

# Assassination Records Review Board Final Determination Notification

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AGENCY : HSCA  
RECORD NUMBER : 180-10068-10361  
RECORD SERIES : STAFF PAYROLL RECORDS  
AGENCY FILE NUMBER :

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**December 8, 1995**

**Status of Document:** Postponed in Part

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

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

**Number of Postponements: 3**

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

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

Substitute Language: SSN

Date of Next Review: 2017

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

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

JFK ASSASSINATION SYSTEM

IDENTIFICATION FORM

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AGENCY INFORMATION

AGENCY : HSCA  
RECORD NUMBER : 180-10068-10361

RECORDS SERIES :  
STAFF PAYROLL RECORDS

AGENCY FILE NUMBER :

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DOCUMENT INFORMATION

ORIGINATOR : HSCA  
FROM :  
TO :

TITLE :

DATE : 07/28/77  
PAGES : 6

SUBJECTS :  
HSCA, ADMINISTRATION  
GRANT, KENNETH G.

DOCUMENT TYPE : PRINTED FORM  
CLASSIFICATION : U  
RESTRICTIONS : 3  
CURRENT STATUS : P  
DATE OF LAST REVIEW : 07/07/93

OPENING CRITERIA :

COMMENTS :  
Box #:1.

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[R] - ITEM IS RESTRICTED

**PAYROLL AUTHORIZATION FORM**

(Please Use Typewriter  
or Ballpoint Pen)

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

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

**To the Clerk of the House of Representatives:**

I hereby authorize the following payroll action:

<b>Employee Name (First-Middle-Last)</b>	<b>Effective Date</b>
Kenneth G. Grant	8/23/77
<b>Employee Social Security Number</b>	<b>Type of Action</b>
099 20 0966	<input type="checkbox"/> Appointment <input type="checkbox"/> Salary Adjustment <input checked="" type="checkbox"/> Termination (At close of business on effective date)
<b>Employing Office or Committee</b>	
Assassinations	

(If type of action is an Appointment or Salary Adjustment, complete the following information.)

<b>Position Title</b>	<b>Gross Annual Salary</b>
Staff Investigator	\$24,000

(If Committee Employee, complete appropriate item below.)

- Standing Committee: Staff— Clerical or  Professional.
- Special or Select Committee: Authority—H. Res. 455 of 95th Congress.
- Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number \_\_\_\_\_ If applicable, Level \_\_\_\_\_ Step \_\_\_\_\_

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date August 31, 1977

\_\_\_\_\_  
(Signature of Authorizing Official)  
**Louis Stokes**  
\_\_\_\_\_  
(Type or print name of Authorizing Official)  
**Chairman**  
\_\_\_\_\_  
(Title—If Member, District and State)

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED: \_\_\_\_\_  
Chairman, Committee on House Administration

Office of Finance use only:
Office Code _____
Monthly Annuity \$ _____ .00

FO  
8/31

**Copy for Initiating Office or Committee**

Select Committee on Assassinations

U.S. House of Representatives

WASHINGTON, D.C. 20515

13 Aug. 23<sup>rd</sup>

~~Ken Grant~~

what is his  
status?

Pow - Silver  
Howard -

*Paula Baker*  
~~*Paula Baker*~~  
*Paula Baker*

Select Committee on Assassinations

U.S. House of Representatives

WASHINGTON, D.C. 20515

Forwarding Address:

Mr. Kenneth G. Grant

855 Pepperidge Road

Westbury, New York, 11590

*Any check mailed  
9/6 to above  
address.  
num*

Congress of the United States  
Committee on International Relations  
House of Representatives

Kenneth G. Grant

099.20.0966

\$ 24,000

Staff Investigator JDFK

7/28/77

**PAYROLL AUTHORIZATION FORM**

(Please Use Typewriter  
or Ballpoint Pen)

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

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

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

<b>Employee Name (First-Middle-Last)</b>	<b>Effective Date</b>
Kenneth G. Grant	July 28, 1977
<b>Employee Social Security Number</b>	<b>Type of Action</b>
099 20 0955	<input checked="" type="checkbox"/> Appointment <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> Termination (At close of business on effective date)
<b>Employing Office or Committee</b>	
Assassinations	

(If type of action is an Appointment or Salary Adjustment, complete the following information.)

<b>Position Title</b>	<b>Gross Annual Salary</b>
Staff Investigator	\$24,000

(If Committee Employee, complete appropriate item below.)

- Standing Committee: Staff— Clerical or  Professional.
- Special or Select Committee: Authority—H. Res. 455 of 95th Congress.
- Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number \_\_\_\_\_ If applicable, Level \_\_\_\_\_ Step \_\_\_\_\_

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date July 29, 19 77

(Signature of Authorizing Official)

**Louis Stokes**

(Type or print name of Authorizing Official)

**Chairman**

(Title—If Member, District and State)

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED: \_\_\_\_\_

Chairman, Committee on House Administration

Office of Finance use only:

Office Code \_\_\_\_\_

Monthly Annuity \$ \_\_\_\_\_ .00

*Left at H. Adm. Comm. 7/29/77*

Copy for Initiating Office or Committee



MEMORANDUM

TO: ALL STAFF

RE: Payroll Certification

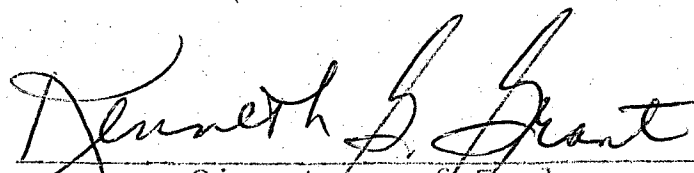
The Regulations and Accounting Procedures for Allowances and Expenses of Committees, Members and Employees of the U.S. House of Representatives require that, among other things, the Committee's monthly payroll certification include the relationship, if any, of each employee to any current Member of Congress.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

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

father	nephew	brother-in-law
mother	niece	sister-in-law
son	husband	stepfather
daughter	wife	stepmother
brother	father-in-law	stepbrother
sister	mother-in-law	stepsister
uncle	son-in-law	half-brother
aunt	daughter-in-law	half-sister
first cousin		

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

- I am not related to any current (95th Congress) Member of Congress.
- I am related to a current (95th Congress) Member of Congress.  
(Please specify.) \_\_\_\_\_

  
\_\_\_\_\_  
Signature of Employee

July 28, 1977

\_\_\_\_\_  
Date