industry) operating in Venezuela. Assistance in visa affairs (consular section.)

③ DATES OF EMPLOYMENT (month, year)

EXACT TITLE OF YOUR POSITION

CLASSIFICATION GRADE (if in Federal service)

SALARY OR EARNINGS

FROM Nov 1947 TO Oct 1949

Editor

STARTING \$ PER FINAL \$ 3,600 PER yr

Cincinnati, Ohio

NAME AND TITLE OF IMMEDIATE SUPERVISOR

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division)

KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale silk, insurance agency, manufacture of locks, etc.)

Procter and Gamble

Soap and Chemical Manufacture

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU

REASON FOR LEAVING

2 clerks

Desire to enter Foreign Service

DESCRIPTION OF YOUR WORK

Supervision of preparation (from compilation through printing) of sales manuals for company sales force. Preparation of aptitude tests and general qualifications questionnaires used by company in recruitment of salesmen. Preparation of material for company "house magazine." Liaison with other Personnel Departments. Close work with company printing plant and private establishments.

④ DATES OF EMPLOYMENT (month, year)

EXACT TITLE OF YOUR POSITION

CLASSIFICATION GRADE (if in Federal service)

SALARY OR EARNINGS

FROM Nov 1947 TO Oct 1949

Editor

STARTING \$ PER FINAL \$ 3,600 PER yr

Cincinnati, Ohio

NAME AND TITLE OF IMMEDIATE SUPERVISOR

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division)

KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale silk, insurance agency, manufacture of locks, etc.)

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU

REASON FOR LEAVING

DESCRIPTION OF YOUR WORK

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

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO	INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
25. MAY INDUSTRY BY NAME OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER QUALIFYING FACTS?	☒	☐	26. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?	☒	☐
26. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?	☒	☐	27. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY U.S.A. OR ANY COMMUNIST ORGANIZATION?	☒	☐
27. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY U.S.A. OR ANY COMMUNIST ORGANIZATION?	☒	☐	28. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?	☒	☐
28. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?	☒	☐	29. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT, OR OF AN ORGANIZATION ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH HAS A POLICY OF ADVOCATING OR ADVISING THE COMBINATION OF THE UNITED STATES WITH ANY OTHER COUNTRY OR COUNTRIES TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS?	☒	☐
If your answer to question 27, 28, or 29 above is "yes," state in item 30 the names of all such organizations, associations, movements, groups, or combination of persons and dates of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities therein.			SPECIAL INSTRUCTIONS FOR CLAIMING VETERAN PREFERENCE A. If you are claiming preference as a PEACETIME VETERAN who has been awarded a campaign badge or service ribbon, or as a DISABLED VETERAN, or as the WIFE OF A DISABLED VETERAN, or as the WIDOW OF A WAR OR CAMPAIGN VETERAN, attach Veterans Preference Claim, CSC Form 14, together with proof specified therein. B. If you are a WAR TIME VETERAN not claiming disability preference, you shall NOT submit your discharge with this application. Preference will be tentatively credited to you and, if approved, you will be required to submit to the appointing office prior to entry on duty, official evidence of separation from active service in the armed forces of the United States in time of war.		
30. SINCE YOUR 18TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, INDICTED, OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROSECUTION, OR CONVICED, FINED, OR IMPRISONED OR PLACED ON PROBATION OR HAVE YOU EVER BEEN ORDERED TO REMAIN IN JAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, REGULATION OR ORDINANCE, INCLUDING MINOR TRAFFIC VIOLATIONS, FOR WHICH A FINE OR FORTIFITURE OF \$5 OR LESS WAS IMPOSED? If your answer is "Yes," list all such cases under item 30 below. Give in each case (1) the date (2) the nature of the offense or violation, (3) the name and location of the court, (4) the penalty imposed, if any, or other disposition of the case. If approved, your fingerprints will be taken.			31. HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN, FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION? If your answer is "Yes," give item 32 the name and address of employer, date, and reason in each case.		
31. HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN, FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION? If your answer is "Yes," give item 32 the name and address of employer, date, and reason in each case.			32. HAVE YOU EVER BEEN EXPOSED BY THE U.S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATION, OR ACCEPTING CIVIL SERVICE APPOINTMENT? If your answer is "Yes," give dates of and reasons for such disbarment in item 32.		
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**CHANGES IN CIVILIAN PERSONNEL
WAR DEPARTMENT
ARMY AIR FORCES AT LARGE**

1. Name Robert T. Shaw 2. Nature of Action Termination 3. Effective Date August 6, 1942		4. Position Asst. Messenger, CU-2 5. Salary \$1080 per annum 6. Org'n Unit Air Service Command 7. Headquarters Patterson Field, Fairfield, Ohio. 8. Dept'l or Field	9. Report No. T 42-306 10. Civil Service or other legal authority A.C.Cir. 40-8 11. Appropriation A.C.A. 1942-43 (c) 12. Date of Birth June 18, 1925 13. Legal Residence Ohio 14. Subject to Retirement Act? No 15. Oath Taken
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16. Remarks By resignation (Vol.) due to ill health.

Letter of Resignation

Under authority delegated by the Secretary of War in Orders N, dated December 23, 1941, and the directive of the Chief of the Air Corps dated January 17, 1942, you are notified of the above action concerning your employment.

CHARLES S. MARSH, Captain, P. B.
Adjutant General

don

WAR DEPARTMENT
OFFICE OF THE SECRETARY

4



NOTIFICATION OF PERSONNEL ACTION

T

Office: Wright Field, Ohio

Date: August 4, 1942

Name ROBERT T. SHAW

5-000

Nature of Action: Confirmation of War Service Appointment (Temporary)

Effective Date: June 8, 1942

	From	To
Position		Assistant Messenger
Grade & Salary		CU-2 at \$1080 per annum
Bureau		Army Air Forces
Org. Unit		Air Service Command
Station		Fairfield Air Depot, Ohio
Departmental or Field	FIELD	FIELD

Remarks: Appointment made under War Service Regulation V, Section 2.
This action does not confer a classification (Civil Service status).
Appointment made for 90 days.
Position No. 14001.

JFW/blt

Journal No.

12-55285-42

Civil Service or
other Legal
AuthorityW. F. S. R.
L-040

EX-15/42

Appropriation

Regular

Date of Birth

6/10/25

NATURE OF POSITION

NEW

ADDITIONAL WORK

X

VICE

VICE VACANCY

REFERENCE (Name, No., etc.)

Code-21

By order of the Secretary of War

Administrative Assistant

C. S. C. REPORT (Form 50)

TEMPORARY SERIES, DISTRICT MANAGER - PERMANENT SERIES, C. S. COMMISSION

(Form LE-100)

BOARD OF U. S. CIVIL SERVICE EXAMINERS
WRIGHT FIELD - FAIRFIELD AIR DEPOT
GARFIELD BUILDING, 4TH AND JEFFERSON STS.,
DAYTON, OHIO

Sixth CIVIL SERVICE DISTRICT

June 26, 1942
(Date)

THE COMMISSION

Attention: Service Record Division

The following appointment has been authorized under
Executive Order No. 9063 through competitive examination.

Shaw, Robert T.
(Name)

Assistant Messenger, Cu-2, \$1030 per annum
(Position and Salary)

War Department, Army Air Forces
(Department or Agency)

Patterson Field, Fairfield, Ohio
(Location)

James W. Hanley
JAMES W. HANLEY, Secretary
Board of U. S. Civil Service Examiners