Released under the John F Kennedy Assassination Records Collection Act of 1992 (44 USC 2107 Note). Case#:NW 68261 Date: 09-01-2022

# Assassination Records Review Board Final Determination Notification

AGENCY : HSCA

RECORD NUMBER: 180-10068-10315

RECORD SERIES : STAFF PAYROLL RECORDS

AGENCY FILE NUMBER :

**December 8, 1995** 

**Status of Document:** Postponed in Part

### Number of releases of previously postponed information: 6

Reason for Board Action: The Review Board's decision was premised on several factors including: (a) the significant historical interest in the document in question; (b) the absence of evidence that the release of the information would cause harm to the United States or to any individual.

### **Number of Postponements: 3**

Postponements: All the postponements in this document represent Social Security numbers.

Reason for Board Action: The text is redacted because the public disclosure of the redaction could reasonably be expected to constitute an unwarranted invasion of personal privacy, and that invasion of privacy would be so substantial that it outweighs the public interest.

Substitute Language: SSN

Date of Next Review: 2017

**Board Review Completed:** 10/24/95

Released under the John F. Kennedy Assassination Records Collection Act of 1992 (44 USC 2107 Note). Case#:NW 88326 Date: 2025

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

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

maryferrell.org 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 inidcates 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

Date: 08/20/93 Page: 1

#### JFK ASSASSINATION SYSTEM

#### IDENTIFICATION FORM

#### AGENCY INFORMATION

AGENCY : HSCA

RECORD NUMBER: 180-10068-10315

RECORDS SERIES : STAFF PAYROLL RECORDS

AGENCY FILE NUMBER:

#### DOCUMENT INFORMATION

ORIGINATOR: HSCA

FROM:

TITLE :

DATE: 03/15/78

PAGES: 6

SUBJECTS:

HSCA, ADMINISTRATION

BRIGGS, YVONNE W.

DOCUMENT TYPE : PRINTED FORM

CLASSIFICATION: U
RESTRICTIONS: 3
CURRENT STATUS: P

DATE OF LAST REVIEW: 07/07/93

OPENING CRITERIA:

COMMENTS:

Box #:1.

## PAYROLL AUTHORIZATION FORM

(Please Use Typewriter or Ballpoint Pen)

## U.S. HOUSE OF REPRESENTATIVES Washington, D.C. 20515

(Any erasures, corrections, or changes on this form must be initialed by the authorizing official.)

## To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

| Employee Name (First-Middle-Last)  |  |                                  | Effective Date   |  |  |
|--|--|----------------------------------|--|--|--|
| Yvorme Briggs Employee Social Security Number  |  |                                  | Howembar 20, 1978  Type of Action  |  |  |
|  |  |                                  |  |  |  |
| 579-58-9407  |  | I                                | ☐ Appointment ☐ Salary Adjustment ☐ Title Change   |  |  |
| Employing Office or Committe   | e/Subcommittee   |                                  |  |  |  |
| Assesinations  |  | ☐ Leave                          | Termination (At close of business on effective date)  Leave without pay (Beginning with effective date above and endir close of business   |  |  |
| If type of action is an Appointment, Sala  | ry Adjustment, or Tit  | le Change, compl                 | ete appropriate information below.)  |  |  |
| Position   | Title  |                                  | Gross Annual Salary*   |  |  |
|  |  |                                  |  |  |  |
| If employee is a civil service annuitant (includes U.solus the salary received from the employing office.  | S. House of Representative   | es), the gross annual sc         | ulary shown should include the annuity received by the emplo   |  |  |
| f Committee Employee, complete appr  | opriate item below   | <b>7.)</b> ·                     |  |  |  |
| 1. ☐ Standing Committee: Staff—  | -□ Clerical or □ Pro   | ofessional.                      |  |  |  |
| •  |  |                                  | nittee: Authority—H. Res. 955 of 9525 Congre   |  |  |
|  | r standing Committee   | e, or select comin               | Congre   |  |  |
|  |  |                                  |  |  |  |
| 3.   Joint Committee.  |  |                                  |  |  |  |
|  | e, complete item be  | low.)                            |  |  |  |
| f Employee of an Officer of the House  | •  | ,                                |  |  |  |
|  | •  | ,                                | P  |  |  |
| f Employee of an Officer of the House Position Number  I certify that this authorization   | lf applicable, Le  | evelSte                          |  |  |  |
| f Employee of an Officer of the House  Position Number  I certify that this authorization elatives.  | lf applicable, Le  | evelSte                          | P<br>.C. 3110(b), prohibiting the employment o   |  |  |
| f Employee of an Officer of the House  Position Number  I certify that this authorization elatives.  | lf applicable, Le  | evelSte                          |  |  |  |
| Femployee of an Officer of the House  Position Number  I certify that this authorization elatives.  Pate   | If applicable, Le<br>on is not in viole<br>, 19  | evelSte                          | C. 3110(b), prohibiting the employment  (Signature of Authorizing Official)  (Type or print name of Authorizing Official)  |  |  |
| Position Number  I certify that this authorization elatives.  Date   | If applicable, Le<br>on is not in viole<br>, 19  | evelSte                          | C. 3110(b), prohibiting the employment of Signature of Authorizing Official)  (Type or print name of Authorizing Official)   |  |  |
| Position Number  I certify that this authorization elatives.  Date  (Type or print name and title of above of All appointments and salary adjustoyees, except those of the Committee | If applicable, Le on is not in viole  19  nking Minority Member)  official)  estments for employe on Appropriations, | evelSte                          | C. 3110(b), prohibiting the employment  (Signature of Authorizing Official)  LOUIS STOKES  (Type or print name of Authorizing Official)  (Title-If Member, District and State)   |  |  |
| Position Number  I certify that this authorization elatives.  Date  (Type or print name and title of above of All appointments and salary adjustoyees, except those of the Committee | If applicable, Leson is not in viole on is not in viole on 19  | evelSte                          | C. 3110(b), prohibiting the employment  (Signature of Authorizing Official)  LIGHTS STORES  (Type or print name of Authorizing Official)   |  |  |
| Position Number  I certify that this authorization elatives.  Date  (Type or print name and title of above of All appointments and salary adjustoyees, except those of the Committee | If applicable, Leson is not in viole on is not in viole on 19  | evelSte                          | (Signature of Authorizing Official)  (Type or print name of Authorizing Official)  (Title—If Member, District and State)  (Use) Classification Act and for Committee emonths budget, and the Joint Committees, must  |  |  |
| Position Number  I certify that this authorization elatives.  Date  (Type or print name and title of above of All appointments and salary adjustoyees, except those of the Committee | If applicable, Leson is not in viole on is not in viole on 19  | evelSte                          | (Signature of Authorizing Official)  (Type or print name of Authorizing Official)  (Title-If Member, District and State)  Ouse Classification Act and for Committee emain the Budget, and the Joint Committees, must be dirman, Committee on House Administration  |  |  |
| Position Number  I certify that this authorization relatives.  Date  | If applicable, Leson is not in viole on is not in viole on 19  | evelSte                          | (Signature of Authorizing Official)  (Type or print name of Authorizing Official)  (Title—If Member, District and State)  (Use) Classification Act and for Committee emonths budget, and the Joint Committees, must  |  |  |
| Position Number  I certify that this authorization relatives.  Date  | If applicable, Leson is not in viole on is not in viole on 19  | ees under the Hothe Committee of | (Signature of Authorizing Official)  [Signature of Authorizing Official)  [Type or print name of Authorizing Official)  [Title—If Member, District and State)  [Ouse] Classification Act and for Committee emonths and the Budget, and the Joint Committees, must be desired as a superior of the Budget |  |  |

| Effective Date 5/1/78 Type of Action  |
|---|
| 5/1/78  |
| 5/1/78  |
|   |
| Type of Action  |
|   |
| Appointment   |
| 🛮 Salary Adjustment   |
| Termination (At close of business on effective date)  Leave without pay (Beginning with effective date above and ending close of business |
| complete appropriate information below.)  |
| Gross Annual Salary*  |
| dioss Amidai Salaiy   |
| \$16.000  |
| Step<br>5 U.S.C. 3110(b), prohibiting the employment o  |
| (Signature of Authorizing Official)   |
| IS STOKES, CHAIRMAN  (Type or print name of Authorizing Official)   |
| (Title—If Member, District and State)   |
| the House Classification Act and for Committee emittee on the Budget, and the Joint Committees, must                                      |
| Chairman, Committee on House Administration   |
|   |
|   |
|   |

NW 88326

Docld:32243281 Page 4

## **PAYROLL AUTHORIZATION FORM**

(Please Use Typewriter or Ballpoint Pen)

## U.S. HOUSE OF REPRESENTATIVES Washington, D.C. 20515

(Any erasures, corrections, or changes on this form must be initialed by the authorizing official.)

## To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

| Employee Name (First-Middle-Last)  |   | Effective Date  |  |
|--|---|---|--|
| Yvonne H. Briggs   | Yvonne W. Briggs March 15, 1978                                       |   |  |
| Employee Social Security Number  |   | Type of Action  |  |
| 579-58-9427  | Appointment   |   |  |
|  | ☐ Salary Adjustment   |   |  |
| Employing Office or Committee/Subcommittee   | ☐ Title Change ☐ Termination (At close of business on effective date) |   |  |
| Assassinations   |   | without pay (Beginning with effective date above and endi   |  |
|  | close of businessSpecify Date   |   |  |
| If type of action is an Appointment, Salary Adjustment, or Title Chang   | je, comple  | ete appropriate information below:)   |  |
| Position Title   |   | Gross Annual Salary*  |  |
| - The second sec |   | 63E AAA AA  |  |
| Secretary  If employee is a civil service annuitant (includes U.S. House of Representatives), the gro  |   | \$15,000.00   |  |
| olus the salary received from the employing office.  | ss annual sa  | lary snown should include the annuity received by the emplo   |  |
| f Committee Employee, complete appropriate item below.)  |   |   |  |
| 1. ☐ Standing Committee: Staff—☐ Clerical or ☐ Professiona   | l.  |   |  |
| 2. 🗵 Special (Investigative staff of Standing Committee) or Sel  | ect Comm  | nittee: Authority—H. Res. 879 of 95% Congre   |  |
| 3.   Joint Committee.  |   | ,   |  |
|  | 4   |   |  |
|  |   |   |  |
| If Employee of an Officer of the House, complete item below.)  |   |   |  |
|  | Ste   | p   |  |
| Position NumberIf applicable, Level  |   |   |  |
| Position Number  |   |   |  |
| Position Number  |   | .C. 31.10(b), prohibiting the employment  |  |
| Position Number  |   | .C. 31.10(b), prohibiting the employment  |  |
| Position Number  | f 5 U.S.  | .C. 31.10(b), prohibiting the employment  (Signature of Authorizing Official)   |  |
| Position Number  | f 5 U.S.  | C. 31.10(b), prohibiting the employment  (Signature of Authorizing Official)  |  |
| Position Number  | f 5 U.S.  | C. 31.10(b), prohibiting the employment  (Signature of Authorizing Official)  (Type or print name of Authorizing Official)  |  |
| Position Number  | f 5 U.S.  | C. 31.10(b), prohibiting the employment  (Signature of Authorizing Official)  (Type or print name of Authorizing Official)  |  |
| Position Number  | f 5 U.S.  | (Signature of Authorizing Official)  (Type or print name of Authorizing Official)  (Title—If Member, District and State)  |  |
| Position Number  | f 5 U.S.  | (Signature of Authorizing Official)  (Type or print name of Authorizing Official)  (Title—If Member, District and State)  Use Classification 'Act and for Committee em  |  |
| Position Number  | f 5 U.S.  | (Signature of Authorizing Official)  (Type or print name of Authorizing Official)  (Title—If Member, District and State)  use Classification 'Act and for Committee em  |  |
| Position Number  | CHAT  | (Signature of Authorizing Official)  (Type or print name of Authorizing Official)  (Title—If Member, District and State)  use Classification Act and for Committee emonths Budget, and the Joint Committees, must   |  |
| Position Number  | CHAI  | (Signature of Authorizing Official)  (Type or print name of Authorizing Official)  (Title—If Member, District and State)  use Classification 'Act and for Committee em  |  |
| Position Number  | CHAI  | (Signature of Authorizing Official)  (Type or print name of Authorizing Official)  (Title—If Member, District and State)  use Classification 'Act and for Committee email the Budget; and the Joint Committees, must  |  |
| Position Number  | CHAI  | (Signature of Authorizing Official)  (Type or print name of Authorizing Official)  (Title—If Member, District and State)  use Classification Act and for Committee emain the Budget; and the Joint Committees, must birman, Committee on House Administration             |  |
| I certify that this authorization is not in violation of relatives.  Date  | CHAI  | (Signature of Authorizing Official)  (Type or print name of Authorizing Official)  (Title—If Member, District and State)  (Use Classification Act and for Committee emonthe Budget; and the Joint Committees, must birman, Committee on House Administration              |  |
| Position Number  | CHAT  | (Signature of Authorizing Official)  (Type or print name of Authorizing Official)  (Title—If Member, District and State)  use Classification Act and for Committee emonthe Budget, and the Joint Committees, must birman, Committee on House Administration  ID  Benefits |  |

#### MEMORANDUM

TO: Thomas Howarth, Budget Officer

I. Charles Mathews, Special Counsel  $\mathcal{A}_{\iota}$   $\mathcal{C}_{\iota}$   $\mathcal{M}_{\iota}$ FROM:

DATE: June 7, 1978

> Yvonne Briggs, Salary Adjustment RE:

Please adjust the salary of Yvonne Briggs to \$16,000.00 per annum, effective June 1, 1978. salary adjustment is in compliance with her promotion to Secretary/Deputy Chief Counsel.

See Me about His Memo.

ICM:j

## M E M O R A N D U M

Thomas Howarth, Budget Officer TO:

I. Charles Mathews, Special Counsel  $\forall e \in \mathbb{N}$ FROM:

March 1, 1978 DATE:

> Ms. Yvonne W. Briggs RE:

Please be advised that effective Wednesday, March 15, 1978, Ms. Yvonne W. Briggs will join the SCA staff as a Secretary with the Martin Luther King Task Force. effective starting salary will be \$15,000.00.

ICM:j

### MEMORANDUM

TO: ALL STAFF

RE: Payroll Certification

The Regulations and Accounting Procedures for Allowances and Expenses of Committees, Members and Employees of the U.S. House of Representatives require that, among other things, the Committee's monthly payroll certification include the relationship, if any, of each employee to any current Member of Congress. This certification is signed monthly by our Chairman.

The following are the relationships to be included in the certification:

| nephew          | brother-in-law   |
|-----------------|--|
| niece           | sister-in-law  |
| husband         | stepfather   |
| wife            | stepmother   |
| father-in-law   | stepbrother  |
| mother-in-law   | stepsister   |
| son-in-law      | half-brother   |
| daughter-in-law | half-sister  |
|                 | niece<br>husband<br>wife<br>father-in-law<br>mother-in-law |

Please complete the appropriate portion below, sign and date this form, which will then become a part of your permanent personnel file. If this status changes, you must notify the Committee's Budget Office immediately of the change.

| $\overline{X}$ I am not related to a               |                  | h Congress) M | lember of Congress |
|--|------------------|---------------|--------------------|
| <pre>I am related to a cur (Please specify.)</pre> | rrent (95th Cong | ress) Member  | of Congress.       |
|  |                  |               |                    |

Signature of Employed

March 7, 1978

Date