

# Assassination Records Review Board Final Determination Notification

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AGENCY : HSCA  
RECORD NUMBER : 180-10070-10155  
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: 4**

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: 2**

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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 : 180-10070-10155

RECORDS SERIES :  
STAFF PAYROLL RECORDS

AGENCY FILE NUMBER :

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DOCUMENT INFORMATION

ORIGINATOR : HSCA  
FROM :  
TO :

TITLE :

DATE : 03/21/78  
PAGES : 4

SUBJECTS :  
HSCA; ADMINISTRATION  
SHAPIRO, HOWARD

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

OPENING CRITERIA :

COMMENTS :

Box 3.

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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>
Howard Louis Shapiro	12/31/78
<b>Employee Social Security Number</b>	<b>Type of Action</b>
114-44-4360	<input type="checkbox"/> Appointment <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> Title Change <input checked="" type="checkbox"/> Termination (At close of business on effective date) <input type="checkbox"/> Leave without pay (Beginning with effective date above and ending close of business _____) <small>Specify Date</small>
<b>Employing Office or Committee/Subcommittee</b>	
Assassinations	

(If type of action is an Appointment, Salary Adjustment, or Title Change, complete appropriate information below.)

<b>Position Title</b>	<b>Gross Annual Salary*</b>

\* If employee is a civil service annuitant (includes U.S. House of Representatives), the gross annual salary shown should include the annuity received by the employee plus the salary received from the employing office.

(If Committee Employee, complete appropriate item below.)

- Standing Committee: Staff— Clerical or  Professional.
- Special (Investigative staff of Standing Committee) or Select Committee: Authority—H. Res. 956 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 January 2, 19 79

\_\_\_\_\_  
(Signature of Authorizing Official)  
**LOUIS STOKES**

(If appropriate, signature of Subcommittee Chairman or Ranking Minority Member)

\_\_\_\_\_  
(Type or print name of Authorizing Official)  
**CHAIRMAN**

\_\_\_\_\_  
(Type or print name and title of above official)

\_\_\_\_\_  
(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:	ID _____
Office Code _____	Benefits _____
Monthly Annuity \$ _____ .00 as of _____	Payroll _____

(Revised: August 1, 1977)

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:

<b>Employee Name (First-Middle-Last)</b>	<b>Effective Date</b>
Howard Louis Shapiro	3-21-78
<b>Employee Social Security Number</b>	<b>Type of Action</b>
114-44-4360	<input checked="" type="checkbox"/> Appointment <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> Title Change <input type="checkbox"/> Termination (At close of business on effective date) <input type="checkbox"/> Leave without pay (Beginning with effective date above and ending close of business _____) <small>Specify Date</small>
<b>Employing Office or Committee/Subcommittee</b>	
Assassinations	

(If type of action is an Appointment, Salary Adjustment, or Title Change, complete appropriate information below.)

<b>Position Title</b>	<b>Gross Annual Salary*</b>
Researcher Attorney	\$18,000

\* If employee is a civil service annuitant (includes U.S. House of Representatives), the gross annual salary shown should include the annuity received by the employee plus the salary received from the employing office.

(If Committee Employee, complete appropriate item below.)

- Standing Committee: Staff— Clerical or  Professional.
- Special (Investigative staff of Standing Committee) or Select Committee: Authority—H. Res. 956 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 March 23, 19 78

*[Handwritten Signature]*  
(Signature of Authorizing Official)

(If appropriate, signature of Subcommittee Chairman or Ranking Minority Member)

**LOUIS STOKES**

(Type or print name of Authorizing Official)

(Type or print name and title of above 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

<b>Office of Finance use only:</b>	ID _____
Office Code _____	Benefits _____
Monthly Annuity \$ _____ .00 as of _____	Payroll _____

(Revised: August 1, 1977)

Copy for Initiating Office or Committee

MEMORANDUM

TO: Thomas Howarth, Budget Officer  
Elizabeth Berning, Chief Clerk

FROM: I. Charles Mathews, Special Counsel *I.C.M.*

DATE: 22 March 1978

RE: Mr. Howard Shapiro

Please be advised that effective March 21, 1978, Mr. Howard Shapiro has accepted the position of Research Attorney with the John F. Kennedy Task Force, HSCA. His effective starting salary will be \$18,000.00.

If you have any questions concerning this matter, please contact me at your convenience.

ICM:j

**Certificate of Relationship/Nonrelationship to  
Any Current Member of Congress**

Date 3/23/78

To: House Select Comm. on Assassinations  
(Employing Authority)

I certify that I do not have any of the following relationships to any current Member of Congress.

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

I certify that I am the \_\_\_\_\_ of the  
(Relationship)

Honorable \_\_\_\_\_  
(Name of Member to whom related)

Howard C. Shapiro  
(Employee)

GPO 16-78895-3

Shapiro