

Assassination Records Review Board

Final Determination Notification

AGENCY : HSCA
RECORD NUMBER : 180-10070-10150
RECORD SERIES : STAFF PAYROLL RECORDS
AGENCY FILE NUMBER :

December 8, 1995

Status of Document: Postponed in Part

Number of releases of previously postponed information: 9

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: 4

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

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

Substitute Language: SSN

Date of Next Review: 2017

Board Review Completed: 10/24/95

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

JFK ASSASSINATION SYSTEM

IDENTIFICATION FORM

AGENCY INFORMATION

AGENCY : HSCA
RECORD NUMBER : 180-10070-10150

RECORDS SERIES :
STAFF PAYROLL RECORDS

AGENCY FILE NUMBER :

DOCUMENT INFORMATION

ORIGINATOR : HSCA
FROM :
TO :

TITLE :

DATE : 01/01/77
PAGES : 9

SUBJECTS :
HSCA; ADMINISTRATION
RUDDEN, MIRIAN

DOCUMENT TYPE : PRINTED FORM
CLASSIFICATION : U
RESTRICTIONS : 3
CURRENT STATUS : P
DATE OF LAST REVIEW : 07/16/93

OPENING CRITERIA :

COMMENTS :
Box 3.

[R] - ITEM IS RESTRICTED

RUDDER, M.

Name of Employee

Address

Address

Phone Number

Position Title

Position Number

Level

Step

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
PERSONAL LEAVE RECORD

1977

YEAR

BALANCE BROUGHT
FORWARD FROM
PRECEDING YEAR

Annual Leave	Sick Leave
—	—

DATE OF APPOINTMENT

1-1-77

ANNUAL LEAVE
CATEGORY

1.0 ☐

1.5 ☐

2.0 ☐

PRIOR FEDERAL SERVICE

Years

Months

Month	DAY OF MONTH																															Annual Leave	Sick Leave	Annual Leave	Sick Leave	Annual Leave	Sick Leave	Annual Leave	Sick Leave	EMPLOYEE INITIALS												
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31																					
Jan.																																/	/				/	/														
Feb.																																/	/				2	2														
Mar.																																/	/				3	3														
Apr.																																/	/				4	4														
May																															S	/	/	5	5		1	5	4													
June			S																								SS					/	/	6	5		3	6	2													
July																																/	/				7	3														
Aug.																																/	/				8	4														
Sept.	XX						XXXX				XXA	_____A																																								
Oct.																																																				
Nov.																																																				
Dec.																																																				

- ☐ = 0.5 day annual leave
☐ = 1.0 day annual leave
☐ S = 0.5 day sick leave
☐ S or ☐ S/S = 1.0 day sick leave
☐ A = 0.5 day administrative leave
☐ A or ☐ A/A = 1.0 day administrative leave
☐ U = 0.5 day unauthorized absence
☐ U or ☐ U/U = 1.0 day unauthorized absence
☐ = 0.5 day leave without pay
☐ = 1.0 day leave without pay

CERTIFIED CORRECT:

Employee's Signature
(If employee refuses to sign, state reason below.)

Date

Chief's Signature

Date

Approved:

Clerk of the House

Date

This record will be forwarded to the Clerk of the House at the end of each calendar year, or in case of termination, along with the request for termination. Upon approval, the record will be filed in the employee's official personnel folder.

EXHIBIT I

PAYROLL AUTHORIZATION FORM(Please Use Typewriter
or Ballpoint Pen)**U.S. HOUSE OF REPRESENTATIVES**
Washington, D.C. 20515(Any erasures, corrections, or changes
on this form must be initialed by the
authorizing official.)**To the Clerk of the House of Representatives:**

I hereby authorize the following payroll action:

Employee Name (First-Middle-Last)	Effective Date
Miriam Rudder	September 30, 1977
Employee Social Security Number	Type of Action
578 80 2773	<input type="checkbox"/> Appointment
Employing Office or Committee	<input type="checkbox"/> Salary Adjustment
Assassinations	<input checked="" type="checkbox"/> Termination (At close of business on effective date)

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

Position Title	Gross Annual Salary
Mail/Document Clerk	\$9,500

(If Committee Employee, complete appropriate item below.)

- ☐ Standing Committee: Staff—☐ Clerical or ☐ Professional.
- ☒ Special or Select Committee: Authority—H. Res. 465 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 September 27, 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

Copy for Initiating Office or Committee

M E M O R A N D U M

September 20, 1977

TO: Tom Howarth
FROM: Donovan L. Gay
RE: Miriam Rudder

O:FE J.C.M

Please be advised that pursuant to Chairman Stokes' instructions, Ms. Miriam Rudder will be on the payroll of the Select Committee on Assassinations through the last payday for September, 1977.

Should there be any questions, please feel free to ask.

Thank you.

mcp

PAYROLL AUTHORIZATION FORM(Please Use Typewriter
or Ballpoint Pen)**U.S. HOUSE OF REPRESENTATIVES**
Washington, D.C. 20515(Any erasures, corrections, or changes
on this form must be initialed by the
authorizing official.)**To the Clerk of the House of Representatives:**

I hereby authorize the following payroll action:

Employee Name (First-Middle-Last)	Effective Date
Miriam Rudder	8/1/77
Employee Social Security Number	Type of Action
578-80-2773	<input type="checkbox"/> Appointment
Employing Office or Committee	<input checked="" type="checkbox"/> Salary Adjustment
Assassinations	<input type="checkbox"/> Termination (At close of business on effective date)

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

Position Title	Gross Annual Salary
Mail/Document Clerk	9,500

(If Committee Employee, complete appropriate item below.)

- ☐ Standing Committee: Staff—☐ Clerical or ☐ Professional.
- ☒ Special or Select Committee: Authority—H. Res. 465 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 2, 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

Copy for Initiating Office or Committee

PAYROLL AUTHORIZATION FORM(Please Use Typewriter
or Ballpoint Pen)**U.S. HOUSE OF REPRESENTATIVES**
Washington, D.C. 20515(Any erasures, corrections, or changes
on this form must be initialed by the
authorizing official.)**To the Clerk of the House of Representatives:**

I hereby authorize the following payroll action:

Employee Name (First-Middle-Last)	Effective Date
Miriam Rudder	1/3/77
Employee Social Security Number	Type of Action
578 80 2773	<input checked="" type="checkbox"/> Appointment
Employing Office or Committee	<input type="checkbox"/> Salary Adjustment
Select Committee on Assassinations	<input type="checkbox"/> Termination (At close of business on effective date)

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

Position Title	Gross Annual Salary
Mail/Document Clerk	\$7,500.00

(If Committee Employee, complete appropriate item below.)

- ☐ Standing Committee: Staff—☐ Clerical or ☐ Professional.
- ☒ Special or Select Committee: Authority—H. Res. 222 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 _____, 19____

(Signature of Authorizing Official)

Henry B. Gonzalez

(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

PAYROLL AUTHORIZATION FORM

(Please Use Typewriter
or Ballpoint Pen)

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

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

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

Employee Name (First-Middle-Last)	Effective Date
Miriam Rudder	1/1/77
Employee Social Security Number	Type of Action
37-60 2773	<input type="checkbox"/> Appointment <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> Termination (At close of business on effective date)
Employing Office or Committee	
Select Committee on Assassinations	

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

Position Title	Gross Annual Salary
J Clerk	\$7,500

(If Committee Employee, complete appropriate item below.)

- ☐ Standing Committee: Staff—☐ Clerical or ☐ Professional.
- ☒ Special or Select Committee: Authority—H. Res. 1543 of 94th 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 December 30, 1976

(Signature of Authorizing Official)

Thomas H. Downing, Chairman

(Type or print name of Authorizing Official)

Select Committee on Assassinations

(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

Copy for Initiating Office or Committee

M E M O R A N D U M

TO: All Staff Employees
FROM: Budget Officer
DATE: January 3, 1977
RE: Payroll Certification

Starting with the January, 1977 payroll, the certification to the House Finance Office requires, among other things, the relationship, if any, of each staff employee to any current Member of Congress (those taking office January 3, 1977).

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

father
mother
son
daughter
brother
sister
uncle
aunt
first cousin

nephew
niece
husband
wife
father-in-law
mother-in-law
son-in-law
daughter-in-law

brother-in-law
sister-in-law
stepfather
stepmother
stepbrother
stepsister
half-brother
half-sister

All staff employees are requested to complete this form and return it to the Budget officer.

Approved
Richard A. Sprague

I am not related ✓

I am related by the following relationship _____

Miriam Rudder
Signature of Employee

1/24/77
Date

378 80 2773
\$ 1500
Dick:

While the attached resume of Ms. Miriam Rudder does not reflect experience related to office duties, I know her well and certainly trust her. Therefore, I strongly recommend that she be hired for me to train as a mail clerk working along with Patricia Price. Again, as I indicated above, the most important thing to me in this instance is that I have the utmost trust in Miriam.

Your consideration in this matter is greatly appreciated.

DONOVAN

(D)

Limited technical skills
Must go to school on Tuesday
and Thursday nights from 8-10 P.M.
No security problems -
No FBI, CIA or Sea Service.
Could start tomorrow
Would like to make no less
than \$8,000
Very pleasant - conscientious.

Recommend,
AR

RESUME

Miriam Rudder
4927 Fitch Place, N.E.
Washington, D.C. 20019
559-3716 or 699-5653
8/356 date of birth
Single

EDUCATION

Western High School, 1974

Prince Georges Community College
BA, 1978

OTHER EXPERIENCE

Water Safety Instructor
First Aid Instructor

CLERICAL

Typing 50wpm

JOB EXPERIENCE

Capitol East Natorium, present, Water Safety Instructor. Responsibilities include safety and health of patrons. Instruct classes of all age groups and levels. Perform instructions of special classes.

Riggs-LaSalle Swimming Pool 5/76 - 9/76
(summer employment)

Howard University 6/76- 8/76 Water Safety Instructor- Supervisor, teaching and working with inner-city and under priviledged children.