

SECRET

18 Apr 1966

REQUEST FOR PERSONNEL ACTION										DATE PREPARED 21 Apr 66	
1. SERIAL NUMBER 025708		2. NAME (Last-First-Middle) WILCOX JAMES B. JR									
3. NATURE OF PERSONNEL ACTION RESIGNATION *					4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 04 15 66		5. CATEGORY OF EMPLOYMENT REGULAR				
6. FUNDS		V TO V CF TO V		V TO CF CF TO CF		7. COST CENTER NO. CHARGE 6135 1164		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS DDP/WH USFIELD WH/C JMWAVE DEP CHIEF OF STATION FOR OPS SUPPORT FINANCE BRANCH					10. LOCATION OF OFFICIAL STATION JMWAVE						
11. POSITION TITLE FISCAL ACCT ASST					12. POSITION NUMBER 1369		13. CAREER SERVICE DESIGNATION SF				
14. CLASSIFICATION SCHEDULE (GX 2.5)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE				
GS			0501.03		07 4		\$ 6890.				
18. REMARKS * Staff Employee Special Subject is re-employable Resignation Memo Attached											
19A. SIGNATURE OF REQUESTING OFFICIAL Robert D. Gishman, Staff/Pers				DATE SIGNED 22 April		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER Lead, Career Service				DATE SIGNED	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE 45		20. EMPLOY CODE 18		21. OFFICE CODING NUMERIC ALPHABETIC		22. STATION CODE		23. INTEGRATE CODE		24. MONTHS 2 09 12 13 1	
25. DATE OF BIRTH MO. DA. YR.		26. DATE OF GRADE MO. DA. YR.		27. DATE OF LEI MO. DA. YR.		28. DATE OF LEI MO. DA. YR.		29. DATE OF LEI MO. DA. YR.		30. DATE OF LEI MO. DA. YR.	
29. NTE EXPIRES MO. DA. YR.		30. SPECIAL REFERENCE		31. RETIREMENT DATA 1-CSE 2-PICA 3-NONE		32. SEPARATION DATA CODE		33. CONNECTION CANCELLATION DATA TYPE MO. DA. YR.		34. SECURITY REQ NO.	
35. VET. PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT		36. SERV COMP DATE MO. DA. YR.		37. LONG COMP. DATE MO. DA. YR.		38. CAREER CATEGORY CAR RESY PROV. TEMP		39. FEGLI HEALTH INSURANCE CODE CODE 0-WAIVER 1-YES		40. SOCIAL SECURITY NO.	
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0-NO PREVIOUS SERVICE 1-NO FEELER IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)				42. LEAVE CAT. CODE		43. FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS		44. STATE TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS		45. SOCIAL SECURITY NO.	
46. POSITION CONTROL CERTIFICATION 050966 N						47. APPROVAL L. G. Ziegler				DATE APPROVED 5/16/66	

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP
EXCLUDED FROM AUTOMATIC DOWNGRADING
AND DECLASSIFICATION

14.

SECRET

EMPLOYEE NOTICE OF RESIGNATION

I RESIGN EFFECTIVE

15 Oct 66
(Date)

FOR THE FOLLOWING REASON:

May 9 10 10 AM '66

MAIL ROOM

OCH:MP

MY LAST WORKING DAY WILL BE—

DATE SIGNED

SIGNATURE OF EMPLOYEE

Respected MP

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

INSTRUCTIONS

Items 1 thru 7 and Items 9 thru 18a — The initiating office should fill in each of the referenced items. Items 3 thru 7 and 9 thru 18 require information which pertains *only* to the action requested, and NOT to the current status of the employee unless specific items remain unchanged.

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

Regular

Semmer

WAE

Part Time

Detail Out

Consultant

Temporary

Detail In

Military

Temporary-Part-Time

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

FIRST LINE Major Component (Director, Deputy Director, etc.)

Office, Major Staff, etc.

Foreign Field or U.S. Field (if pertinent)

Division or Staff (subordinate to first line)

Branch

Section

Unit

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

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

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

SECRET

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REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1. SERIAL NUMBER 025793				2. NAME (Last-First-Middle) WILCOTT, James B., Jr.	
3. NATURE OF PERSONNEL ACTION EXCEPTED APPOINTMENT * <i>62200</i>			4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR <i>11 12 1965</i>		5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS V TO V C TO V	V TO V C TO V	V TO C C TO C	7. COST CENTER NO. CHARGE 6135-1164		8. LEGAL AUTHORITY (Completed by Office of Personnel)
9. ORGANIZATIONAL DESIGNATIONS U.S. Field JMWAVE Deputy Chief of Station for Operational Support Finance Branch			10. LOCATION OF OFFICIAL STATION JMWAVE		
11. POSITION TITLE FISCAL ACCT. ASST.		(SF)	12. POSITION NUMBER 1369		13. CAREER SERVICE DESIGNATION SF
14. CLASSIFICATION SCHEDULE (G.S., F.B., etc.) GS (07)		15. OCCUPATIONAL SERIES 0501.03		16. GRADE AND STEP 07 (4)	
17. SALARY OR RATE \$ 6390					
18. REMARKS *Staff Employee Special. <i>109301</i>					
19A. SIGNATURE OF REQUESTING OFFICIAL ROBERT D. CASHMAN, C/WH/Pers.		DATE SIGNED 12/15/65		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER [Signature] 12/16/65	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE 13	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC 51550 WH	22. STATION CODE 99999	23. INTEGRITY CODE	24. MOOTIES CODE
25. DATE OF BIRTH MO DA YR 09/29/31		26. DATE OF GRADE MO DA YR 09/15/63		27. DATE OF LEI MO DA YR 09/13/64	
28. WFE EXPENSES MO DA YR		29. SPECIAL REFERENCE		30. RETIREMENT DATA 1-ESC 2-FICA 3-BOBSE CODE 1	
31. SEPARATION DATA CODE		32. CORRECTION, CANCELLATION DATA TYPE MO DA YR		33. SECURITY REQ NO. EOD DATA 0000 M/1	
34. SOCIAL SECURITY NO.		35. TEST PREFERENCE CODE 1 0-None 1-5 PT 2-10 PT		36. SERV COMP. DATE MO DA YR 06/26/53	
37. LONG COMP. DATE MO DA YR 04/57		38. CAREER CATEGORY CODE C LMB RESV PROV TEAP		39. LEGAL/HEALTH INSURANCE CODE 1 0-WAIVER 1-YES HEALTH INS CODE -	
40. PREVIOUS GOVERNMENT SERVICE DATA CODE 1 0-NO PREVIOUS SERVICE 1-NO DOLLAR IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-RELAT IN SERVICE (MORE THAN 3 YEARS)		41. LEAVE CAT CODE 6		42. FEDERAL TAX DATA FORM EXECUTED CODE 0 NO TAX EXEMPTIONS 1-YES 2-NO	
43. STATE TAX DATA FORM EXECUTED CODE - NO TAX STATE CODE -		44. POSITION CONTROL CERTIFICATION 12-2065 H		45. APPROVAL [Signature] DATE APPROVED 11/17/65	

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP
EXCLUDED FROM AUTOMATIC DOWNGRADING
AND DECLASSIFICATION

(4)

SECRET

(If Not Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
1. SERIAL NUMBER 025798						2. NAME (Last-First-Middle) Hickell, James B. Jr.	
3. NATURE OF PERSONNEL ACTION RESIGNATION				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 11 12 65		5. CATEGORY OF EMPLOYMENT REGULAR	
6. FUNDS		7. COST CENTER NO. CHARGE 6135-1164		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS DPP/WH U.S. Field WH/C JMWAVE Deputy Chief of Station for Operational Support Finance Branch		10. LOCATION OF OFFICIAL STATION JMWAVE					
11. POSITION TITLE FISCAL ACCT. ASST.				12. POSITION NUMBER 1369		13. CAREER SERVICE DESIGNATION SF	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0501.03		16. GRADE AND STEP 07 (4)		17. SALARY OR RATE \$ 6390	
18. REMARKS							
18A. SIGNATURE OF REQUESTING OFFICIAL ROBERT D. CASHMAN, C/WH/Pers.				DATE SIGNED 12/20/65		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER [Signature]	
DATE SIGNED 12/20/65				DATE SIGNED 12/20/65			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE 7210		20. EMPLOY CODE		21. OFFICE CODING NUMERIC ALPHABETIC		22. STATION CODE	
23. INTEGRITY CODE		24. HOURS CODE		25. DATE OF BIRTH MO DA YR 09 12 31		26. DATE OF GRADE MO DA YR	
27. DATE OF LEI MO DA YR		28. NTE EXPIRES MO DA YR		29. SPECIAL REFERENCE		30. RETIREMENT DATA 1-CSC 2-FICA 3-NONE	
31. SEPARATION DATA CODE 120009		32. CORRECTION CANCELLATION DATA EOD DATA		33. SECURITY REG. NO.		34. SEX	
35. VET PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT		36. SERV COMP DATE MO DA YR		37. LONG COMP DATE MO DA YR		38. CAREER CATEGORY CODE CAR RESP PROG/TEMP	
39. FEDERAL HEALTH INSURANCE CODE 0- WAIVER 1-YES		40. SOCIAL SECURITY NO.		41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0-NONE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)		42. LEAVE CAT CODE	
43. POSITION CONTROL CERTIFICATION 122065 TV		44. FEDERAL TAX DATA FORM EXECUTED 1-YES 2-NO		45. STATE TAX DATA FORM EXECUTED 1-YES 2-NO		46. O.P. APPROVAL Joseph B. Hickell	
47. DATE APPROVED		48. DATE APPROVED					

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING
AND DECLASSIFICATION

14

SECRET

(If Not Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 15 April 1965	
1. SERIAL NUMBER 035793		2. NAME (Last-First-Middle) [REDACTED] Willett, James B					
3. NATURE OF PERSONNEL ACTION EXCEPTED APPOINTMENT				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 04 25 65		5. CATEGORY OF EMPLOYMENT REGULAR	
6. FUNDS V TO V C TO V		V TO C C TO C		7. COST CENTER NO. CHARGE 5135-1164		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS ISPP/Special Affairs Staff U.S. Field Forward Operations Station - JMWAVE Deputy for Support Finance Branch				10. LOCATION OF OFFICIAL STATION JMWAVE			
11. POSITION TITLE FISCAL ACCT. ASST.				12. POSITION NUMBER 1090		13. CAREER SERVICE DESIGNATION SE	
14. CLASSIFICATION SCHEDULE (GS, F.B., etc.) GS		15. OCCASIONAL SERIES OFCL03		16. GRADE AND STEP 07 (4)		17. SALARY OR RATE \$ 6650	
18. REMARKS Subject replacing Wm. C. JUCENTUAL, rotating to Headquarters latter part of May 1965. C-03-60 Record 65 OVERLAP W. Bedard 8/2/65 22 June 65 Concur: J. P. [illegible] 4/1/65 PS 4/A							
18A. SIGNATURE OF REQUESTING OFFICIAL [Signature]				DATE SIGNED 15/4/65		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER [Signature]	
DATE SIGNED 15/4/65				DATE SIGNED			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE 13	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC 4460	22. STATION CODE ALPHABETIC SAS	23. INTEREST CODE 99999	24. HQ/RTS CODE 2	25. DATE OF BIRTH MO DA YR 09 15 31	26. DATE OF GRADE MO DA YR 09 15 63
27. DATE OF LEI MO DA YR 09 13 64	28. NTE EXPIRES MO DA YR	29. SPECIAL REFERENCE 1-ESC 2-FICA 3-NONE	30. RETIREMENT DATA CODE 1	31. SEPARATION DATA CODE TYPE 1	32. CORRECTION-CANCELLATION DATA MO DA YR	33. SECURITY REQ NO 00000	34. SER M1
35. VET PREFERENCE CODE 1	36. SERV. COMP DATE MO DA YR 06 12 63	37. LONG COMP DATE MO DA YR 03 04 57	38. CAREER CATEGORY CODE C	39. FEGLI HEALTH INSURANCE CODE 1	40. SOCIAL SECURITY NO		
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 1	42. LEAVE CAT CODE 6	43. FEDERAL TAX DATA FORM EXECUTED 1-YES 2-NO	44. STATE TAX DATA CODE 0	45. POSITION CONTROL CERTIFICATION 4-26-65 HT	46. OF APPROVAL Joseph B. [illegible]	DATE APPROVED 20 APR 1965	

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING
AND DECLASSIFICATION

SECRET
(When Filled In)

[illegible]

DLB: 27 APR 65

REF						NOTIFICATION OF PERSONNEL ACTION	
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)					
025798		WILCOTT JAMES B JR					
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT	
RESIGNATION				04 24 65		REGULAR	
6. FUNDS		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY			
<input checked="" type="checkbox"/> V TO V <input type="checkbox"/> V TO CF <input type="checkbox"/> CF TO V <input type="checkbox"/> CF TO CF		5277 0003 0000					
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION			
11. POSITION TITLE				12. POSITION NUMBER		13. SERVICE DESIGNATION	
FINANCE ASSISTANT				0470		SF	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE	
GS		0510.18		07 4		6650	
18. REMARKS							
SIGNATURE OR OTHER AUTHENTICATION							

REQUEST FOR PERSONNEL ACTION										DATE PREPARED	
1. SERIAL NUMBER 025798										2. NAME (Last-First-Middle) WILCOTT, James Bernard, Jr.	
3. NATURE OF PERSONNEL ACTION Reassignment & Transfer to Vouchered Funds						4. EFFECTIVE DATE REQUESTED MONTH 10 DAY 11 YEAR 64		5. CATEGORY OF EMPLOYMENT Regular			
6. FUNDS X V TO V V TO CF X CF TO V CF TO CF 						7. COST CENTER NO. CHARGEABLE 5277-0003		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS DDS OFFICE OF FINANCE Confidential Funds Division Compensation and Tax Accounts Branch Contract Agents Accounts Section						10. LOCATION OF OFFICIAL STATION Washington, D. C.					
11. POSITION TITLE Finance Assistant						12. POSITION NUMBER 6470		13. CAREER SERVICE DESIGNATION SF			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS				15. OCCUPATIONAL SERIES 0510.16		16. GRADE AND STEP 07/4		17. SALARY OR RATE \$ 6650			
18. REMARKS From: FE/Tokyo Security Approval Granted by Pers. SD/OS 9/21/64 CONCUR: Dr. B. Barclay 10/1/64 FE/Personnel lcc - Sec lcc - Payroll w/ Forms W-4 and											
19A. SIGNATURE OF REQUESTING OFFICIAL Acting Chief, C&T Division				DATE SIGNED		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER Adm. Officer - O/F Finance				DATE SIGNED	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE 16		20. EMPLOY CODE 16		21. SERVICE CODING NUMERIC 12-00 ALPHABETIC F-10		22. STATION CODE 2-0B		23. INTERSEE CODE		24. HODOPS CODE 1	
25. DATE OF BIRTH MO. 09 DA. 27 YR. 31		26. DATE OF DEATH MO. DA. YR.		27. DATE OF LEI MO. DA. YR.		28. DATE OF LEI MO. DA. YR.		29. DATE OF LEI MO. DA. YR.		30. DATE OF LEI MO. DA. YR.	
31. DATE OF LEI MO. DA. YR.		32. DATE OF LEI MO. DA. YR.		33. DATE OF LEI MO. DA. YR.		34. DATE OF LEI MO. DA. YR.		35. DATE OF LEI MO. DA. YR.		36. DATE OF LEI MO. DA. YR.	
37. VET. PREFERENCE CODE 0 - NONE 1 - 5 PT. 2 - 10 PT.		38. SERA. COMP. DATE MO. DA. YR.		39. LIND. COMP. DATE MO. DA. YR.		40. CAREER CATEGORY CODE 0 - NON-PROV/TEMP 1 - YES		41. FEQ. / HEALTH INSURANCE CODE 0 - NO 1 - YES		42. SOCIAL SECURITY NO.	
43. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERV. 25 (LESS THAN 5 YRS) 3 - BREAK IN SERV. 25 (MORE THAN 5 YRS)		44. MILITARY DATA CODE		45. FEDERAL TAX DATA FORM PREPARED 1 - YES 2 - NO		46. STATE TAX DATA FORM PREPARED 1 - YES 2 - NO		47. TAX STATE CODE		48. STATE CODE	
49. POSITION CONTROL CERTIFICATION from FE						50. O.P. APPROVAL Michael Barclay					
DATE APPROVED 10/1/64											

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1. SERIAL NUMBER 025798		2. NAME (Last-First-Middle) WILCOTT, JAMES F., JR.			
3. NATURE OF PERSONNEL ACTION PROMOTION			4. EFFECTIVE DATE REQUESTED MONTH 09 DAY 15 YEAR 63		5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS		V TO V CF TO V	V TO CF X TO CF	7. COST CENTER NO. CHARGE-ABLE 4137-7351-1000	8. LEGAL AUTHORITY (Completed by Office of Personnel)
9. ORGANIZATIONAL DESIGNATIONS DDP FE FE/JKO - TOKYO STATION SUPPORT STAFF			10. LOCATION OF OFFICIAL STATION TOKYO, JAPAN		
11. POSITION TITLE FISCAL ACCT ASST			12. POSITION NUMBER 3167		13. CAREER SERVICE DESIGNATION SF
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0501.03	16. GRADE AND STEP 07 03		17. SALARY OR RATE 5,910
18. REMARKS FROM: GS- 6 step 4 FOR FURTHER INFO, CALL X5271					
18A. SIGNATURE OF REQUESTING OFFICIAL LEE AUSTIN, CFE/PERSONNEL		DATE SIGNED 05 SEP 63		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER Admin. Officer, O/Comptroller	
				DATE SIGNED 9/11/63	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE 22	20. EMPLOY. CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC 45370FE	22. STATION CODE 3877	23. INTEREST CODE 3	24. MONTHS CODE 09/27/31
25. DATE OF BIRTH MO DA YR 09 27 31	26. DATE OF GRAD MO DA YR	27. DATE OF LEI MO DA YR	28. DATE OF EXP. RES. MO DA YR		
29. SPECIAL REFERENCE 1 - CEC 3 - FICA 5 - NONE	30. RETIREMENT DATA CODE	31. SEPARATION DATA CODE TYPE	32. CORRECTION/CANCELLATION DATA MO DA YR	33. SECURITY REQ. NO.	
34. RET. PREFERENCE 0 - NONE 1 - 5 YR. 2 - 10 YR.	35. SERV. COMP. DATE MO DA YR	36. LONG. COMP. DATE MO DA YR	37. CAREER CATEGORY CODE	38. REG. 1 / HEALTH INSURANCE CODE	39. SOCIAL SECURITY NO.
40. 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)		41. LEAVE CAT. CODE	42. FEDERAL TAX DATA FORM EXECUTED CODE 1 - YES 2 - NO		43. STATE TAX DATA FORM EXECUTED CODE 1 - YES 2 - NO
44. POSITION CONTROL CERTIFICATION W. Kearney 09/13/63			45. O.P. APPROVAL Michael Landy 13 SEP 63		DATE APPROVED

FORM 1152 OBSOLETE PREVIOUS EDITIONS
4.62 AND FORM 1152a.

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING
AND DECLASSIFICATION

(4)

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
1. SERIAL NUMBER 025798 ✓						13 October 1961	
2. NAME (Last-First-Middle) Willett, James H., Jr.							
3. NATURE OF PERSONNEL ACTION Promotion				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 11 12 61		5. CATEGORY OF EMPLOYMENT Regular	
6. FUNDS ▶		7. COST CENTER NO. CHARGEABLE 2137-7351-1000		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS 14 DDF/FE FE/JAO - Tokyo Station Support Staff - TOKYO				10. LOCATION OF OFFICIAL STATION Tokyo, Japan			
11. POSITION TITLE Fiscal Acct Asst D-07				12. POSITION NUMBER 3167-0		13. CAREER SERVICE DESIGNATION SF	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0501.03		16. GRADE AND STEP 6 4		17. SALARY OR RATE 5,325	
18. REMARKS 5 Promotion from GS-5, Step 5 to GS-6, Step 4							
18A. SIGNATURE OF REQUESTING OFFICIAL M. L. Shobe, CTE, FDS				DATE SIGNED		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER E. R. SAUNDERS, Comptroller	
DATE SIGNED				DATE SIGNED		1961	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE 22		20. EMPLOY CODE 10		21. DATE OF BIRTH 3 09 12 73		22. DATE OF DEATH 11 12 61	
23. RETIREMENT DATA 1 - YES 2 - NO		24. SEPARATION DATA 1 - YES 2 - NO		25. CORRECTION/CANCELLATION DATA 1 - YES 2 - NO		26. SOCIAL SECURITY NO.	
27. VET. PREFERENCE 0 - NONE 1 - 5 PT 2 - 10 PT		28. LONG. COMP. DATE		29. HEALTH INSURANCE 0 - NO-VER 1 - YES		30. SEA	
31. PREVIOUS GOVERNMENT SERV. DATA 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE LESS THAN 12 MOS 3 - BREAK IN SERVICE MORE THAN 12 MOS		32. FEDERAL TAX DATA FORM EX-100 1 - YES 2 - NO		33. STATE TAX DATA FORM EX-100 1 - YES 2 - NO		34. STATE CODE	
35. POSITION CONTROL CERTIFICATION 21 Kearney 11/02/61				36. O.P. APPROVAL DV Mulcahy MRS		DATE APPROVED 11/3/61	

SECRET



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

To the Director of Central Intelligence

Sir:

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

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

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

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

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

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

James D. McInerney
(Signature)

12/11/59
(Date)

Daniel C. Knapp

SECRET

REQUEST FOR PERSONNEL ACTION

1. Serial No.	2. Name (Last-First-Middle)	3. Date Of Birth	4. Vet Prof	5. Sex	6. CS: EOD
	Wilcott, James E., Jr.	Mo. Da. Yr.	None-0 5 Pt-1 10 Pt-2	Code	Mo. Da. Yr.
7. SEC	8. CSC	9. CSC Or Other Legal Authority	10. Appt. Aff'd	11. FEGLI	12. LCD
Mo. Da. Yr.	Yes-1 No-2	Code	Mo. Da. Yr.	Yes-1 No-2	Code

PREVIOUS ASSIGNMENT

14. Organizational Designations	Code	15. Location Of Official Station	Station Code
DDP/Office of the Comptroller Finance Div. Accounts Branch Accounting Control Section Accts Receivable and Payable Unit		Wash., D.C.	
16. Dept. Field	17. Position Title	18. Position No.	19. Serv. 20. Occup. Series
Mo. Da. Yr.	Fiscal Acct Clk	0506	GS 0501.01
21. Grade & Step	22. Salary Or Rate	23. SD	24. Date Of Grade 25. PSI Due
05 3	\$ 1110	SF	Mo. Da. Yr. Mo. Da. Yr.
			26. Appropriation Number
			0263 1010

ACTION

27. Nature Of Action	Code	28. Eff. Date	29. Type Of Employee	Code 30. Separation Data
Reassignment + T to C.F.	11	Mo. Da. Yr.	Regular	11
		05 15 60		

PRESENT ASSIGNMENT

31. Organizational Designations	Code	32. Location Of Official Station	Station Code
DDP/FE FE/JAO - Tokyo Station Support Staff - Tokyo	1171	Tokyo, Japan	37587
33. Dept. Field	34. Position Title	35. Position No.	36. Serv. 37. Occup. Series
Mo. Da. Yr.	Fiscal Acct Asst	3167	GS 0501.03
38. Grade & Step	39. Salary Or Rate	40. SD	41. Date Of Grade 42. PSI Due
	\$		Mo. Da. Yr. Mo. Da. Yr.
			43. Appropriation Number
			0137 7351 3000

SOURCE OF REQUEST

A. Recommended By (Name And Title)	C. Request Approved By (Signature And Title)
Robert E. Remig, CFF/JAO	Robert D. Cashman, CFF/Personnel
B. For Additional Information Call (Name & Telephone Ext.)	
Moselle Little, X2957	

CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board			D. Placement		
B. Post Control			E. Approved By		
C. Classification					
Remarks					
2 copies to Security. Please transfer from vouchered to unvouchered funds as of 15 May 1960. Subject to replace Robert Weber, who is returning to 21 June 1960.					

REQUEST FOR PERSONNEL ACTION														
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vol Prof		5. Sex		6. CSC Code	
125798		WILCOTT JAMES B JR				Mo. Da. Yr. 09 27 31			Non-0 Code S Pr-1 1 10 Pr-9 1		M 1		Mo. Da. Yr. 03 04 57	
7. SCD		8. CSC Permit		9. CSC Or Other Legal Authority		10. Appt. Affidav			11. FLCL		12. LCD		13. ...	
Mo. Da. Yr. 06 26 53		Yes-1 Code No-2 1		50 USCA 403 J		Mo. Da. Yr. Mo. Da. Yr.			Yes-1 Code No-2		Mo. Da. Yr. 03 04 57		Yes-1 Code No-2 2	

PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DCS OFFICE OF THE COMPTROLLER FINANCE DIVISION COMPENSATION AND TAX ACCTS BR CONTRACT AGENTS ACCTS SECT.				3803		WASH., D. C.				75013	
16. Dept. - Field		17. Position Title				18. Position No.		19. Serv.		20. Career Series	
Dept - USfld - Frgn - 2		FINANCE ASST				0470		GS		0510.14	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
05 2X 3		\$ XXXXX 1,340		SF		Mo. Da. Yr. 03 12 157		Mo. Da. Yr. 04 12 15		9 6300 20 004	

ACTION 9 18 60

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
Reassignment		56		Mo. Da. Yr. 10 15 59		Regular		01			

PRESENT ASSIGNMENT

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

SOURCE OF REQUEST

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

CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board			D. Placement		
B. Pos. Control	<i>fg</i>	10-2-59	E.		
C. Classification			F. Approved By	<i>W. E. ...</i>	2-5-59
Remarks					

REQUEST FOR PERSONNEL ACTION															
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vet Pref		5. Sex		6. CS - EOD		
125798		WILCOTT JAMES B JR				Mo. Da. Yr. 09 27 31			None-0 5 Pt-1 10 Pt-2		Code 1 M 1		Mo. Da. Yr. 03 04 57		
7. SCD		8. CSC Reint.		9. CSC Or Other Legal Authority		10. Appt. Affidav.			11. FEGLI		12. LCD		13. Min. Serv. Req.		
Mo. Da. Yr. 06 26 53		Yes-1 No-2		Code 1		50 USCA 403			Mo. Da. Yr. 09 21 58			Yes-1 No-2		Code 03 04 57	

PREVIOUS ASSIGNMENT

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

ACTION

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

PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DDS/Office of the Comptroller Finance Division Compensation and Tax Accounts Branch Contract Agents Accounts Section				3803		Wash., DC				75013	
33. Dept. - Field		34. Position Title		35. Position No.		36. Serv.		37. Occup. Series			
Doct - X USM - Frgn -		Code 2		Finance Assistant		470		0510.14			
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
5/2		\$ 4190.00		SF		Mo. Da. Yr. 7 12 57		Mo. Da. Yr. 9 12 57		9-6300-20-004	

SOURCE OF REQUEST

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

CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board			D. Placement		
B. Pos. Control		20 1959	E.		
C. Classification			F. Approved By	<i>[Signature]</i>	3/20/57

Remarks

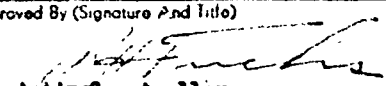
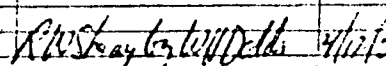
For slotting purposes only

REQUEST FOR PERSONNEL ACTION														
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vac. Prob.		5. Sex		6. GS - LCB	
105749		WILCOIT JAMES E JR				Mo. Da. Yr.			Non-0 Code		M		Mo. Da. Yr.	
7. SCD		8. CSC Form		9. CSC Or Other Legal Authority		10. Apmt. Affidav			11. REGU		12. LCD		13. Int. Serv. Code	
Mo. Da. Yr.		Yes-1 Code		No-2		Mo. Da. Yr.			Yes-1 Code		Mo. Da. Yr.		Yes-1 Code	
05 76 73		1		NO DATA FOR		Mo. Da. Yr.			No-2		03 04 97		No-2 12	

PREVIOUS ASSIGNMENT													
14. Organizational Designations						Code		15. Location Of Official Station				Station Code	
DDS OFFICE OF THE COMPTROLLER FINANCE DIVISION COMPENSATION AND TAX ACCTS BR CONTRACT AGENTS ACCTS SECTION						3803		WASH., D. C.				75013	
16. Dept. - Field		17. Position Title				18. Position No.		19. Serv.		20. Occup. Series			
Dept. - USld. - Frgn.		2				FINANCE ASST		051103		05		0510.15	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number			
05 1		\$ 3670		SF		Mo. Da. Yr.		Mo. Da. Yr.		8 6304 20			
05 1						09 12 157		09 12 157					

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

PRESENT ASSIGNMENT													
31. Organizational Designations						Code		32. Location Of Official Station				Station Code	
DDS/Office of the Comptroller Finance Division Compensation and Tax Accounts Branch Staff Employees Accounts Section						3803		Wash., DC					
33. Dept. - Field		34. Position Title				35. Position No.		36. Serv.		37. Occup. Series			
Dept. - USld. - Frgn.		Time Leave Pay Clk				M005.02				0544.01			
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number			
5/1		\$ 3670.00		SF		Mo. Da. Yr.		Mo. Da. Yr.		8-6304-20			

SOURCE OF REQUEST													
A. Requested By (Name & Title)						C. Request Approved By (Signature & Title)							
R. E. WOMAC, Deputy Chief, Finance Division						 Acting Comptroller							
B. For Additional Information Call (Name & Telephone Ext.)													
CLEARANCES													
Clearance		Signature		Date		Clearance		Signature		Date			
A. Career Board						D. Placement							
B. Pos. Control		St		16 APR 1998		E.				4/16/98			
C. Classification						F. Approved By							
Remarks													

Classify According
To Content.

REQUEST FOR PERSONNEL ACTION																
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vet. Pref.		5. Sex		6. CS - EOD			
		WILCOTT, James B., Jr.				Mo Da Yr 9 27 31			None-0 5 Pt-1 10 Pt-2		Code M		Mo Da Yr			
7. SCD		8. CSC Retmt		9. CSC Or Other Legal Authority				10. Apmt. Altidav			11. FEGLI		12. LCD		13. Grd. Lcd	
Mo Da Yr		Yes - 1 No - 2						Mo Da Yr			Yes - 1 No - 2		Mo Da Yr		Yes - 1 No - 2	

PREVIOUS ASSIGNMENT

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

ACTION

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

PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DDS/Office of the Comptroller Finance Division Compensation and Tax Accounts Branch Contract Agents Accounts Section				3805		Wash., DC				75013	
33. Dept. Field		34. Position Title				35. Position No.		36. Serv.		37. Occup. Series	
Dept. XX Unfld. Frgn.		Finance Assistant				M521.03				0510.14	
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
5/1		\$ 3670.00		SF		Mo Da Yr 09/22/57		Mo Da Yr 09/21/57		8-6304-20	

SOURCE OF REQUEST

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

CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board			D. Placement		
B. Pos. Control	gnc	2/14/58	E.		
C. Classification			F. Approved By	R. E. WOMAC	2/14/58
Remarks Subject will replace Mr. Robert U. LaRoss who is processing for an o/s assignment.					

Classify According
To Content.

REQUEST FOR PERSONNEL ACTION												VOUCHERED 12 September 1957		
1. Serial No.		2. Name (Last-First-Middle) WILCOTT, James B.				3. Date Of Birth Mo Da Yr 9 27 31			4. Var. Pref. None-0 5 Pr-1 10 Pr-2		5. Sex M		6. CS - EOD Mo Da Yr	
7. SCD Mo Da Yr		8. CSC Reinit. Yes-1 No-2		9. CSC Or Other Legal Authority		10. Appt Affidav. Mo Da Yr			11. FEGLI Yes-1 No-2		12. LCD Mo Da Yr		13. M. Serv. Code Yes-1 No-2	

PREVIOUS ASSIGNMENT

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

ACTION

27. Nature Of Action PROMOTION		Code		28. Eff. Date Mo Da Yr 29 SEP 1957		29. Type Of Employee Regular		Code		30. Separation Data	
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PRESENT ASSIGNMENT

31. Organizational Designations DDS/Office of Comptroller Fiscal Division Accounts Branch Allotment Ledger Section				Code		32. Location Of Official Station Washington, D. C.				Station Code	
33. Dept.- Field Dept- X Usld. Fran-		34. Position Title Fiscal Acct Clk		35. Position No. 30.01		36. Serv.		37. Occup. Series GS-0501.04-5			
38. Grade & Step GS-5 1		39. Salary Or Rate \$ 3670		40. SD SF		41. Date Of Grade Mo Da Yr 9 12 57		42. PSI Due Mo Da Yr 9 12 58		43. Appropriation Number 8-6303-20	

SOURCE OF REQUEST

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

CLEARANCES

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

REQUEST FOR PERSONNEL ACTION

EC-9 Nov. 1956

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

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

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

A. REMARKS (Use reverse if necessary)

This action cancels Recruitment Request submitted under date of 25 June 1956

Personnel Folder is attached

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

13. VETERAN PREFERENCE	14. POSITION CLASSIFICATION ACTION
NONE <input type="checkbox"/> WWI <input type="checkbox"/> OTHER <input type="checkbox"/> 5-PT. <input type="checkbox"/> 10 POINT <input type="checkbox"/> <i>X</i>	NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input type="checkbox"/> REAL <input type="checkbox"/> <i>SD/SF</i>

15. SEX <i>M</i>	16. RACE <i>W</i>	17. APPROPRIATION FROM: <i>6-6303-20</i> TO: <i>6-6303-20</i>	18. SUBJECT TO C.S. RETIREMENT ACT (YES-NO) <i>yes</i>	19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY) <i>4 March 57</i>	20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: <i>SD</i>
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21. STANDARD FORM 50 REMARKS

OFFICE/DIVISION WITHIN CEILING

27 NOV 1956

Date

BAB

Position Gen. Clk.

0 suby. to med.

0 suby. to trial period

RC-135

DOG: 03/04/57

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS:
A.	<i>TH</i>	<i>9 JUL 1956</i>	<i>CSEOD: 03/04/57</i>
B. CEIL. OR POS. CONTROL			<i>LCD: 03/04/57</i>
C. CLASSIFICATION			<i>SCD: 06/26/53</i>
D. PLACEMENT OR ENPL.	<i>TH</i>	<i>7/11</i>	<i>PSE Due: 03/09/58</i>
E.			

F. APPROVED BY

Robert E. Thacklin

Ernest J. Harrell

CONFIDENTIAL
(When Filled In)

REPORT OF INTERVIEW		1. DATE OF INTERVIEW 10 April 1956	2. PLACE Syracuse, New York
3. PREVIOUS APPLICATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	4. INTERVIEWER Neil F. Cokerly		5. REFERRED BY --
6. TYPE OR PRINT IN CAPS LAST NAME WILCOTT,		FIRST NAME JAMES	MIDDLE NAME B.
7. PERMANENT ADDRESS 400 James Street, Syracuse, New York			TELEPHONE none
8. BUSINESS ADDRESS --			TELEPHONE --
9. TEMPORARY ADDRESS --			TELEPHONE --
10. DATE OF BIRTH 27 Sept. 1931	12. CITIZENSHIP <input checked="" type="checkbox"/> U.S. <input type="checkbox"/> OTHER (Specify country)		
11. PLACE OF BIRTH Cleveland, Ohio	U.S. CITIZENSHIP ACQUIRED BY <input checked="" type="checkbox"/> BIRTH <input type="checkbox"/> NATURALIZATION		IF NATURALIZED INDICATE DATE
13. <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED	<input type="checkbox"/> WIDOW (ER)	<input type="checkbox"/> DIVORCED	14. NO. OF DEPEND. (Excluding wife) 0
15. FOREIGN RELATIVES, INCLUDING WIFE (Reg. 16-9) N A			
16. EDUCATION (Schools, degrees, dates, majors, thesis title, grade average or class standing, extra-curricular activities, etc.) Polana Central High - left at end of first year (1945) GED (Army) Equivalency diploma 1951 Feb. '53 - May '54 - Utica College of Syracuse University, Utica, N.Y. - Physics major - left when his marks were getting too low - working also. Feb. '55 - Present - Central Business School, Syracuse, New York - Accounting course - all A's and B's except 2 C's. (Can end course in Fall or continue)			
17. MAJOR EMPLOYMENT HISTORY (Employers, positions, duties, salaries, reasons for leaving) August '52 - Dec. '52 - Esso Tower Station, Genesee St., Utica, N.Y. - Gas attendant - \$45 per wk - laid off due to slow business. Dec. '52 - Feb. '53 - Chicago Pneumatic Tool Co., Utica, N.Y. - Engine lathe operator - \$50 per wk. was an unskilled job with no future. May '54 - Sept. '54 - Toboggan Inn, Eagle Bay, N.Y. - Handyman - \$60 wk, plus room and board - summer job. Sept. '54 - Dec. '54 - Century Metal Craft Cork, Syracuse, N.Y., Cookware salesman - \$60 wk. - did not make out as a salesman.			
18. MILITARY EXPERIENCE (Branch, serial no., stations, training duties, command responsibilities, rank held, reserve status, current proficiency and interest). INCLUDE ALSO DRAFT, ACTIVE MILITARY OR RETIRED STATUS. Dec. '48 - August. '52 - U.S. Army Electrician and generator operator (MOS 3166 - Cpl. liked the work and was considered fairly good at it.			

CONFIDENTIAL
(When Filled In)

19. AREA KNOWLEDGE (Area, type of knowledge, how acquired, etc.)							
Okinawa July '49 - March '51							
20. LANGUAGE FACILITY (Give tests when skill warrants and rate below)							
LANGUAGE	NATIVE FLUENCY	FLUENT OUT FOREIGN	ADEQUATE FOR TRANSLATOR	ADEQUATE FOR RESEARCH	ADEQUATE FOR TRAVEL	LIMITED	ACQUIRED BY
N A							
21. SALARY REQUESTED \$2200				22. POOL INTEREST <input type="checkbox"/> YES <input type="checkbox"/> NO			
23. ACCEPTABLE STATION				PREFERENCE LIMITATIONS			
WASHINGTON, D.C. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				Prefers C/S and the sooner the better- anywhere.			
ANYWHERE IN U.S. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
OVERSEAS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
24. HEALTH							
Good							
25. FORMS GIVEN <input checked="" type="checkbox"/> PMS <input checked="" type="checkbox"/> APP. I <input checked="" type="checkbox"/> MED. <input type="checkbox"/> SEC. AGREE. <input checked="" type="checkbox"/> L/A (If required)							
26. EVALUATION AND RECOMMENDATION (Appearance, manners, personality, maturity, motivation, flexibility, intelligence, emotional stability, qualifications for intelligence work, career planning, over-all impression, pertinent unfavorable factors)							
<p>The first thing of note is the scattered work and educational history of this fellow. On paper the case is all against him but in talking to him I conclude that it is the case of a guy who failed to get the proper job and school guidance when it would have been most effective (immediately after discharge). The guy has intelligence (LA/5 61-61) but perhaps not the final grasp of things to make a go of a technical degree in College. He probably would have done O.K. with the Liberal Arts course. At any rate he has decided on accounting as a career (finds he likes it and can do it well). He's had a tough life to say the least (how much bearing this has had on his career I'm not trained to evaluate.) My final impression is that he's neat, clean cut, sincere, reliable, capable if given the proper supervision. Types about 40 wpm and is learning shorthand from his wife (who's applying as steno). I think he'd do a competent job and perhaps with experience and training do a very good one. Wants O/S at earliest opportunity for financial reasons.</p>							
27. RECOMMENDED FOR				28. SERIAL NUMBERS			
GS 4 Admin/ Accounting							
29. TESTS				30.			
LA/5 61-51				Neil F. Doherty May 13, 1956 <small>SIGNATURE OF INTERVIEWER DATE</small>			

CONFIDENTIAL

SECRET

BIOGRAPHIC PROFILE (PART I) SCD: 26 Jun 1953						
1. PERS. SERIAL NO. 45558						
2. NAME (Last-First-Middle) William, James Bernard, Jr.						
3. SEX M		4. DATE OF BIRTH Sep 1931		5. LONGEVITY COMP. DATE 4 Mar 1957		
6. MARITAL STATUS Married		7. DEPENDENT(S) None		8. US NATURALIZATION DATE(S) NA		
9. CAREER STATUS None		10. LAST MED. RPT. QUAL. FOR PCS		11. TO BE RELEASED O/S		
12. ASSESSMENT DATE None		13. PROFESSIONAL TEST DATE None		14. LANGUAGE APTITUDE TEST DATE Jan 1960		
15. NON-CIA EMPLOYMENT						
1948-52 Military Service, US Army - Cpl, Electrician & Generator Operator 1952 Esso Tower Station, Utica, NY - Attendant 1952-53 Chicago Pneumatic Tool Co, Utica, NY - Engine Lathe Operator Various Summer & Part-time positions while attending college						
16. NON-CIA EDUCATION						
1953-54 Utica College, Utica, NY - Physics 1955-57 Central City Business Institute, Syracuse, NY - Ctf, Exec Business Admin & Acctg 1957-59 USDA Graduate School, DC - Federal Govt Acctg; Mathematics of Acctg & Investment						
17. FOREIGN LANGUAGE ACTIVITIES (Language, Proficiency, Date Tested)						
German - R,P,S,U, Slight (Nov 1959); W, Elem; T, None - Mar 1958						
18. AGENCY SPONSORED TRAINING						
1957 Clerical Induct 1957 Clerical Orient 1960 Intel Orient 1960 Ops Spt						
19. CIA EMPLOYMENT HISTORY SINCE 16 SEPT 1947 (Personnel Actions, Military Orders, and Principal Details)						
EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	SC	ORGANIZATION & ORGAN	TITLE (If any)	LOCATION
Mar 1957	Fisc Acct Clerk 0501.04	4	SF	Compt/Fiscal Div/Accts Br		Hq
Sep 1957	" " 0501.04	5	SF	" " " "		"
Feb 1958	Finance Asst 0510.11	5	SF	Compt/Fin Div/Comp&Tax Accts Br		"
Mar 1958	Time, Lv, Pay Clerk 0544.01	5	SF	" " " "		"
Mar 1959	Finance Asst 0510.11	5	SF	" " " "		"
Oct 1959	Fisc Acct Clerk 0501.04	5	SF	Compt/Finance Div/Accts Br		"
May 1960	Fisc Acct Asst 0501.03	5	SF	DDP/FE/Jao-Tokyo Sta/Spt Stf		Tokyo
Nov 1961	" " " 0501.03	6	SF	" " " "		"
Sep 1963	" " " 0501.03	7	SF	" " " "		"
Oct 1964	Finance Asst 0510.16	7	SF	DES/Finance/CF Div/Comp&Tax Accts		Hq
20. DATE REVIEWED 23 Nov 1964						
21. PROFILE REVIEWED BY ard						
22. ITEMS 1-19 REVIEWED & VERIFIED BY EMPLOYEE No						

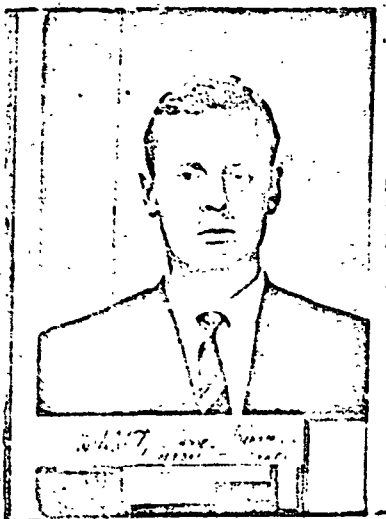
FORM 1200 (PART I) USE PREVIOUS EDITIONS.

SECRET jlk

PROFILE

(4)

SECRET
(When Filled In)

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

FORM NO. 1200 (PART 2) REPLACES FORM 1080 (PART 2) WHICH IS OBSOLETE. **SECRET jlk**

PROFILE

(4)

SECRET
(When Filled In)

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

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

SECRET

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

SECRET

FJTT 10, 374, 31 May 63

CONFIDENTIAL
SECRET
(When Filled In)

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

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

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

3 38 PM '63

MAIL ROOM

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

SECTION D

CERTIFICATION AND COMMENTS

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

SECRET

CONFIDENTIAL

SECRET

1. PERS. SERIAL NO.		BIOGRAPHIC PROFILE (PART I) CDD: 26 Jun 1953				
25208		3. SEX		4. DATE OF BIRTH	5. LONGEVITY (EXP. DATE)	
6. NAME (Last-First-Middle)		M		Sep 1931	1 Mar 1957	
7. MARITAL STATUS		8. DEPENDENT(S)		9. US NATURALIZATION DATE(S)		
Married		2		1921, 1959		
10. CAREER STATUS		11. OTHER STATUS		12. LAST MED. EXAM. DATE		
None		None		Mar 1960		
13. CURRENT RESERVE STATUS		14. GRADE		15. ACTIVE CDT. WITH CIA		
None		None		Cat. 1		
16. ASSESSMENT DATE		17. PROFESSIONAL TEST DATE		18. LANGUAGE ATTITUDE TEST DATE		
None		None		Jan 1960		
19. NON-CIA EMPLOYMENT						
1948-52 Military Service, US Army - Cpl, Electrician & Generator Operator						
1952 Esso Tower Station, Utica, NY - Attendant						
1952-53 Chicago Pneumatic Tool Co, Utica, NY - Engine Lathe Operator						
Various Summer & Part-time positions while attending college						
20. NON-CIA EDUCATION						
1953-54 Utica College, Utica, NY - Physics						
1955-57 Central City Business Institute, Syracuse, NY - Ctf, Exce Business Admin Acctg						
1957-59 USDA Graduate School, DC - Federal Govt Acctg; Mathematics of Acctg&Investment						
21. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Date Tested)						
German - R,P,S,U, Slight(Nov 1959); W, Elem; T, None - Mar 1958						
22. AGENCY SPONSORED TRAINING						
1957 Clerical Induct						
1957 Clerical Orient						
1960 Intel Orient						
1960 Cps Spt						
23. CIA EMPLOYMENT HISTORY SINCE 18 SEPT 1947 (Personnel Actions, Military Orders, and Principal Details)						
EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	SD	ORGANIZATION & ORGN. TITLE (If any)	LOCATION	
Mar 1957	Fisc Acct Clerk	0501.04	4	SF	Compt/Fiscal Div/Accts Br	Hq
Sep 1957	" "	0501.04	5	SF	" " " "	"
Feb 1958	Finance Asst	0510.14	5	SF	Compt/Fin Div/Comp&Tax Accts Br	"
Mar 1958	Time, Lv, Pay Clerk	0514.01	5	SF	" " " " " "	"
Mar 1959	Finance Asst	0510.14	5	SF	" " " " " "	"
Oct 1959	Fisc Acct Clerk	0501.04	5	SF	Compt/Finance Div/Accts Br	"
May 1960	Fisc Acct Asst	0501.03	5	SF	DDP/FE/Jac-TokyoSta/Spt Stf	Tokyo
Nov 1961	" " "	0501.03	6	SF	" " " " " "	"
Sep 1963	" " "	0501.03	7	SF	" " " " " "	"
Oct 1964	Finance Asst	0510.16	7	SF	DDS/Finance/CF Div/Comp&TaxAccts	Hq
24. DATE REVIEWED						
25. PROFILE REVIEWED BY						
26. ITEMS 1-18 REVIEWED & VERIFIED BY EMPLOYEE						
NO						

1200 (PART I) USE PREVIOUS EDITIONS.

SECRET

PROFILE

141

SECRET

(When Filled In)

PERS. SERIAL NO. 25798		BIOGRAPHIC PROFILE (PART 2)	
NAME (Last-First-Middle) WILCOTT, James Bernard, Jr.		DATE OF BIRTH Sep 1931	
<div data-bbox="667 597 1058 1119" data-label="Image"> </div>			
24. SUMMARY OF CAREER PREFERENCE OUTLINE AND/OR FIELD REASSIGNMENT QUESTIONNAIRE			
25. IDENTITY OF OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL			
26. ADDITIONAL INFORMATION			
27. DATE REVIEWED 23 Nov 1961		28. PROFILE REVIEWED BY and	

FORM NO. 1200 (PART 2) REPLACES FORM 1030 (PART 2) WHICH IS OBSOLETE.

SECRET jlk

PROFILE

(4)

SECRET
(When Filled In)

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

SECRET

SECTION C

NARRATIVE COMMENTS

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

JUL 15 10 37 AM '66

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

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

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

DATE

SIGNATURE OF EMPLOYEE

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

12 months

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

Subject departed the Station without seeing this Report.

DATE

17 Jun 1966

OFFICIAL TITLE OF SUPERVISOR

Chief, Finance Branch

TYPED OR PRINTED NAME AND SIGNATURE

/s/ H. Robert Graham

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

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

DATE

6 July 1966

OFFICIAL TITLE OF REVIEWING OFFICIAL

Deputy Chief for Support

TYPED OR PRINTED NAME AND SIGNATURE

/s/ William A. Jewett

SECRET

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				025703			
SECTION A				GENERAL			
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH		3. SEX	4. GRADE	5. SD
WILCOFF, James B, Jr.			27 Sep 1931		M	GS-07	SP
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION		
Finance Assistant			Fin/CFO/COTAB		Wash., D. C.		
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)				<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to)			
ASAP				11 Oct. 1964 - 25 April 1965			
SECTION B PERFORMANCE EVALUATION:							
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1							RATING LETTER
Analyzing Payroll Accounts							P
SPECIFIC DUTY NO. 2							RATING LETTER
Reconciling Tax and Retirement Accounts							P
SPECIFIC DUTY NO. 3							RATING LETTER
Computing Staff and Career Agents' Pay and Allowances							P
SPECIFIC DUTY NO. 4							RATING LETTER
Conducting Liaison with our Division regarding Payroll matters.							P
SPECIFIC DUTY NO. 5							RATING LETTER
Preparing Correspondence							A
SPECIFIC DUTY NO. 6							RATING LETTER
Maintaining Leave records and Agents' Pay Files							P
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 wants or habits, and pertinent limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.							RATING LETTER
P							P

SECRET

OFFICE OF PERSONNEL

SECTION C

NARRATIVE COMMENTS

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

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

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

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

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

DATE

30 April 1965

SIGNATURE OF EMPLOYEE

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

6

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

Employee had departed for PCS prior to this date.

DATE

30 April 1965

OFFICIAL TITLE OF SUPERVISOR

Chief, Staff Agents Accts. Sec.

TYPED OR PRINTED NAME AND SIGNATURE

JOSEPH H. HANSON

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I concur.

DATE

30 April 1965

OFFICIAL TITLE OF REVIEWING OFFICIAL

Chief, Compensation and Tax Div.

TYPED OR PRINTED NAME AND SIGNATURE

Harvey F. Strickland

SECRET

SECRET
(When Filled In)

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

SECTION C

NARRATIVE COMMENTS

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

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

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

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
9 Jun 64	/s/ James Wilcott	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
23		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
9 Jun 64	Finance Officer	/s/ Frank Wells
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
Subject has held the position of Finance Disbursing Officer since his arrival at Tokyo Station in May 1960. He has performed well in a function for which he had no previous experience or training. With a realignment of the office workload in December he was given the additional responsibility of processing TDY travel. Due to his specialized work, he has not had the opportunity to be trained in other facets of finance work. He has been scheduled for finance training upon his return to Headquarters in July 1964.		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
7 Jun 64	Finance Officer	/s/ Jack Randall

SECRET

FJTT 10,374, 31 May 63

CONFIDENTIAL
SECRET

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

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

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

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

MAIL ROOM

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

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

DATE

21 May 1963

SIGNATURE OF EMPLOYEE

/S/ James B. Wilcott

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

33

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

DATE

21 May 1963

OFFICIAL TITLE OF SUPERVISOR

Finance Officer

TYPED OR PRINTED NAME AND SIGNATURE

/S/ Clarence Norment III

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Concur in the evaluation.

DATE

21 May 1963

OFFICIAL TITLE OF REVIEWING OFFICIAL

Adm Officer

TYPED OR PRINTED NAME AND SIGNATURE

/S/ Douglas S. Trubue

SECRET

CONFIDENTIAL

SECRET
(When Filled In)

711-0016
or Career Service Board

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

SECRET

(When Filled In)

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

SECRET

SECRET
(When Filled In)

Sub 9

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				525748	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH		3. SEX	4. GRADE
WILCOX, James B		27 Sept 1931		M	GS-5
5. SERVICE DESIGNATION	6. OFFICIAL POSITION TITLE		7. OFF/DIV/BR OF ASSIGNMENT		
SF	Fiscal Asst. Asst.		Tokyo Station		
8. CAREER STAFF STATUS			9. TYPE OF REPORT		
<input type="checkbox"/> NOT ELIGIBLE <input type="checkbox"/> MEMBER <input type="checkbox"/> DEFERRED <input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT/SUPERVISOR <input type="checkbox"/> PENDING <input type="checkbox"/> DECLINED <input type="checkbox"/> DENIED <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT/EMPLOYEE					
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD		12. SPECIAL (Specify)	
31 May 60		27 May 60 to 31 Mar 61			
SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
1 - Unsatisfactory		2 - Barely adequate		3 - Acceptable	
4 - Competent		5 - Excellent		6 - Superior	
7 - Outstanding					
SPECIFIC DUTY NO. 1 Station cashier responsible for the day to day receipt and disbursement of cash.		RATING NO.	SPECIFIC DUTY NO. 4 Polices individual housing and vehicle advance accounts and audits related accountings.		RATING NO.
		4			4
SPECIFIC DUTY NO. 2 Consolidates all station cash transactions to one voucher and verifies balance daily.		RATING NO.	SPECIFIC DUTY NO. 5 Maintains statistical records on all private rentals by individual house and cost center.		RATING NO.
		4			4
SPECIFIC DUTY NO. 3 Summarizes all station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.		RATING NO.	SPECIFIC DUTY NO. 6 Performs other related duties as assigned by the Finance Officer.		RATING NO.
		5			4
SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.					
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.					RATING NO. 4
SECTION D DESCRIPTION OF THE EMPLOYEE					
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee					
1 - Least possible degree		2 - Limited degree		3 - Normal degree	
4 - Above average degree		5 - Outstanding degree			
CHARACTERISTICS		NOT APPLICABLE	NOT OBSERVED	RATING	
				1	2
GETS THINGS DONE					4
RESOURCEFUL					4
ACCEPTS RESPONSIBILITIES					4
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES					4
DOES HIS JOB WITHOUT STRONG SUPPORT					4
FACILITATES SMOOTH OPERATION OF HIS OFFICE		X			
WRITES EFFECTIVELY		X			
SECURITY CONSCIOUS					4
THINKS CLEARLY					4
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS					4
OTHER (Specify):					

SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE		
<p>Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the basis for determining future personnel actions.</p> <p>Subject is conscientious, industrious, and willing to accept all responsibility given him. He has performed capably in a function for which he has no previous experience or training, and has shown a marked interest in learning all facets of his job. He has handled large sums of money with few errors, and maintains the necessary statistical records in a competent manner. MAIL ROOM</p> <p>Subject should strive to develop more confidence in himself and in his ability to perform the duties assigned him. His lack of assurance and his naivete are sometimes disconcerting to those with whom he deals.</p>		
<div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;"> <p>This report has been prepared in accordance with F E Division standards which recognize the principle of rating the individual against the group. Thus an 'average' rating reflects an entirely satisfactory performance.</p> </div>		
SECTION F CERTIFICATION AND COMMENTS		
1. BY EMPLOYEE		
I certify that I have seen Sections A, B, C, D and E of this Report.		
DATE	SIGNATURE OF EMPLOYEE	
3 May 1961	James B. Wilcott (signed)	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
8		
IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.		
EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS		REPORT MADE WITHIN LAST 90 DAYS
OTHER (Specify):		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
3 May 1961		Elwood Martin
3. BY REVIEWING OFFICIAL		
<input checked="" type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION. <input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION. <input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION. <input type="checkbox"/> I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.		
COMMENTS OF REVIEWING OFFICIAL		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
3 May 1961		Clarence Torment

SECRET

SECRET
(When Filled In)

REVIEWED BY: *[Signature]*

DATE: *[Signature]*

FITNESS REPORT				EMPLOYEE SERIAL NUMBER				
SECTION A GENERAL								
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH		3. SEX	4. GRADE			
5. SERVICE DESIGNATION		6. OFFICIAL POSITION TITLE		7. OFF/DIV/BR OF ASSIGNMENT				
SF		Fiscal Accountant Clerk		Comp/Finance/Insta				
8. CAREER STAFF STATUS			9. TYPE OF REPORT					
<input checked="" type="checkbox"/> NOT ELIGIBLE <input type="checkbox"/> MEMBER <input type="checkbox"/> DEFERRED <input type="checkbox"/> PENDING <input type="checkbox"/> DECLINED <input type="checkbox"/> DENIED			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT/SUPERVIS <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT/EMPLOYE					
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD		12. SPECIAL (Specify)				
30 April 1960		1 APR 50 - 31 MAR 60						
SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES								
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).								
1 - Unsatisfactory 2 - Barely adequate 3 - Acceptable 4 - Competent 5 - Excellent 6 - Superior 7 - Outstanding								
SPECIFIC DUTY NO. 1 Responsible for number- ing, removing attachments, batching and totaling confidential funds posting vouchers to be processed by Machine		RATING NO.	SPECIFIC DUTY NO. 1 (continued) Records Division		RATING NO. 4			
SPECIFIC DUTY NO. 2 Responsible for verify- ing the daily expenditure listing totals with the expended general ledger accounts.		RATING NO. 4	SPECIFIC DUTY NO. 3		RATING NO.			
SPECIFIC DUTY NO. 3 Responsible for match- ing the attachments to the vouchers and filing when vouchers are returned from Machine Records Division.		RATING NO. 4	SPECIFIC DUTY NO. 4		RATING NO.			
SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION								
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.								
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.					RATING NO. 4			
SECTION D DESCRIPTION OF THE EMPLOYEE								
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee								
1 - Least possible degree 2 - Limited degree 3 - Normal degree 4 - Above average degree 5 - Outstanding degree								
CHARACTERISTICS		NOT APPLI- CABLE	NOT OS- SERVED	RATING				
				1	2	3	4	5
GETS THINGS DONE								
RESOURCEFUL						X		
ACCEPTS RESPONSIBILITIES						X		
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES		X						
DOES HIS JOB WITHOUT STRONG SUPPORT							X	
FACILITATES SMOOTH OPERATION OF HIS OFFICE						X		
WRITES EFFECTIVELY		X						
SECURITY CONSCIOUS								
THINKS CLEARLY								
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS								
OTHER (Specify):								

SEE SECTION 12 ON REVERSE SHEET

SECRET

(When Filled In)

SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

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

Subject has accepted a field assignment effective in June.

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

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

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

SECTION F CERTIFICATION AND COMMENTS**1. BY EMPLOYEE**

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

DATE

18 April 1960

SIGNATURE OF EMPLOYEE

James E. McKeith Jr.

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

12 Months

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

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

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE

18 April 1960

OFFICIAL TITLE OF SUPERVISOR

C/Voucher Review Unit

TYPED OR PRINTED NAME AND SIGNATURE

James H. Simpson
James H. Simpson**3. BY REVIEWING OFFICIAL**

I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

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

COMMENTS OF REVIEWING OFFICIAL

DATE

4/18/60

OFFICIAL TITLE OF REVIEWING OFFICIAL

PA/Accounts Branch

TYPED OR PRINTED NAME AND SIGNATURE

H. T. Simpson
H. T. Simpson

SECRET

SECRET

REVIEWED BY:

(When Filled In)

EMPLOYEE SERIAL NUMBER

FITNESS REPORT

125798

SECTION A

GENERAL

1. NAME (Last) (First) (Middle) Wilcott, Jr. James B.			2. DATE OF BIRTH 27 Sept. 1931		3. SEX M	4. GRADE GS-5
5. SERVICE DESIGNATION SP		6. OFFICIAL POSITION/TITLE Time Leave Pay Clerk			7. OFF/DIV/BN OF ASSIGNMENT Compt/ Finance Division	
8. CAREER STAFF STATUS				9. TYPE OF REPORT		
<input checked="" type="checkbox"/> NOT ELIGIBLE		<input type="checkbox"/> MEMBER		<input type="checkbox"/> DEFERRED		<input type="checkbox"/> INITIAL
<input type="checkbox"/> PENDING		<input type="checkbox"/> DECLINED		<input type="checkbox"/> DENIED		<input checked="" type="checkbox"/> ANNUAL
10. DATE REPORT DUE IN O.P. 30 April 1959		11. REPORTING PERIOD From 1 Apr 58 - 31 Mar 59		12. SPECIAL (Specify)		

SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES

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

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

SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION

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

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

RATING NO.
3

SECTION D DESCRIPTION OF THE EMPLOYEE

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

1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree
CHARACTERISTICS				
GETS THINGS DONE				
RESOURCEFUL				
ACCEPTS RESPONSIBILITIES				
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES				
DOES HIS JOB WITHOUT STRONG SUPPORT				
FACILITATES SMOOTH OPERATION OF HIS OFFICE				
WRITES EFFECTIVELY				
SECURITY CONSCIOUS				
THINKS CLEARLY				
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS				
OTHER (Specify):				

SEE SECTION "E" ON REVERSE SIDE

SECRET
(When Filled In)

SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE		
<p>Set his strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.</p>		
<p>Mr. Wilcott is a genial and cooperative person. He is well liked and gets along with people. He does get his work out in the required time but more stress should be put on accuracy. He is capable of more efficient work than he is doing at the present time. He does require strong supervision.</p> <p>He does not abuse his leave privileges and as a whole, has a favorable attitude toward his work and the Agency.</p>		
SECTION F CERTIFICATION AND COMMENTS		
1. BY EMPLOYEE		
I certify that I have seen Sections A, B, C, D and E of this Report.		
DATE	SIGNATURE OF EMPLOYEE	
March 10, 1959	James B. Wilcott Jr.	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
6		
IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.		
EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS		REPORT MADE WITHIN LAST 90 DAYS
OTHER (Specify):		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
March 10, 1959	Time, Leave, Pay Supr.	Ann C. Robbins
3. BY REVIEWING OFFICIAL		
<input checked="" type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION. <input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION. <input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION. <input type="checkbox"/> I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.		
COMMENTS OF REVIEWING OFFICIAL		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
March 10, 1959	A/C, Staff Employees Accts. Sect.	Addie B. Lewis

SECRET

(When Filled In)

FITNESS REPORT (Part I) PERFORMANCE

INSTRUCTIONS

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

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

SECTION A.

GENERAL

1. NAME (Last) (First) (Middle) Wilson, James B.	2. DATE OF BIRTH 27 Sept. 1921	3. SEX M	4. SERVICE DESIGNATION SP
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT Comptroller - Fiscal Division		6. OFFICIAL POSITION TITLE Chief, Fiscal Branch	
7. GRADE GS-5	8. DATE REPORT DUE IN CP 1 December 1957	9. PERIOD COVERED BY THIS REPORT (Inclusive dates) 1 November 1957 - 31 September 1957	
10. TYPE OF REPORT (Check one)	11. SPECIAL (Specify)		
<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT-SUPERVISOR		
<input type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT-EMPLOYEE		

SECTION B.

CERTIFICATION

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

A. CHECK (X) APPROPRIATE STATEMENTS:

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

B. THIS DATE 5 Dec. 1957	C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR Ben H. Horton	D. SUPERVISOR'S OFFICIAL TITLE Deputy Chief, Accounting Br.
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2. FOR THE REVIEWING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

BY DATE
Posted Pos. Control 10/18/57
Reviewed by 10/19/57

☐ CONTINUED ON ATTACHED SHEET

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

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

SECTION C. JOB PERFORMANCE EVALUATION

1. RATING ON GENERAL PERFORMANCE OF DUTIES

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

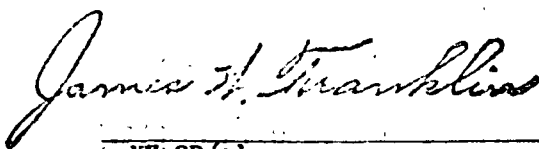
1. 2. 3. 4. 5. 6. INSERT RATING NUMBER	1 - DOES NOT PERFORM DUTIES ADEQUATELY. HE IS INCOMPETENT.
	2 - BARELY ADEQUATE IN PERFORMANCE. ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES.
	3 - PERFORMS MOST OF HIS DUTIES ACCEPTABLY. OCCASIONALLY REVEALS SOME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

COMMENTS:

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

7. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES																											
<p>DIRECTIONS:</p> <p>a. State in the spaces below up to six of the more important SPECIFIC duties performed during this rating period. Place the most important first. Do not include minor or unimportant duties.</p> <p>b. Rate performance on each specific duty considering ONLY effectiveness in performance of this specific duty.</p> <p>c. For supervisors, ability to supervise will always be rated as a specific duty (do not rate as supervisors those who supervise a secretary only).</p> <p>d. Compare in your mind, when possible, the individual being rated with others performing the same duty at a similar level of responsibility.</p> <p>e. Two individuals with the same job title may be performing different duties. If so, rate them on different duties.</p> <p>f. Be specific. Examples of the kind of duties that might be rated are:</p> <table style="width: 100%; font-size: small;"> <tr> <td>ORAL BRIEFING</td> <td>HAS AND USES AREA KNOWLEDGE</td> <td>CONDUCTS INTERVIEWS</td> </tr> <tr> <td>GIVING LECTURES</td> <td>DEVELOPS NEW PROGRAMS</td> <td>PREPARES SUMMARIES</td> </tr> <tr> <td>CONDUCTING SEMINARS</td> <td>ANALYZES INDUSTRIAL REPORTS</td> <td>TRANSLATES GERMAN</td> </tr> <tr> <td>WRITING TECHNICAL REPORTS</td> <td>MANAGES FILES</td> <td>DEVELOPING SOURCES</td> </tr> <tr> <td>CONDUCTING EXTERNAL LIAISON</td> <td>OPERATES RADIO</td> <td>KEEPS BOOKS</td> </tr> <tr> <td>TYPING</td> <td>COORDINATES WITH OTHER OFFICES</td> <td>DRIVES TRUCK</td> </tr> <tr> <td>TAKING DICTATION</td> <td>WRITES REGULATIONS</td> <td>MAINTAINS AIR CONDITIONING</td> </tr> <tr> <td>SUPERVISING</td> <td>PREPARES CORRESPONDENCE</td> <td>EVALUATES SIGNIFICANCE OF DATA</td> </tr> </table> <p>g. For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.</p>				ORAL BRIEFING	HAS AND USES AREA KNOWLEDGE	CONDUCTS INTERVIEWS	GIVING LECTURES	DEVELOPS NEW PROGRAMS	PREPARES SUMMARIES	CONDUCTING SEMINARS	ANALYZES INDUSTRIAL REPORTS	TRANSLATES GERMAN	WRITING TECHNICAL REPORTS	MANAGES FILES	DEVELOPING SOURCES	CONDUCTING EXTERNAL LIAISON	OPERATES RADIO	KEEPS BOOKS	TYPING	COORDINATES WITH OTHER OFFICES	DRIVES TRUCK	TAKING DICTATION	WRITES REGULATIONS	MAINTAINS AIR CONDITIONING	SUPERVISING	PREPARES CORRESPONDENCE	EVALUATES SIGNIFICANCE OF DATA
ORAL BRIEFING	HAS AND USES AREA KNOWLEDGE	CONDUCTS INTERVIEWS																									
GIVING LECTURES	DEVELOPS NEW PROGRAMS	PREPARES SUMMARIES																									
CONDUCTING SEMINARS	ANALYZES INDUSTRIAL REPORTS	TRANSLATES GERMAN																									
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TYPING	COORDINATES WITH OTHER OFFICES	DRIVES TRUCK																									
TAKING DICTATION	WRITES REGULATIONS	MAINTAINS AIR CONDITIONING																									
SUPERVISING	PREPARES CORRESPONDENCE	EVALUATES SIGNIFICANCE OF DATA																									
<p>DESCRIPTIVE RATING NUMBER</p>	<p>1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY</p> <p>2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY</p> <p>3 - PERFORMS THIS DUTY ACCEPTABLY</p> <p>4 - PERFORMS THIS DUTY IN A COMPETENT MANNER</p> <p>5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB</p>	<p>6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS</p> <p>7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY</p>																									
<p>SPECIFIC DUTY NO. 1 records obligating instruments, supplements and adjustments relating to allotment accounting.</p>	<p>RATING NUMBER</p> <p style="text-align: center;">4</p>	<p>SPECIFIC DUTY NO. 4 assists in the closing and reopening of the allotment ledger accounts at close of each fiscal year.</p>	<p>RATING NUMBER</p> <p style="text-align: center;">4</p>																								
<p>SPECIFIC DUTY NO. 2 prepares current analysis of allotment ledger accounts of unliquidated obligations.</p>	<p>RATING NUMBER</p> <p style="text-align: center;">4</p>	<p>SPECIFIC DUTY NO. 5 records liquidations, cancellations of obligations to individual allotment accounts.</p>	<p>RATING NUMBER</p> <p style="text-align: center;">4</p>																								
<p>SPECIFIC DUTY NO. 3 checks and reconciles running of expenditures with those in the allotment ledger accounting records.</p>	<p>RATING NUMBER</p> <p style="text-align: center;">4</p>	<p>SPECIFIC DUTY NO. 6 prepares summaries required for reconciliations and duplicate allotment records (copies) for forwarding to the various allottees.</p>	<p>RATING NUMBER</p> <p style="text-align: center;">4</p>																								
<p>3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE</p> <p>DIRECTIONS: Stress strengths and weaknesses, particularly those which affect development on present job.</p> <p>Mr. Wilcott is very anxious to prove his capabilities. Accordingly, he frequently assumes additional duties other than those assigned to him. He is very attentive to his work, is diligent in applying himself to the job, he is very quiet by nature and it is only on rare occasions that he indulges in conversation unrelated to his duties. He is attempting to become better acquainted with government accounting as has been evidenced by his enrollment in an accounting course with the Department of Agriculture School. He has made great progress in his assigned position in the Accounting Branch.</p>																											
<p>SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION</p>																											
<p>DIRECTIONS: Take into account here everything you know about the individual...productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents...and how he fits in with your team. Compare him with others doing similar work of about the same level.</p>																											
<p>RATING NUMBER</p> <p style="text-align: center;">4</p>	<p>1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED</p> <p>2 - OF DOUBTFUL SUITABILITY...WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW</p> <p>3 - A BARELY ACCEPTABLE EMPLOYEE...BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION</p> <p>4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION</p> <p>5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS</p> <p>6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION</p> <p>7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION</p>																										
<p>IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF YES, EXPLAIN FULLY:</p> <p>He is well suited for his present position, but has expressed a desire for an opportunity to serve in an overseas position, as this was a part of his ambition in seeking employment with the Government. It is believed that he could not easily adapt himself to other duties in the field of accounting.</p>																											

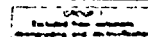
SECRET

NOTIFICATION OF ESTABLISHMENT OF MILITARY COVER BACKSTOP		DATE
		19 April 1965
TO:	<input checked="" type="checkbox"/> CHIEF, PERSONNEL OPERATIONS DIVISION	ESTABLISHED FOR
(Check)	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) WH	WILCOTT, James B., Jr.
ATTN:	Mr. Mullane	FILE NO.
REF:	Continuation of backstopping cover	K-9524
MILITARY COVER BACKSTOP ESTABLISHED		ID CARD NO.
		Returned
		EMPLOYEE NO.
U.S. Army Element, Composite Operations Group		
KEEP ON TOP OF FILE WHILE COVER IN EFFECT		
<input checked="" type="checkbox"/> Block Records: (OPMEMO 20-800-12) <ul style="list-style-type: none"> a. Temporarily for _____ days, effective _____. b. Continuing, effective _____ EOD _____. 		
<input checked="" type="checkbox"/> Submit Form 642 to change limitation category. (HNB 20-7)		
<input checked="" type="checkbox"/> Ascertain that Army W-2 being issued. (HB 20-661-1)		
<input checked="" type="checkbox"/> Submit Form 1322 for any change affecting this cover. (R 240-250)		
<input checked="" type="checkbox"/> Submit Form 1323 for transferring cover responsibility. (R 240-250)		
<input checked="" type="checkbox"/> Remarks: THIS PERSON NOT RECALL Subject is going on PCS out of D.C. area.		
<input type="checkbox"/> Cover History		
 XS CD/Chief, MILITARY COVER, CGO		

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

FORM 1551 USE PREVIOUS EDITION

SECRET



(13-20-43)

SECRET

NOTIFICATION OF ESTABLISHMENT OF MILITARY COVER BACKSTOP		DATE 10 September 64
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, PERSONNEL OPERATIONS DIVISION	ESTABLISHED FOR
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action)	OFF FIN WILCOTT, James B. Jr.
ATTN:	Ruby Johnson	FILE NO. K-9524
REF:	Form 1322 8 September 64 Requesting cover	ID CARD NO.
MILITARY COVER BACKSTOP ESTABLISHED		EMPLOYEE NO.
US Army Element Composite Operations Group		
KEEP ON TOP OF FILE WHILE COVER IN EFFECT		
<input checked="" type="checkbox"/> Block Records: (OPMEMO 22-800-11) a. Temporarily for _____ days, effective _____ b. Continuing, effective <u>May 60</u>		
<input checked="" type="checkbox"/> Submit Form 642 to change limitation category. (HNB 20-7)		
<input checked="" type="checkbox"/> Ascertain that Army W-2 being issued. (HB 20-661-1)		
<input checked="" type="checkbox"/> Submit Form 1322 for any change affecting this cover. (R 240-250)		
<input checked="" type="checkbox"/> Submit Form 1323 for transferring cover responsibility. (R 240-250)		
<input type="checkbox"/> Remarks:		
<input checked="" type="checkbox"/> Cover History Mar 57-May 60 Hdqs/overt May 60-Jul 64 DAC & DAFC/Japan		
ALB/a1 CHIEF, MILITARY COVER, CCS		
DISTRIBUTION: Copy 1-PD. Copy 2-Operating Component. Copy 3-OS D/OS. Copy 4-OL TSLVC. Copy 5-PSD OS. Copy 6-File.		

FORM 1551
6-64 USE PREVIOUS EDITION

SECRET

(13-20-43)

SECRET
(When Filled In)

DATE: 17 MAY 66

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)	
025798		WILCOIT JAMES B JR	
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE	
RESIGNATION*		04/15/66	
5. CATEGORY OF EMPLOYMENT		REGULAR	
6. FUNDS		7. COST CENTER NO. CHARGEABLE	
V TO V		6132 1164 0000	
CF TO V		8. CXC OR OTHER LEGAL AUTHORITY	
X			
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION	
DUP/WH/US FIELD WH/C JMWAVE DEP CHIEF OF STATION FOR OPS SUPPORT FINANCE BRANCH		JMWAVE	
11. POSITION TITLE		12. POSITION NUMBER	
FISCAL ACCT ASSI		1369	
13. SERVICE DESIGNATION		SF	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)		15. OCCUPATIONAL SERIES	
GS		0501.03	
16. GRADE AND STEP		17. SALARY OR RATE	
07 4		6090	
18. REMARKS			
*STAFF EMPLOYEE SPECIAL			



LOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
2. STATION CODE		23. INTEGREE CODE		24. MONTHS Code		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI	
						09/27/31					
28. DATA CODE		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ NO.		34. SER			
1800043						EOD DATA					
35. COMP DATE		36. CAREER CATEGORY		37. REG/LI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.					
DA YR		CAN DISG CODE		CODE G - WAIVED F - YES		HEALTH INS CODE					
		MOSU TEMP									
42. LEAVE CAT. CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA							
		FORM EXECUTED CODE NO TAX EXEMPTIONS		FORM EXECUTED CODE NO TAX EXEMPTIONS		CODE NO TAX EXEMPTIONS		CODE NO TAX EXEMPTIONS		STATE CODE EXEMP	
		1 - YES 2 - NO		1 - YES 2 - NO		1 - YES 2 - NO		1 - YES 2 - NO		1 - YES 2 - NO	

SIGNATURE OR OTHER AUTHENTICATION:

SECRET

GROUP 1 Excluded from automatic downgrading and declassification

(When Filled In)

FORM 1150
11 62

Use Previous
Edition

FJH, 21 DEC 65

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
025798		WILCOTT JAMES B JR									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
EXCEPTED APPT+ CAREER						MO DA YR 11 21 65		REGULAR			
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY			
CF TO V		X		CF TO CF		6135 1124 0000		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP/WH U.S. FIELD WH/C JMWAVE DEP CHIEF OF STATION FOR OPS SUPPORT FINANCE BRANCH						JMWAVE					
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
FISCAL ACCT ASST						1369		SF			
14. CLASSIFICATION SCHEDULE (GS, LR, WK.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0501.03		07 4		6830			
18. REMARKS											
*STAFF EMPLOYEE - SPECIAL											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGREE CODE		24. MONTH CODE	
13		10		51550 WH		99999				25. DATE OF BIRTH	
										26. DATE OF GRADE	
										27. DATE OF LEI	
										28. DATE OF BIRTH	
										29. DATE OF GRADE	
										30. DATE OF LEI	
28. NTE EXP. RES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION CANCELLATION DATA		33. SECURITY REQ NO.	
MO DA YR		MO DA YR		1 - CSC 2 - FICA 3 - NONE		CODE		TYPE MO DA YR		34. SEX	
				1				EOD DATA		00000 M	
35. VET. PREFERENCE		36. SERV. COMP. DATE		37. LONG. COMP. DATE		38. CAREER CATEGORY		39. PEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.	
CODE		MO DA YR		MO DA YR		CODE		CODE		CODE	
1		06 26 53		04 15 7		C		1		1	
41. PREVIOUS GOVERNMENT SERVICE DATA		42. LEAVE CAT. CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA		45. FORM EXECUTED		46. STATE CODE	
CODE		CODE		CODE		CODE		CODE		CODE	
1		6		0		0		1 - YES 2 - NO		1 - YES 2 - NO	
SIGNATURE OR OTHER AUTHENTICATION											
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED 12-22-65 </div>											

FORM 11 62 1150

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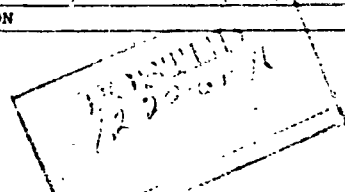
SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

(When Filled In)

PUR: 21 DEC 65

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER 025790		2. NAME (LAST FIRST MIDDLE) Hilcott, James B Jr									
3. NATURE OF PERSONNEL ACTION RESIGNATION						4. EFFECTIVE DATE 11 24 65		5. CATEGORY OF EMPLOYMENT REGULAR			
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE 6133 1104 0000		8. CSC OR OTHER LEGAL AUTHORITY			
		CF TO V		CF TO CF							
9. ORGANIZATIONAL DESIGNATIONS DDP/WH US FIELD WH/C JMWAVE DEP CHIEF OF STATION FOR OPERATIONAL SUPPORT FINANCE BRANCH						10. LOCATION OF OFFICIAL STATION JMWAVE					
11. POSITION TITLE FISCAL ACCT ASST						12. POSITION NUMBER 1353		13. SERVICE DESIGNATION SF			
14. CLASSIFICATION SCHEDULE (GS, LO, etc.) GS				15. OCCUPATIONAL SERIES 0501.03		16. GRADE AND STEP 07 4		17. SALARY OR RATE 6830			
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE 15		20. EMPLOY CODE 10		21. OFFICE CODING NUMERIC ALPHABETIC		22. STATION CODE		23. INTEGREE CODE		24. MGRS CODE	
										25. DATE OF BIRTH 11 24 31	
26. NTE EXPIRES NO DA YR		29. SPECIAL REFERENCE		30. RETIREMENT DATA 1 - CSC 2 - FICA 3 - NONE		31. SEPARATION DATA CODE 1ED0081		32. CORRECTION/CANCELLATION DATA TYPE NO SA YR		33. SECURITY REQ NO	
										34. SEX	
35. VET PREFERENCE CODE 0 - NONE 1 - 5 PT 2 - 10 PT		36. SERV. COMP DATE NO DA YR		37. LONG COMP DATE NO DP YR		38. CAREER CATEGORY CAR SERV PROV TEMP		39. FEGLI / HEALTH INSURANCE CODE 0 - WAIVER 1 - YES		40. SOCIAL SECURITY NO	
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)				42. LEAVE CAT CODE		43. FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS				44. STATE TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS	
SIGNATURE OR OTHER AUTHENTICATION											
<div style="text-align: center;">  </div>											

FORM 11 62 1150

Use Previous Edition

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

(When Filled In)

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

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 OCTOBER 1965

NAME

SERIAL ORGN, FUNDS GR-STEP

OLD
SALARY

NEW
SALARY

025798 51 550 CF GS 07 4 \$ 6,650 \$ 6,890

Thelwell, James B

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

NCS 09/27/65

1. SERIAL NUMBER 2. NAME (LAST FIRST MIDDLE)

025798

Kilcath, James B

3. NATURE OF PERSONNEL ACTION

REASSIGNMENT

4. EFFECTIVE DATE

MO DA YE
05 31 65

5. CATEGORY OF EMPLOYMENT

6. FUNDS

V TO V

V TO C

C TO V

X C TO C

7. COST CENTER NO. CHARGEABLE

5135 1164 0000

8. CXC OR OTHER LEGAL AUTHORITY

9. ORGANIZATIONAL DESIGNATION

**DDP/WH DIVISION
US FLD D CH STA OP SUP**

10. LOCATION OF OFFICIAL STATION

JMWAVE

11. POSITION TITLE

FISCAL ACCT ASST

12. POSITION NUMBER

1369

13. CAREER SERVICE DESIGNATION

SF

14. CLASSIFICATION SCHEDULE (GS 15 etc.)

GS

15. OCCUPATIONAL SERIES

0501.03

16. GRADE AND STEP

07

17. SALARY OR RATE

18. REMARKS

POSTED

6-365 HT

SIGNATURE OR OTHER AUTHENTICATION

Form 115C8
1-63 MFG 1-63

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GROUP 1
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downgrading and
declassification

(When Filled In)

(4-51)

SECRET
(When Filled In)

DLB: 27 APR 65

NOTIFICATION OF PERSONNEL ACTION											
0A3											
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)									
025798		[REDACTED] <i>Wheeler, James B</i>									
3. NATURE OF PERSONNEL ACTION CAREER EXCEPTED APPT						4. EFFECTIVE DATE MO. DA. YR. 04 25 65		5. CATEGORY OF EMPLOYMENT REGULAR			
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY			
CF TO V		X		CF TO CF		5135 1164 0000		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS DOP/SAS U.S. FIELD FORWARD OPERATIONS STATION-JMWAVE DEPUTY FOR SUPPORT FINANCE BRANCH						10. LOCATION OF OFFICIAL STATION JMWAVE					
11. POSITION TITLE FISCAL ACCT ASST						12. POSITION NUMBER 1080		13. SERVICE DESIGNATION SF			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS			15. OCCUPATIONAL SERIES 0501.03			16. GRADE AND STEP 07 4		17. SALARY OR RATE 6650			
18. REMARKS REPLACEMENT FOR EDNA C. JECENTHAL.											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE 13		20. EMPLOY CODE 10		21. OFFICE CODING NUM. ALPHABETICAL 49760 SAS		22. STATION CODE 99999		23. INTERSEE CODE 2		24. MONTHS 09 27 31	
25. DATE OF BIRTH MO. DA. YR. 09 15 63		26. DATE OF GRADE MO. DA. YR. 09 13 64		27. DATE OF LEI MO. DA. YR. 09 13 64		28. NTE EXPIRES MO. DA. YR. 06 26 53		29. SPECIAL REFERENCE 1. CSC 2. FICR 3. NONE 1		30. RETIREMENT DATA CODE 1	
31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA TYPE NO. DA. YR. EOD DATA		33. SECURITY REQ NO 00000		34. SEX M		35. VET. PREFERENCE CODE 1			
36. SERV. COMP. DATE MO. DA. YR. 06 26 53		37. LONG. COMP. DATE MO. DA. YR. 04 57		38. CAREER CATEGORY CAP. DES. PROV. TEMP. C		39. FEGLI / HEALTH INSURANCE CODE CODE 1 1		40. SOCIAL SECURITY NO.		41. STATE TAX DATA CODE NO. TAX EXEMP. 1 1	
42. PREVIOUS GOVERNMENT SERVICE DATA CODE 1				43. LEAVE CAT. CODE 6				44. FEDERAL TAX DATA FORM EXECUTED CODE NO. TAX EXEMPTIONS 1. YES 2. NO 0 0			
45. STATE TAX DATA FORM EXECUTED CODE NO. TAX EXEMP. 1. YES 2. NO 1 1											
SIGNATURE OR OTHER AUTHENTICATION											
<div style="float: right; border: 1px solid black; padding: 5px;"> POSTED <i>04/28/65 JK</i> </div>											

FORM 1150
11-62Use Previous
Edition

SECRET

G24
Insert in appropriate
position of
document

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SECRET
(When Filled In)

DLB: 27 APR 65

DEF NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST MIDDLE)									
025798		WILCOTT JAMES B JR									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
RESIGNATION						MO DA YR 04 24 65		REGULAR			
6. FUNDS		X		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY	
		CF TO V		CF TO CF		5277 0003 0000					
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDS/OFFICE OF FINANCE CONFIDENTIAL FUNDS DIVISION COMPENSATION AND TAX ACCOUNTS BRANCH CONTRACT AGENTS ACCOUNTS SECTION						WASH., D. C.					
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
FINANCE ASSISTANT						0470		SF			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP			17. SALARY OR RATE		
GS			0510.16			07 4			6650		
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY. CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. Hdqts. Code	25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI
45	10	NUMBER C ALPHABETIC					MO DA YR 09 27 31		MO DA YR		MO DA YR
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY RES NO.	
MO DA YR				1. CSC 2. PICA 3. NONE		1500091		TIME MO DA YR		EOD DATA	
35. VET PREFERENCE		36. SERV. COMP. DATE		37. LONG COMP. DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.	
CODE 0 - NONE 1 - 5 PT 2 - 10 PT		MO DA YR		MO DA YR		CODE 0 - WAIVER 1 - YES 2 - NO		HEALTH INS CODE			
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA	
CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 1 YRS) 3 - BREAK IN SERVICE (MORE THAN 1 YRS)						FORM EXECUTED CODE NO TAX EXEMPTIONS 1 - YES 2 - NO				FORM EXECUTED CODE NO TAX/STATE CODE EXEMPT 1 - YES 2 - NO	
SIGNATURE OR OTHER AUTHENTICATION											
<div style="float: right; border: 1px solid black; padding: 5px; text-align: center;"> POSTED APR 29/65 </div>											

FORM 1150
11 62Use Previous
Edition

SECRET

(14-50) 1
Excluded from automatic
downgrading and
declassification

(14-50) 2
(When Filled In)

DLB: 9 OCT 64

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER		2. NAME (LAST-FIRST MIDDLE)							
005798		WILCOTT JAMES JR							
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT AND TRANSFER TO VOUCHERED FUNDS				NO DA YR 10 11 64		REGULAR			
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY	
X CF TO V				CF TO CF		5077 0003 0000		50 USC 403 J	
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION					
DDS OFFICE OF FINANCE CONFIDENTIAL FUNDS DIVISION COMPENSATION & TAX ACCOUNTS BRANCH CONTRACT AGENTS ACCOUNTS SECTION				WASH., D. C.					
11. POSITION TITLE				12. POSITION NUMBER		13. SERVICE DESIGNATION			
FINANCE ASSISTANT				0470		SF			
14. CLASSIFICATION SCHEDULE (GS, LO, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS		0510.16		07 4		6650			
18. REMARKS									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. HOURS CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI
10	10	NUMERIC 13500	ALPHABETIC FIN	75013		1	MO DA YR 08 12 13	MO DA YR	MO DA YR
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA	
MO DA YR				1. CSC 2. FICA 3. NONE		TYPE		MO DA YR	
								EOD DATA	
35. VET PREFERENCE		36. SERV. COMP. DATE		37. LONG COMP. DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE	
CODE 0 - NONE 1 - 5 PT 2 - 10 PT		MO DA YR		MO DA YR		CAR DESL PROV TEMP		CODE 0 - WAIVER 1 - YES	
								HEALTH INS CODE	
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA	
CODE 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)				CODE		FORM EXECUTED 1 - YES 2 - NO		FORM EXECUTED 1 - YES 2 - NO	
SIGNATURE OR OTHER AUTHENTICATION									
FROM: FE B						<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED <i>9 Oct 64</i> <i>JPS</i> </div>			

FORM 11-62 1150

Use Previous Edition

SECRET

 GPO, P 1
 Excluded from automatic
 downgrading and
 declassification

(When Filled In)

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

[illegible]

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

NAME	SERIAL	GRON FUNDS	GR-ST	OLD SALARY	NEW SALARY
WILCOTT JAMES B JR	025798	45 380	CF GS 07 3	\$ 5,910	\$ 6,185

1 Serial No		2 Name		3 Cost Center Number		4 LWOP Hours	
025798		WILCOTT JAMES B JR		45 380 CF			
5 OLD SALARY RATE				6 NEW SALARY RATE			
Grade	Step	Salary	Last EH Date	Grade	Step	Salary	Effective Date
GS 07	3	\$ 5,910	09/15/63	GS 07	4	\$ 6,185	09/15/64
7 TYPE ACTION							
PSI LSI ADJ.							
8 Remarks and Authentication							
/ / NO EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD / / LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS AUDITED BY I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE. SIGNATURE <i>[Signature]</i> DATE <i>1/1/64</i> PAY CHANGE NOTIFICATION <i>mch</i>							

SECRET
(When Filled In)

OLDS: 13 SEPT 63

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)									
025798		WILCOTT JAMES B JR									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
PROMOTION						09 15 63		REGULAR			
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY			
		CF TO V		X CF TO CF		4137 7351 1000		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP/FE FOREIGN FIELD FE/JKO-TOKYO STATION SUPPORT STAFF						TOKYO, JAPAN					
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
FISCAL ACCT ASST						3167		SF			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0501.03		07 3		5910			
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. Empty Code		21. OFFICE CODING		22. STATION CODE		23. INTEGRATE CODE		24. MGRIN CODE	
22 10				NUMERICAL ALPHABETIC 45380 FE		37587		3		3	
25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI		28. DATE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA	
09 15 63		09 15 63		09 15 63							
31. SECURITY REQ NO.		32. SECURITY REQ NO.		33. SECURITY REQ NO.		34. SEX		35. VET PREFERENCE		36. SERV COMP DATE	
37. LONG COMP DATE		38. CARRIER CATEGORY		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.		41. PREVIOUS GOVERNMENT SERVICE DATA		42. LEAVE CAT CODE	
43. FEDERAL TAX DATA		44. STATE TAX DATA		45. FEDERAL TAX DATA		46. STATE TAX DATA		47. PREVIOUS GOVERNMENT SERVICE DATA		48. LEAVE CAT CODE	
SIGNATURE OR OTHER AUTHENTICATION											

POSTED

09/15/63 DK

FORM 1150
1-62

Use Previous Edition

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19 SEP 63

GROUP 1
Excluded from automatic
downgrading and
declassification

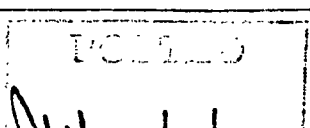
(When Filled In)

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-737 AND
 DCI MEMORANDUM DATED 1 AUGUST 1966, SALARY IS ADJUSTED AS FOLLOWS,
 EFFECTIVE 15 OCTOBER 1962

NAME	SERIAL	ORGN	FUNDS	OLD GP-ST SALARY	NEW GP-ST SALARY
WILCOTT JAMES B JR	025798	56380	CF 06 4	\$ 5325	\$ 5545

ARE:9 NOV 1961

SECRET
 (When Filled In)

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

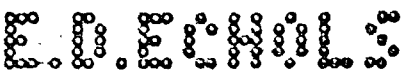
IN ACCORDANCE WITH THE PROVISIONS OF P. L. 86-568 AND DCI MEMO DATED
1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS EFFECTIVE 10 JULY 1960.

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

/S/ EMMETT D. ECHOLS
DIRECTOR OF PERSONNEL

SECRET

(WHEN FILLED IN)

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

(When Filled In)

1. Serial No.	2. Name	3. Civil Control Number	4. LWOP Hours
25798	WILCOTT JAMES B JR	DOP/FE 14	00
5. OLD SALARY RATE		6. NEW SALARY RATE	
Grade	Step	Salary	Effective Date
GS	05	4	4,840
Grade	Step	Salary	Effective Date
GS	05	5	5,005
7. TYPE ACTION			
PSI	ISI	ADI	
8. Remarks and Authorization			
/ / NO EXCESS LWOP			
/ / IN PAY STATUS AT END OF WAITING PERIOD			
/ / IN LWOP STATUS AT END OF WAITING PERIOD			
<div style="text-align: center;"> Ensemble PAY CHANGE NOTIFICATION </div>			

Form 560

Obsolete Previous Edition

SECRET

(4-51)

L 1

SECRET

(When Filled In)

AES: 6 MAY 1960												NOTIFICATION OF PERSONNEL ACTION													
1. Serial No.				2. Name (Last-First-Middle)								3. Date Of Birth				4. Vet. Pref.		5. Sex		6. CS - EOD					
525798				WILCOTT JAMES B JR								Mo. Da. Yr. 09 27 31				None-0 5 Pt-1 10 Pt-2		Code 1		M 1		Mo. Da. Yr. 03 04 57			
7. SCD				8. CSC Name				9. CSC Or Other Legal Authority				10. Apmt. Affidav.				11. FEGLI		12. LCD		13. MIL. SER. CREDIT LEO					
Mo. Da. Yr. 06 26 53				Yes-1 No-2				Code 1				50 USCA 403				Mo. Da. Yr. 09 22 57				Yes-1 No-2		Code 2			

PREVIOUS ASSIGNMENT

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

ACTION

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

PRESENT ASSIGNMENT

31. Organizational Designation												Code		32. Location Of Official Station												Station Code	
DOP FE FE/JAO - TOKYO STATION SUPPORT STAFF - TOKYO												5171		TOKYO, JAPAN												37587	
33. Dept. - Field				34. Position Title				35. Position No.				36. Serv.		37. Occup. Series													
Dept - 1 USfld - 3 Frgn - 5				Code 5				FISCAL ACCT ASST				3167				GS 0501.03											
38. Grade & Step				39. Salary Or Rate				40. SD				41. Date Of Grade				42. PSI Due				43. Appropriation Number							
05 3				\$ 4340				SF				Mo. Da. Yr. 09 23 57				Mo. Da. Yr. 09 18 60				0137 7351 3000							

44. Remarks

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

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07-16-60 JOK

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION														
AES: 2 OCT 1959														
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vet. Pref.		5. Sex		6. CS - EOD	
125798		WILCOTT JAMES B JR				Mo. Da. Yr. 09 27 31			Non-1 Code 5 PS-1 10 PS-2		1 M 1		Mo. Da. Yr. 03 04 57	
7. SCD		8. CSC Retmt.		9. CSC Or Other Legal Authority		10. Apmt. Affidav.			11. FEGLI		12. LCD		13. MIL. SERV. Ven.	
Mo. Da. Yr. 06 26 53		Yes-1 Code No-2 1		50 USCA 403		Mo. Da. Yr. 09 27 31			Yes-1 Code No-2 1		Mo. Da. Yr. 03 04 57		Yes-1 Code No-2 2	

PREVIOUS ASSIGNMENT

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

ACTION

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

PRESENT ASSIGNMENT

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

44. Remarks

POSTED
fy 10-6-59


FORM NO 1 MAR 57 1150

FORM NO 1 MAR 57 1150

SECRET

(4)

SECRET
(When Filled In)

1. EMP. SERIAL NO.		2. NAME		3. ASSIGNED ORG.		4. FUND		5. ALLOTMENT					
125798		WILCOTT JAMES B JR		DDS/COMPT 11		V-20		26.3.46					
6. OLD SALARY RATE					7. NEW SALARY RATE								
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE				
			MO	DA	YR				MO DA YR				
GS	5	2	\$ 4,190	09	21	58	GS	5	3	\$ 4,340	09	20	59
TO BE COMPLETED BY THE OFFICE OF THE COMPTROLLER													
8. CHECK ONE <input checked="" type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP						9. NUMBER OF HOURS LWOP							
IF EXCESS LWOP, CHECK FOLLOWING: <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD						10. INITIALS OF CLERK		11. AUDITED BY					
TO BE COMPLETED BY THE OFFICE OF PERSONNEL													
12. PROJECTED SALARY RATE AND EFFECTIVE DATE						13. REMARKS							
GRADE	STEP	SALARY	MO	DA	YR								
14. AUTHENTICATION													
<p align="center">  26 MAR 59 HONORARY TYPING BRANCH PERIODIC STEP INCREASE - AUTHENTICATION </p>													

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION														
1. Serial No.			2. Name (Last-First-Middle)			3. Date (Mo. Da. Yr.)			4. Vet. Pref.		5. Sex		6. CS - EOD	
125798			WILCOTT JAMES B JR			09 27 31			Non-0 5 Pt-1 10 Pt-2		M 1		03 04 57	
7. SCD			8. CSC Reint.			9. CSC Or Other Legal Authority			10. Appt. Affidav.		11. FEGLI		12. LCD	
Mo. Da. Yr.			Yes-1 No-2			Code			Mo. Da. Yr.		Yes-1 No-2		Code	
05 26 53			1			50 USCA 403			Mo. Da. Yr.		03 04 57		2	

PREVIOUS ASSIGNMENT

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

ACTION

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

PRESENT ASSIGNMENT

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

44. Remarks

POSTED

27 MAR

GENERAL INQUIRY SALARY INCREASE RETROACTIVELY EFFECTIVE
 12 JANUARY 1959 AUTHORIZED BY P. L. 85-548 AND 85-549
 EFFECTIVE SALARY AS OF 12 JUNE 1959 ADJUSTED AS FOLLOWS

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

LEONARD M. STEWART
 ASST. DIRECTOR OF PERSONNEL

SECRET

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

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

SECRET
(When Filled In)

00200

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

PREVIOUS ASSIGNMENT

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

ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
REASSIGNMENT		56		Mo. Da. Yr. 08 21 58		REGULAR		01			

PRESENT ASSIGNMENT

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

44. Remarks

POSTED
5/1/58

FORM NO 1150

1 MAR 57 1150

SECRET

(4)

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION														
MCM 21 FEB 58														
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vet. Pref.		5. Sex		6. CS - EOD	
125798		WILCOTT JAMES B JR				03 27 31			None-0 S Pr-1 10 Pr-2		1 M 1		03 04 57	
7. SCD		8. CSC Reamt.		9. CSC Or Other Legal Authority		10. Appt. Affidav.			11. FEGLI		12. LCD		13. Post. Act. Code	
06 26 53		No - 2		50 USCA 403		No. Da. Yr.			Yes-1 No-2		03 04 57		Yes-1 No-2	

PREVIOUS ASSIGNMENT

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

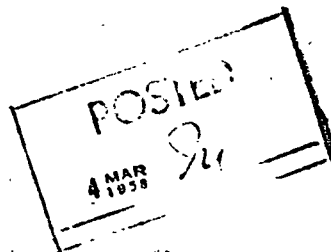
ACTION

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

PRESENT ASSIGNMENT

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

44. Remarks



SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. Serial No. 12572	2. Name (Last-First-Middle) WILCOX, JAMES E	3. Date Of Birth Mo. Da. Yr. 01 27 71	4. Vet. Prof. None-0 5 Pt-1 10 Pt-2 1	5. Sex M 1	6. CS - EOD Mo. Da. Yr. 03 04 57
7. SCB	8. CSC Retmt. Yes-1 No-2 1	9. CSC Or Other Legal Authority 50 USCA 403 J	10. Apmt. Affidav. Mo. Da. Yr. 01 27 71	11. FEGLI Yes-1 No-2 1	12. LCD Mo. Da. Yr. 03 04 57
					13. <small>See Form 100</small> Yes-1 No-2 2

PREVIOUS ASSIGNMENT

14. Organizational Designations DUS OFFICE OF COMPTROLLER FISCAL DIVISION ACCOUNTS PAYABLE ALLOTMENT CLERK SECTION		Code	15. Location Of Official Station WASHINGTON, D. C.		Station Code
16. Dept. - Field Dept - 2 USfld - 4 Frqn - 6	17. Position Title FISCAL ADJ CLK	18. Position No. 20.01	19. Serv. SS	20. Occup. Series 0501.04	
21. Grade & Step GS 1	22. Salary Or Rate \$ 2.15	23. SD SC	24. Date Of Grade Mo. Da. Yr. 01 27 71	25. PSI Due Mo. Da. Yr. 01 27 71	26. Appropriation Number 8 - 202 20

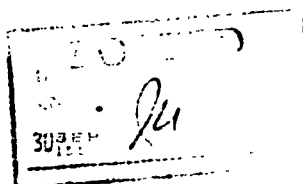
ACTION

27. Nature Of Action PROMOTION	Code 20	28. Eff. Date Mo. Da. Yr. 01 27 71	29. Type Of Employee REGULAR	Code 01	30. Separation Data
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PRESENT ASSIGNMENT

31. Organizational Designations DUS OFFICE OF COMPTROLLER FISCAL DIVISION ACCOUNTS PAYABLE ALLOTMENT CLERK SECTION		Code	32. Location Of Official Station WASHINGTON, D. C.		Station Code
33. Dept. - Field Dept - 2 USfld - 4 Frqn - 6	34. Position Title FISCAL ADJ CLK	35. Position No. 20.01	36. Serv. SS	37. Occup. Series 0501.04	
38. Grade & Step GS 1	39. Salary Or Rate \$ 2.15	40. SD SC	41. Date Of Grade Mo. Da. Yr. 01 27 71	42. PSI Due Mo. Da. Yr. 01 27 71	43. Appropriation Number 8 - 202 20

44. Remarks



772 5/4/57

SECRET
(When Filled In)

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

SECRET

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give rating for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B. Provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p>			
<p>During the period Subject was in charge of the Payroll Section at JMWAVE his performance was, in the rater's opinion, not more than adequate. He apparently was of the opinion that being in charge of a section relieved him of the onerous tasks of filing and other related duties of like nature. As far as meeting the payroll deadlines Subject was proficient in this duty, but he normally required considerable amount of overtime work to meet these deadlines. He had many ideas which he presented to Chief, Finance Branch for betterment of the payrolling system, but unfortunately after due consideration the majority of these ideas were found to be impractical and/or in violation of either good accepted commercial practice or Agency regulations. Suggestions made to him were outwardly accepted but upon follow-up it was determined that he had failed to implement these suggestions. Overall it is the rater's opinion that the Subject was barely adequate in performing his assigned tasks.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
12 months	Subject departed the Station without seeing this Report.		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
17 Jun 1966	Chief, Finance Branch	/s/ H. Robert Graham	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
Subject resigned and departed the Station rather suddenly and before there was an opportunity to observe his performance. The supervisor has made a careful evaluation with which I concur.			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
6 July 1966	Deputy Chief for Support	/s/ William A. Jewett	

SECRET

REVIEWED BY:

SECRET

(When Filled In)

FITNESS REPORT

EMPLOYEE SERIAL NUMBER

025798

SECTION A

GENERAL

1. NAME (Last) (First) (Middle) WILCOTT, James E, Jr.			2. DATE OF BIRTH 27 Sep 1931	3. SEX M	4. GRADE GS-07	5. SO SF
6. OFFICIAL POSITION TITLE Finance Assistant			7. OFF/DIV/BR OF ASSIGNMENT Fin/CFD/C&TAB		8. CURRENT STATION Wash., D. C.	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/>	CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> INITIAL		<input type="checkbox"/> REASSIGNMENT SUPERVISOR
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input type="checkbox"/> ANNUAL		<input checked="" type="checkbox"/> REASSIGNMENT EMPLOYEE	
SPECIAL (Specify):			SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P. ASAP			12. REPORTING PERIOD (From - to) 11 Oct. 1964 - 25 April 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 Analyzing Payroll Accounts	RATING LETTER P
SPECIFIC DUTY NO. 2 Reconciling Tax and Retirement Accounts	RATING LETTER P
SPECIFIC DUTY NO. 3 Computing Staff and Career Agents' Pay and Allowances	RATING LETTER P
SPECIFIC DUTY NO. 4 Conducting Liaison with our Division regarding Payroll matters.	RATING LETTER P
SPECIFIC DUTY NO. 5 Preparing Correspondence	RATING LETTER A
SPECIFIC DUTY NO. 6 Maintaining Leave records and Agents' Pay Files	RATING LETTER P

OVERALL PERFORMANCE IN CURRENT POSITION

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

RATING LETTER
P

5 MAY 1965

SECRET

(When Filled In)

OFFICE OF PERSONNEL

SECTION C

NARRATIVE COMMENTS

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

MAIL ROOM

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

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

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

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

DATE

30 April 1965

SIGNATURE OF EMPLOYEE

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

6

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

Employee had departed for PCS prior to this date.

DATE

30 April 1965

OFFICIAL TITLE OF SUPERVISOR

Chief, Staff Agents Accts. Sec.

TYPED OR PRINTED NAME AND SIGNATURE

JOSEPH H. HUDSON

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I concur.

DATE

30 April 1965

OFFICIAL TITLE OF REVIEWING OFFICIAL

Chief, Compensation and Tax Div.

TYPED OR PRINTED NAME AND SIGNATURE

Murray F. Strickland

SECRET

SECRET
(When Filled In)

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

~~SECRET~~

SECTION C		NARRATIVE COMMENTS		OFFICE OF PERSONNEL
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p> <p style="text-align: right;">Jun 9 9 44 AM '64</p>				
<p>Subject has performed his duties in a competent manner. Unusually huge sums of money with few errors, and maintains the necessary statistical records.</p> <p>Cost consciousness and management of organization assets does not apply to this position.</p>				
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			
9 Jun 64	/s/ James Wilcott			
2. BY SUPERVISOR				
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION			
23				
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE		
9 Jun 64	Finance Officer	/s/ Frank Wells		
3. BY REVIEWING OFFICIAL				
COMMENTS OF REVIEWING OFFICIAL				
<p>Subject has held the position of Finance Disbursing Officer since his arrival at Tokyo Station in May 1960. He has performed well in a function for which he had no previous experience or training. With a realignment of the office workload in December he was given the additional responsibility of processing TDY travel. Due to his specialized work, he has not had the opportunity to be trained in other facets of finance work. He has been scheduled for Finance training upon his return to Headquarters in July 1964.</p>				
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE		
7 Jun 64	Finance Officer	/s/ Jack Randall		

~~SECRET~~

FJTT 10,374, 31 May 63

CONFIDENTIAL**SECRET**

(When Filled In)

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

20 JUN 1963

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENT

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.

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

MAIL ROOM

JUN 17 3 38 PM '63

SECTION D

CERTIFICATION AND COMMENTS

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

SECRET

CONFIDENTIAL

SECRET
(When Filled In)

REVIEWED BY:

Paul J. Oliver
or Career Service Board

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

SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p> <p style="text-align: right;">05 PM '62</p> <p>Subject is conscientious, industrious, and willing to accept all responsibility given him. He has performed capably in a function for which he had no previous experience or training, and has shown a marked interest in learning all facets of his job. He has handled large sums of money with few errors, and maintains the necessary statistical records in a competent manner.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
19 July 1962	James B. Wilcott /e/		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
25			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
17 July 1962	Finance Officer	Elwood Martin	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
17 July 1962	Finance Officer	Clarence F. Norment	

SECRET

SECRET
(When Filled In)

INITIALS OF: *Butler J. Oliver*

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

SECRET

(When Filled In)

SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE		
<p>Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the basis for determining future personnel actions.</p> <p>Subject is conscientious, industrious, and willing to accept all responsibility given him. He has performed capably in a function for which he had no previous experience or training, and has shown a marked interest in learning all facets of his job. He has handled large sums of money with few errors, and maintains the necessary statistical records in a competent manner.</p> <p>Subject should strive to develop more confidence in himself and in his ability to perform the duties assigned him. His lack of assurance and his naiveté are sometimes disconcerting to those with whom he deals.</p>		
<p style="text-align: right;">MAIL ROOM</p>		
<p>This report has been prepared in accordance with F E Division standards which recognize the principle of rating the individual against the group. Thus an 'average' rating reflects an entirely satisfactory performance.</p>		
SECTION F CERTIFICATION AND COMMENTS		
1. BY EMPLOYEE		
I certify that I have seen Sections A, B, C, D and E of this Report.		
DATE	SIGNATURE OF EMPLOYEE	
3 May 1961	James B. Wilcott (Signed)	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
8		
IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.		
EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS		REPORT MADE WITHIN LAST 90 DAYS
OTHER (Specify):		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
3 May 1961		Elwood Martin
3. BY REVIEWING OFFICIAL		
<input checked="" type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.		
<input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.		
<input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.		
<input type="checkbox"/> I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.		
COMMENTS OF REVIEWING OFFICIAL		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
3 May 1961		Clarence Norment

SECRET

SECRET

(When Filled In)

REVIEWED BY:

R. J. Johnson
SECRETARY BOARD

FITNESS REPORT

EMPLOYEE SERIAL NUMBER

SECTION A

GENERAL

1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX	4. GRADE
Wilcott, James B. Jr.	27 September 1931	M	5-3
5. SERVICE DESIGNATION	6. OFFICIAL POSITION TITLE	7. OFF/DIV/BR OF ASSIGNMENT	
SF	Fiscal Accountant Clerk	Compt/Finance/Accts	
8. CAREER STAFF STATUS		9. TYPE OF REPORT	
<input checked="" type="checkbox"/> NOT ELIGIBLE	<input type="checkbox"/> MEMBER	<input type="checkbox"/> DEFERRED	<input type="checkbox"/> INITIAL
<input type="checkbox"/> PENDING	<input type="checkbox"/> DECLINED	<input type="checkbox"/> DENIED	<input checked="" type="checkbox"/> ANNUAL
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD	
30 April 1960		1 APR 59 - 31 MAR 60	
SPECIAL (Specify)			

SECTION B

EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES

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

1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior	7 - Outstanding
SPECIFIC DUTY NO. 1 Responsible for numbering, removing attachments, batching and totaling confidential funds posting vouchers to be processed by Machine		RATING NO.	SPECIFIC DUTY NO. 1 (continued)			RATING NO.
			Records Division			4
SPECIFIC DUTY NO. 2 Responsible for verifying the daily expenditure listing totals with the expended general ledger accounts.		RATING NO.	SPECIFIC DUTY NO. 3			RATING NO.
		4				
SPECIFIC DUTY NO. 3 Responsible for matching the attachments to the vouchers and filing when vouchers are returned from Machine Records Division.		RATING NO.	SPECIFIC DUTY NO. 4			RATING NO.
		4				

SECTION C

EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION

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

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

RATING NO.
4

SECTION D

DESCRIPTION OF THE EMPLOYEE

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

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

SEE SECTION "E" ON REVERSE SIDE

SECRET

(When Filled In)

SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

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

Subject has accepted a field assignment effective in June.

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

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

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

SECTION F CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

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

DATE 19 April 1960 SIGNATURE OF EMPLOYEE James E. Willett Jr

2. BY SUPERVISOR

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

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

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS REPORT MADE WITHIN LAST 90 DAYS OTHER (Specify):

DATE 18 April 1960 OFFICIAL TITLE OF SUPERVISOR C/Voucher Review Unit TYPED OR PRINTED NAME AND SIGNATURE Louise H. Simpson

3. BY REVIEWING OFFICIAL

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

COMMENTS OF REVIEWING OFFICIAL

DATE 4/18/60 OFFICIAL TITLE OF REVIEWING OFFICIAL DC/Accounts Branch TYPED OR PRINTED NAME AND SIGNATURE M. F. Strickland

SECRET

SECRET

REVIEWED BY:

When Filled In

Carter Service Board

EMPLOYEE SERIAL NUMBER

125798

FITNESS REPORT

SECTION A

GENERAL

1. NAME (Last) (First) (Middle) Wilcott, Jr. James B.			2. DATE OF BIRTH 27 Sept. 1931		3. SEX M	4. GRADE GS-5
5. SERVICE DESIGNATION SP		6. OFFICIAL POSITION/TITLE Time Leave Pay Clerk			7. OFF/DIV/BR OF ASSIGNMENT Compt/ Finance Division	
8. CAREER STAFF STATUS			9. TYPE OF REPORT			
<input checked="" type="checkbox"/> NOT ELIGIBLE <input type="checkbox"/> MEMBER <input type="checkbox"/> DEFERRED <input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT/SUPERVISOR			<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT/EMPLOYEE			
10. DATE REPORT DUE IN O.P. 30 April 1959			11. REPORTING PERIOD 1 Apr 58 - 31 Mar 59		12. SPECIAL (Specify)	

SECTION B

EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES

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

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

SECTION C

EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION

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

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

 RATING NO.
3

SECTION D

DESCRIPTION OF THE EMPLOYEE

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

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

SEE SECTION "E" ON REVERSE SIDE

SECRET

(When Filled In)

SECTION E

NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

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

Mr. McCott is a genial and cooperative ~~person~~ ~~who~~ ~~is~~ ~~liked~~ ~~and~~ ~~gets~~ ~~along~~ ~~with~~ ~~people~~. He does get his work out in the required time but more stress should be put on accuracy. He is capable of more efficient work than he is doing at the present time. He does not ~~require~~ ~~supervision~~.

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

SECTION F

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I certify that I have seen Sections A, B, C, D and E of this Report.		
DATE March 10, 1959	SIGNATURE OF EMPLOYEE James S. McCott Jr. <i>James S. McCott Jr.</i>	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 3	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION <i>[Signature]</i>	
IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.		
EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS	REPORT MADE WITHIN LAST 90 DAYS	
OTHER (Specify):		
DATE March 10, 1959	OFFICIAL TITLE OF SUPERVISOR Time, Leave, Pay Supv.	TYPED OR PRINTED NAME AND SIGNATURE Ann C. Robbins <i>Robbins</i>
3. BY REVIEWING OFFICIAL		
<input checked="" type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.		
<input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.		
<input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.		
<input type="checkbox"/> I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.		
COMMENTS OF REVIEWING OFFICIAL		
DATE March 10, 1959	OFFICIAL TITLE OF REVIEWING OFFICIAL A/C, Staff Employees Accts. Sect. Addie B. Lewis	TYPED OR PRINTED NAME AND SIGNATURE <i>Addie B. Lewis</i>

SECRET

SECRET

(When Filled In)

FITNESS REPORT (Part I) - PERFORMANCE

INSTRUCTIONS

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

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

SECTION A.

GENERAL

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

SECTION B.

CERTIFICATION

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

A. CHECK (X) APPROPRIATE STATEMENTS:

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

11. THIS DATE 5 Dec. 1957	12. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR Ben H. Marlon <i>Ben H. Marlon</i>	13. SUPERVISOR'S OFFICIAL TITLE Deputy Chief, Accounting Br.
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2. FOR THE REVIEWING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

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

☐ CONTINUED ON ATTACHED SHEET

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

14. THIS DATE 5 Dec. 1957	15. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL R. W. Grandstaff <i>R. W. Grandstaff</i>	16. OFFICIAL TITLE OF REVIEWING OFFICIAL Chief, Accounting Branch
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SECTION C.

JOB PERFORMANCE EVALUATION

1. RATING ON GENERAL PERFORMANCE OF DUTIES

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

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

COMMENTS:

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

SECRET

(When Filled In)

2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES

DIRECTIONS:

- a. State in the spaces below up to six of the more important SPECIFIC duties performed during this rating period. Place the most important first. Do not include minor or unimportant duties.
- b. Rate performance on each specific duty considering ONLY effectiveness in performance of that specific duty.
- c. For supervisors, ability to supervise will always be rated as a specific duty (do not rate as supervisors those who supervise a secretary only).
- d. Compare in your mind, when possible, the individual being rated with the person performing the same duty at a similar level of responsibility.
- e. Two individuals with the same job title may be performing different duties. If so, rate them on different duties.
- f. Be specific. Examples of the kind of duties that might be rated are:
- | | | | |
|-----------------------------|--------------------------------|-----------|--------------------------------|
| ORAL BRIEFING | HAS AND USES AREA KNOWLEDGE | MAIL ROOM | INTERROGATIONS |
| GIVING LECTURES | DEVELOPS NEW PROGRAMS | | PREPARES SUMMARIES |
| CONDUCTING SEMINARS | ANALYZES INDUSTRIAL REPORTS | | TRANSLATES GERMAN |
| WRITING TECHNICAL REPORTS | MANAGES FILES | | DEBRIEFING SOURCES |
| CONDUCTING EXTERNAL LIAISON | OPERATES RADIO | | KEEPS BOOKS |
| TYPING | COORDINATES WITH OTHER OFFICES | | DRIVES TRUCK |
| TAKING DICTATION | WRITES REGULATIONS | | MAINTAINS AIR CONDITIONING |
| SUPERVISING | PREPARES CORRESPONDENCE | | EVALUATES SIGNIFICANCE OF DATA |
- g. For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.

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

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

3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

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

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

SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION

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

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

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

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

SECRET

Standard Form No. 2873
FPM Supplement 893.1
MAY 1966

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

GAO 3000
2810 104

Part A—IDENTIFYING DATA

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

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

Part B—TERMINATION

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

Part C—CHANGE IN PLAN

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

Part D—TRANSFER OUT

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

Part E—TRANSFER IN

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

Part F—SUSPENSION

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

Part G—REINSTATEMENT

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

Part H—CHANGE IN NAME OF ENROLLEE

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

NAME

ADDRESS IF DIFFERENT FROM PART A, ITEM 4, ABOVE

DATE OF BIRTH

Part I—CHANGE IN ENROLLMENT—SURVIVOR ANNUITY

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

YOUR NEW ENROLLMENT
CODE NUMBER

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

Part J—REMARKS

Part K—DATE OF NOTICE

[Signature]
HEALTH BENEFITS OFFICER
(ALTERNATE)
Central Intelligence Agency
Washington 25, D. C.
5/30/66
DATE
NAME OF AGENCY ADDRESS

U. S. GOVERNMENT PRINTING OFFICE: 1964 727 104 QUADRUPLICATE—To Employing Office

SECRET

CONTRACT INFORMATION AND CHECK LIST		CASE OFFICER Robert D. CASH	DIVISION DPP/AM
INSTRUCTIONS: Use HR 20-33 and HR 20-1200 for guidance. Complete all items. Indicate "N/A" when item is not applicable. Forward original and two copies for preparation of contract.		TELEPHONE EXTENSION 6576	DATE 26 April 1959
SECTION I GENERAL			
1. NAME <input checked="" type="checkbox"/> PSEUDO <input type="checkbox"/> TRUE [REDACTED]	2A. PROJECT W/Date	3. ALLOTMENT NO. SUS-1164	4. SLOT NO. 1035
5. PREVIOUS CIA PSEUDONYM OR ALIASES None	2B. PERMANENT STATION N/A	3A. FUNDS 1 2 3 4 5 6 7 8 9 10	
6. INDIVIDUAL HAS BEEN ENGAGED BY CIA OR ITS ALLIED ACTIVITIES IN SOME CAPACITY PRIOR TO THIS CONTRACT. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If yes, describe and include dates and salary.) Staff Employee converting to Staff Agent			
7. SECURITY CLEARANCE (Type and date) Top Secret	7A. MEDICAL CLEARANCE <input checked="" type="checkbox"/> CONTAINED <input type="checkbox"/> INITIATED <input type="checkbox"/> NOT REQ'D.	8. CONTRACT IS TO BE WRITTEN IN STERILE FORM I.E., "U.S. GOVERNMENT" <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
9. INDIVIDUAL WILL WORK UNDER "CONTROLLED CONDITIONS" I.E., REGULAR OFFICE HOURS AWAY FROM SUBJECT'S HOME AND PERFORMED UNDER THE SUPERVISION OF A STAFF EMPLOYEE OR STAFF AGENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		10. PROPOSED CATEGORY (Contract agent, contract employee, etc.) Staff Agent	
SECTION II PERSONAL DATA			
11. CITIZENSHIP U.S.A.	12. IF NOT U.S. CITIZEN, INDIVIDUAL IS A PERMANENT RESIDENT ALIEN <input type="checkbox"/> YES <input type="checkbox"/> NO	13. AGE 33	14. DATE OF BIRTH (Month, day, year) 21 September 27, 1931
15. LEGAL RESIDENCE (City and state or country) Cold Brook, N. Y.		16. CURRENT RESIDENCE (City and state or country) Forestville, Md.	
17. MARITAL STATUS (Check as appropriate) <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> ANNULLED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED			
18. NUMBER OF DEPENDENTS (Not including individual) RELATIONSHIP AND AGE: Wife 30 Son 6		19. INDIVIDUAL IS RELATED TO A STAFF EMPLOYEE, STAFF AGENT OR AN INDIVIDUAL CURRENTLY WORKING FOR THE AGENCY IN SOME CAPACITY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO RELATIONSHIP:	
SECTION III U.S. MILITARY STATUS			
20. RESERVE N.A.	21. VETERAN Yes	22. IF RETIRED, INDICATE CATEGORY (Longevity, combat disability, service disability non-combat)	
23. BRANCH OF SERVICE U. S. Army	24. RANK OR GRADE Corporal	25. DRAFT ELIGIBLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	26. DRAFT DEFERMENT OBTAINED BY CIA <input type="checkbox"/> YES <input type="checkbox"/> NO
SECTION IV COMPENSATION			
27. BASIC SALARY GS-07(4)	28. POST DIFFERENTIAL N.A.	29. COVER (Breakdown, if any) The gross cover compensation will be approximately the equivalent of Subject's net Agency salary. The exact amount to be determined at finance briefing.	
		30. FEDERAL TAX WITHHOLDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
SECTION V ALLOWANCES (NORMALLY GRANTED ONLY TO RESIDENTS OF THE UNITED STATES)			
31. QUARTERS None	32. POST None	33. OTHER None	
34. COVER (Breakdown, if any)			
SECTION VI TRAVEL			
35. TYPES <input checked="" type="checkbox"/> PCS <input checked="" type="checkbox"/> DOMESTIC OPERATIONAL <input type="checkbox"/> FOREIGN OPERATIONAL			36. WITH DEPENDENTS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
37. HME TO BE SHIPPED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	37A. HME TO BE STORED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	38. PERSONAL VEHICLE TO BE SHIPPED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	39. TRANSPORTED VEHICLE TO BE USED FOR OPERATIONAL TRAVEL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
40. IF WITH DEPENDENTS STATE RELATIONSHIP, CITIZENSHIP, AGE AND DATE OF BIRTH Wife U.S.A. 30 9 Sept. 1934 Son U.S.A. 6 16 Feb. 1959			
41. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH <input checked="" type="checkbox"/> CIA REGULATIONS <input type="checkbox"/> COVER POLICIES AND PROCEDURES			
SECTION VII OPERATIONAL EXPENSES			
42. PURCHASE OF INFORMATION	43. ENTERTAINMENT	44. OTHER	
45. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH			

SECRET

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

SECTION VIII		OTHER BENEFITS	
46. BENEFITS (See HR 20-44, HR 20-41, HR 20-7, HR 20-33, and HB 20-620-1, HB 20-1000-1, and/or successor regulations for benefits applicable to various categories of contract personnel.)			
Entitled to all benefits of a Staff Employee			

SECTION IX		COVER ACTIVITY	
47. STATUS (Check) <input checked="" type="checkbox"/> ESTABLISHED	48. TYPE (Check) <input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> CULTURAL	<input checked="" type="checkbox"/> COMMERCIAL
	<input type="checkbox"/> SUBSIDIZED	<input type="checkbox"/> EDUCATIONAL	<input type="checkbox"/> MILITARY
49. IF COVER PAYMENTS ARE CONTEMPLATED, THEY WILL BE EFFECTED ON REIMBURSABLE BASIS			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL			

SECTION X		OFFSET OF INCOME	
50. OFFSET OF INCOME AND OTHER EMOLUMENTS DERIVED FROM COVER ACTIVITIES (If less than total, justify in separate memo attached hereto.)			
<input checked="" type="checkbox"/> TOTAL <input type="checkbox"/> PARTIAL <input type="checkbox"/> NONE			

SECTION XI		TERM	
51. DURATION	52. EFFECTIVE DATE	53. RENEWABLE	
<input type="checkbox"/> DAYS <input type="checkbox"/> MONTHS <input type="checkbox"/> YEARS		<input type="checkbox"/> YES <input type="checkbox"/> NO	
54. TERMINATION NOTICE (Number of days)	55. FORFEITURE OF RETURN TRAVEL FOR RESIGNATION PRIOR TO CONTRACT TERMINATION		
	<input type="checkbox"/> YES <input type="checkbox"/> NO		

SECTION XII		FUNCTION	
56. PRIMARY FUNCTION (CI, FI, PP, other)			
Support - Finance			

SECTION XIII		DUTIES	
57. GENERAL DESCRIPTION OF DUTIES TO BE PERFORMED			
Fiscal Accounting Assistant			

SECTION XIV		QUALIFICATIONS	
58. EXPERIENCE			
EOC CIA as Staff Employee 4 March 1957			

SECTION XV		EDUCATION	
(Check Highest Level Attained)	GRADE SCHOOL	HIGH SCHOOL GRADUATE	TRADE SCHOOL GRADUATE
	BUSINESS SCHOOL GRADUATE	COMMERCIAL SCHOOL GRADUATE	
	<input checked="" type="checkbox"/> COLLEGE (No degree)	COLLEGE DEGREE	POST GRADUATE
		MA	PHD

SECTION XVI		LANGUAGE COMPETENCY	
(Check Appropriate Degree Competency)	LANGUAGE	SPEAK	WRITE
		FLUENT AVERAGE POOR	FLUENT AVERAGE POOR
	German	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			READ
			FLUENT AVERAGE POOR
	Japanese	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

SECTION XVII		AREA KNOWLEDGE	
62. AREA KNOWLEDGE			
Okinawa, Japan			

SECTION XVIII		EMPLOYMENT PRIOR TO CIA	
63. GIVE INCLUSIVE DATES, POSITION TITLE OR TYPE WORK, SALARY AND REASON FOR LEAVING			
Dec. 1948 - March 1957 - U. S. Army			

SECTION XIX		ADDITIONAL INFORMATION	
64. ADDITIONAL OR UNUSUAL REQUIREMENTS, JUSTIFICATIONS OR EXPLANATIONS (See other side if necessary)			
Social Security No. 103-24-6095			

APPROVAL	
DATE 26 April 1965	TYPED NAME & SIGNATURE OF REQUESTING OFFICIAL Robert D. CASILLAN
DATE 26 April 1965	TYPED NAME & SIGNATURE OF CONTRACT APPROVING OFFICER [Signature]

Standard Form No. 2849
CHAPTER 1-S.F.P.M.
G.S.A. 5000

ALTH BENEFITS REGISTRATION FC 1

FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959

(Read instructions on back of last page. Use only typewriter or ballpoint pen.)

CARDER'S CONTROL NO.

078128

PART A ALL WHO REGISTER MUST FILL IN THIS PART.	1. NAME (LAST) (FIRST) (MIDDLE INITIAL) Elcott James B., Jr.		2. DATE OF BIRTH (Use numbers) MONTH DAY YEAR 9 27 31		3. Are you now married? YES <input checked="" type="checkbox"/> 1 NO <input type="checkbox"/> 2																							
	4. YOUR MAILING ADDRESS (NUMBER AND STREET) (CITY AND ZONE NUMBERS) (STATE) [Blank]		5. SEX MALE <input checked="" type="checkbox"/> 1 FEMALE <input type="checkbox"/> 2		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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> 3																							
PART B FILL IN THIS PART IF YOU WISH TO EN- ROLL IN A HEALTH BENEFITS PLAN.	7. Place an "X" in proper box to show your annual basic salary range. UNDER \$4,000 <input type="checkbox"/> 1 \$4,000 TO \$5,999 <input checked="" type="checkbox"/> 2 \$6,000 TO \$9,999 <input type="checkbox"/> 3 \$10,000 OR OVER <input type="checkbox"/> 4																											
	8. I elect to enroll in a health benefits plan as shown below. I authorize deductions to be made from my salary, compensation, or annuity to cover my share of the cost of the enrollment. (Copy the information requested below from inside cover of brochure of the plan you select) NAME OF PLAN: Association Benefit OPTION (HIGH OR LOW): Low ENROLLMENT CODE NUMBER: 1 5 5																											
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.	9. In order to enroll, 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 stepchildren and illegitimate children who live with you in a regular parent-child relationship. Include also any unmarried child over 19 who became disabled before age 19 and who, because of the disability, is incapable of self-support. (Attach a doctor's certificate for a disabled child age 19 or over.)																											
	<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 Elsie Louise</td><td>9 9 31 <input checked="" type="checkbox"/> 1</td><td></td><td><input type="checkbox"/> 6</td></tr><tr><td>Steven James (son)</td><td>2 16 59 <input type="checkbox"/> 2</td><td></td><td><input type="checkbox"/> 7</td></tr><tr><td></td><td><input type="checkbox"/> 3</td><td></td><td><input type="checkbox"/> 8</td></tr><tr><td></td><td><input type="checkbox"/> 4</td><td></td><td><input type="checkbox"/> 9</td></tr><tr><td></td><td><input type="checkbox"/> 5</td><td></td><td><input type="checkbox"/> 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 Elsie Louise	9 9 31 <input checked="" type="checkbox"/> 1		<input type="checkbox"/> 6	Steven James (son)	2 16 59 <input type="checkbox"/> 2		<input type="checkbox"/> 7		<input type="checkbox"/> 3		<input type="checkbox"/> 8		<input type="checkbox"/> 4		<input type="checkbox"/> 9		<input type="checkbox"/> 5	
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	<input type="checkbox"/> 4		<input type="checkbox"/> 9																									
	<input type="checkbox"/> 5		<input type="checkbox"/> 10																									
PART C FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CANCEL YOUR ENROLLMENT.	10. If you are a female (employee or annuitant)—does the family listed above include a husband who is incapable of self-support because of mental or physical disability which can be expected to continue for more than one year? (If answer is "Yes," attach a doctor's certificate.) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 1																											
	11. 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. <input type="checkbox"/> 2. I elect to cancel my present enrollment under the Health Benefits Act. <input type="checkbox"/> 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. <input type="checkbox"/> 1 (b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input type="checkbox"/> 2 (c) Any other reason. <input type="checkbox"/> 3																											
PART D FILL IN THIS PART IF YOU WISH TO CHANGE YOUR ENROLLMENT.	12. I elect to change my enrollment as shown by the enrollment number and other information in Part B. 1. Enrollment code number of present plan. <input type="text"/> 2. Number of event which permits change. (See table on back of duplicate for proper number.) <input type="text"/> 3. Date of event which permits change. MONTH DAY YEAR <input type="text"/> <input type="text"/> <input type="text"/>																											
	PART E ALL WHO REGISTER MUST FILL IN THIS PART WARNING. —Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001.) YOUR SIGNATURE—DO NOT PRINT: [Signature] (DATE) 11/16/60																											
PART F TO BE COMPLETED BY AGENCY.	1. NAME AND ADDRESS OF EMPLOYING OFFICE [Blank]		2. DATE RECEIVED BY EMPLOYING OFFICE 1/24/61		3. EFFECTIVE DATE OF ELECTION 7/1/60																							
	4. PAYROLL OFFICE NO. [Blank]		5. PAYROLL ACTION (INITIALS AND DATE) [Blank]																									
REMARKS FOR USE ONLY BY ANNUITANTS AND AGENCY. [Blank]																												

TriPLICATE—To Employing Office

APRIL 1956

11367

APPOINTMENT AFFIDAVITS

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

CENTRAL INTELLIGENCE AGENCY
(Department or agency)

WASHINGTON, D. C.

(Bureau or division)

(Place of employment)

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

A. OATH OF OFFICE

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

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

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

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

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

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

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

E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

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

4 March 1957

(Date of entrance on duty)

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

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

at Washington,
(City)

D. C.
(State)

[SEAL]

Anna L. Phillips
(Signature of official)

Appointment Clerk

(Title)

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

DECLARATION OF APPOINTEE

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

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

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

2. (A) DATE OF BIRTH

9/07/31

(B) PLACE OF BIRTH (city and State, city and foreign country)

Cleveland, Ohio

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

Mrs. Geroldine Fisher sister

(B) RELATIONSHIP

(C) STREET AND NUMBER, CITY AND STATE

Utica, N.Y.

(D) TELEPHONE NO.

4. HAVE THE UNITED STATES GOVERNMENT EMPLOYERS, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 10 MONTHS? ☐ YES ☒ NO

If no, for each such relative fill in the blank below. If additional space is necessary, complete under Item 12.

NAME	POST OFFICE ADDRESS (Give street number, if any)	(1) POSITION (CITY, VILLAGE OR NOT) (2) DEPARTMENT OR AGENCY IN WHICH EMPLOYED	RELATIONSHIP	MARRIED (Check one)	SINGLE
		1.			
		2.			
		3.			
		4.			
		5.			
		6.			
		7.			
		8.			

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

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

ITEM NO.	ITEM NO.

INSTRUCTIONS TO APPOINTING OFFICER.—You must determine that this appointment would be in conformance with the Civil Service Act, applicable Civil Service Rules and Regulations, and acts of Congress pertaining to appointments. This form should be checked for holding of office, pension, any record of recent discharge or arrest, age, citizenship, and members of family. Also, to establish the identity of the appointee, you should particularly check (1) his signature and handwriting against the application and/or other pertinent papers and (2) his physical appearance against the medical certificate.

12 March 1959

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

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

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

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

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

James B Wilcott Jr.
JAMES B WILCOTT JR

Syracuse

New York

Be it known that
James H. Wilcott

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

Executive Business Administration and Accounting

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

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

February 22, 1957

Donald J. Hall

Donald J. Hall, Sec. 10

Subject	Grade	Credits	Grade	Credits
English I	A	3	English II	B
English III	B	3	English IV	C
Mathematics I	A	3	Mathematics II	B
Mathematics III	C	3	Mathematics IV	D
Science I	A	3	Science II	B
Science III	C	3	Science IV	D
History I	A	3	History II	B
History III	C	3	History IV	D
Physical Education I	A	3	Physical Education II	B
Physical Education III	C	3	Physical Education IV	D
Art I	A	3	Art II	B
Art III	C	3	Art IV	D
Music I	A	3	Music II	B
Music III	C	3	Music IV	D
Foreign Language I	A	3	Foreign Language II	B
Foreign Language III	C	3	Foreign Language IV	D
Health Education	A	3	Health Education	B
Character Education	A	3	Character Education	B
Community Service	A	3	Community Service	B
Industrial Arts I	A	3	Industrial Arts II	B
Industrial Arts III	C	3	Industrial Arts IV	D
Home Economics I	A	3	Home Economics II	B
Home Economics III	C	3	Home Economics IV	D
Liberal Arts I	A	3	Liberal Arts II	B
Liberal Arts III	C	3	Liberal Arts IV	D
Religion I	A	3	Religion II	B
Religion III	C	3	Religion IV	D
Philosophy I	A	3	Philosophy II	B
Philosophy III	C	3	Philosophy IV	D
Psychology I	A	3	Psychology II	B
Psychology III	C	3	Psychology IV	D
Sociology I	A	3	Sociology II	B
Sociology III	C	3	Sociology IV	D
Statistics I	A	3	Statistics II	B
Statistics III	C	3	Statistics IV	D
Computer Science I	A	3	Computer Science II	B
Computer Science III	C	3	Computer Science IV	D
Environmental Science I	A	3	Environmental Science II	B
Environmental Science III	C	3	Environmental Science IV	D
Geography I	A	3	Geography II	B
Geography III	C	3	Geography IV	D
Language Arts I	A	3	Language Arts II	B
Language Arts III	C	3	Language Arts IV	D
Mathematics I	A	3	Mathematics II	B
Mathematics III	C	3	Mathematics IV	D
Science I	A	3	Science II	B
Science III	C	3	Science IV	D
History I	A	3	History II	B
History III	C	3	History IV	D
Physical Education I	A	3	Physical Education II	B
Physical Education III	C	3	Physical Education IV	D
Art I	A	3	Art II	B
Art III	C	3	Art IV	D
Music I	A	3	Music II	B
Music III	C	3	Music IV	D
Foreign Language I	A	3	Foreign Language II	B
Foreign Language III	C	3	Foreign Language IV	D
Health Education	A	3	Health Education	B
Character Education	A	3	Character Education	B
Community Service	A	3	Community Service	B
Industrial Arts I	A	3	Industrial Arts II	B
Industrial Arts III	C	3	Industrial Arts IV	D
Home Economics I	A	3	Home Economics II	B
Home Economics III	C	3	Home Economics IV	D
Liberal Arts I	A	3	Liberal Arts II	B
Liberal Arts III	C	3	Liberal Arts IV	D
Religion I	A	3	Religion II	B
Religion III	C	3	Religion IV	D
Philosophy I	A	3	Philosophy II	B
Philosophy III	C	3	Philosophy IV	D
Psychology I	A	3	Psychology II	B
Psychology III	C	3	Psychology IV	D
Sociology I	A	3	Sociology II	B
Sociology III	C	3	Sociology IV	D
Statistics I	A	3	Statistics II	B
Statistics III	C	3	Statistics IV	D
Computer Science I	A	3	Computer Science II	B
Computer Science III	C	3	Computer Science IV	D
Environmental Science I	A	3	Environmental Science II	B
Environmental Science III	C	3	Environmental Science IV	D
Geography I	A	3	Geography II	B
Geography III	C	3	Geography IV	D
Language Arts I	A	3	Language Arts II	B
Language Arts III	C	3	Language Arts IV	D
Mathematics I	A	3	Mathematics II	B
Mathematics III	C	3	Mathematics IV	D
Science I	A	3	Science II	B
Science III	C	3	Science IV	D
History I	A	3	History II	B
History III	C	3	History IV	D
Physical Education I	A	3	Physical Education II	B
Physical Education III	C	3	Physical Education IV	D
Art I	A	3	Art II	B

Name of person to whom sent		Name of person to whom received	
Address of person to whom sent		Address of person to whom received	
City		City	
State		State	
Zip		Zip	
Remarks		Remarks	

EXAMPLE 1 - IN ORDER TO BE USED
FOR THE PURPOSES OF THE ACT, THE
MAILING LABEL MUST BE ATTACHED TO
THE FRONT OF THE MAIL PIECE, AND
THE MAIL PIECE MUST BE POSTED
WITHIN THE PERMITTED TIME LIMIT
OF 10 DAYS.

James B. Wilcott Jr.

Name of person to whom sent		Name of person to whom received	
Address of person to whom sent		Address of person to whom received	
City		City	
State		State	
Zip		Zip	
Remarks		Remarks	

EXAMPLE 2 - IN ORDER TO BE USED
FOR THE PURPOSES OF THE ACT, THE
MAILING LABEL MUST BE ATTACHED TO
THE FRONT OF THE MAIL PIECE, AND
THE MAIL PIECE MUST BE POSTED
WITHIN THE PERMITTED TIME LIMIT
OF 10 DAYS.

James B. Wilcott Jr.

James B. Wilcott Jr.

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

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

SECRET

(When Filled In)

PERIODIC SUPPLEMENT PERSONAL HISTORY STATEMENT

THIS DATE

INSTRUCTIONS

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

SECTION I

GENERAL

1. FULL NAME (Last-First-Middle)

Wilcott, James Bernard Jr.

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

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

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

same

4. HOME TELEPHONE NUMBER

NA-8-3771 Ex 103

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

Washington, D.C.

SECTION II

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

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

Mrs. Elsie L. Wilcott

2. RELATIONSHIP

Wife

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

2121 Virginia Ave NW Washington 7, D.C.

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

2430 E St. Washington, D.C.

5. HOME TELEPHONE NUMBER

NA 8-3771 EX 103

6. BUSINESS TELEPHONE NUMBER

EX 3-6115

7. BUSINESS TELEPHONE EXTENSION

EX 3229

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

SECTION III

MARITAL STATUS

1. CHECK (X) ONE:



SINGLE



MARRIED



WIDOWED



SEPARATED



DIVORCED



ANNULLED

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

NA

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

3. NAME

(First)

Elsie

(Middle)

Louise

(Maiden)

Paul

(Last)

Wilcott

4. DATE OF MARRIAGE

9/9/55

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

Eagle Bay, New York USA

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

Cold Brook, New York USA

CODED

7. LIVING

☒

YES

☐

NO

8. DATE OF DEATH

9. CAUSE OF DEATH

NA

FOR

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

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

 QUALIFIED
 DATE 15 AUG 1958

11. DATE OF BIRTH

9/9/34

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

Cold Brook, New York

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

NA

14. PLACE OF ENTRY

15. CITIZENSHIP (Country)

USA

16. DATE ACQUIRED

17. WHERE ACQUIRED (City, State, Country)

18. OCCUPATION

Govern. clerk steno

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

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

2430 E St. Washington, D.C.

SECTION III CONTINUED TO PAGE 2

None

3. WITHOUT REFERENCE TO YOUR SALARY, STATE OTHER SOURCES OF RECURRENT INCOME NOT INDICATED BY PRECEDING ITEMS.

MY WIFE ALSO RECEIVES A SALARY.

4. IF YOU HAVE ANSWERED "YES" TO QUESTION 3 ABOVE, GIVE COMPLETE DETAILS.

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

DO YOU HAVE ANY FINANCIAL INTEREST IN, OR OFFICIAL CONNECTION WITH, NON-U.S. CORPORATIONS OR BUSINESSES OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTEREST? ☐ YES ☐ NO

ANSWERED "YES," GIVE COMPLETE DETAILS ON A SEPARATE SHEET AND ATTACH IN A SEALED ENVELOPE.

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

FINANCIAL STATUS

July 1944

5. SPECIAL REMARKS, IF ANY, CONCERNING THESE RELATIVES

8. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
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4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES

1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
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5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
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4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES

1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
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5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT

4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES

1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
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5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT

4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES

1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
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SECTION IV RELATIVES BY BLOOD, MARRIAGE OR ADOPTION LIVING ABROAD OR WHO ARE NOT U.S. CITIZENS

QUON

24 DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN

FN

22. BRANCH OF SERVICE

23. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED

None

21. DATES OF MILITARY SERVICE (If any) (From. and To.) BY BIRTH AND DEATH

SECTION III CONTINUED FROM PAGE 1

(MAY 11 1961)

SECRET

(When Filled In)

SECTION V CONTINUED FROM PAGE 2

U. S. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS

NAME OF INSTITUTION	ADDRESS (City, State, Country)
The National Bank of Washington	Washington, D. C.

7. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY?	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
--	-----	-------------------------------------	----	--------------------------

8. IF YOU HAVE ANSWERED "YES" TO QUESTION 7 ABOVE, GIVE PARTICULARS, INCLUDING COURT AND DATE(S)

SECTION VI

CITIZENSHIP

1. COUNTRY OF CURRENT CITIZENSHIP USA	2. CITIZENSHIP ACQUIRED BY - CHECK (X) ONE: <input checked="" type="checkbox"/> BIRTH <input type="checkbox"/> MARRIAGE <input type="checkbox"/> OTHER (Specify):
3. HAVE YOU TAKEN STEPS TO CHANGE YOUR PRESENT CITIZENSHIP? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	4. GIVE PARTICULARS
5. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, INDICATE PRESENT STATUS OF YOUR APPLICATION (Filed papers, etc.)	

SECTION VII

EDUCATION

1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED

	LESS THAN HIGH SCHOOL GRADUATE	OVER TWO YEARS OF COLLEGE - NO DEGREE	
	HIGH SCHOOL GRADUATE	BACHELOR'S DEGREE	
	TRAVEL, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE	ADVANCED STUDY LEADING TO HIGHER DEGREE	
X	TWO YEARS COLLEGE OR LESS	MASTER'S DEGREE	DOCTOR'S DEGREE

COLLEGE OR UNIVERSITY STUDY

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		DATES ATTENDED		DEGREE REC'D	DATE REC'D	SEM/OTR MRS. COMPLETED (Specify)
	MAJOR	MINOR	FROM	TO			
Utica College of Syracuse Univ. Utica, NY	Physics	Math	Feb. 53	June 55	None		

3. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL HOURS
		FROM	TO	
Central City Business Institute	Accounting (2 years)	Feb. 1955	Feb. 1957	

4. MILITARY TRAINING (Full time duty in specialized schools such as Ciphers, Intelligence, Communications, etc.)

NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL WEEKS
		FROM	TO	
Ft. Belvoir Engineer School	electrician	April 1949	June 1949	8

5. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE At present taking a course at US Dept of Agr.
Title - Elementary Federal Government Accounting

SECRET

SECRET
(When Filled In)

SECTION VIII GEOGRAPHIC AREA KNOWLEDGE						
1. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES OF WHICH YOU HAVE KNOWLEDGE GAINED AS A RESULT OF RESIDENCE, TRAVEL, STUDY OR WORK ASSIGNMENT OTHER THAN ORGANIZATION EXPERIENCE. UNDER COLUMN "TYPE OF SPECIALIZED KNOWLEDGE," INDICATE TYPE OF KNOWLEDGE SUCH AS TERRAIN, COASTS, HARBORS, UTILITIES, RAILROADS, INDUSTRIES, POLITICAL PARTIES, ETC.						
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE, TRAVEL, ETC.	KNOWLEDGE ACQUIRED BY			
			RESIDENCE	TRAVEL	STUDY	WORK ASSIGNMENT
Okinawa		6/49 to 3/51	X			
2. INDICATE THE PURPOSE OF VISIT, RESIDENCE OR TRAVEL FOR EACH OF THE REGIONS OR COUNTRIES LISTED ABOVE						
3. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES OF WHICH YOU HAVE GAINED KNOWLEDGE AS A RESULT OF ORGANIZATION ASSIGNMENT OR ACTIVITY.						
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE, TRAVEL, ETC.	KNOWLEDGE ACQUIRED BY			
			HQ/TS ASSIGNMENT	FIELD ASSIGNMENT	TRAINING	

SECTION IX TYPING AND STENOGRAPHIC SKILLS				
1. TYPING (S.P.M.) 40	2. SHORTHAND (S.P.M.)	3. SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM		
		<input type="checkbox"/> GREGG	<input type="checkbox"/> SPEEDWRITING	<input type="checkbox"/> STENOGRAPHY
4. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (Comptometer, Mimeograph, Card Punch, etc.) National Bookkeeping				
SECTION X SPECIAL QUALIFICATIONS				
1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH Chess - Fair, Football - fair				
2. INDICATE ANY SPECIAL QUALIFICATIONS, RESULTING FROM EXPERIENCE OR TRAINING, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION OR TYPE OF WORK US Dept of Agr. Graduate School - Elementary Federal Government Accounting				
3. EXCLUDING EQUIPMENT NOTED IN SECTION X, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT OR MACHINES SUCH AS OPERATION OF SHORTWAVE RADIO, MULTILITH, TURRET LATHE, SCIENTIFIC AND PROFESSIONAL DEVICES, ETC. National Bookkeeping machines, comptometer, calculator				
4. IF YOU ARE A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (Pilot, Electrician, Radio Operator, Teacher, Lawyer, CPA, Medical Technician, etc.), INDICATE THE KIND OF LICENSE OR CERTIFICATE; NAME OF ISSUING STATE, AND REGISTRY NUMBER, IF KNOWN. None				
5. FIRST LICENSE OR CERTIFICATE (Year of issue)		6. LATEST LICENSE OR CERTIFICATE (Year of issue)		

SECRET

SECRET
(When Filled In)

SECTION X CONTINUED FROM PAGE 8

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

None

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

None

9. LIST ANY PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE

None

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

None

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

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

(Use additional pages if required)

SECRET
5

SECRET

(When Filled In)

SECTION XII

CHILDREN AND OTHER DEPENDENTS

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

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

3. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS

NAME	RELATIONSHIP	YEAR OF BIRTH	M		CITIZENSHIP	ADDRESS
None						

ADDITIONAL COMMENT AND/OR CONTINUATION OF PRECEDING ITEMS

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

RECORDED
APR 14 10 23 AM '58

DATE COMPLETED 4/12/58

SIGNATURE OF EMPLOYEE

Samuel F. Williams

SECRET

CONFIDENTIAL

(When Filled In)

1124

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

NAME OF EMPLOYEE (Last) (First) (Middle) SOCIAL SECURITY NUMBER
 WILCOTT JAMES BEARRD JR 103-24-6095

1. RESIDENCE DATA

PLACE OF RESIDENCE WHEN INITIALLY APPOINTED SYRACUSE, N.Y. LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)

PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE COLD BROOK, N.Y. HOME LEAVE RESIDENCE

2. MARITAL STATUS (Check one)

☐ SINGLE ☒ MARRIED ☐ SEPARATED ☐ DIVORCED ☐ WIDOWED ☐ ANNULLED

IF MARRIED, PLACE OF MARRIAGE EAGLE BAY, N.Y. DATE OF MARRIAGE 9/7/54

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)

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CURRENT RESIDENCE AND DEPENDENCY REPORT

CONFIDENTIAL

(When Filled In)

8. VOLUNTARY ENTRIES		
Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.		
INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.		
<i>12</i> CITIZEN'S BANK OF MARYLAND RIVERDALE, MD # 460-1-576		
HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. (If "Yes" where is document located?)		
HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. (If "Yes" give name(s) and address)		
HAVE YOU EXECUTED A POWER OF ATTORNEY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. (If "Yes", who possess the power of attorney?)		
9. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS		
SIGNED AT Washington, D. C.	DATE 15 April 1965	SIGNATURE James E. Wilcott Jr. James E. Wilcott Jr.

CONFIDENTIAL

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

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

PART I—EMPLOYEE'S STATEMENT

PART II—THIS COLUMN IS
FOR PERSONNEL OFFICE USE

1. NAME (Last, first, middle initial)		2. DATE OF BIRTH		9. RETENTION GROUP						
WILCOTT, JAMES BERNARD, JR.		27 Sept. 1931								
3. LIST THE FOLLOWING INFORMATION CONCERNING ALL FEDERAL AND DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD PRIOR TO YOUR PRESENT APPOINTMENT (Do not include military service.)										
NAME AND LOCATION OF AGENCY	FROM—			TO—			TYPE OF APPOINTMENT IF KNOWN	11. SERVICE		
	YEAR	MONTH	DAY	YEAR	MONTH	DAY		YEAR	MONTH	DAY
NONE										
4. LIST PERIODS OF ACTIVE SERVICE IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES IF YOU HAD NO ACTIVE MILITARY SERVICE, WRITE "NONE"										
BRANCH	FROM—			TO—			DISCHARGE (Hon. or dishon.?)			
	YEAR	MONTH	DAY	YEAR	MONTH	DAY		YEAR	MONTH	DAY
U. S. Army	1948	Dec	13	1952	Aug	20	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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						12. TOTAL SERVICE				
IF ANSWER IS "YES," LIST FOLLOWING INFORMATION.						03-08-08				
TYPE IF KNOWN (ZWOP, Furl, Susp, AWOL, Mee Mar)	FROM—			TO—			TOTAL	13. NONCREDITABLE SERVICE (Leave purposes only):		
	YEAR	MONTH	DAY	YEAR	MONTH	DAY		YEARS	MONTHS	DAYS
6. DURING THE FEDERAL SERVICE LISTED IN ITEM 3, DID YOU ACQUIRE A PERMANENT COMPETITIVE CIVIL SERVICE STATUS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						14. NONCREDITABLE SERVICE (RIF purposes only):				
(If answer is "Yes," in what agency were you employed at the time status was acquired?)										
7. ARE YOU:						15. REEMPLOYMENT RIGHTS				
A. THE WIFE OF A DISABLED VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
B. THE MOTHER OF A DECEASED OR DISABLED VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
C. THE UNREMARKED WIDOW OF A VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
8. TO BE EXECUTED BEFORE A NOTARY PUBLIC OR OTHER PERSONS AUTHORIZED TO ADMINISTER OATHS.						17. EXPIRATION DATE OF RETENTION RIGHTS				
I swear (or affirm) that the above statements are true to the best of my knowledge and belief.										
4 March 1957 (DATE)						James B. Wilcott, Jr. (SIGNATURE)				
Subscribed and sworn to before me on this 4th day of March 1957 at Washington, D. C.						(MONTH) (CITY) (STATE)				
S E A L						Cora E. Phillips Appointment Clerk				
NOTE: If oath is taken before a Notary Public, the date of expiration of his Commission should be shown.										
INSTRUCTIONS: File this form on the permanent side of the employee's official personnel folder immediately before or after the personnel action involved.										

(OVER)

16-50422-2

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

NAME OF AGENCY	SIGNATURE AND OFFICIAL TITLE	DATE

*Verified
6/9/57*

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

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

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

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

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

REMARKS:

CONFIDENTIAL
(When Filled In)

SECURITY APPROVAL

DATE : 20 November 1965

YOUR
REFERENCE: Memorandum dated 18 November 1965

CASE NO. : 109301

TO : Director of Personnel

ATTN :

SUBJECT : WILCOTT, James B., Jr.

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

☐ A personal interview in the Office of Security must be arranged.

☒ A personal interview is not necessary.

☐ Please advise Chief, Clearance Branch, extension 5620 when Subject enters on duty.

4. This is a conversion case.

FOR THE DIRECTOR OF SECURITY:

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

CONFIDENTIAL
(When Filled In)

STAFF AGENT CLEARANCE

DATE : 19 April 1965

YOUR REFERENCE: 32273

CASE NO. : #109301

TO : Chief, Contract Personnel Division

ATTN. : Staff Agents Branch

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

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

Fiscal Acct. Asst., at JMWAVE.

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

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

4. As a part of entrance on duty processing:

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

☒ A personal interview is not necessary.

☐

W. R. Carney

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



JAMES B. WILCOTT JR.
MAR 57

NEIL F. DOHERTY

PERSONAL HISTORY STATEMENT

I, the undersigned, being of sound mind and memory, depose and say that the foregoing is a true and correct statement of the facts and circumstances as to the matters herein stated, and that I am not aware of any other facts or circumstances which would tend to make the foregoing statement false or misleading.

MADE AND SIGNED AND SUBSCRIBED AND VERIFIED AND SWORN TO before me this _____ day of _____, 19____.

Notary Public for the State of _____

My Comm. Expires _____

My Comm. No. _____

My Comm. Issued _____

My Comm. Renewed _____

My Comm. Expired _____

My Comm. Reinstated _____

My Comm. Suspended _____

My Comm. Annulled _____

My Comm. Rescinded _____

My Comm. Revoked _____

My Comm. Withdrawn _____

My Comm. Forfeited _____

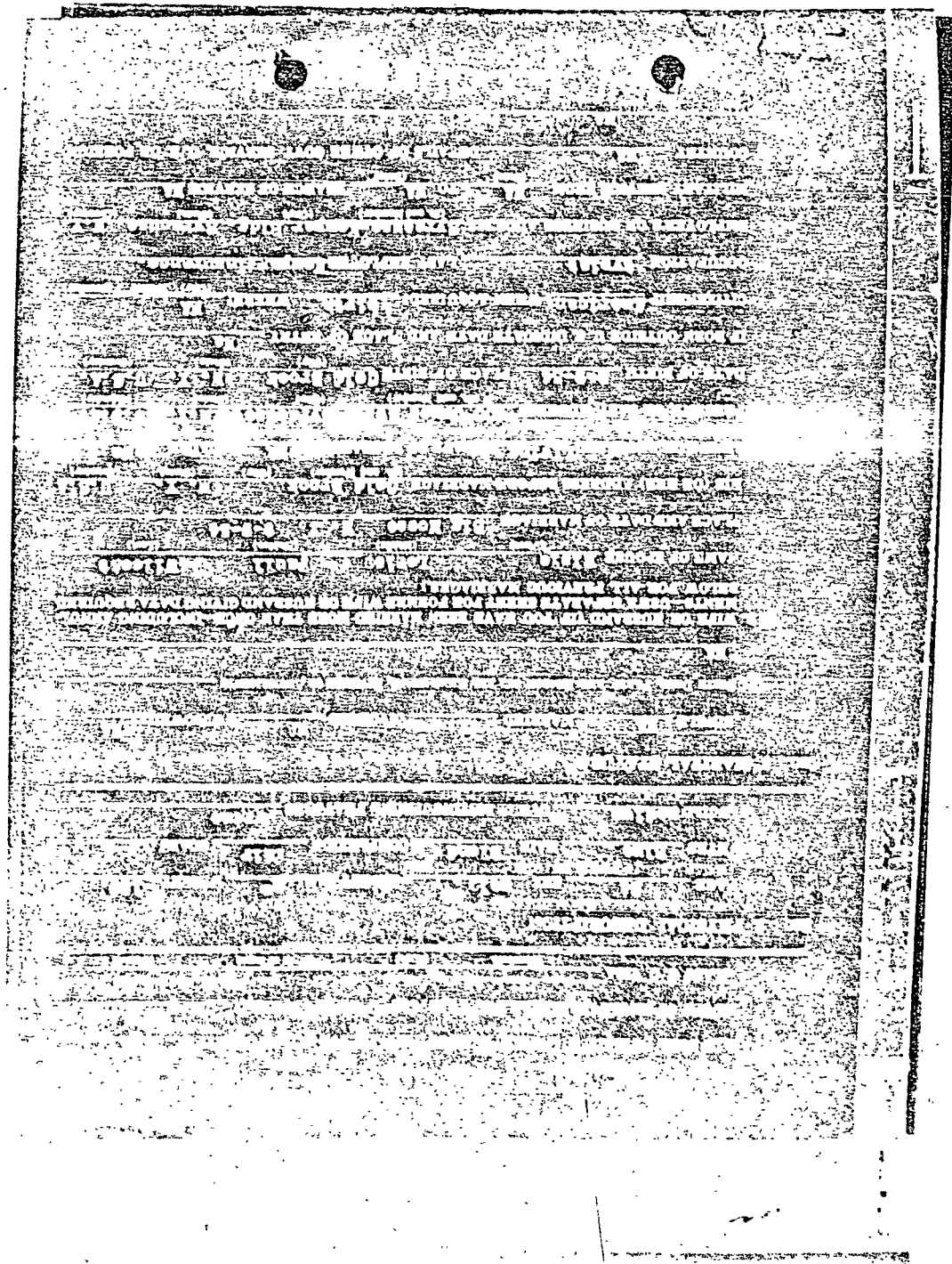
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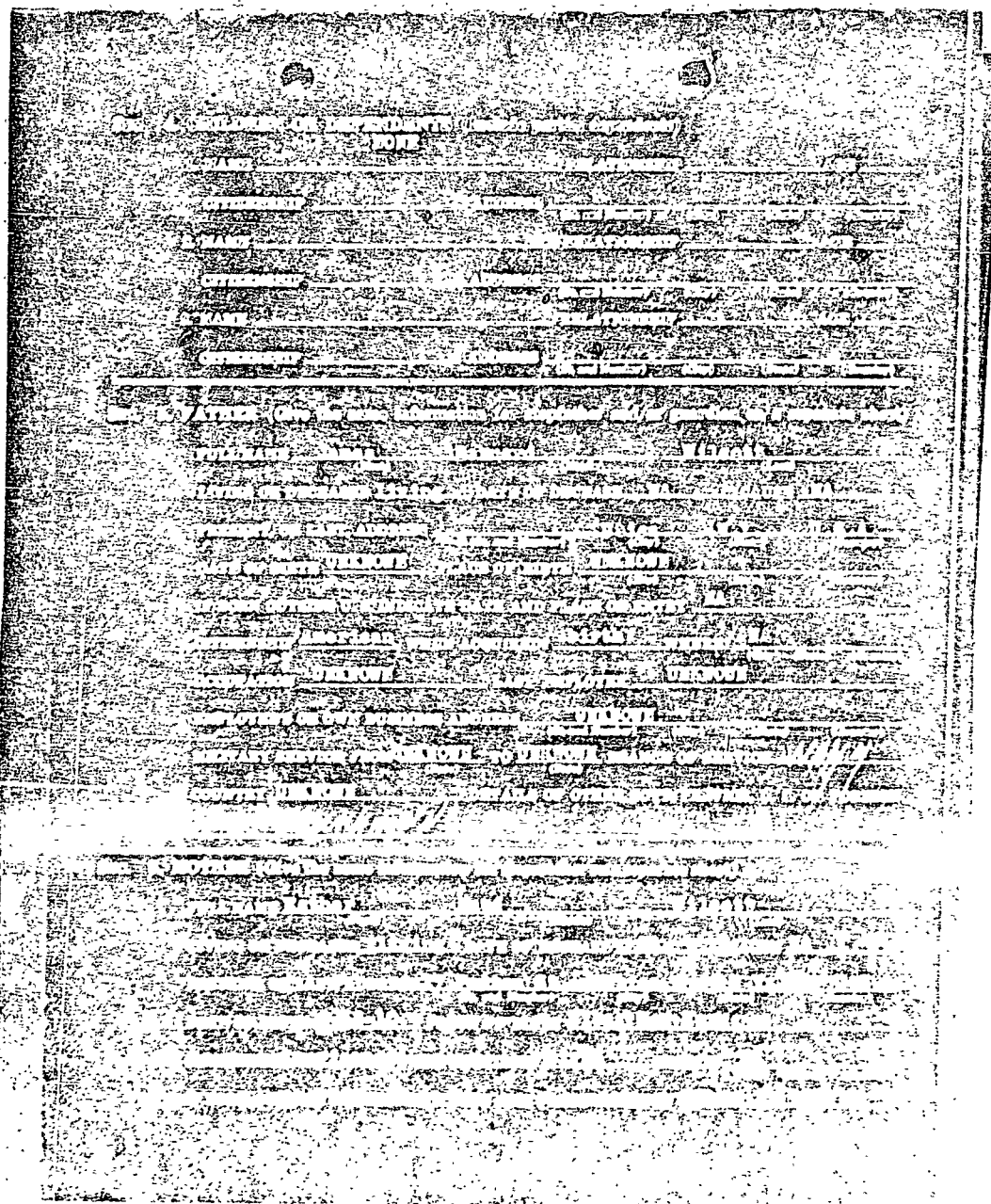
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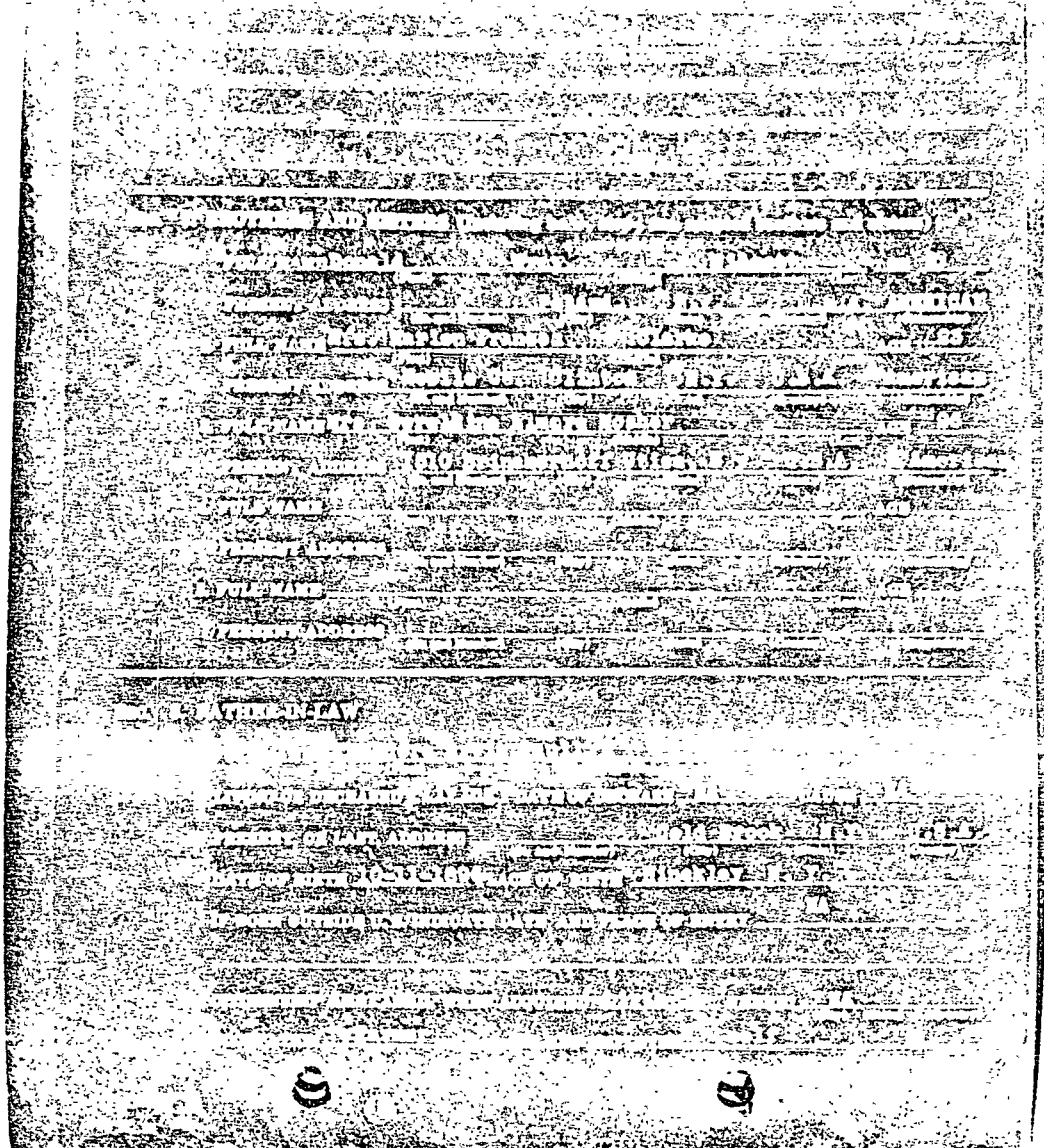
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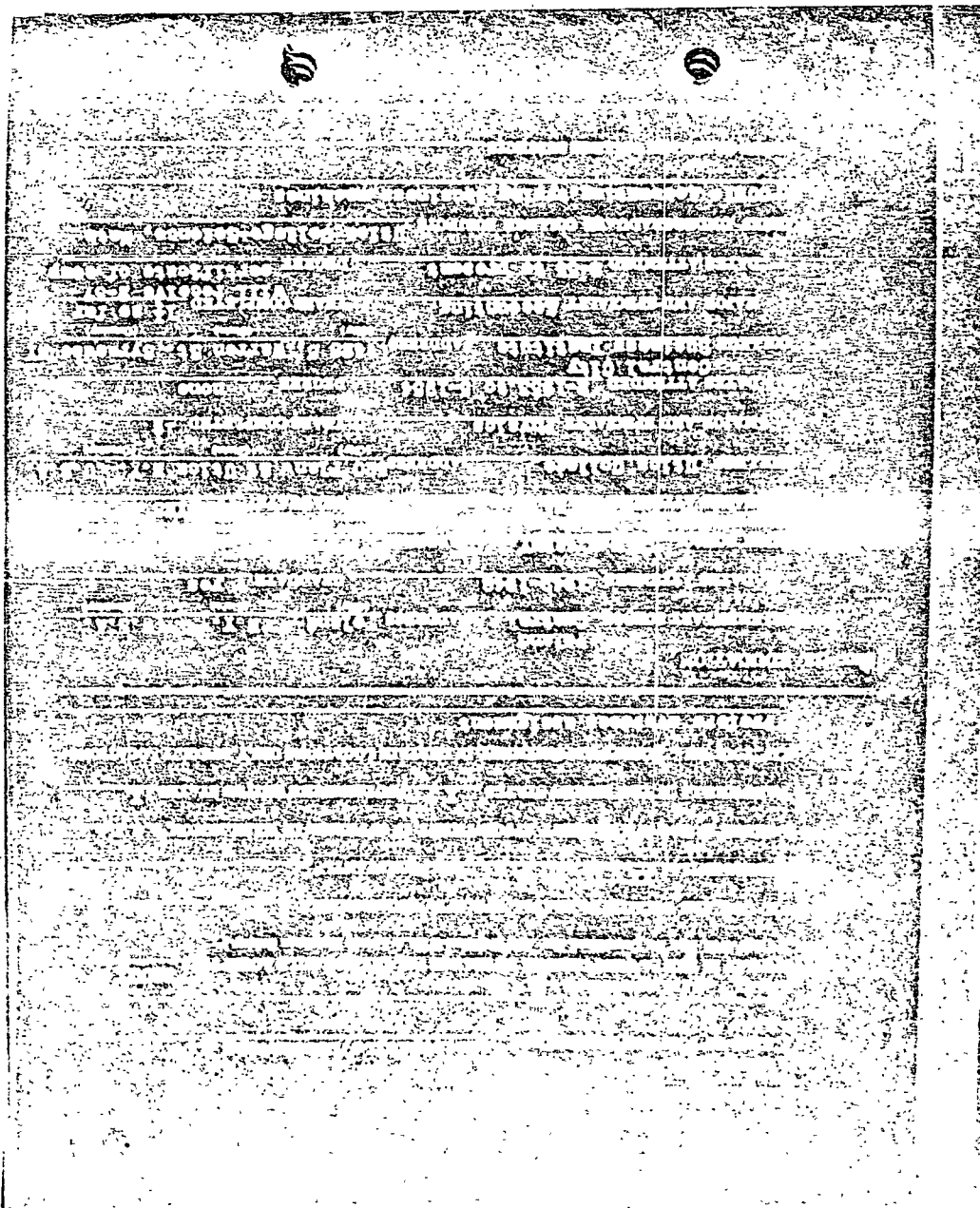
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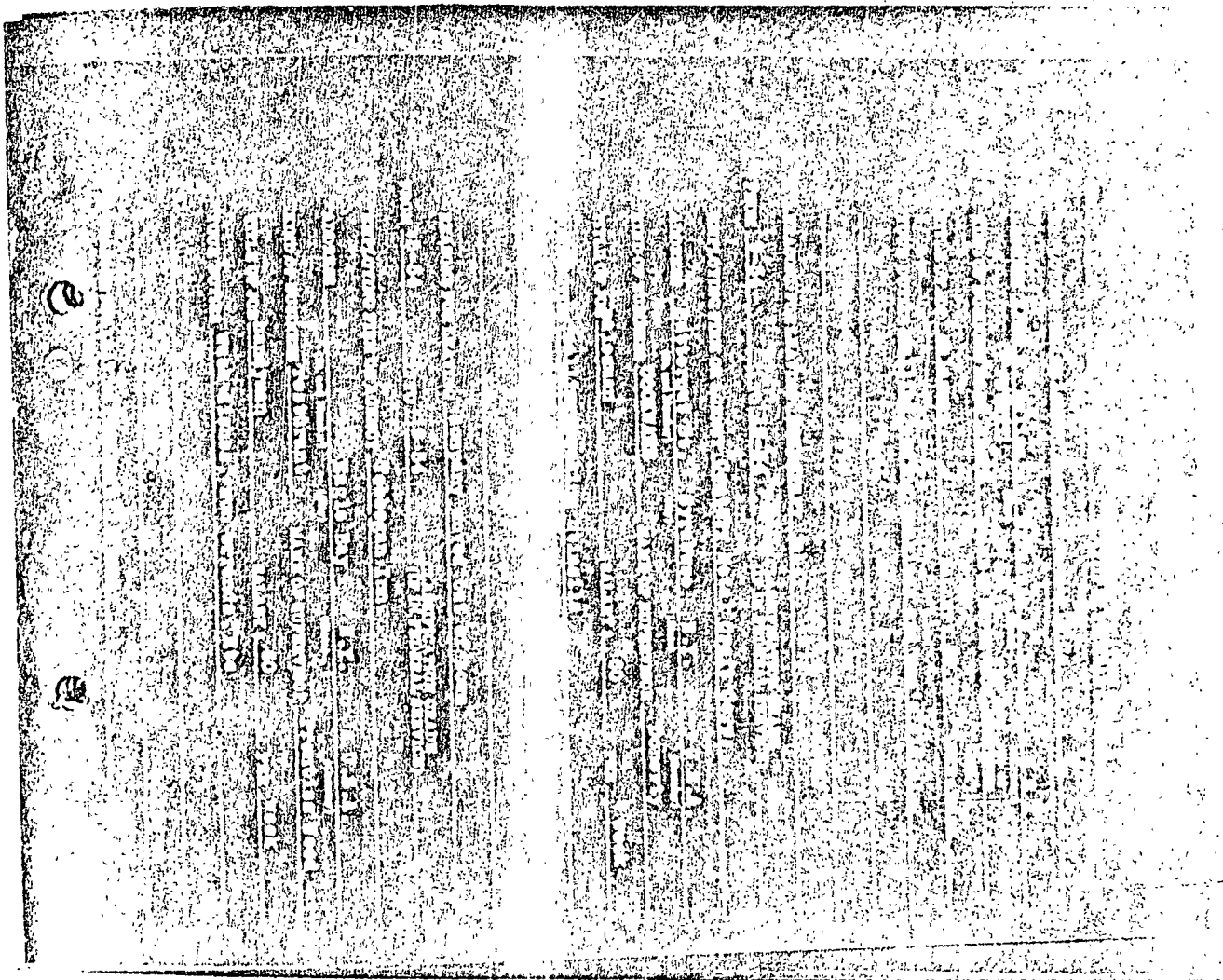




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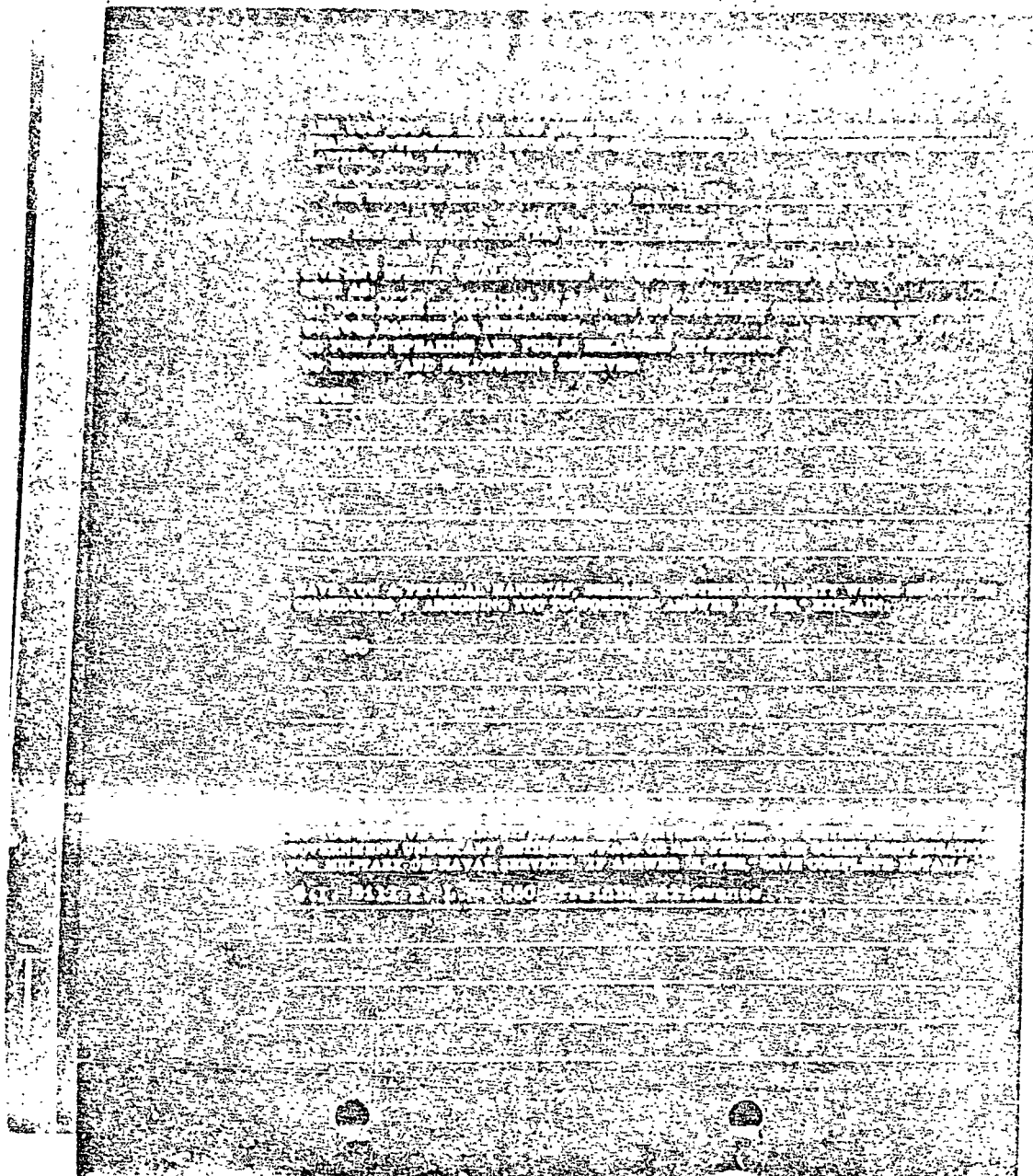
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 2. PERSONAL DATA
 3. EDUCATION
 4. EMPLOYMENT
 5. RESIDENCE
 6. TRAVEL
 7. INTERESTS
 8. RELIGION
 9. POLITICAL
 10. PHYSICAL
 11. PSYCHOLOGICAL
 12. PERSONALITY
 13. CHARACTER
 14. ATTITUDE
 15. VALUES
 16. MOOTIVES
 17. GOALS
 18. ASPIRATIONS
 19. AMBITIONS
 20. IDEALS
 21. PRINCIPLES
 22. ETHICS
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 235. OPINIONS
 236. VALUES
 237. PRINCIPLES
 238. ETHICS</



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JAMES B WILCOTT JR
MAR 57



JAMES B WILCOTT JR
MAR 57

NAME	
ADDRESS	
CITY	
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TELEPHONE	
FAX	
E-MAIL	
DATE OF BIRTH	
SEX	
MARITAL STATUS	
EDUCATION	
OCCUPATION	
RELIGION	
POLITICAL AFFILIATION	
MILITARY SERVICE	
CRIMINAL RECORD	
FINANCIAL RECORD	
MEDICAL RECORD	
PSYCHOLOGICAL RECORD	
SOCIAL RECORD	
FAMILY RECORD	
OTHER RECORDS	

James Earl Ray, born January 5, 1928, in
Macon, Georgia, is a white male, 5'10", 170 lbs.,
brown hair, blue eyes, and a mustache. He is
married and has two children. He is currently
employed as a janitor at the Federal Bureau of
Investigation, Washington, D.C.

Ray's employment history is as follows:
1954-1955: Janitor, Federal Bureau of Investigation,
Washington, D.C.
1955-1956: Janitor, Federal Bureau of Investigation,
Washington, D.C.
1956-1957: Janitor, Federal Bureau of Investigation,
Washington, D.C.

Ray's education is as follows:
1948-1950: High School, Macon, Georgia.
1950-1952: College, Macon, Georgia.
1952-1954: College, Macon, Georgia.
1954-1956: College, Macon, Georgia.
1956-1958: College, Macon, Georgia.

JAMES B WILCOX JR
MAR 57

CONFIDENTIAL
SECURITY INFORMATION
SECURITY APPROVAL

Date: 9 November 1956

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

Your Reference: C-5841 Compt.

Case Number: 109301

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

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

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

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

W. M. Knott
W. M. Knott
W

(Black A. Brown)
11-15-56

CONFIDENTIAL