



**SECRET**REPRODUCTION MASTERSBIOGRAPHIC PROFILE**SECRET**H a n d l e   W i t h   C a r e

ORIGINAL - Biographic Profile

— see summarized copy in slot

Personnel Actions concerning  
Period After Mexico City  
Assignment

**SECRET**  
(When Filled In)

<b>REQUEST FOR PERSONNEL ACTION</b>				DATE PREPARED <b>15 June 1964</b>	
1. SERIAL NUMBER <b>022592</b>		2. NAME (Last-First-Middle) <b>ZAMBERNARDI, Robert</b>			
3. NATURE OF PERSONNEL ACTION <b>TRANSFER TO VOUCHERED FUNDS &amp; REASSIGNMENT</b>			4. EFFECTIVE DATE REQUESTED MONTH <b>07</b> DAY <b>05</b> YEAR <b>64</b>		5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>
6. FUNDS <b>X</b>	V TO V	V TO CF	7. COST CENTER NO. CHARGE-ABLE <b>5225-0079</b>		
	CF TO V	CF TO CF	8. LEGAL AUTHORITY (Completed by Office of Personnel)		
9. ORGANIZATIONAL DESIGNATIONS <b>DDP/TSD OPERATIONAL AIDS PHOTOGRAPHIC OPERATIONS BRANCH AREA DESKS SECTION</b>			10. LOCATION OF OFFICIAL STATION <b>WASHINGTON, D. C.</b>		
11. POSITION TITLE <b>PHOTO GEN</b>			12. POSITION NUMBER <b>0113</b>		13. CAREER SERVICE DESIGNATION <b>D</b>
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) <b>GS</b>		15. OCCUPATIONAL SERIES <b>1060.02</b>	16. GRADE AND STEP <b>10 (3)</b>		17. SALARY OR RATE <b>\$8200</b>
18. REMARKS  <div style="display: flex; justify-content: space-between;"> <div> <p>FROM: <b>DDP/TSD FOREIGN FIELD MEXICO CITY</b></p> <p>Security Approval Granted by Pers. SA/OS <i>6/23/64</i> <i>by 7/1/64</i></p> <p>CC: Security &amp; Vouchered Payroll</p> </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Recorded by CDD <i>DM</i></p> </div> </div>					
18A. SIGNATURE OF REQUESTING OFFICIAL <b>H. LEE OLSON</b>		DATE SIGNED		18B. SIGNATURE OF OFFICER APPROVING <i>H. Lee Olson</i> <b>H. LEE OLSON, TSD/CMO</b>	
				DATE SIGNED <b>6/24/64</b>	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE <b>16</b>	20. EMPLOY CODE <b>10</b>	21. OFFICE CODE NUMERIC <b>41300</b> ALPHABETIC <b>72</b>	22. STATION CODE <b>75013</b>	23. INTEROFF CODE	24. MODAL CODE
25. DATE OF BIRTH MO DA YR <b>1 05 10 1935</b>		26. DATE OF GRADE MO DA YR		27. DATE OF LEI MO DA YR	
28. NIE EXPIRES MO DA YR		29. SPECIAL REFERENCE 1 - CSC 2 - FICA 3 - NONE		30. SEPARATION DATA CODE TIME MO DA YR	
31. CORRECTION/CANCELLATION DATA TIME MO DA YR		32. SECURITY REQ. NO.		33. SEX	
34. VET. PREFERENCE CODE 0 - NONE 1 - 5 PT. 2 - 10 PT.		35. SERV. COMP. DATE MO DA YR		36. LONG. LIMP. DATE MO DA YR	
37. CAREER CATEGORY CODE 0 - NAVAL 1 - THE		38. FECLY / HEALTH INSURANCE CODE 0 - NAVAL 1 - THE		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 EX-100 1 - YES 2 - NO	
43. STATE TAX DATA FORM EX-100 1 - YES 2 - NO		44. STATE TAX DATA CODE NO. TAX STATE CODE		45. POSITION CONTROL CERTIFICATION	
46. D.P. APPROVAL <i>E. Johnson</i>		DATE APPROVED <b>6/30/64</b>			

**SECRET**  
(When Filled In)

<b>NAME OF EMPLOYEE (Last-First-Middle)</b>	<b>NAME AND RELATIONSHIP OF DEPENDENT*</b>	<b>CLAIM NUMBER</b>
Zambernardi, Robert M.	Philip Edward - son	64-184
<p>There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on <u>Log burn - 28 December 1963</u></p> <p>This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.</p>		
<b>DATE OF NOTICE</b>	<b>SIGNATURE OF BSC REPRESENTATIVE</b>	
10 FEB 1964	<i>B. Detelice</i>	
<b>NOTICE OF OFFICIAL DISABILITY CLAIM FILE</b>		

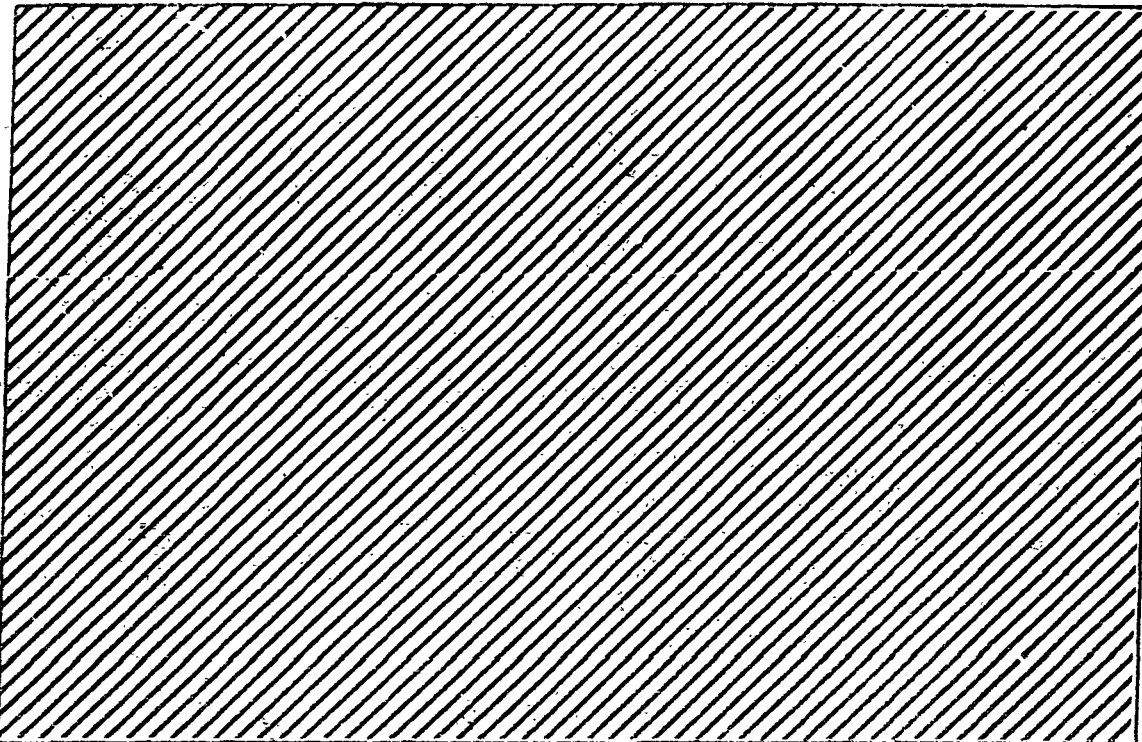
**SECRET**  
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 2 April 1963	
1. SERIAL NUMBER 022592		2. NAME (Last-First-Middle) ZAMBERNARDI, ROBERT					
3. NATURE OF PERSONNEL ACTION PROMOTION				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 01 14 63		5. CATEGORY OF EMPLOYMENT REGULAR	
6. FINDS V TO V CP TO V		X V TO CP CP TO CP		7. COST CENTER NO. CHARGEABLE 3125-5700-3007		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS DDP/TSD Foreign Field Western Hemisphere Mexico				10. LOCATION OF OFFICIAL STATION Mexico City, Mexico			
11. POSITION TITLE IC TECH AIDS				12. POSITION NUMBER 0575		13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, LR, etc.) GS		15. OCCUPATIONAL SERIES 0136. M 63		16. GRADE AND STEP 10 (2)		17. SALARY OR RATE 7535	
18. REMARKS FED M: GS-9 (2)  P. 74							
19A. SIGNATURE OF REQUESTING OFFICIAL JAMES R. SHIELDS				DATE SIGNED		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICIAL JAMES R. SHIELDS, TSD/CMC	
DATE SIGNED							
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE 22	20. EMP. CT. CODE 10	21. OFFICE CODE 46575 TS	22. STATION CODE 45015	23. INTER. CODE 3	24. DATE OF BIRTH 05 16 1935	25. DATE OF DEATH	26. DATE OF DEATH
27. DATE OF BIRTH	28. DATE OF DEATH	29. DATE OF DEATH	30. DATE OF DEATH	31. DATE OF DEATH	32. DATE OF DEATH	33. DATE OF DEATH	34. DATE OF DEATH
35. VET. PREFERENCE		36. SERV. COMP. DATE		37. LEAV. CAT. CODE		38. MIL. SERV. STATUS	
39. VET. PREFERENCE		40. SERV. COMP. DATE		41. LEAV. CAT. CODE		42. MIL. SERV. STATUS	
43. POSITION CONTROL CERTIFICATION		44. O.P. APPROVAL		DATE APPROVED			
5 APR 1963		Paul C. Williams		5 APR 63			

Recorded by  
CSPD

END DATA

**SECRET**  
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle)

Zamberardi, Robert M

NAME AND RELATIONSHIP OF DEPENDENT

Paul - son

CLAIM NUMBER

63-460

There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent\*) for an illness, injury, or death incurred on 22 February 65 Intestinal disease.

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

DATE OF NOTICE

8 January 1965

SIGNATURE OF BSO REPRESENTATIVE

B. De Felice

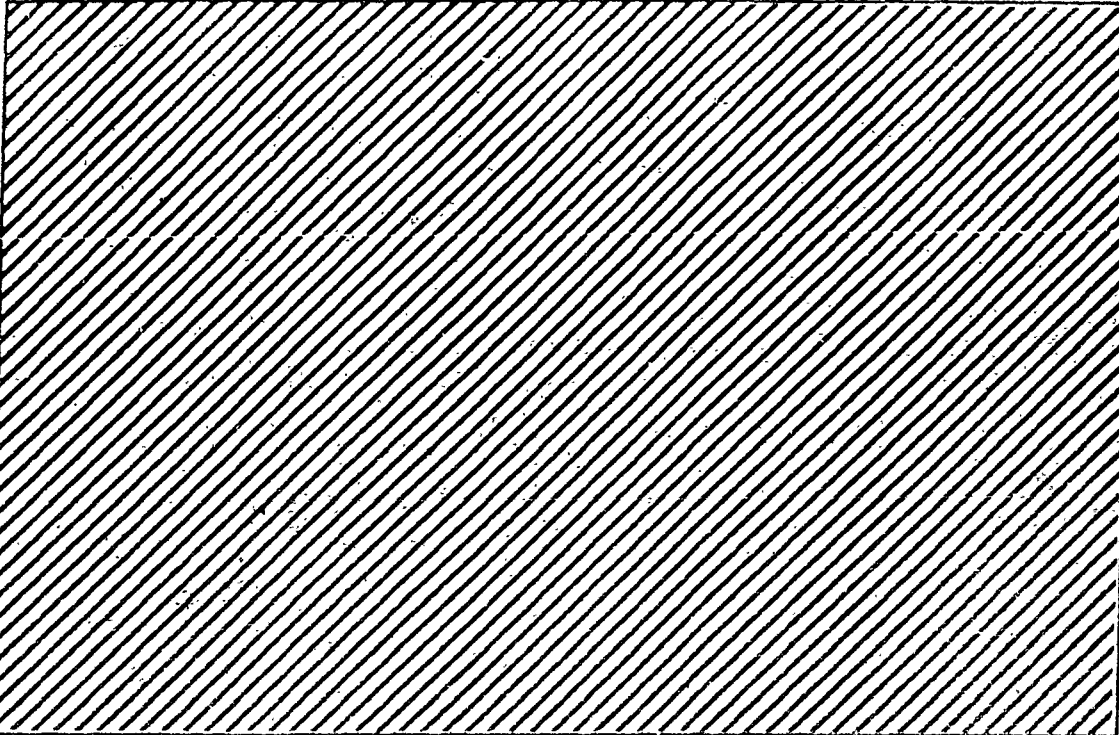
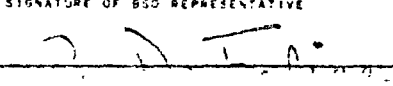
NOTICE OF OFFICIAL DISABILITY CLAIM FILE



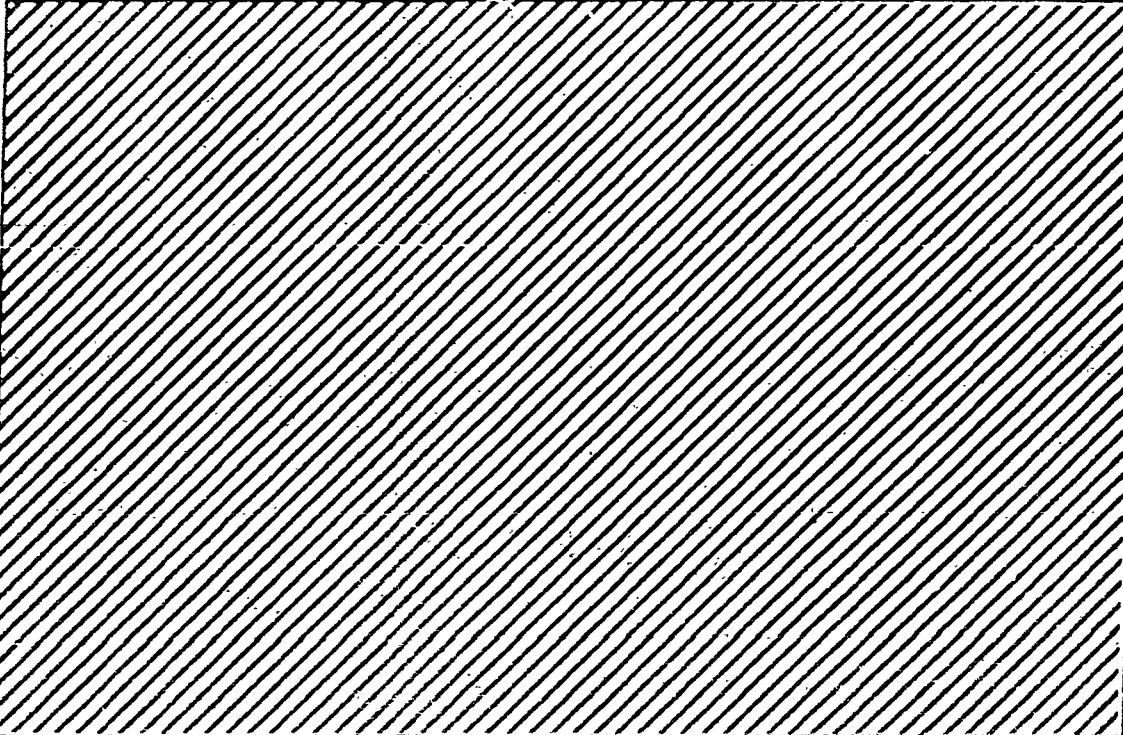
(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)								16 January 1962	
022592 ✓		ZAMBERNARDI, Robert									
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE REQUESTED			5. CATEGORY OF EMPLOYMENT			
PROMOTION					MONTH DAY YEAR 01 21 62			REGULAR <del>XXXXXX</del>			
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGE-ABLE			8. LEGAL AUTHORITY (Completed by Office of Personnel)		
➡		CF TO V		X= CF TO CF		2:25-5700-3007					
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION						
DDP/TSD - Foreign Field Western Hemisphere Mexico					Mexico City, Mexico						
11. POSITION TITLE					12. POSITION NUMBER			13. CAREER SERVICE DESIGNATION			
IO TECH AIDS					0575			D			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP			17. SALARY OR RATE			
GS			0136.63		#9 (1)			6435 ✓			
18. REMARKS											
FROM: GS-8 (1)											
<div>RECEIVED COPD 13</div>											
19A. SIGNATURE OF REQUESTING OFFICIAL				DATE SIGNED		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER				DATE SIGNED	
JAMES R. SHIELDS						<i>James R. Shields</i> JAMES R. SHIELDS TSD/CMD					
SPACE BELOW FOR INCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY. CODE		21. OFFICE CODING		22. STATION CODE		23. INTERNAL CODE		24. PAY GRADE, RATE OF PAY	
22		10		46575 TS		45075		3		6519135	
25. RET. PREFERENCE		26. SPECIAL REFERENCE		27. RETIREMENT DATA		28. SEPARATION DATA CODE		29. CAREER / IN-COMM. ACTION DATA		30. SECURITY REQ. WT	
MO. DA. YR.		1. = CSC 2. = FICA 3. = NONE		CDDP		CODE		MO. DA. YR.		31. SEA	
								FOD DATA ➡			
35. RET. PREFERENCE		36. SERV. COMP. DATE		37. LONG. COMP. DATE		38. MIL. SERV. COMP. DATE		39. FEEDBACK / HEALTH INSURANCE		40. SOCIAL SECURITY NO.	
CODE		MO. DA. YR.		MO. DA. YR.		1 = YES 2 = NO		CODE		1 = YES 2 = NO	
41. PREVIOUS GOVERNMENT SERVICE DATA		42. MILITARY CAT. CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA		45. FORM PREVIOUS		46. SOCIAL SECURITY NO.	
CODE		1 = NO PREVIOUS SERVICE 2 = NO MILITARY SERVICE 3 = PRESENT IN SERVICE (LESS THAN 12 MOS) 4 = PRESENT IN SERVICE (MORE THAN 12 MOS)		CODE		CODE		CODE		CODE	
45. POSITION CONTROL CERTIFICATION		46. G.P. APPROVAL		DATE APPROVED							
✓		✓		1/29/62							

**SECRET**  
(When Filled In)

		
NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
ZAMBERNARDI, Robert	Wife - Martha Cecilia	61-286
<p>There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on <u>3 March 1961</u> - Leiomia of Uterus</p> <p>This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.</p>		
DATE OF NOTICE	SIGNATURE OF BSO REPRESENTATIVE	
		
<p align="center"><b>NOTICE OF OFFICIAL DISABILITY CLAIM FILE</b></p>		

SECRET  
(When Filled In)

		
NAME OF EMPLOYEE (LAST-FIRST-MIDDLE)	DEPENDENT	CASE OR CLAIM NUMBER
Eumbernardi, Robert M.	Wife Martha	55-226
<p>There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on <u>16 February 1960</u>.</p> <p>This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.</p>		
DATE OF NOTICE	SIGNATURE OF REPRESENTATIVE	
8 April 1960	12. De Felice	
NOTICE C OFFICIAL DISABILITY CLAIM FILE		

**SECRET**  
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<b>REQUEST FOR PERSONNEL ACTION</b>				DATE PREPARED <b>15 Dec 1960</b>																																																																																																																																																																																																																																	
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3. NATURE OF PERSONNEL ACTION <b>PROMOTION</b>			4. EFFECTIVE DATE REQUESTED MONTH <b>12</b> DAY <b>25</b> YEAR <b>60</b>		5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>																																																																																																																																																																																																																																
6. FUNDS <input type="checkbox"/> V TO V <input type="checkbox"/> X TO CF <input checked="" type="checkbox"/> CF TO V <input type="checkbox"/> X CF TO CF		7. COST CENTER NO. CHANGE-ABLE <b>1125-5700-3007</b>		8. LEGAL AUTHORITY (Completed by Office of Personnel)																																																																																																																																																																																																																																	
9. ORGANIZATIONAL DESIGNATIONS <b>DDP/TSD Western Hemisphere MEXICO</b>			10. LOCATION OF OFFICIAL STATION <b>Mexico, City, Mexico</b>																																																																																																																																																																																																																																		
11. POSITION TITLE <b>IO TECH AIDS</b>			12. POSITION NUMBER <b>575</b>		13. CAREER SERVICE DESIGNATION <b>DS</b>																																																																																																																																																																																																																																
14. CLASSIFICATION SCHEDULE (GS, LP, etc.) <b>GS-9</b>		15. OCCUPATIONAL SERIES <b>0136.63</b>		17. SALARY OR RATE <b>\$ 5885</b>																																																																																																																																																																																																																																	
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FORM 1152 (REV. 1-1-60) AND FORM 1-1-60

**SECRET**

517

Personnel Actions Committee  
From the Personnel Mexico City

SECRET

NOTIFICATION OF ESTABLISHMENT OF MILITARY COVER BACKSTOP		DATE 19 August 1965
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, PERSONNEL OPERATIONS DIVISION	ESTABLISHED FOR ZAMBERNARDI, Robert M.
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) TSD	
ATTN:	Personnel	FILE NO. 4054
REF:	Resignee Backstop debriefing	ID CARD NO.
MILITARY COVER BACKSTOP ESTABLISHED Technical Services Group, Provisional		EMPLOYEE NO.

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

☒ Block Records: (OPMEMO 20-800-11) Resignation effective 20 Aug 65

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

b. Continuing, effective EOD Jul 56

☐ NA Submit Form 642 to change limitation category.  
(HHS 20-7)

☐ NA Ascertain that Army W-2 being issued.  
(HB 20-581-1)

☐ NA Submit Form 1322 for any change affecting this cover.  
(R 240-310)

☐ NA Submit Form 1323 for transferring cover responsibility.  
(R 240-350)

☒ Remarks: 1. Will use DAFC for entire period, with detail to State for use in Mexico City. 2. Will use CIA for entire period if in US. 3. Will check with Station for guidance.

☒ Cover History Jul56-Nov56 overt Jun57-Jul59 DAC/Washington  
Nov56-Jun57 DAFC/Japan Jul59-May64 Lt State/Mexico C  
May64-May65 DAFC/Washington

Forwarding Address:  
c/o American Embassy  
Mexico City, Mexico  
Employment Address:  
Unknown

*James J. Tranter*

NM/ul CHIEF, MILITARY COVER CCG

DESTINATION: Copy 1-POD, Copy 2-Operating Component, Copy 3-OS D OS, Copy 4-UL/TELE, Copy 5-PSH/OS, Copy 6-File

FORM 1551 6-64

SECRET

(12-10-43)

SECRET  
(When Filled In)

N.M. 25 AUG 65

NOTIFICATION OF PERSONNEL ACTION									
OEF									
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)							
022592		ZAMBERNARDI ROBERT							
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT		
RESIGNATION					08 20 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		6125 0079 0000			
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION				
DDP/TSD OPERATIONAL AIDS PHOTO OPERATIONS BRANCH AREA DESKS SECTION					WASH., D. C.				
11. POSITION TITLE					12. POSITION NUMBER		13. SERVICE DESIGNATION		
PHOTOG GEN					0113		D		
14. CLASSIFICATION SCHEDULE (GS, GS, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE		
GS			1060.02		11 3		9240		
18. REMARKS									
COMMUNICATIONS - C/O AMERICAN EMBASSY MEXICO D.F. MEXICO CHECKS, BONDS - UNION TRUST COMPANY, 1500 H ST. NW WASHINGTON, D. C.									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INITIATES CODE	
45		10		NUMERIC ALPHABETIC					
24. HOURS		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LST			
		05 09 35							
28. H'S CAPITIES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CANCELLATION DATA	
						3AC004		EOD DATA	
33. NET PREFERENCE		34. SERV COMP DATE		35. LONG COMP DATE		36. CENTER CATEGORY		37. PEGEL / HEALTH INSURANCE	
38. SOCIAL SECURITY NO		39. PREVIOUS GOVERNMENT SERVICE DATA		40. LEAVE CAT		41. FEDERAL TAX DATA		42. STATE TAX DATA	
SIGNATURE OR OTHER AUTHENTICATION									
all 8/26/65									

FORM 1150  
11 61

Use Previous  
Edition

SECRET

GROUP 1  
(Excluded from automatic  
downgrading and  
declassification)

When Filled In

1. Serial No.	2. Name		3. Cost Center Number		4. LWOP Hours
022592	ZAMBERNARDI ROBERT		41 575 CF		
5. OLD SALARY RATE			6. NEW SALARY RATE		7. TYPE ACTION
Grade	Step	Salary	Effective Date	PSI	LSI
GS 10	2	\$ 7,945	04/14/63		
GS 10	3	\$ 8,200	04/12/64		
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: 6 March 1964		
PAY CHANGE NOTIFICATION					

Form 560

Obsolete Previous Edition

(4 31)



**SECRET**  
(When Filled In)

ARM: 15 APR 63

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)							
022502		ZAMBERNARDI ROBERT							
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT		
PROMOTION (CORRECTION)					04/14/63		REGULAR		
6. FUNDS		7. TO V		8. TO CF		9. COST CENTER NO. (CHARGEABLE)		10. GIC OR OTHER LEGAL AUTHORITY	
FUND 1		V TO V		V TO CF		3125 5700 3007		50 USC 403	
CF TO V		X		CF TO CF					
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION				
DDP TSD FOREIGN FIELD WESTERN HEMISPHERE MEXICO					MEXICO CITY, MEXICO				
11. POSITION TITLE					12. POSITION NUMBER		13. SERVICE DESIGNATION		
10 TECH AIDS					0575		D		
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE		
GS			0136.63		10 2		7535		
18. REMARKS									
THIS CORRECTS FORM 1150, EFFECTIVE 04/14/63, ITEM #15, OCCUPATIONAL SERIES, WHICH READ "0136.01" TO READ "0136.63."									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE		20. OFFICE CODING		21. STATION CODE		22. INTEROFFICE CODE		23. HOURS CODE	
		ALPHABETIC							
24. DATE OF BIRTH		25. DATE OF GRADE		26. DATE OF LEI		27. DATE OF BIRTH		28. DATE OF GRADE	
04/14/63						04/14/63			
29. NTE EXPIRATION		30. SPECIAL REFERENCE		31. RETIREMENT DATA		32. SEPARATION DATA CODE		33. CORRECTION/CANCELLATION DATA	
								EOD DATA	
34. VET PREFERENCE		35. SENY COMP DATE		36. LONG COMP DATE		37. EARLIER CATEGORY		38. FEEDBACK/HEALTH INSURANCE	
								HEALTH INS CODE	
39. PREVIOUS GOVERNMENT SERVICE DATA		40. STATE CAT		41. FEDERAL TAX DATA		42. STATE TAX DATA		43. SOCIAL SECURITY NO.	
CODE		CODE		CODE		CODE		CODE	
1. NO. PREVIOUS SERVICE		1. YES		1. YES		1. YES		1. YES	
2. NO. BREAK IN SERVICE		2. NO		2. NO		2. NO		2. NO	
3. BREAK IN SERVICE LESS THAN 2 YRS		3. YES		3. YES		3. YES		3. YES	
4. BREAK IN SERVICE MORE THAN 2 YRS		4. NO		4. NO		4. NO		4. NO	
SIGNATURE OR OTHER AUTHENTICATION									
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>POSTED</b>  15 APR 1963 <i>hals</i> </div>									

FORM 1150-15 APR 1963  
1150-15 APR 1963  
1150-15 APR 1963

U.S. Previous Edition

**SECRET**

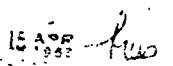
GROUP 1  
EXCLUDED FROM AUTOMATIC  
DOWNGRADING AND  
DECLASSIFICATION

14-00000

(When Filled In)

**SECRET**  
(When Filled In)

APM: 11 APR 63

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)									
022592		ZAMBERNARDI ROBERT									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
PROMOTION						MO. DA. YR. 04 14 63		REGULAR			
6. FUNDS		V TO V		V TO CP		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY			
CP TO V		X		CP TO CP		3125 5700 3007		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP TSO FOREIGN FIELD WESTERN HEMISPHERE MEXICO						MEXICO CITY, MEXICO					
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
10 TECH AIDS						0575		D			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0130.01		10 2		7535			
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. INTERPRET CODE	24. HEIGHT CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LST		
22	10	NUMERIC 46-75	ALPHABETIC TS	46075		3	MO. DA. YR. 05 14 63	MO. DA. YR. 04 14 63	MO. DA. YR. 04 14 63		
28. NTE EXPIRY		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY	
MO. DA. YR.		MO. DA. YR.		1. CSC 2. PICA 3. CODE		TYPE		MO. DA. YR.		254 MO	
34. VET. PREFERENCE		35. SERV. COMP. DATE		36. LONG. COMP. DATE		37. CAREER CATEGORY		38. FEGLI / HEALTH INSURANCE		39. SOCIAL SECURITY NO.	
CODE		MO. DA. YR.		MO. DA. YR.		CODE		CODE		CODE	
40. PREVIOUS GOVERNMENT SERVICE DATA				41. LEAVE CAT. 43				42. FEDERAL TAX DATA			
CODE				CODE				CODE			
1. NO PREVIOUS SERVICE 2. NO BREAK IN SERVICE 3. BREAK IN SERVICE (1-12 MONTHS) 4. BREAK IN SERVICE (13-24 MONTHS) 5. BREAK IN SERVICE (25-36 MONTHS) 6. BREAK IN SERVICE (37-48 MONTHS) 7. BREAK IN SERVICE (49-60 MONTHS) 8. BREAK IN SERVICE (61-72 MONTHS) 9. BREAK IN SERVICE (73-84 MONTHS) 10. BREAK IN SERVICE (85-96 MONTHS) 11. BREAK IN SERVICE (97-108 MONTHS) 12. BREAK IN SERVICE (109-120 MONTHS)				1. YES 2. NO				1. YES 2. NO			
SIGNATURE OR OTHER AUTHENTICATION											
<div style="text-align: right;">             15 APR 1963         </div>											

FORM 1150

11 52

11 APR 1963

Use Previous Edition

SECRET

FOR THE JOINT CHIEFS OF STAFF  
THE JOINT CHIEFS OF STAFF  
WASHINGTON, D.C.

(When Filled In)

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI  
MEMORANDUM DATED 1 AUGUST 1966, SALARY IS ADJUSTED AS FOLLOWS,  
EFFECTIVE 9 JANUARY 1969.

NAME	SERIAL	ORGN	FUNDS	GR-ST	OLD SALARY	NEW SALARY
ZAMBERNARDI ROBERT	022592	41	575	CF GS 10 2	\$ 7,535	\$ 7,945

BWS: 19 JAN 62

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
022592		ZAMBERNARDI ROBERT									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
PROMOTION						01   21   62		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		2125 5700 3007		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP 7SD FOREIGN FIELD WESTERN HEMISPHERE MEXICO						MEXICO CITY, MEXICO					
11. POSITION TITLE						12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION			
10 TECH AIDS						0575		D			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0136.01		09 1		6435			
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	H0575 TS		H0575		3	05   09   35		01   21   62		01   21   62
28. HTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION-CANCELLATION DATA		33. SECURITY REQ NO	
								EOD DATA			
35. VET PREFERENCE		36. LEAVE CLMP DATE		37. LONG CLMP DATE		38. MIL SERV CREDIT/FILED		39. FECLT / HEALTH INSURANCE		40. SOCIAL SECURITY NO	
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA			
SIGNATURE OR OTHER AUTHENTICATION											
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>POSTED</b>  1/25/62 <i>Qm</i> </div>											

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-753 AND  
 DCI MEMORANDUM DATED 1 AUGUST 1955, SALARY IS ADJUSTED AS FOLLOWS,  
 EFFECTIVE 16 OCTOBER 1962

NAME SERIAL ORGN FUNDS OLD OLD NEW NEW  
 GR-ST SALARY GR-ST SALARY  
 ZAMBERNARDI ROBERT 022592 46375 CF 09 1 3 6433 09 1 3 6675

1. Serial No		2. Name		3. Cost Center Number		4. LWOP Hours				
022592		ZAMBERNARDI ROBERT		46 375 CF 10						
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last Eff Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADI
GS 09	15	6,675	01/21/62	GS 09	23	6,900	01/20/63			
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>[Date]</i> PAY CHANGE NOTIFICATION										

Form 560

Obsolete Previous Edition

(4-51)

SECRET  
 (When Filled In)

1. Serial No		2. Name		3. Cost Center Number		4. LWOP Hours				
22592		ZAMBERNARDI ROBERT		10/150 10 UV						
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last Eff Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADI
GS 08	1	5,881	12/25/61	GS 8	2	6,051	12/24/61			
8. Remarks and Authentication										
/ / IN LWOP STATUS AT END OF WAITING PERIOD  / / NO EXCESS LWOP  / / IN PAY STATUS PAY CHANGE NOTIFICATION										

Form 560

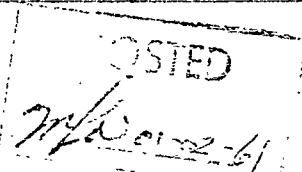
Obsolete Previous Edition

SECRET

(4-51)

BLT: 23 DEC 1960

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)									
022592		ZAMBERNARDI ROBERT									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE			5. CATEGORY OF EMPLOYMENT		
PROMOTION						MO DA YR 12 25 60			REGULAR		
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE			8. CLK OR OTHER LEGAL AUTHORITY		
CF TO V		X		CF TO CF		1125 5700 3007			50 USC 403 d		
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP TSO WESTERN HEMISPHERE MEXICO						MEXICO CITY, MEXICO					
11. POSITION TITLE						12. POSITION NUMBER			13. CAREER SERVICE DESIGNATION		
10 TECH AIDS						0575			D		
14. CLASSIFICATION SCHEDULE (GS, WB, etc)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP			17. SALARY OR RATE		
by				0136.63		08 1			5885		
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. Hdqrs. Code	25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI
22	10	46575 TS		45075		3	MO DA YR 05 09 35		MO DA YR 12 25 60		MO DA YR 12 25 60
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY RLO NO.	
NO DA YR				1. CBL 2. FICA 3. NONE		CODE		TYPE NO. DA YR		EOD DATA	
35. VET PREFERENCE		36. SERV COMP DATE		37. LONG. COMP DATE		38. MIL. SERV. CREDIT/LCO		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.	
CODE 0 - NONE 1 - 5 YR 2 - 10 YR		MO DA YR		MO DA YR		1 - YES 2 - NO		CODE CODE 0 - WAIVER 1 - YES		HEALTH INS CODE	
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA	
CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 12 MOS) 3 - BREAK IN SERVICE (MORE THAN 12 MOS)						FORM EXECUTED CODE NO TAX EXEMPTIONS FORM EXECUTED CODE NO TAX EXEMPTIONS				CODE NO TAX EXEMPT STATE CODE	
SIGNATURE OR OTHER AUTHENTICATION											
<div style="text-align: right;">  </div>											

Form 650 1150

Obsolete Previous Editions

SECRET

(4-51)

**SECRET**  
(When Filled In)

### NOTIFICATION OF PERSONNEL ACTION

**AES: 17 APRIL 1959**

1. Serial No.		2. Name (Last-First-Middle)		3. Date Of Birth		4. Vol. Prof.		5. Sex		6. CS - FOD	
522592		ZAMBERNARDI ROBERT		Mo. Da. Yr. 05 05 35		None-0 5 Pt-1 10 Pt-2		1 M 1		Mo. Da. Yr. 07 30 56	
7. SCD		8. CSC Retmt.		9. CSC Or Other Legal Authority		10. Apmt. Affid. Yr.		11. FEGLI		12. TCD	
Mo. Da. Yr. 08 02 54		Yes-1 No-2		Code 1		Mo. Da. Yr. 08 02 54		Yes-1 No-2		Code 1	
				50 USCA 403 J							

### PREVIOUS ASSIGNMENT

14. Organizational Designations		Code		15. Location Of Official Station		Station Code	
DDP TSS TECHNICAL AIDS PHOTOGRAPHIC DIV OPERATIONAL PHOTOGRAPHY BR		4448		WASH.D.C.		75013	
16. Dept. - Field		17. Position Title		18. Position Flr.		19. Serv.	
Dept - 1 USfld - 3 Frqn - 5		2		PHOTOG GEN		0513	
20. Occup. Series		21. Grade & Step		22. Salary Or Rate		23. SD	
1060.02		07 1		\$ 4980		DT	
24. Date Of Grade		25. Pst Duo		26. Appropriation Number			
Mo. Da. Yr. 12 28 58		Mo. Da. Yr. 12 27 59		9 2500 25 007			

### ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
REASSIGNMENT & TRANSFER TO CONFIDENTIAL FUNDS*		05		04 19 59		REGULAR		01			

### PRESENT ASSIGNMENT

31. Organizational Designations		Code		32. Location Of Official Station		Station Code	
DDP TSS FOREIGN FIELD WESTERN HEMISPHERE MEXICO		4455		MEXICO		45000	
33. Dept. - Field		34. Position Title		35. Position Flr.		36. Serv.	
Dept - 1 USfld - 3 Frqn - 5		5		10 TECH AIDS		0575	
37. Occup. Series		38. Grade & Step		39. Salary Or Rate		40. SD	
0136.63		07 1		\$ 4980		DT	
41. Date Of Grade		42. Pst Duo		43. Appropriation Number			
Mo. Da. Yr. 12 28 58		Mo. Da. Yr. 12 27 59		9 2500 25 007			

44. Remarks

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

**POSTED**  
2486  
RW

NOV  
1961SECRET  
(When Filled In)

## FITNESS REPORT

EMPLOYEE SERIAL NUMBER  
22592

## SECTION A

## GENERAL

1. NAME (Last) (First) (Middle) <b>ZAMBERNARDI, Robert M.</b>			2. DATE OF BIRTH <b>9 May 1935</b>		2. SER <b>M</b>	4. GRADE <b>GS-8</b>
3. SERVICE DESIGNATION <b>KURIOT</b>		5. OFFICIAL POSITION TITLE <b>IO TECH AIDS</b>			3. OFF/DIV/BR OF ASSIGNMENT <b>WH/III/MEXI</b>	
6. CAREER STAFF STATUS				7. TYPE OF REPORT		
<input type="checkbox"/> NOT ELIGIBLE <input checked="" type="checkbox"/> MEMBER <input type="checkbox"/> DECLINED <input type="checkbox"/> DENIED				<input 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. <b>31 AUGUST 1961</b>		11. REPORTING PERIOD From <b>7/1/60</b> - To <b>6/30/61</b>		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 <b>KURIOT support for COs in ops, particularly photo work - concealed, telephoto, movies and documentary</b>		RATING NO. <b>6</b>	SPECIFIC DUTY NO. 4 <b>S/W - writing and developing S/W communications in direct support of COs</b>		RATING NO. <b>5</b>	
SPECIFIC DUTY NO. 2 <b>Routine lab work, microfilming documents, printing &amp; reproduction of photos - montage etc.</b>		RATING NO. <b>5</b>	SPECIFIC DUTY NO. 5 <b>Surveillances, casing and selection of meeting sites, security stake outs and other ops duties as directed</b>		RATING NO. <b>5</b>	
SPECIFIC DUTY NO. 3 <b>Opening, processing, photographing re-scaling operational mail</b>		RATING NO. <b>6</b>	SPECIFIC DUTY NO. 6		RATING NO.	

## SECTION C

## EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION

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

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

 RATING NO.  
**5**

## SECTION D

## DESCRIPTION OF THE EMPLOYEE

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

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

OFFICE OF PERSONNEL

## SECTION E

## NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

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

This officer is willing, and has become much more effective and sure of himself during the past year. He is an excellent photographer and this with his increasing resourcefulness in support of operations, has resulted in some unusually good work of the ops support type.

This officer has a pleasant personality, is well liked, gets along well with his fellow employees, works overtime without question, and is well adjusted to overseas life in Mexico. The Station is very pleased to have him for another tour as he is most definitely a part of our operational capabilities.

██████████ was commended by COS, Mexico in January 1961 and a review of this file should include a review of HMT-1798 dated 12 January 1961.

## 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

13 September 1961

SIGNATURE OF EMPLOYEE

/s/ Robert M. Zambernardi

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

13 September 1961

OFFICIAL TITLE OF SUPERVISOR

Deputy Chief of Station

TYPED OR PRINTED NAME AND SIGNATURE

/s/ in pseudo

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

13 September 1961

OFFICIAL TITLE OF REVIEWING OFFICIAL

Chief of Station

TYPED OR PRINTED NAME AND SIGNATURE

/s/ in pseudo

SECRET



14-00000

Fitness Reports for period October, 1941  
Personnel Acting for period prior to  
FROBENIUS Mexico City

**SECRET**  
(When Filled In)

<b>FITNESS REPORT</b>				EMPLOYEE SERIAL NUMBER <b>22592</b>								
<b>SECTION A GENERAL</b>												
1. NAME (Last) (First) (Middle) <b>ZAMBERNARDI Robert</b>			2. DATE OF BIRTH <b>9 May 1935</b>		3. SEX <b>N</b>							
4. GRADE <b>GS-7</b>		5. OFF/DIV/BR OF ASSIGNMENT <b>KURIOT/Mexico</b>										
6. SERVICE DESIGNATION <b>KURIOT</b>		7. OFFICIAL POSITION TITLE <b>IO TECH AIDS</b>										
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 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.		11. REPORTING PERIOD From To SPECIAL (Specify)										
<b>SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES</b>												
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>1 - Unsatisfactory</td> <td>2 - Barely adequate</td> <td>3 - Acceptable</td> <td>4 - Competent</td> <td>5 - Excellent</td> <td>6 - Superior</td> <td>7 - Outstanding</td> </tr> </table>						1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior	7 - Outstanding
1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior	7 - Outstanding						
SPECIFIC DUTY NO. 1 Duties levied upon KURIOT by Station CO's in support of their ops and info. This constitutes using concealment devices, telephoto lens.		SPECIFIC DUTY NO. 4 S/W (two systems). Writing S/W for CO's. Rec'g messages for development.		RATING NO. <b>4</b>								
SPECIFIC DUTY NO. 2 Routine lab work. Micro-filming docs, printing docs, reprod. photos, maintenance of Photo Lab.		SPECIFIC DUTY NO. 5 Stake out surveillance, agent mtgs and other duties that may be requested.		RATING NO. <b>4</b>								
SPECIFIC DUTY NO. 3 Opening, photographing and resealing operational mail of Station CO's.		SPECIFIC DUTY NO. 6 Purchasing all photo supplies which can be procured on local market. Supplying some basehouses with supplies.		RATING NO. <b>6</b>								
<b>SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION</b>												
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.												
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. <b>4</b>							
<b>SECTION D DESCRIPTION OF THE EMPLOYEE</b>												
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee												
1 - Least possible degree		2 - Limited degree		3 - Normal degree		4 - Above average degree		5 - Outstanding degree				
CHARACTERISTICS					NOT APPL- CABLE	NOT OB- SERVED	RATING					
							1	2	3	4	5	
GETS THINGS DONE										X		
RESOURCEFUL									X			
ACCEPTS RESPONSIBILITIES										X		
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES										X		
DOES HIS JOB WITHOUT STRONG SUPPORT										X		
FACILITATES SMOOTH OPERATION OF HIS OFFICE										X		
WRITES EFFECTIVELY								X				
SECURITY CONSCIOUS										X		
THINKS CLEARLY									X			
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS										X		
OTHER (Specify):												
SEE SECTION "E" ON REVERSE SIDE												

19601/224

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 basis for determining future personnel actions.

This young officer is conscientious and willing. He is an excellent photographer and fulfills duties related to photography (which is his principal duty) in completely satisfactory fashion.

Dec 29 11 04 AM '60  
MAIL ROOM

He is willing to take on any assignments given him; is willing to put in any amount of overtime needed to get assignments completed within the prescribed time.

**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

27 Oct 1960

SIGNATURE OF EMPLOYEE

Subject signed form 45a in pseudo.

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

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

27 Oct 1960

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

Winston Scott

3.

BY REVIEWING OFFICIAL

I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

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

COMMENTS OF REVIEWING OFFICIAL

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

SECRET

**SECRET**  
(When Filled In)

13 AUG 1959

<b>FITNESS REPORT</b>				EMPLOYEE SERIAL NUMBER <b>122592</b>							
<b>SECTION A GENERAL</b>											
1. NAME (Last) (First) (Middle) <b>ZAMBERNARDI Robert M.</b>		2. DATE OF BIRTH <b>9 May 1935</b>		3. SEX <b>M</b>	4. GRADE <b>GS-7</b>						
5. SERVICE DESIGNATION <b>DT</b>		6. OFFICIAL POSITION TITLE <b>PHOTOG GEN</b>		7. OFF/DIV/BR OF ASSIGNMENT <b>DDP/TSS/TA/PSD</b>							
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 checked="" 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. <b>30 June 1959</b>		11. REPORTING PERIOD <b>Dec 1958 to Jun 1959</b>		SPECIAL (Specify)							
<b>SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES</b>											
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).											
1 - Unsatisfactory    2 - Barely adequate    3 - Acceptable    4 - Competent    5 - Excellent    6 - Superior    7 - Outstanding											
SPECIFIC DUTY NO. 1 USING ENLARGERS, CONTACT PRINTERS AND RELATED EQUIPMENT TO MAKE PHOTOGRAPHIC PRINTS.		RATING NO. <b>3</b>	SPECIFIC DUTY NO. 4 MIXING ALL STANDARD CHEMICALS & SPECIAL FORMULAE FOR THE PROPER DEVELOPMENT OF VARIOUS FILM AND PAPERS - FOREIGN & DOMESTIC		RATING NO. <b>4</b>						
SPECIFIC DUTY NO. 2 PROCESSING OF BLACK & WHITE AND COLOR FILM, BOTH FOREIGN AND DOMESTIC, RANGING FROM 35mm TO 20"x24"		RATING NO. <b>4</b>	SPECIFIC DUTY NO. 3 WASHING, DRYING AND SORTING OF PHOTOGRAPHIC PRINTS		RATING NO. <b>5</b>						
SPECIFIC DUTY NO. 3 DOCUMENT PHOTOGRAPHY USING 20"x24" PROCESS CAMERA, MOD. D AND E RECORDAKS AND VARIOUS PORTABLE COPYING EQUIPMENT		RATING NO. <b>4</b>	SPECIFIC DUTY NO. 4 USES STILL AND NP CAMERAS RANGING FROM 35mm SUB-MINIATURE TO 8 x 10.		RATING NO. <b>3</b>						
<b>SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION</b>											
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.											
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. <b>4</b>						
<b>SECTION D DESCRIPTION OF THE EMPLOYEE</b>											
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee											
1 - Least possible degree		2 - Limited degree		3 - Normal degree		4 - Above average degree		5 - Outstanding degree			
CHARACTERISTICS					NOT APPLICABLE	NOT OBSERVED	RATING				
							1	2	3	4	5
GETS THINGS DONE									XX		
RESOURCEFUL									XX		
ACCEPTS RESPONSIBILITIES										XX	
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES									XX		
DOES HIS JOB WITHOUT STRONG SUPPORT									XX		
FACILITATES SMOOTH OPERATION OF HIS OFFICE									XX		
WRITES EFFECTIVELY					XX						
SECURITY CONSCIOUS										XX	
THINKS CLEARLY									XX		
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS					XX						
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'S KNOWLEDGE OF PHOTOGRAPHY IS INCREASING AT A STEADY PACE. HE IS VERY ATTENTIVE TO HIS ON-THE-JOB TRAINING AND APPLIES IT VERY WELL. CONSIDERABLE INITIATIVE HAS BEEN SHOWN BY LEARNING NEW METHODS AND TECHNIQUES. THIS IS PARTLY DUE TO THE CORRESPONDENCE COURSE, IN PHOTOGRAPHY, IN WHICH HE IS CURRENTLY ENGAGED.

SUBJECT LACKS SOME CONFIDENCE IN HIS ABILITY TO PRODUCE PHOTOGRAPHIC PRINTS, HOWEVER, IT IS FELT BY THE RATER THAT THIS IS DUE TO HIS LIMITED EXPERIENCE IN DARKROOM TECHNIQUES AND PROCEDURES. THE RATER FEELS CONFIDENT THAT SUBJECT WILL OVERCOME THIS LACK OF CONFIDENCE SOON.

## 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

## 2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

12

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

SUBJECT LEFT PCS, MEXICO CITY JUNE 20, 1959.

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

25 JUNE 1959

C/TSS/PSD/OSL

Harold M. Sprague  
HAROLD M. SPRAGUE

## 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 THEIR 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

25 JUNE 1959

I. O. TECH. AIDS

Ralph W. Harris  
RALPH W. HARRIS

SECRET

**SECRET**  
(When Filled In)

<b>FITNESS REPORT</b>				EMPLOYEE SERIAL NUMBER <b>122592</b>	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle) <b>ZAMBERNARDI Robert</b>			2. DATE OF BIRTH <b>5 Sept 1935</b>		3. SEX <b>M</b>
4. GRADE <b>GS-5</b>		5. SERVICE DESIGNATION <b>DT</b>		6. OFFICIAL POSITION TITLE <b>PHOTO GEN</b>	
7. OFF/DIV/BR OF ASSIGNMENT <b>DDP/TSS/TA/PD</b>					
8. CAREER STAFF STATUS			9. TYPE OF REPORT		
<input checked="" type="checkbox"/> NOT ELIGIBLE <input type="checkbox"/> MEMBER <input type="checkbox"/> DEFERRED <input type="checkbox"/> PENDING <input type="checkbox"/> DECLINED <input type="checkbox"/> DENIED			<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. <b>December 1958</b>		11. REPORTING PERIOD <b>Dec 1957 to Dec 1958</b>		12. SPECIAL (Specify) <b>Also Promotion</b>	
<b>SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
1 - Unsatisfactory		2 - Barely adequate		3 - Acceptable	
4 - Competent		5 - Excellent		6 - Superior	
7 - Outstanding					
SPECIFIC DUTY NO. 1 <b>PHOTOGRAPHIC DARKROOM TECHNICIAN. USE ENLARGERS, CONTACT PRINTERS AND RELATED EQUIPMENT TO MAKE PHOTOGRAPHIC PRINTS.</b>		RATING NO. <b>3</b>		SPECIFIC DUTY NO. 4 <b>MIXING OF PHOTOGRAPHIC SOLUTIONS FROM BULK AND PREPARED CHEMICALS.</b>	
SPECIFIC DUTY NO. 2 <b>DOCUMENT PHOTOGRAPHY - USING CONSOLIDATED PROCESS CAMERA, "E" &amp; "D" RECORDAK, AND OTHER 35MM CAMERAS</b>		RATING NO. <b>4</b>		SPECIFIC DUTY NO. 5 <b>WASHING, DRYING AND SORTING PRINTS.</b>	
SPECIFIC DUTY NO. 3 <b>FILM PROCESSING, BOTH BLACK &amp; WHITE AND COLOR.</b>		RATING NO. <b>3</b>		SPECIFIC DUTY NO. 6 <b></b>	
<b>SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.					
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. <b>4</b>
<b>SECTION D DESCRIPTION OF THE EMPLOYEE</b>					
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee					
1 - Least possible degree		2 - Limited degree		3 - Normal degree	
4 - Above average degree		5 - Outstanding degree			
CHARACTERISTICS				NOT APPLICABLE	NOT OBSERVED
				RATING	
				1	2
				3	4
				5	
GETS THINGS DONE					X
RESOURCEFUL					X
ACCEPTS RESPONSIBILITIES					X
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES					X
DOES HIS JOB WITHOUT STRONG SUPPORT					X
FACILITATES SMOOTH OPERATION OF HIS OFFICE					X
WRITES EFFECTIVELY				X	
SECURITY CONSCIOUS					X
THINKS CLEARLY					X
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS				X	
OTHER (Specify):					

SEE SECTION "E" ON REVERSE SIDE

## SECRET

(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.

MR. ZAMBERNARDI JOINED THE PHOTOGRAPHIC SUPPORT DIVISION IN JANUARY 1958 WITH NO PHOTOGRAPHIC EXPERIENCE. MR. ZAMBERNARDI HAS PROGRESSED VERY RAPIDLY IN HIS NEWLY CHOSEN FIELD DURING THE PAST YEAR BY TAKING AN ACTIVE INTEREST IN HIS ON THE JOB TRAINING AND BY DISPLAYING CONSIDERABLE INITIATIVE IN LEARNING NEW METHODS AND TECHNIQUES. MR. ZAMBERNARDI IS SUPPLEMENTING HIS AGENCY TRAINING BY COMPLETING A CORRESPONDENCE COURSE IN PHOTOGRAPHY GIVEN BY THE NEW YORK INSTITUTE OF PHOTOGRAPHY. IN RELATIVELY SHORT TIME, MR. ZAMBERNARDI HAS DEVELOPED INTO A VALUED ASSET TO THIS DIVISION.

BECAUSE OF HIS BRIEF BACKGROUND IN PHOTOGRAPHY, MR. ZAMBERNARDI LACKS SOME CONFIDENCE IN PERFORMING HIS DUTIES. THE UNDERSIGNED FEELS CONFIDENT THAT THIS WILL REMEDY ITSELF AS MORE EXPERIENCE IS GAINED.

## 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

## 2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

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

8

Subject on leave, will be shown to him later

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

23/12/58

DC/TSS/PSD/CSL

Harold M. Sprague  
HAROLD M. SPRAGUE

## 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

MR. ZAMBERNARDI IS PRESENTLY PERFORMING THE DUTIES OF A GS-7 PHOTOGRAPHER WITH THIS DIVISION IN A MOST COMPETENT MANNER. IT IS RECOMMENDED THAT HE BE FAVORABLY CONSIDERED FOR AN INCREASE FROM GS-5 TO GS-7.

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

23 DECEMBER 1958

DC/TSS/PSD

John D. Marco  
JOHN D. MARCO

SECRET

Fitness Reports and other  
Personnel Documents During period  
prior his Assignment to Mexico City